



November 9, 2020

Don Rucker, MD  
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 Comments on the Interoperability Standards Advisory (ISA) and the Standards Version Advancement Process (SVAP).**

Submitted electronically at: <https://www.healthit.gov/isa>

Dear Dr. Rucker:

Thank you for the opportunity to provide comments on the Interoperability Standards Advisory (ISA) and the Standards Version Advancement Process (SVAP).

[The Alliance for Nursing Informatics](#) (ANI), co-sponsored 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.

**Comments on the ISA:**

ANI has previously commented on ONC efforts related to interoperability standards and implementation specifications, including the [2016](#) and [2017 ISA drafts](#), the proposed [Interoperability Standards Measurement Framework proposed in 2017](#), [US Core Data for Interoperability \(USCDI\) 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 nursing concepts and standardized terminologies; nursing assessments, interventions, outcomes and problems; patient care plan information; functional status; and social determinants of health as key interoperability needs. We would like to reaffirm our previous comments and highlight areas where we still see areas for improvement: **1) Social Determinants of Health and 2) Functional Status**. For both, data elements are present within the ISA, but adoption is low, and standards are not federally required. **Therefore, ANI strongly supports further development to include SDOH and Functional Status standards in regulations and as federal program requirements.** ANI strongly endorses social determinants of health (SDOH) as a key interoperability need for better care and health nationwide, amplified as a need during the COVID-19 public health emergency. We appreciate the ONC's progressive efforts to address SDOH and applaud the inclusion of SDOH data elements being considered in key interoperability initiatives, such as the USCDI v2. We recognize the need for further harmonization with other related efforts, including:

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

- 2015 Certification Criterion on Social, Psychological, and Behavioral Health (§ 170.315(a)(15))
- Certified Health IT Products List (CHPL)
- External support for Health IT enabled SDOH data development including:
  - Gravity Project to develop consensus data driven standards for exchange within health care settings and between health care and other sectors.
  - Home and Community-Based Services
  - HL7® Cooperative Agreement for IG development and piloting

There is significant support in the literature about the variability of SDOH data capture. A study conducted on terminologies for social determinants content found 1095 existing codes that can facilitate documentation of health-related clinical activities.<sup>1</sup> The value of coding SDOH for clinical care, coding assessments, goals, health concerns, and interventions is well established and possible. Monsen et al. (2019) found vast variability in the documentation of SDOH across a convenience sample of nine different locations and electronic health records, based on the presence of a standardized terminology.<sup>2</sup> When data are not standard and required, the resulting variability leads to unmet information needs for nurses and interprofessional clinical teams delivering care to complex patients.<sup>3</sup> Recurring themes found in the literature recognize the importance of capturing income insecurity, housing instability, food insecurity, and transportation needs as SDOH that can significantly impact patient outcomes. A national standard is needed for SDOH to assure consistency when patients move between health care providers and across care settings.

While we appreciate the inclusion of these key elements in the ISA, we are concerned that many of them still have low implementation levels and are not yet federally required. For the over 4 million nurses practicing in the US, SDOH data provide essential context for assessment, care planning, interventions, and evaluation of progress. Without federally required standards and/or implementation specifications, EHR vendors continue to take a voluntary and custom rather than standard approach to SDOH data capture, leaving valuable SDOH data existing in non-interoperable fields and rendering it obscure or inaccessible to clinicians to identify opportunities to impact outcomes. Without these data, care coordination, quality, safety, and efficiency may be compromised, and health disparities remain.

#### **Comments on the SVAP:**

ANI endorses the voluntary Standards Version Advancement Process (SVAP), which enables health IT developers' ability to incorporate newer versions of secretary-adopted standards and implementation specifications. In our [past comments](#), we have highlighted the importance of adequate pilot testing prior to adoption to assess technical, clinical workflow, and education readiness. In addition, our comments on the ONC's [Proposed Rule to implement provisions of the 21st Century Cures Act Electronic Health Record Reporting Program](#) emphasized the need to increase transparency in Health IT System

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<sup>1</sup> A. Arons, S. DeSilvey, C. Fichtenberg and L. Gottlieb, "Documenting social determinants of health-related clinical activities using standardized medical vocabularies," *JAMIA Open*, vol. 2, no. 1, 2019.

<sup>2</sup> K. A. Monsen, J. M. Rudenick, N. Kapinos, K. Warmbold, S. K. McMahon and E. N. Schorr, "Documentation of social determinants in electronic health records with and without standardized terminologies: A comparative study," *Proceedings of Singapore Healthcare*, vol. 28, no. 1, pp. 39-47, 2019.

<sup>3</sup> D. J. Cohen, T. Wyte-Lake, D. A. Dorr, R. Gold, R. J. Holden, R. J. Koopman, J. Colasurdo and N. Warren, "Unmet information needs of clinical teams delivering care to complex patients and design strategies to address those needs," *Journal of the American Medical Informatics Association*, vol. 27, no. 5, pp. 690-699, 2020.

Performance and how Health IT systems meet certification Criteria. ANI applauds the SVAP as a positive step towards establishing a transparent and timely sub-regulatory mechanism to support the rigor of standards development and implementation.

ANI appreciates the opportunity to offer our comments and are available and interested in supporting future public responses on the evolution of this work.

Sincerely,



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



Mary Beth Mitchell, MSN, RN, BC, CPHIMS  
ANI Co-chair

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