



April 17, 2023

Micky Tripathi, Ph.D., M.P.P.
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW, Floor 7
Washington, DC 20201

Re: United States Core Data for Interoperability Draft Version 4

Submitted electronically at: <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#draft-uscdi-v4>

Dear Dr. Tripathi:

As nursing stakeholders, the Alliance for Nursing Informatics (ANI) is pleased to offer comments on the ***United States Core Data for Interoperability Draft Version 4*** (hereinafter the “**USCDI v4**”).

[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 representing more than 25,000 nurse informaticists and bringing together 29 distinct nursing informatics groups globally. ANI crosses academia, practice, industry, and nursing specialty boundaries and collaborates 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, v2, and v3 and the Trusted Exchange Framework and Common Agreement (TEFCA).¹ We appreciate the opportunity to advance health IT standards that support high-priority target areas, including the COVID-19 public health emergency, health equity, and underserved communities. In addition, we applaud the prioritization of the interoperability standards focused on areas referenced by the 21st Century Cures Act and in The Future of Nursing 2020-2030 report.²

¹ Alliance for Nursing Informatics Statements and Positions. (2023). <https://www.allianceni.org/statements-positions>

² Wakefield, M., Williams, D. R., & Le Menestrel, S. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. National Academy of Sciences.

We support the continued standardization efforts from ONC, and the majority of the proposed changes for USCDI v4. Additional comments include the following:

Data Class and Data Element Definitions

1. We recommend that the data element *SDOH Assessment* include the use of diagnosis Z codes in the definition to support reporting non-clinical factors that influence health outcomes and promote continuing care coordination inclusive of community-based interventions.³
 - Aligned with the comments we previously provided for USCDI v2 and v3, the elements associated with the Patient Demographics data class - *gender identity, sex (assigned at birth), and sexual orientation* are conflated and incomplete. If these elements are not accurately captured, there is a danger of perpetuating disparities that LGBTQI2S+ individuals already experience through inaccurate data capture and underrepresentation of their experiences and voices in health data. We recommend that gender identity and sex assigned at birth are considered along with other intersecting identities, such as SDOH data elements, as this intersectionality can have unique impacts on individuals' lives and health. As such, we support alignment with the multistakeholder HL7 Gender Harmony Project and related research.^{4,5,6}
2. We recommend including preferences for pronouns (NCPDP Definition: A set of pronouns an individual would like others to use when talking to or about that individual) using the LOINC codes aligned with the NCPDP identifiers defined in the gender identity data element.^{7,8}
3. For *Current and Prior Address*, we support using the Project US@ technical specification released on January 7, 2022, for current and prior address data. We recommend additional clarity to indicate whether an address is used for mail delivery for those living there (e.g., a homeless shelter accepting mail on behalf of an individual).

³ <https://thehill.com/opinion/healthcare/3911145-how-to-ensure-social-determinants-of-health-actually-improve-health-care/>

⁴ Goldhammer, H., Grasso, C., Katz-Wise, S. L., Thomson, K., Gordon, A. R., & Keuroghlian, A. S. (2022). Pediatric sexual orientation and gender identity data collection in the electronic health record. *Journal of the American Medical Informatics Association: JAMIA*, ocac048.

⁵ Kronk, C. A., Everhart, A. R., Ashley, F., Thompson, H. M., Schall, T. E., Goetz, T. G., Hiatt, L., Derrick, Z., Queen, R., Ram, A., Guthman, E. M., Danforth, O. M., Lett, E., Potter, E., Sun, S., Marshall, Z., & Karnoski, R. (2022). Transgender data collection in the electronic health record: Current concepts and issues. *Journal of the American Medical Informatics Association: JAMIA*, 29(2), 271–284.

⁶ McClure, R. C., Macumber, C. L., Kronk, C., Grasso, C., Horn, R. J., Queen, R., Posnack, S., & Davison, K. (2022). Gender harmony: improved standards to support affirmative care of gender-marginalized people through inclusive gender and sex representation. *Journal of the American Medical Informatics Association: JAMIA*, 29(2), 354–363.

⁷ Woods, A. L., Raskin, E. R. & Keller, D. S. (2023). TransCare initiative: An institutional knowledge-to-action project for surgery and gender equity education. *Journal of Surgical Education*, S1931-7204(23)00070-3.

⁸ Lucas, R., Kahn, N., Bocek, K., Tardoff, D. M., Karrington, B., Richardson, L. P. & Sequeira, G. M. (2023). Telemedicine utilization among transgender and gender-diverse adolescents before and after the COVID-19 pandemic. *Telemedicine and e-Health*.

4. ANI appreciates the renaming of the “care team member identifier” from the original “provider identifier,” and we strongly endorse the use of the National Council of State Boards of Nursing (NCSBN) ID maintained and supported by the NCSBN, to identify nurses as members of the care team.⁹ We look forward to seeing this level of detail in future implementation guides.

Barriers to Development, Implementation, or Use

The specific details for many of these data classes and elements continue to lag in awareness and upgrade capacity across healthcare organizations and health information technology vendors. Therefore, we strongly advocate using detailed implementation guides vetted and tested before use with key stakeholders. As a nursing informatics community, we welcome the opportunity to contribute volunteers to this effort.

In conclusion, we fully support a robust data infrastructure that includes the standardization of data elements to advance interoperability. Thank you for the opportunity to comment.

Sincerely,



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ANI Co-chair



Nancy Beale, Ph.D., RN-BC
ANI Co-chair

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⁹ National Council of State Boards of Nursing. (2023). <https://www.ncsbn.org/>