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Networks for Health

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Micky Tripathi, PhD
Assistant Secretary for Technology Policy/National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, D.C. 20201

RE: Public Feedback—USCDI+ Maternal Health (USCDI+ MH) Draft Dataset

Dear Dr. Tripathi:

Civitas Networks for Health (Civitas) appreciates the opportunity to provide feedback on ASTP/ONC's recently-proposed USCDI+ Maternal Health (USCDI+ MH) Draft Dataset. Civitas is a national collaborative comprised of more than 175 health information exchanges (HIEs), regional health improvement collaboratives (RHICs), Quality Improvement Organizations (QIOs), All-Payer Claims Databases (APCDs), and their business, technology, and professional service partners. Our members are nonprofits that use data and multistakeholder, cross-sector approaches to improve health for individuals and communities, while educating and influencing both the private sector and policymakers on matters of interoperability, quality, coordination, and cost-effectiveness within the health system.

Civitas members vary widely in size, mission, resources, and geographies served, with diverse (and sometimes conflicting) perspectives on federal policymaking. Our members' broad support for ASTP/ONC's efforts toward data element standardization through the USCDI/USCDI+ framework is therefore all the more significant. Having a national baseline like USCDI, with consistent classes and categories to advance interoperability along the full length of the care delivery pipeline—from the clinical point of care, through administration and payment to follow-up service coordination, population analytics, and public health—is of vital importance, and Civitas welcomes efforts to further embed new versions of USCDI across HHS programs and activities. Civitas has been a contributor to USCDI's development since the first version was created by the Cures Act Final Rule, most notably as a partner in the Gravity Project national collaborative that was instrumental in developing and piloting the social determinants of health (SDOH) data class "bulk activities" starting with USCDI v.2. Likewise, the USCDI+ initiative and stakeholder solicitation process that ASTP/ONC launched late last year represents a valuable opportunity for Civitas to draw on the wide array of experiences and expertise of our members and partners at the intersection of digital interoperability and quality improvement operations.

Many Civitas members are working to address the maternal health crisis, either by supporting improved maternal health data exchange and interoperability, or by taking this data into action to lead stakeholder collaborations that improve the delivery of care, payment, and benefits that better align with high-quality maternal care. Especially notable frontline efforts include programs of pre/post-natal care coordination for vulnerable mothers and infants in Ohio under the pathways HUB model of value-based MCO financing; health information exchange partnerships with HIT developers to target gaps in data collection among high-risk, historically underserved mothers-to-

be in Nebraska; and data quality assessments in Oregon examining population-level connections between maternal morbidity and substance use disorder in partnership with the state's Perinatal Collaborative. Other Civitas members have led similar initiatives and built communities of practice around maternal health improvement in Kansas, New Jersey, Delaware, Nevada, and Wisconsin. These efforts are designed to be integrated into data sharing networks that encompass acute, primary, and specialty care providers; public and private payers, public health authorities, social services agencies, community-based organizations, and academic institutions, all of which must seamlessly exchange the same set of metrics.

Reviewing the USCDI+ MH draft dataset in this context, we want to highlight three issues in particular which our members have flagged as potentially consequential omissions based on their experiences managing and operationalizing maternal health data. Though the draft dataset is extremely comprehensive, it appears to lack the following definitions:

Previous Preterm Births—The medical consensus that previous preterm birth is among the most significant correlates for future risk of preterm birth is well-established (Ekwo, Gosselink, & Moawad, 1992; Adams, Elam-Evans, & Wilson, 2000; Defilipo et.al., 2022). Civitas HIEs, RHICs, and QIOs have encountered the relationship through the provision of coordinated care services, during maternal mortality data reviews, and during large-scale analyses conducted with partners in academia and public health authorities. "History of pre-term labor" is a billable ICD-10 diagnosis code (Z87.51) for Medicaid providers, and reducing the incidence of preterm births by increasing the collection of associated data points is a key objective of the CDC and CMS long-term strategies to address rising maternal mortality. The absence of any definition or metric related to previous preterm birth in the USCDI+ MH draft dataset is therefore surprising, and Civitas recommends that ASTP/ONC address the gap before the set is finalized.

Progesterone Utilization—The most recent clinical guidelines from the American College of Obstetricians and Gynecologists (ACOG) note that vaginal progesterone may be considered as a treatment option for patients with a history of preterm birth, singleton, gestation, and a shortened cervix. Because shortened cervix between 16- and 24-weeks' gestation is a well-established and common risk factor for preterm delivery independent of other clinical factors (Lee et.al., 2017), progesterone utilization could be valuable to include in the USCDI+ MH dataset as a quality metric alongside other entries in the "high-risk perinatal care referrals" or "medications" data classes.

Health-Related Social Needs—Civitas members engaged in value-based care coordination, delivery, and data analysis can attest to the substantial correlation between outcomes and the unmet health-related social needs (defined by HHS as "social and economic needs that individuals experience that affect their ability to maintain their health and well-being"). The same dynamic holds for expectant mothers. Focusing on preterm births and low birthweight, studies have demonstrated that pregnant women are at higher risk when they lack housing for significant periods of time (DiTosto et.al., 2021), experience food insecurity (Sandoval et. al., 2021), and have sporadic or no access to dental care (Padilla-Caceres et.al., 2023). While the draft dataset does include a catch-all "maternal social determinants of health clinical note" option, specific metrics for housing insecurity, food insecurity/hunger, and dental care should be included to add greater depth and statistical insight.

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Thank you again for the opportunity to provide feedback. Please do not hesitate to reach out to Civitas if we can be a resource as we work together to build a federal health IT enterprise that makes the most of its strengths and resources by building on the capabilities of non-federal, nonprofit data stakeholders to achieve our shared vision—creating an effective, efficient, and accessible health system for all Americans.

Sincerely,

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