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May 13, 2024

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Office of the National Coordinator for Health Information Technology (ONC-HIT)  
U.S. Department of Health and Human Services  
330 C Street SW, 7th Floor  
Washington, DC 20201

**RE: USCDI+ Behavioral Health: Public Feedback Requested**

Rebecca W. Brendel, M.D., J.D.  
Vivian B. Pender, M.D.  
Jeffrey Geller, M.D., M.P.H.  
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Dear Dr. Tripathi,

The American Psychiatric Association (APA), the national medical specialty society representing over 38,900 psychiatric physicians and their patients, appreciates the opportunity to comment on the ONC USCDI+ for Behavioral Health (BH) Dataset.

Eric M. Plakun, M.D.  
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APA supports the comments submitted by Shift, a national workgroup of over 300 multidisciplinary expert stakeholders including APA. In addition, we would also like to submit the following general comments:

Current USCDI v4 includes ICD-10 and SNOMED but does not include DSM-5. APA recommends that DSM-5 be included as an applicable standard for coding BH conditions in USCDI v4. ICD and DSM serve as important tools for diagnosing mental health disorders, but they differ in scope, international use, diagnostic criteria, organization, and cultural considerations. Therefore, it is important for clinicians, researchers, and policymakers that both be included to navigate the complexities of mental health diagnosis and treatment in the real world. DSM-5 continues to play a crucial role in the field of mental health as it remains a key standardized framework for diagnosis, treatment, research, education, and communication among all stakeholders that has persisted for decades.

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*Recorder*

Many of the proposed data elements already exist within the existing USCDI versions. We would like to better understand the logic of including them in USCDI+ in addition and the purpose of use for this USCDI+ data set; if this will be a comprehensive list of data elements to be supported by CEHRT used within the BH domain, it makes sense to be more inclusive.

**Administration**  
Saul Levin, M.D., M.P.A.  
*CEO and Medical Director*

We also recommend that ONC clarify for the industry and the public that while USCDI+ serves to define data elements for interoperability, it does not mandate

sharing of data. Indiscriminate sharing of data may result in critical patient safety concerns, stigmatization, implicit and explicit bias, withholding of information, healthcare disparities, and decreased quality of care. Furthermore, APA recommends advancing standards to enable granular patient consent choices in sharing potentially sensitive BH data elements prior to any real or perceived requirement to do so.

Thank you for your review and consideration of these comments. If you have any questions or would like to discuss these comments in more detail, please contact Zuhal Haidari, (zhaidari@psych.org), Deputy Director, Digital Health.

Sincerely,

A handwritten signature in blue ink that reads "Saul Levin MD, MPA". The signature is written in a cursive style with a horizontal line underneath the name.

Description automatically generated  
Saul Levin, MD, MPA, FRCP-E, FRCPsych  
CEO & Medical Director  
American Psychiatric Association