Kno2 DRAFT COMMENTS – USCDI V3

April 25, 2022

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: Draft US Core for Data Interoperability Version 3

Dear Dr. Tripathi:

Kno2 appreciates the opportunity to share our comments with the HHS Office of the National Coordinator for Health Information Technology (ONC) regarding the *Draft US Core for Data Interoperability Version 3 (Draft USCDI v3)*.

The Kno2 network enables the secure, effortless, and maximized exchange of patient information across patients, providers, payers, and IT vendors. We are empowering healthcare to finally realize the true potential of interoperability by unleashing connectivity everywhere through a simple to use Communication API and robust tools for any business. With industry disrupting economics and our passion to include the underserved, Kno2 is democratizing healthcare communications and defining the new connected future of healthcare. With a single connection to Kno2, anyone can quickly gain access to a powerful network of connected networks, EHRs, organizations, technologies, and interoperability frameworks that gives the freedom to easily communicate with all.

Kno2 is pleased to submit these comments and welcomes the opportunity to work with ONC in further developing and expanding the standardized set of health data classes and elements contained in the US Core for Data Interoperability (USCDI) that are essential for nationwide, interoperable health information exchange. We appreciate that ONC is setting a baseline dataset that will foster greater health data exchange.

The current draft of USCDI version 3 takes a leap forward in capturing a holistic view of a patient's record to coordinate care across the continuum, not just within health systems, but outside those systems as well. We applaud the addition of health insurance information to the core data set. This not only allows better flow of information and patient identification between payers and providers but allows those at the edges of healthcare to better treat and be compensated for their efforts. For example, Emergency Medical Services (EMS) generally struggle to get patient insurance information

to bill for their services to patients, as they often must call or fax the hospital or emergency department afterward to retrieve this information, if they get it at all. The addition of insurance information to USCDI allows these interactions to be a confirmation, rather than identification, which goes a long way to support this critical service. To make this exchange more trusted and remove the need for interaction between caregivers, Kno2 recommends that specific dates or guidance about which dates (or range of dates) should be included or associated with the health insurance data element, Coverage Status.

Individuals who receive care in long term and post-acute care settings frequently transition between different types of health insurance coverage (e.g., Medicare coverage for an initial stay may transition to Medicaid coverage for a longer stay by the same individual in the same facility), so this level of detail is important when aligning with reporting requirements and other uses for this sort of data.

While the addition of specimen type and result status is a good step forward in the interoperable nature of laboratory results, this does not go far enough, and we encourage ONC to take a deeper dive in future versions of the core data set. Providers struggle when patients go from place to place to get labs drawn and resulted, as these results are often determined based off a different methodology and/or different instrumentation by the lab. While having this core data allows clinicians to see results from disparate sources, it does not address the need for full interoperability of this data, including allowing providers to see trends of results over time.

We applaud the addition of functional status, disability status, mental function, and pregnancy status to the health status data class. As the need for interoperability grows more urgent among long-term care, post-acute care, and emergency services, we encourage ONC to take a deeper dive into health status outside of typical provider and hospital workflows and into long-term care, post-acute care, and home care, allowing providers to see more specific data as patients transition to and from acute care settings.

Finally, Kno2 recommends that ONC consider the work being done on Advance Directives Interoperability (ADI) by the PACIO Project and move the Advance Directives Data Class from Level 1 to Level 2. Based on our involvement in these activities, we strongly believe that Advance Directives should advance as a data class within USCDI with the next version. By exchanging advance directive information, providers in a different organization can know the patient's wishes when they need it the most.

Kno2 applauds the tremendous efforts of the ONC and the larger interoperability community in making these additions and look forward to contributing to future versions as well. We stand ready to support these efforts and welcome the opportunity to contribute to their ongoing work or future iterations.

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