



June 30, 2023

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National Coordinator for Health Information Technology
Department of Health and Human Services
Mary E. Switzer Federal Office Building
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Washington, D.C. 20201

[Submitted electronically via oncprojecttracking.healthit.gov]

Dear Coordinator Tripathi:

The Joint Commission appreciates the opportunity to comment on the Office of the National Coordinator for Health Information Technology (ONC) United States Core Data for Interoperability Plus (USCDI+) Quality Draft Data Element List.

Founded in 1951, The Joint Commission seeks to continuously improve health care for the public in collaboration with other stakeholders, by evaluating health care organizations (HCOs) and inspiring them to excel in providing safe and effective care of the highest quality and value. An independent, not-for-profit organization with a global presence, The Joint Commission has programs that accredit or certify more than 22,000 HCOs and programs in the United States. The Joint Commission evaluates across the continuum of care, including most of the nation's hospitals. Although accreditation is voluntary, a variety of federal and state government regulatory bodies, including CMS, recognize The Joint Commission's decisions and findings for Medicare or licensure purposes.

The Joint Commission is pleased that, with the development of USCDI+ Quality, ONC has taken preliminary steps to standardize digital quality measurement and reporting. In collaboration with leading quality organizations, The National Committee for Quality Assurance (NCQA) and the National Quality Forum (NQF), The Joint Commission supports these efforts and encourages early and frequent collaboration with measure developers, quality and safety organizations, and stakeholders (see Appendix A, *Statement from NCQA, TJC, and NQF*).

The Joint Commission provides the following comments regarding several sections of the draft element list:

For the following Data Classes and Data Elements, The Joint Commission seeks clarification from ONC to better understand the utility of each element:

- What is the distinction between “Neonate/stillborn birthweight” and “birth weight,” which are both listed under the Newborn Delivery Information Data Class. Could these be consolidated into one data element? “Gestational Age at Delivery” in the Newborn Delivery Information and “Gestational Age” in the Birth Information Data Class present the same questions.

- “Nutrition and diet” and “Substance” define the administration Route and Timing respectively. Please clarify the distinction? For newborns, we question how breast milk or dietary intake other than breast milk would be classified.
- Does “SDOH/Health Concerns” under Problem class include all diagnoses listed on the EHR problem list? This would complicate the use of diagnosis to identify conditions in electronic Clinical Quality Measures (eCQMs).

The Joint Commission would like to provide the following recommendations:

- Like “Diagnosis Rank” and “Encounter Information,” a “Procedure Rank” element is needed under the “Procedure” class to identify a principal procedure performed during the encounter when required by a measure.
- The classes “Interventions – Non Procedural” and “Laboratory” should have a “time” data element added.
- “Diagnosis Present on Admission” should be added to “Encounter Information” to be able to capture present on admission indication, where it is commonly used for risk-adjusted variables per measure requests.
- Multiple measures use the data element “NegationRationale.” It is included under USCDI level 2 for medications but is not listed in the proposed USCDI+ list. We believe that it should be added for Medication, Procedure, and other classes.

The Joint Commission supports an annual update schedule for USCDI+. As ONC lists eCQM versions from Reporting Year 2023, our understanding is that USCDI+ Quality information (including data element list and use case mapping), will provide information on the current reporting year, and that any changes for eCQM annual updates would be reflected in the next USCDI+ Quality release. If this is not the case, we recommend ONC provide additional details on how that information would be provided. The Joint Commission also recommends ONC consider adding additional data elements that are used outside of CMS reporting eCQMs to broaden measurement use cases.

Additionally, The Joint Commission would like to provide feedback on the USCDI+ Quality - eCQM Use Case Mapping:

The Joint Commission believes the following are incorrect mappings, as the information provided does not reflect Fast Healthcare Interoperability Resources (FHIR) or the Quality Data Model (QDM) version of measures. As an example, the “Medical Devices or Equipment” class is mapped to QICoreDeviceRequest/NotRequested and to QDM Concept of Device, which is incorrect. Our FHIR measure mapping has Device Ordered in QDM mapped to QICoreServiceRequest/QICoreServiceNotRequested in FHIR. Other examples include:

- QICoreObservation.interpretation is not used in our FHIR measures
- QICorePatient.extension:birthsex is listed, when all EH/EC FHIR measures currently used QICorePatient.gender
- QICoreEncounter.hospitalization.destination is listed, whereas QICoreEncounter.dischargeDisposition is used by FHIR measures

In reviewing the document, we have also found incorrect EH measures listed under the “EH measures using this element.” For example:

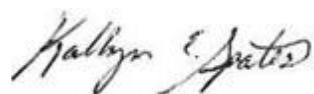
- CMS9 does not use QDM Intervention.Performed.reason and Procedure.Performed.rank
- CMS334 and CMS1028 do not use QICoreObservation.interpretation in the FHIR version
- MS334 and CMS1028 do not use QICoreProcedure.extension.rank

To mitigate these issues, The Joint Commission recommends including the USCDI+ Quality data element in addition to the data class in the Use Case Mapping document. This would strengthen the utility of the document as a data element-level crosswalk for FHIR elements and QDM concepts. Additionally, we would support adding “Device Ordered” QDM concept to the “Procedure” class and “QICoreServiceNotRequested” per CMS108 and CMS190, as well as intent and status.

Finally, The Joint Commission finds the draft data element list to be a very helpful list to crosswalk for USCDI+, QICore, and QDM data elements altogether. The QI-Core Implementation Guide¹ already provides detailed mapping information, which is used by measure developers to reference for FHIR measure conversion and development. The Joint Commission believes we should leverage this existing information for USCDI+ eCQM use case mapping to keep all information consistent and accurately reflecting current FHIR measure structures.

The Joint Commission is pleased to answer any questions you may have regarding our comments. If you have any questions, please do not hesitate to contact me or Michelle Dardis, Director, Department of Quality Measurement at mdardis@jointcommission.org, or Patrick Ross, Associate Director, Federal Relations, at (202) 783-6655 or pross@jointcommission.org.

Sincerely,



Kathryn E. Spates, JD
Executive Director, Federal Relations

¹ HL7 International, *Quality Data Model (QDM) v5.6 to QI-Core R5 Mapping*, <http://hl7.org/fhir/us/qicore/STU5/qdm-to-qicore.html>