April 3, 2023

Dr. Sanjeev Tandon
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30329

Cynthia Bush
Centers for Disease Control and Prevention
3311 Toledo Road
Hyattsville, MD 20782

Dear Dr. Tandon and Ms. Bush,

On behalf of our 30 member companies, the HIMSS Electronic Health Record (EHR) Association is pleased to provide feedback on the CDC Race and Ethnicity Code System Update.

As a national trade association of EHR developers, EHR Association member companies serve the vast majority of hospital, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs and other health IT across the United States. Together, we work to improve the quality and efficiency of care through the adoption and use of innovative, interoperable, and secure health information technology.

We acknowledge the need for updates to the race and ethnicity codes, enabling a more stratified reflection of a person's race and ethnicity, and appreciate the opportunity to lend industry insights and expertise in this process.

We welcome discussion with the CDC should that be desired. The Association's leadership can be reached by contacting Kasey Nicholoff at knicholoff@ehra.org. The EHR Association offers the following comments and suggestions.
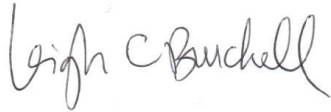
Sincerely,

David J. Bucciferro
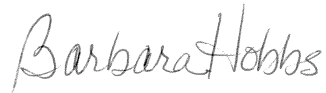Chair, EHR Association
Foothold Technology

William J. Hayes, M.D., M.B.A.
Vice Chair, EHR Association
CPSI

AdvancedMD	CureMD	Flatiron Health	MEDITECH, Inc.	Office Practicum
Allscripts	eClinicalWorks	Foothold Technology	Medsphere	Oracle Cerner
Altera Digital Health	eMDs – CompuGroup Medical	Greenway Health	Modernizing Medicine	Sevocity
Athenahealth	Endosoft	Harris Healthcare Group	Netsmart	STI Computer Services
BestNotes	Epic	MatrixCare	Nextech	TenEleven Group
CPSI	Experity	MEDHOST	NextGen Healthcare	Varian – A Siemens Healthineers Company

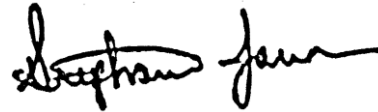**HIMSS EHR Association Executive Committee**

Leigh Burchell
Altera Digital Health

Barbara Hobbs
MEDITECH, Inc.

Cherie Holmes-Henry
NextGen Healthcare

Stephanie Jamison
Greenway Health

Ida Mantashi
Modernizing Medicine

Kayla Thomas
Oracle Cerner

Electronic Health Record Association
Comments on the CDC Race and Ethnicity Code System Update

Implementation Timeline

The EHR Association is concerned with misalignment in the timeline to roll out the Office of Management and Budget (OMB) proposed updates to categories and CDC's updates to the detailed codes. We urge CDC and OMB to align on a common implementation timeline that allows for a minimum of 18 months after both updates have been published, enabling providers and HIT developers to make the necessary adjustments.

Usability

The proposed expansion of race codes from approximately 925 to approximately 1590 detailed codes impacts the providers' and individuals' ability to select appropriate codes relevant to the individual. Systems have accommodated this generally by enabling providers to identify the most commonly used codes in their area for presentation first while having the ability to configure and select any others as well. Where appropriate and reasonable, the EHR Association recommends that further sub-categories without additional levels may further ease this usability challenge, particularly where such groupings are sufficiently meaningful for the intended purpose.

New Code System or Versioning

We are concerned with the introduction of a new code system rather than updating the existing code system for the following reasons:

- Introducing a new code system creates backward compatibility challenges where old codes are now represented as one or more new codes.

- Changing all codes introduces ambiguity with respect to already documented values. Should the new codes be added as additional documentation? Additional mapping? Or should they replace the old documentation as updates to the record are made? For example, Cayuga was mapped to 1286-4. With the update providing 3064-3 Cayuga Nation, should the result be two documented races or one with an updated name?

- When should updates occur? Should the updates be made for individuals as they receive care, or applied to some extent retroactively?

In light of these concerns, the EHR Association suggests:

- Making updates to the existing code system by introducing new codes, thus minimizing the need to make updates to already documented codes and reducing mapping requirements,

- Providing clarity on whether the new and deprecated values are only to be implemented moving forward or to some extent retroactively.

- Addressing deprecated codes as the person has a new encounter with the provider.