The Joint Commission

June 16, 2025

Mehmet Oz, M.D., M.B.A.
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Thomas Keane, M.D., M.B.A.
Assistant Secretary for Technology Policy
National Coordinator for Health IT
U.S. Department of Health and Human Services
330 C St SW, Floor 7
Washington, DC 20201

[Docket: CMS-0042-NC. Submitted electronically via regulations.gov]

Dear Administrator Oz and Assistant Secretary Keane:

The Joint Commission appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) and Assistant Secretary for Technology Policy (ASTP)/Office of the National Coordinator for Health Information (ONC) request for information, *"Health Technology Ecosystem."*

Founded in 1951, The Joint Commission's mission is to *enable and affirm the highest standards of healthcare quality and patient safety for all*. An independent, not-for-profit organization with a global presence, The Joint Commission has programs that accredit or certify healthcare organizations and programs in the United States across the continuum of care, including most of the nation's hospitals. A variety of federal and state government regulatory bodies, including CMS, recognize and rely upon The Joint Commission's findings for Medicare or licensure purposes.

The Joint Commission is pleased to submit the following responses to questions relevant to quality measurement.

**II. Solicitation of Public Comments**
**C. Providers**
**2. Data Exchange**
**PR-8. What are ways CMS or partners can help with simplifying clinical quality data responsibilities of providers?**

A critical aspect of simplifying clinical quality data responsibilities for providers is making sure there is payer alignment on quality measures, which CMS has started across all its programs. In concordance with CMS, The Joint Commission and the National Quality Forum are working to align quality measures across using validated, consensus-based outcomes measures and measures sets.

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This measure alignment work will initially focus on maternity care, hip and knee procedure, spine procedural care, and cardiovascular procedure care. Similar to CMS, the work will focus on outcome-focused measures rather than process measures. Utilizing outcomes measures can provide an assessment inclusive of multiple care processes while reflecting the most important "result" to a patient – the outcome of the episode driving them to seek care in the first place. Also, outcomes-based measures have the potential to show whether care delivered to the patient is reducing the need for more complex care such as hospitalizations, emergency department visits, or other adverse events. The Joint Commission and National Quality Forum welcome the opportunity to work with CMS on this measure alignment across all payers.

As CMS moves toward the use of clinically-sourced quality measures rather than claim-sourced measures, a movement The Joint Commission and the National Quality Forum support, utilization of automation and AI-based tools will be critical to sort through clinical data, capture unstructured yet valuable clinical data, provide more real-time data, and to reduce the significant burden and cost on providers. AI tools are essential to help overcome the decades-long struggle to make use of the EHRs our country has invested in so heavily in ways that promote the goals of improved patient outcomes, higher value care, lower burden and cost of the measurement enterprise. The Joint Commission and National Quality Forum are working on uses of AI to enable lower burden extraction of clinical data from EHRs for purposes of quality measurement. Also, the National Quality Forum has begun work to develop consensus-based recommendations on the expanded use of AI in quality measurement.

CMS should also consider simplifying clinical quality data responsibilities by providing flexibility for healthcare organizations to implement new FHIR standards for use in electronic Clinical Quality Measures (eCQM) in its quality payment programs. The Joint Commission was an early adopter of eCQMs and has developed, implemented, and maintained a set of eCQMs for use in our accredited HCOs. FHIR standard adoption has helped reduce burden by minimizing manual efforts to package, send, download, and extract data. Despite the growing adoption of FHIR standards for exchanging clinical information, technical challenges sometimes arise among providers during early implementation of new standards. As CMS considers implementing new FHIR-based standards in eCQMs, it should consider allowing pilot testing or other incentives for early adopters so they can share helpful insights on reporting and allow for smooth implementation.

**E. Technology Vendors, Data Providers, and Networks**
**3. Technical Standards and Certification**
**TD-7. To what degree has USCDI improved interoperability and exchange and what are its limitations?**

While USCDI has improved interoperability and exchange of standardized health data, further integration with USCDI+ use cases, such as quality measurement, would improve interoperability functions. While USCDI+ use cases may support domain-specific information, isolating certain data classes to one use case may limit the impact and create additional burdens. The Joint Commission supports the ability to capture specific, granular USCDI data elements in

a clinical workflow that could be reused multiple times across domains, such as public health and maternal health. However, each USCDI+ domain includes a separate implementation guide and may define similar data elements differently across use cases, making it burdensome for providers to implement across domains. ONC/ASTP should consider creating a single, unified set of data elements incorporating all USCDI+ domains with one accompanying FHIR implementation guide. Consolidating data elements into one set will promote interoperability, reduce burden, and allow for more accurate and comprehensive digital quality measurement.

***The Joint Commission's Additional Comments:***

Of interest to CMS' work on the Health Technology Ecosystem, The Joint Commission recently launched a Responsible Use of Health Data™ Certification. This certification provides a third-party validation of health care organizations' responsible use of deidentified health data for secondary purposes, such as operational efficiencies, quality improvement, algorithm development, and AI tools. The certification is based on the Health Evolution Trust Framework[1], created in response to health care organization questions on whether best practices exist to safely handle patient data that falls outside Health Insurance Portability and Accountability Act (HIPAA) protections. The framework addresses six key elements: deidentification practices; data controls; permitted uses; patient transparency; algorithm validation; and governance structures.

The Joint Commission is pleased to answer any questions you may have regarding our comments. If you have any questions, please do not hesitate to contact me or my staff: Patrick Ross, Associate Director, Public Policy, at (202) 783-6655 or pross@jointcommission.org.

Sincerely,

Kathryn E. Spates
Executive Vice President, Public Policy & Government Relations

[1] *Accelerating Responsible Use of De-identified Data in Algorithm and Product Development,* HEALTH EVOLUTION FORUM (Sept 22, 2023), https://www.healthevolution.com/innovation-and-discovery/trust-framework-deidentified-data/