



April 30, 2022

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Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
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Delivered electronically: <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi#draft-uscdi-v3>

**Re: United States Core Data for Interoperability (USCDI) v3 [Draft for Comment]**

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) v3 [Draft for Comment]* (hereinafter the “v3 Draft”).

[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 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 the Trusted Exchange Framework and Common Agreement (TEFCA). We appreciate the opportunity to advance health information technology standards that support high-priority target areas including the COVID-19 public health emergency, health equity, and underserved communities, as well as the interoperability standards priorities target areas referenced by the 21st Century Cures Act and in The Future of Nursing 2020-2030 report<sup>1</sup>.

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<sup>1</sup> 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.

## Comments on v3 Draft:

### 1. Improvements needed to data classes or elements:

#### a. Gender Identity, Sex (Assigned at Birth), and Sexual Orientation

Aligned with comments provided for USCDI v2, 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 underrepresenting their experiences and voices in health data. We also suggest that gender identity and sex assigned at birth are considered along with other intersecting identities, such as SDOH data elements, as this intersectionality can lead to unique impacts on individuals' lives and health. As such, we support alignment with the multistakeholder HL7 Gender Harmony Project<sup>2</sup>. We also suggest referencing the following research articles:

- 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. Advance online publication. <https://doi.org/10.1093/jamia/ocac048>
- 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. <https://doi.org/10.1093/jamia/ocab136>
- 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. <https://doi.org/10.1093/jamia/ocab196>

#### b. Current and Prior Address

We support using the Project US@ technical specification that was released on January 7, 2022 for current and prior address data. We recommend additional clarity to indicate whether an address is used for simply mail delivery for those living there (e.g. a homeless shelter accepting mail on behalf of an individual).

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<sup>2</sup> <https://confluence.hl7.org/display/VOC/The+Gender+Harmony+Project>

c. Care Team Member(s)

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

**2. Other data elements classified as Level 2 in the ONDEC system be added to v3 Draft**

We recommend that pronouns be included, specifically that 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 are aligned with the NCPDP identifiers defined in the gender identity data element.

**3. Barriers to development, implementation or use**

The specifics of many of these data classes and elements may be unknown to healthcare organizations and vendors. Therefore, we strongly advocate using detailed implementation guides, vetted and tested before use. As a nursing informatics community, we welcome the opportunity to contribute volunteers to this effort.

In conclusion, we fully support of 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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Alliance for Nursing Informatics (ANI) Co-chair



Nancy Beale, MSN, RN-BC  
Alliance for Nursing Informatics (ANI) Co-chair