From:	Jonathan Gates
To:	HRSA Paperwork
Subject:	[EXTERNAL] Comments: UDS+
Date:	Monday, November 25, 2024 11:30:09 AM
Attachments:	Outlook-qn2fliqv

Advice re: Agency Information Collection Activities: Proposed Collection: Public Comment Request; Health Resources and Services Administration Uniform Data System

To whom it may concern -
I have been active in informatics over my 22 year career as a physician and Chief Medical Informatics Officer. I'm happy to have a call with someone who may want to see how these items affect front line workers in addition to analytics/reporting. I am a big fan of UDS and UDS+.

Please be aware of and plan something to:

-While FHIR has been required to be 'possible' I am not aware of any ongoing valuable use by EMR companies - their business model is contrary to information sharing. CURES and data-blocking regulations are helping, though auditing appears to be light.

-Require ONC certification to require proof of UDS+ documentation workflows and accurate internal and external reporting of results

-Require that all UDS+ data elements be added to CCDa during its creation in a standard format/encoding, not one selected by the EMR company.

-Consider also requiring the ability to easily place qualifying documentation in any clinical workflow (often these are 'buried' making it unduly hard for front line staff to reliably remember to find them during a busy visit)

-Consider formally supporting AI extraction methods that would augment direct reporting when clinicians document important clinical characteristics in historically non-reportable/free text fields.

Without the above requirements placing the capture and reporting burden on EMR companies, every FQHC will individually have to spend hundreds of hours and thousands to tens of thousands of dollars convincing and contorting their EMR instance into achieving this very worthy goal in a way that is procedurally reasonable for clinicians.
Thank you!
J. Gates, MD

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"Great stories happen to those who can tell them." *Ira Glass*