

## ASCO USCDI+ Comments

These comments are submitted on behalf of the American Society of Clinical Oncology (ASCO). ASCO is a national organization representing more than 45,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. We are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans.

We are pleased to offer our comments below.

### Level of completeness

The ONC's draft USCDI+ Quality data elements list is a good starting point for measuring the quality of critical health processes and outcomes. We note and appreciate that ONC has included several of the mCODE data elements (non-proprietary, open-source structured data elements for oncology). This small subset of mCODE data elements will capture the type and stage of cancer, along with some information on radiotherapy treatment. However, we believe that this draft list would benefit from the inclusion of mCODE in its totality; the "m" in mCODE stands for "minimal," and mCODE represents the minimal core data set for capturing the most critical cancer-specific data. The addition of elements such as disease status, performance status, and cancer drug therapy would allow for a significantly increased number of quality measures that are meaningful for cancer treatment.

If it is not possible to consider the above suggestion, ASCO suggests adding the following more parsimonious data elements for a more thorough and functional data element list. For the **Cancer Care** data class, we recommend adding an entire mCODE **Primary Cancer** profile with all its corresponding data elements including **Histology/Morphology/Behavior** data element that describes the morphologic and behavioral characteristics of the cancer to accurately capture the complete cancer diagnosis. This proposed data element is essential information for treatment decisions for cancer. For the **Problems** data class, we advise adding **Asserted Date** (the date on which the existence of the condition was first asserted or acknowledged) and **Verification Status** (the verification status to support the clinical status of the condition) data elements since they will be used in quality measurement for cancer. For the **Patient Demographics** data class, we recommend adding a **Date of Death** data element that records the patient's date of death. This proposed data element is critical information for the end-of-life registry measures in federal programs. We also recommend adding two data elements for the **Laboratory** data class, **Specimen Collection Date/Time** and **Laboratory Test Result Date/Time**. These data elements are essential for quality measures that intend to capture the timing of the laboratory procedures since numerous quality actions incorporating laboratory results have a timing requirement. Moreover, we propose adding the **Medication Request Status** data element to better inform the **Medication Request** data element in the **Medications** data class. **Medications** data class would also benefit from the addition of **Treatment Intent** (the overall intention of the treatment, for example, prophylactic, supportive, curative, etc.), **Termination Reason** (reasoning explaining the unplanned or premature termination, or normal completion, of a plan of treatment, course of medication, or research study), and **Reason Code** (values used to describe the reasons for stopping a treatment or episode of care) data elements. Finally, for the **Cancer Care** data class, we recommend including all "must support"-designated mCODE data elements for **Radiotherapy Course Summary** profile.

### Level of specificity

To guarantee consistent and precise data element capture, ONC should furnish all measure developers and implementers with a comprehensive list of data elements referencing both their technical

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specifications and the instructions for their implementation. A publicly published, detailed data element list, together with implementation instructions, will help ensure that the data elements relevant to quality measures are prioritized for capture in discrete fields in various EHRs. While the current version of the USCDI+ Quality data element list lacks this level of detail, ASCO expects that the published version of the data element list will be expanded and improved according to ONC's comments in the **Feedback Sought** section.

### **Usefulness of companion guidance**

The data element list with a complementary crosswalk specific to the CMS quality reporting use cases has moderate utility. It helps measure developers understand how a particular data element is used in a measure within a CMS reporting program based on measure intent. However, providing less prescriptive examples of how the data elements are used would reach a broader audience and increase the adoption of USCDI+ Quality data elements in healthcare settings. ASCO recommends that ONC partner with HL7 and mCODE communities for collaboration on future publications concerning the data elements and their implementation.

### **Frequency of updates**

ASCO recommends that the ONC organizes its annual USCDI updates schedule in conjunction with the release of updated eCQM specifications for CMS programs to ensure optimal utilization of the revised data elements.