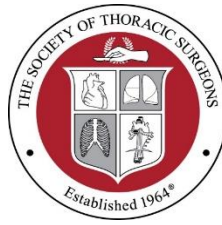


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May 17, 2023

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW
Washington, DC 20201

Re: Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing [RIN 0955-AA03]

Dear Dr. Tripathi,

On behalf of The Society of Thoracic Surgeons (STS), I write to provide comments on Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing proposed rule issued by the Office of the National Coordinator for Health Information Technology (ONC). Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,700 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lungs, and esophagus, as well as other surgical procedures within the chest.

New and Revised Standards and Certification Criteria

The United States Core Data for Interoperability Standard Version 3 (USCDI v3)

In the ONC 21st Century Cures Act Final Rule, ONC adopted the United States Core Data for Interoperability (USCDI) as a standard to replace the Common Clinical Data Set (CCDS) in several ONC certification criteria. ONC adopted USCDI Version 1 (USCDI v1) as a standard which established a set of data classes and constituent data elements required to support interoperability nationwide. USCDI v1 is now a required criterion for Certified Electronic Health Record Technology (CEHRT) and other 2015 Edition Health IT certification criteria.

To advance interoperability, ONC is now proposing to add the newly released USCDI v3, which includes data elements from previous versions such as social determinants of health and adds additional elements. ONC is proposing to expire USCDI v1 on January 1, 2025, at which point it will be replaced by USCDI v3. Both versions would be referenced as applicable in the USCDI standard for the time period up to and including December 31, 2024.

STS supports ONC's proposal to require the updated USCDI v3 standards to better capture health equity data. STS developed the STS National Database in 1989, which is now a leading resource for the collection of cardiothoracic surgery data. The STS National Database is the foundation of our efforts to

improve quality and patient safety among cardiothoracic surgeons. The Database has four components, each focusing on a different area of cardiothoracic surgery—Adult Cardiac Surgery, Congenital Heart Surgery, General Thoracic Surgery, and Mechanical Circulatory Support. Currently, the Adult Cardiac Surgery Database (ACSD) alone contains more than 7 million cardiac surgery procedure records and has more than 3,800 participating physicians, including surgeons and anesthesiologists, representing more than 95% of all adult cardiac surgery hospitals and practices across the United States. Based on our extensive experience with data collection, improved patient outcomes, and research, we feel uniquely qualified to comment on the needs of data standardization efforts.

Currently, there are significant barriers to data collection that produces clear, usable data. At this time, there are no widely adopted national industry standards for the collection of race, ethnicity, and language (REL) data or social determinants of health (SDOH) data. In July 2021, ONC included SDOH in the USCDI v2, however, up until this point, the use of USCDIv2 is voluntary and adoption is not widespread. **To bring widespread adoption of standardized SDOH data, the most current version of the USCDI with SDOH data elements, in this case USCDI v3, needs to be mandated instead of optional. We believe this is an important step in collecting usable SDOH data to better address health equity and patient outcomes.**

Thank you for the opportunity to provide these comments. Please contact Molly Peltzman, Associate Director of Health Policy, at mpeltzman@sts.org or Derek Brandt, Vice President of Government Relations at dbrandt@sts.org should you need additional information or clarification.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas E. MacGillivray". The signature is fluid and cursive, with the first name being the most prominent.

Thomas E. MacGillivray, MD
President