June 30, 2023

Micky Tripathi, PhD, MPP
National Coordinator for Health Information Technology
U.S. Department of Health & Human Services (HHS)
Office of the National Coordinator for Health Information Technology (ONC)
330 C Street, SW, Room 7033A
Washington, DC 20201

       Re: USCDI + Quality Draft Data Element List

Dear Mr. Tripathi:

ADVION (formerly NASL, the National Association for the Support of Long Term Care) is a non-profit advocacy organization representing ancillary care and services providers operating in the long term and post-acute care (LTPAC) sector and senior care market. ADVION members include rehabilitation therapy companies and in-house therapy programs that employ physical therapists (PTs), occupational therapists (OTs) and speech-language pathologists (SLPs) who furnish rehabilitation therapy to hundreds of thousands of Medicare beneficiaries in nursing facilities and other LTPAC settings. ADVION members also include companies that develop and distribute electronic medical records (EMRs), billing and claims management, point-of-care and other critical technology solutions that are used by the majority of LTPAC providers of assisted living, home health, skilled nursing and ancillary services. Other ADVION members provide clinical laboratory services, portable x-ray/EKG and other specialized supplies utilized by the LTPAC sector. ADVION also is a founding member of the Long Term and Post-Acute Care Health Information Technology Collaborative (LTPAC Health IT Collaborative), which was formed in 2005 to advance health IT issues by encouraging coordination among provider organizations, policymakers, vendors, payers and other stakeholders.

ADVION is pleased to submit these comments on the initial set of United States Core Data for Interoperability Plus Quality (USCDI+ Quality) data elements.

Overview

In reviewing the list of USCDI+ Quality data elements, we again are reminded that the LTPAC sector will be impacted by decisions being made by federal agencies – most notably the Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health & Human Services' (HHS') Office of the National Coordinator for Health Information Technology (ONC) – that are

firmly rooted in the constructs set forth under the *Health Information Technology for Economic & Clinical Health (HITECH) Act*. To be clear, ADVION members also have developed products that have been certified by ONC and by the Certification Commission for Health Information Technology (CCHIT), which was a precursor to ONC's Certified Health IT Products List (CHPL) – despite having received no federal incentive or support for doing so.

Currently, there are no electronic Clinical Quality Measures (eCQMs) relating to long term and post-acute care. Nonetheless, we recognize that the emerging digital health environment will impact our sector in the near future, which is why we are providing what feedback we can.

> **In order to ensure that ONC receives insights from the broadest swath of the healthcare sector, we recommend that ONC develop a companion guide that explains the relationship between the USCDI and USCDI+.** The two files provided in the Request for Information – the USCDI+ Quality Data Elements List and the eCQM Use Case Mapping – do not provide enough detail about the intersection of USCDI and USCDI+ for clinicians and others to provide meaningful feedback.

ADVION and our members have been involved in various standards development of health information technology (health IT) for close to three decades. We participate in many of HHS' initiatives designed to encourage and support the adoption and use of interoperable health IT. We have participated in the Post-Acute Care Interoperability (PACIO) Project since its inception. We are proud to note that several of our members have been instrumental and leaders in various PACIO use cases such as the work on functional and cognitive status, advance directives, re-assessment timepoints and the Speech, Language, Swallowing, Cognitive Communication & Hearing Pathology (SPLASCH) initiative. The technical support that the MITRE / CMS team has provided through PACIO has been critical to the successes that PACIO has achieved in developing Fast Healthcare Interoperability Resources (FHIR) Implementation Guides (IGs) for functional and cognitive status as well as the work on SPLASCH and advance directives as noted in the USCDI+ Quality data elements.

> **As active participants and leaders for several PACIO Project use cases, ADVION supports and echoes the recommendations that the PACIO community submitted regarding the USCDI+ Quality data set.**

ADVION health IT member companies also are intimately involved in the work of standards development organizations (SDOs) such as Health Level Seven International® (HL7), Integrating the Healthcare Enterprise International, Inc. (IHE) and the National Council for Prescription Drug Programs (NCPDP). ADVION also has been tracking the progress of the Trusted Exchange Framework and Common Agreement (TEFCA) and joined HHS' celebration when one of our member companies was accepted as a potential Qualified Health Information Network (QHIN) earlier this year. Most recently, ADVION and its members worked closely with CMS' technical teams to ensure that the skilled nursing facilities' (SNFs') transition to CMS' new Internet Quality Improvement & Evaluation System (iQIES) data platform went smoothly. We are proud to note

that the vast majority of SNF providers who are clients of our health IT company members have successfully submitted Minimum Data Set 3.0 (MDS 3.0) patient assessments through iQIES.

Despite our collective successes, we remain concerned about the existing digital divide, especially for those sectors (*e.g.,* LTPAC, behavioral health, etc.) that did not receive the funding and resource investments from the federal government that *HITECH* brought to the acute and ambulatory care sectors.

LTPAC, behavioral health and other providers have not benefitted from federal funding under the *HITECH Act*. The related lag in health IT adoption by LTPAC operators, coupled with the ever-increasing pace of rulemaking and requirements for the use of health IT, only adds to the challenge that LTPAC providers, and the health IT developers and vendors that serve them. We strongly believe in building on the foundation that *HITECH* created; however, the federal government cannot reasonably expect those left out of *HITECH* and without commensurate federal support or resources will be able to meet the same requirements or timelines that were designed to address the needs of hospitals and physicians – and not the rest of the healthcare continuum.

Conclusion

We fully appreciate how challenging it is to align these various health IT standards to public policy. Existing standards allow for functional exchange of health information that can bridge the gap until such time as FHIR adoption and use becomes ubiquitous. It is unreasonable to expect that the health IT vendors that serve LTPAC, behavioral health and other providers left out of the incentives from the *HITECH Act* are equipped or advanced enough to meet myriad, ever-changing requirements for clients that are struggling to achieve the efficiencies that health IT adoption and use can bring.

ADVION appreciates the opportunity to share these comments and looks forward to continuing our work toward interoperability.

Sincerely,

Cynthia K. Morton, MPA
Executive Vice President