

June 30, 2023

Comments from Wolters Kluwer on the Proposed
USCDI+ Data Element List for Quality Reporting

Below are Wolters Kluwer's comments on the Office of the National Coordinator for Health Information Technology's (ONC) draft Data Element List for the United States Core Data for Interoperability+ Initiative on Quality Measurement (USCDI+QM). We appreciate the opportunity to share our views.

As way of background, Wolters Kluwer is a leading global provider of clinical technology and evidence-based solutions that drive effective decision-making and outcomes across the healthcare continuum. Key solutions include UpToDate®, Medi-Span®, Lexicomp®, Senti7®, Lippincott® Solutions, Ovid®, Health Language®, and Emmi®. Wolters Kluwer had annual revenue in 2022 of €5.4 billion.

Our comments reiterate several recommendations we previously made to ONC on earlier versions of the USCDI, and to new data elements proposed for USCDI+QM. More detail is below.

Allergies and Intolerances Data Class – Understanding a patient's allergies and intolerances is critical for ensuring proper diagnosis, prescribing and treatment, so we are pleased that USCDI+QM proposes to add new data elements such as: *Substance; Onset; Recorded; Reason Refuted; Resolution Age; Last Occurrence; Type; and Verification Status*. We support all these data elements for inclusion in USCDI+QM.

We also note the USCDI+QM proposes to break out **Substance** as its own data class, and proposes several constituent data elements such as (*Substance (Non-Medication; Substance (Food); Administration Time; Order Time; Reason*) While we generally support the inclusion of granular data elements that convey clinical information about substances, we are confused why this has been broken out into its own data class distinct from **Allergies and Intolerances**, where it already appears as a data element. Are these two uses of "Substance" meant to be different? Is the use of *Substance* as a data element in **Allergies and Intolerances** meant only for medication use? Is the proposed **Substance** Data Class limited to non-medications and food? If so, perhaps it should be given a different name to avoid confusion with the data element. In the final version of USCDI+QM, we request an explanation of how ONC and CMS envision the use of Substance in USCDI.

Immunizations Data Class – Building out the *Immunizations* class of constituent elements is vital to help prepare the health system to address the next pandemic. We previously recommended adding *Vaccine Administration Date* and *Immunization Status* to USCDI, so we support their addition to USCDI+QM.

Medications Data Class – We have previously recommended inclusion of *Medication Administration Code, Medication Administration Date* and *Medication Prescribed Date* in USCDI, and strongly support their inclusion in USCDI+QM. We agree adding *Days Supply* and *Quantity* to USCDI+QM will provide valuable insights for the underlying quality of medication administration. ONC and CMS

should also consider adding *Frequency* (i.e. 1x/daily, 2x/daily, once every 4 hours) which will capture even more granular data on administration.

Cancer Care Data Class – ONC and CMS are to be commended for adding data elements related to oncology care. While we generally support the use of the mCode data elements, none are listed as Level 2 data elements, and we are not aware of their level of general adoption. Despite this, we still support their inclusion in USCDI+QM.

We also support the new data elements proposed for: **Encounter Information** (*Diagnosis Rank; Status*); **Problems** (*Date of Onset; Clinical Status*), both of which are already defined as elements of the Condition Resource of FHIR R4; and **Procedures** (*Status, Location, Order Time*)

Finally, we note above our support for discrete data elements that provide dates. New date-related data elements we also support for inclusion in USCDI+QM include **Adverse Events** and **Referrals** (both *Date of Physician-ordered Start of Care* and *Date of Referral*).

Thanks again for the opportunity to share our views. If you have questions or want to discuss our response in more detail, please contact Bob Hussey at bob@bobhussey.com or (612) 281-8741 who can connect you with the appropriate staff at Wolters Kluwer.