U.S. Core Data for Interoperability (USCDI) Revised Submission Form Questionnaire

**New Data Element Submission Form**

**Submitter Information**

1. Name of Submitter (Required)
2. Email address of Submitter (Required)
3. Secondary Email Address (Optional)
4. Organization of Submitter (Required)

**Data Element Information**

1. Select a New Data Class (Free Text) or Select an Existing One (from drop down list) (Required)
2. Data Element Name (Required, Free Text)
3. Concise Data Element Definition (Required, Free Text)
4. Are there similar or related data elements in USCDI?
	1. Yes/No/Unknown (Required)
	2. If yes, why should this data element be considered separately? (Required)

**Use Case Description(s)**

1. Briefly describe the main use case to support adoption of the data element into the USCDI:
	1. Free Text Summary (required)
	2. Estimate the number of stakeholders who would capture, access, use or exchange this data element or data class (Free text, required)
	3. Link to use case project page. (optional)
	4. Attachment(s) describing the use case (optional)
2. Please add if there are additional use cases for this data element that could affect significant numbers of other stakeholders.
	1. Repeat a) i-iv above as needed
3. Does this data element support one or more of the following aims in healthcare? (check all that apply) (Required)
	* Address behavioral health integration with primary care and other physical care
	* Mitigate health and health care inequities and disparities
	* Address the needs of underserved communities
	* Address public health interoperability needs of reporting, investigation, and emergency response
	* None of the above

**Maturity of Standards and Technical Specifications for Data Element(s)**

1. Does a vocabulary, terminology, content, or structural standard exist for this data element? (e.g., SNOMED CT, LOINC, RxNorm) (required)
	1. If yes, please cite the applicable standard (required)
	2. If yes, provide Link URL (optional, conditional)
2. Are there additional technical specifications such as an implementation guide (IG) or profile using this data element? (e.g., HL7® FHIR® US Core Implementation based on FHIR R4) (Yes/No/Unknown) (Required)
	1. If yes, please cite the relevant technical specification(s).
3. Which of the following best describes the use of this data element? (required)
	* Not currently captured or accessed with an organization
	* In limited use in test environments only
	* In limited use in production environments
	* Extensively used in production environments
	* This data element has been used at scale between multiple different production environments to support the majority of anticipated stakeholders

Please cite supporting artifacts (Optional) (free text, links, attachments, urls)

1. Has this data element been electronically exchanged with external organizations or individuals (including patients)?
	1. If yes, With how many outside entities has this been exchanged? (Required)
		* 0-1
		* 2-3
		* 4
		* 5 or more. This data element has been exchanged at scale between multiple production environments to support the majority of anticipated stakeholders.

Please cite supporting artifacts (free text, links, attachments)

**Challenges**

1. Describe any restrictions on the standardization of this data element (e.g., proprietary code)? (Free text, Required)
2. Describe any restrictions on the use of this data element (e.g., licensing, user fees)? (Free Text, Required)
3. Describe any privacy and security concerns with the use and exchange of this data element? (Free Text, Required)
4. Please provide an estimate of overall estimate of burden to implement, if known. (Free Text, Required)
5. Please provide information on other challenges to implementation (Free Text, Optional)