



April 15, 2021

Micky Tripathi, PhD, MPP  
National Coordinator for Health Information Technology  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

**Re: The Alliance for Nursing Informatics Submission comments on the ONC United States Core Data for Interoperability (USCDI) [Draft version 2 document](#).**

Submitted electronically at: <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>

Dear Dr. Tripathi:

The Alliance for Nursing Informatics (ANI) appreciates the opportunity to comment as nursing stakeholders on the US Core Data for Interoperability (USCDI) draft version 2.

[The Alliance for Nursing Informatics](#) (ANI), cosponsored by AMIA & HIMSS, advances nursing informatics leadership, practice, education, policy and research through a unified voice of nursing informatics organizations. We transform health and healthcare through nursing informatics and innovation. ANI is a collaboration of organizations that represents more than 20,000 nurse informaticists and brings together 25 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the more than 4 million nurses in practice today.

ANI has previously commented on ONC efforts related to interoperability standards and implementation specifications, including the [USCDI v1](#), and [drafts 1 and 2 of the Trusted Exchange Framework and Common Agreement \(TEFCA\)](#). Throughout our previous responses, we have advocated for a team-based and person-centered view of healthcare, and emphasized the inclusion of key interoperability needs, including social determinants of health (SDOH). We reiterate our endorsement of SDOH as a key interoperability need, the importance of which has been further amplified during the COVID-19 public health emergency. ANI strongly supports further development to include SDOH data standards in regulations and as federal program requirements.

**The Alliance for Nursing Informatics supports the inclusion of key social determinants of health (SDOH) in the U.S. Core Data for Interoperability, version 2, for better care and health nationwide.** The social determinants of health are well established in the literature to address the established pillars of health outcomes outlined in the policy priorities to:

1. Improve quality, safety, efficiency, and reduce health disparities
2. Engage patients and families in their health

3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protection for personal health information<sup>1</sup>

A national standard is needed for SDOH to address inconsistency when patients move between health care providers. Currently, without a national standard for SDOH, major electronic health record (EHR) vendors who do allow recording of SDOH, do so in a custom rather than standard manner. This custom approach leaves the valuable SDOH data existing in non-interoperable fields, rendering them obscure or inaccessible to clinicians to identify opportunities to impact outcomes. The inclusion of SDOH as a new data class in USCDI, as proposed by [the Gravity Project](#), will provide a consistent method to document and communicate these crucial SDOH data. Without these data, care coordination, quality, safety, and efficiency may be compromised, and health disparities remain. Therefore, **ANI strongly endorses the approaches submitted by [the Gravity Project](#) to include key social determinants of health in the USCDI version 2.**

ANI fully supports existing efforts to guide data standardization and encourages the alignment of strategies and recommendations with these efforts. More specifically, **ANI emphasizes the importance of harmonization across federal interoperability efforts, conditions of certification, and reporting requirements across federally funded programs**, as communicated in the [ONC Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs](#). For example, USCDI includes both SNOMED CT and ICD10 as applicable standards for encounter diagnosis, but only includes SNOMED CT for Problems. Given that ICD10 is a CMS reporting requirement, we encourage the inclusion of this terminology for Problems as well, in alignment with the other related data element requirements.

Finally, ANI fully supports the inclusion of Provider Identifiers as a Data Element related to Care Team Members. **The ANI strongly endorses use of the unique nurse identifier** maintained and supported by the National Council of State Boards of Nursing (NCSBN), called the NCSBN ID, to identify nurses as members of the Care Team.<sup>2</sup> The NCSBN ID is a free, unique identifier publicly available and automatically generated and maintained for an individual nurse.<sup>3</sup> Each NCSBN ID is available in the Nursys database. Nursys comprises a suite of systems and databases containing nurse license and license discipline information by leveraging the identifier data provided by state licensure boards of nursing in the U.S. and its territories. In nursing, an ID is a code that represents the individual nurse and enables identifiable and actionable events in disparate healthcare technology systems. Associating a unique ID with an individual nurse in multiple systems will allow for data matching and capturing a nurse's activity in those system(s) without personally identifiable information.<sup>4</sup> This linking and capturing of data enable identifying nursing events and documentation for research, trending, process improvements, and educational purposes.

Thank you for the opportunity to provide comments on the U.S. Core Data for Interoperability (USCDI) and the addition of social and behavioral determinants of health to the standardized data classes and elements for nationwide, interoperable health information exchange.

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<sup>1</sup> Center for Disease Control and Prevention, "Public Health and Promoting Interoperability Programs," 17 September 2020. [Online]. Available: <https://www.cdc.gov/ehrmmeaningfuluse/introduction.html>.

<sup>2</sup> <https://www.allianceni.org/unique-nurse-identifier>

<sup>3</sup> National Council of State Boards of Nursing. Promoting the role of the nurse with a unique nurse identifier 2019. Retrieved from [https://www.ncsbn.org/L2L\\_Fall2019.pdf](https://www.ncsbn.org/L2L_Fall2019.pdf)

<sup>4</sup> Sensmeier J, Androwich I, Baernholdt M et al. The value of nursing care through use of a unique nurse identifier. *Online Journal of Nursing Informatics (OJNI)*. 2019;23(2).

ANI appreciates the opportunity to offer our comments on the addition of social determinants of health to the U.S. Core Data for Interoperability version 2 standards. We are available and interested in supporting future public responses on health IT strategies and solutions.

Sincerely,



Susan Hull, MSN, RN-BC, NEA-BC, FAMIA  
ANI Co-chair



Nancy J Beale, MSN, RN-BC  
ANI Co-chair

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