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Office of National Coordinator for Health Information Technology

U.S. Department of Health and Human Services

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The American Occupational Therapy Association (AOTA) appreciates the opportunity to comment on draft version 3 of the US Core Data for Interoperability (USCDI). AOTA is the national professional association representing the interests of more than 220,000 occupational therapists, students of occupational therapy (OT), and occupational therapy assistants. Occupational therapy defines “occupations” as any meaningful or purposeful activity, which can describe activities of daily living (ADLs), instrumental activities of daily living (IADLs), work, school, hobbies, and social participation. The practice of occupational therapy is person-centered, evidence-based, and enables people of all ages to live life to its fullest by promoting health and purposeful activity. AOTA believes that understanding a person’s whole health, including function, environment, and context are crucial.

AOTA agrees with CDC’s comment and echoes the sentiment that because a person has a disability it does not mean they are not functional. If the disability status data element is intended to capture specific disability status, this should be clarified. The examples provided under disability status appear to be more in alignment with the functional data elements. Per the documentation, functional status is intended to capture an individual’s risks of development or worsening of a condition or problem. However, it is important for USCDI to recognize that disability status may not be static and often fluctuates depending on the condition and may also be progressive. If this data element is intended to capture if a patient has a disability or to identify if the patient is able to make their own medical decisions, then this may be better as a data element under patient demographics vs health status.

AOTA encourages USCDI to consider how notes from non-physician specialties, such as those created by occupational therapy practitioners, can be included in data exchange. AOTA believes the information captured by an occupational therapy practitioner is vital for holistic care. Occupational therapy documentation is typically captured in evaluation, progress, and discharge notes.

AOTA supports data elements that capture the services of multiple care team members. AOTA encourages USCDI to consider other identifiers in addition to NPI, as many clinicians (such as therapy providers) may not utilize an individual NPI if they work for a facility. Additionally, some clinicians who work under the supervision of other clinicians, such as occupational therapy assistants, bill under the supervisor NPI. License numbers may be an appropriate alternative; however, many clinicians have multiple licenses in different states with different numbers.

We appreciate the opportunity to comment on draft version 3 of the USCDI. Please feel free to contact us if you have any questions or would like any further information.

Sincerely,



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