

October 15, 2024

The Honorable Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services

Submitted electronically via USCDI.Plus@hhs.gov.

RE: Draft USCDI+ Quality V1

Dear Dr. Tripathi:

On behalf of the 9,600 members of the American College of Rheumatology (ACR), I write to provide comments in response to the Draft USCDI+ Quality V1 (V1). The ACR appreciates the due diligence and willingness to engage stakeholders that the Office of the National Coordinator for Health Information Technology (ONC) has shown with this timely update to the United States Core Data for Interoperability (USCDI) Quality Overarching subset. As you know, healthcare in the United States is undergoing rapid change, and rheumatologists face significant challenges in adapting to new payment and delivery models, evolving certification requirements and the rapid implementation of electronic medical records (EMRs). As part of a strategic plan to address these challenges, the ACR developed the Rheumatology Informatics System for Effectiveness (RISE). RISE is a novel EMR-enabled registry that passively extracts EMR data from individual practices, aggregates and analyzes these data centrally, and feeds this information back to clinicians as actionable data using a web-based interface.

Because RISE aims to decrease the burden of data collection on practices, to streamline participation in federal quality programs, and to facilitate local rapid-cycle quality improvement by providing continuous performance feedback and benchmarking, the ACR strongly supports v1 as a starting point to achieve these goals. The ACR encourages ONC to consider adding the “depression screen” data element to v1 given the prevalence of depression screening measures and their impact on patient health outcomes.

Additionally, the ACR strongly encourages the Assistant Secretary for Technology Policy (ASTP) to evaluate physical function, depression, cognitive and fatigue modules available from Patient-Reported Outcomes Measurement Information System (PROMIS).¹ The ACR has identified a slate of meaningful patient reported functional status assessment measures that may be of interest for future updates.²

¹ P Katz. 2024. Arthritis Care Res (Hoboken). 2024 Jun;76(6):777-787.

² Barber CEH, et al. 2019 American College of Rheumatology Recommended Patient-Reported Functional Status Assessment Measures in Rheumatoid Arthritis. Arthritis Care Res (Hoboken). 2019 Dec;71(12):1531-1539.

Conclusion

The ACR is dedicated to working with ONC and ASTP to ensure that rheumatologists and rheumatology interprofessional team members are equipped to provide patients with quality care. We believe that clinical registries have the potential to collect interoperable data about disease presentation and outcomes on a large volume of patients rapidly, thereby producing a real-world picture of disease, current treatment practices, and outcomes. We look forward to serving as a resource for future USCDI updates to ensure rheumatologists are better equipped to participate in value-based payment models. Please contact Colby Tiner, MA, Manager of Regulatory Affairs, at ctiner@rheumatology.org if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Christie Bartels MD MS".

Christie Bartels, MD, MS
Chair, Committee on Registries and Health Information Technology
American College of Rheumatology