AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

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Micky Tripathi, PhD, MPP
National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services
330 C Street, SW, Floor 7
Washington, DC 20201

Dear Dr. Tripathi:

Thank you for soliciting comments on the Office of the National Coordinator for Health Information Technology's (ONC) standard data set for exchange. The American College of Occupational and Environmental Medicine (ACOEM) is the pre-eminent physician-led organization that champions the health of workers, safety of workplaces, and quality of environments. Occupational and environmental medicine serves to ensure worker health, safety, and well-being and address the effect of the environment on health.

ACOEM submits the following comment in support of including work information as core data elements for version 3 United States Core Data for Interoperability (USCDI v3):

- Work information is critical to include in USCDI in order to provide information which is interoperable, actionable and can be used to truly improve health through clinical, public health, and research activities. The workplace is where millions of Americans spend a major portion of their daily lives and becomes an essential element, next to communities and homes, in an integrated system which supports health (McLellan et al.). Work is an important social determinant of health and decreasing missed work days are a target of Healthy People 2030 (https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability).

- The ability of an individual to perform work; the arrangements of work; the physical, chemical, biological, and social environments of the workplace; and the health outcomes of environmental exposures must be considered to deliver timely, targeted care (McLellan et al.). Through inclusion of the data elements of ODH into USCDI, tools of preventive medicine (primary, secondary, and tertiary) to improve the health of populations of workers and their families may be employed. For example, many groups of essential workers faced higher rates of COVID-19 infections and deaths during the pandemic, including those employed in health care, emergency response, meat and poultry, corrections, grocery, and transit industries. Many of these were low-wage workers of color, whose jobs required them to report to work in person throughout the pandemic. Inclusion of occupational data into electronic medical records will enable assessment of the extent and impact of the COVID-19

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pandemic on workers and protect them from unnecessary future exposure and infection.

- Many of the worker groups most vulnerable to climate-related hazards are also predominantly from communities of color as well as from under-resourced and disadvantaged communities (Mendez et al; Castillo et al). These are the groups that already suffer disproportionately from environmental health disparities and experience environmental injustices both at work and in their community, which contribute to greater morbidity and mortality rates as compared to their white counterparts (Wing et al; Claudio; Nicole). Collection of occupational data serves to address the research priorities of NIH's Steering Committee on Climate Change and Health.

- Information regarding the patient's occupation is invaluable in considering medication safety, especially in those with jobs that require driving or other safety-sensitive tasks (Kowalski-McGraw et al). The ACOEM practice guidelines on opioid and safety-sensitive work reveals risk estimates ranging from 29% to greater than 800% for an increased risk of motor vehicle crashes (MVCs) when drivers use opioids. The guidelines do not recommend acute or chronic use of opioids for persons who perform safety-sensitive jobs (Hegmann et al). Benzodiazepine use is also associated with increased MVC and may interact negatively with work activities. (https://www.cdc.gov/niosh/docs/2021-116/pdfs/2021-116.pdf). Availability of work information in the primary medical record would enable prescribers to make better decisions regarding medication safety which in turn could protect the patient, public, and coworkers.

- Perhaps most importantly, the addition of the proposed work information to USCDI v3 supports patient's and providers' experiences of receiving and providing quality clinical care. Many if not most patient encounters resulting from work-related risk factors will first be conducted by primary care providers (Filios et al). Data elements which are actionable and can be used to truly improve health need to be captured during these encounters in a standardized way that also delivers the right care to the right person at the right time and preserves the patient-provider relationship. Primary care providers find information which considers work in decision tools useful and appreciate assistance to better consider the role of work in patient care (FIlios et al).

The data elements of job, usual work, and other work information are building blocks upon which information that promotes healthy working individuals and society can be gathered. These elements should be included in UCSDI v3. The current challenges of the climate crisis and COVID-19 pandemic accompanied by ongoing challenges to our health care system have highlighted the need for better information to be used in a timely manner to mitigate disparities, address the needs of underserved communities, and support emergency response. Occupational data provides information that can drive public health policy, create new areas of inquiry and research, and inform better patient care and preventive health measures for all. Through incorporation of occupational data into the primary medical record, improved clinical outcomes, lower

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cost of care, improved experiences for both patients and providers, and health equity for populations may be realized.

Thank you for considering incorporation of these important data elements into USCDI.

Sincerely,

Robert M. Bourgeois, MD, MPH, FACOEM
President
ACOEM

Enclosure: References

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