November 6, 2015

Karen DeSalvo, MD, MPH, MSc
National Coordinator
Office of National Coordinator for Health IT
Department of Health and Human Services
200 Independence Ave, SW
Washington, DC 20201

Re: Comments on *2016 Interoperability Standards Advisory Best Available Standards and Implementation Specifications*

Submitted via: https://www.healthit.gov/standards-advisory/2016

Dear Dr. DeSalvo:

The American Nurses Association (ANA) welcomes the opportunity to provide comments on the document "2016 Interoperability Standards Advisory Best Available Standards and Implementation Specifications."

As the only full-service professional organization representing the interests of the nation's 3.4 million registered nurses (RNs), ANA is privileged to speak on behalf of its state and constituent member associations, organizational affiliates, and individual members. RNs serve in multiple direct care, care coordination, and administrative leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients, their families and other caregivers as well as the public about various health conditions, wellness, and prevention, and provide advice and emotional support to patients and their family members. ANA members also include the four advanced practice registered nurse (APRN) roles: nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists.[1]

We appreciate the efforts of the Office of the National Coordinator for Health Information Technology (ONC) and the 2016 Interoperability Standards Advisory to "coordinate the identification, assessment, and determination of the "best available" interoperability standards and implementation specifications for industry use to fulfill specific clinical health IT interoperability needs" (Page 4).

ANA would like to take the opportunity to reiterate our *comments* from the *2015 Interoperability Standards Advisory Best Available Standards and Implementation Specifications* in order to address some of the "Limitations, Dependencies, and Preconditions for Consideration" regarding care team member (Page 9) and care plan (Page 19).

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[1] The Consensus Model for APRN Regulation defines four APRN roles: certified nurse practitioner, clinical nurse specialist, certified nurse-midwife and certified registered nurse anesthetist. In addition to defining the four roles, the Consensus Model describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

ANA has published two Position Statements regarding Interoperability and Standardized Terminologies. The purpose of the position statement, "*Standardization and Interoperability of Health Information Technology: Supporting Nursing and the National Quality Strategy for Better Patient Outcomes*" (June 2014) is to promote standardization and interoperability of health information technology (IT) to improve nursing knowledge representation and patient outcomes. Standardized data capture, reporting and use, and interoperability among HIT systems are critical to better data aggregation that truly captures nursing's contributions to patient outcomes and supports the achievement of the National Quality Strategy goals of better care, affordable care and healthy people and communities. (ANA, 2014)

The purpose of the position statement, *"Inclusion of Recognized Terminologies Supporting Nursing Practice within Electronic Health Records and Other Health Information Technology Solutions"* (March 2015) is to reaffirm the American Nurses Association's (ANA) support for the use of recognized terminologies supporting nursing practice as valuable representations of nursing practice and to promote the integration of those terminologies into information technology solutions. Standardized terminologies have become a significant vehicle for facilitating interoperability between different concepts, nomenclatures, and information systems. (ANA, 2015)

In regards to Care Team Member (Page 9), we support that a unique clinician identifier such as the National Provider Identifier (NPI) be captured across care settings for data analytics that will better inform a learning health system.

In regards to Care Plan (Page 19), and as previously stated in ANA's comments on *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0,* we believe it is essential to include on the list of data elements terminologies that support nursing practice and patient-centered care.[2] Specifically, we recommend adding Care Plan field(s) including patient-centered problems, goals and instructions. Registered nurses are pivotal in identifying patient-centered problems (e.g. incontinence, functional status) through standardized screening and assessments and compiling data. They provide information to other clinicians and are an essential source of information for patients, families and other caregivers. Registered nurses also have a critical role in documenting health information in current electronic health records (EHR) and providing care coordination in multiple roles, including during care transitions between units in acute care and across all care settings. It is essential that utilization of terminologies that support nursing practice and patient-centered care be included in the development of standards and specifications. Data collected by nurses and entered in the EHR ensures the capture of the contributions of registered nurses, the largest group of heath care professionals. As stated in the ANA Position Statement, *Inclusion of Recognized Terminologies Supporting Nursing Practice within Electronic Health Records and Other Health Information Technology Solutions* (March 2015), "When exchanging a Consolidated Continuity of Care Document (C-CDA) with another setting for problems and care plans, Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT®) and Logical Observation Identifiers Names and Codes (LOINC®) should be used for exchange. LOINC® should be used for coding nursing assessments and outcomes and SNOMED CT® for problems, interventions,

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[2] American Nurses Association (2015). ANA's Nursing Informatics: Scope and Standards of Practice. Silver Spring, MD: Nursingbooks.org, pages 10-13.

and observation findings" (ANA, 2015). The promise of data analytics to improve patient care and outcomes will not be fully achieved without the inclusion of this data.

We appreciate the opportunity to share our views on this matter and welcome the opportunity to discuss these issues in greater detail. If you have questions, please contact Kelly Cochran, Policy Advisor, Health Information Technology (kelly.cochran@ana.org or 301-628-5040).

Sincerely,

Cheryl A. Peterson, MSN, RN
Senior Director, Nursing Programs

cc: Pamela Cipriano, PhD, RN, NEA-BC, FAAN, ANA President
        Marla Weston, PhD, RN, FAAN, ANA Chief Executive Officer

Attachment(s):

ANA Position Statement*: Standardization and Interoperability of Health Information Technology: Supporting Nursing and the National Quality Strategy for Better Patient Outcomes* (June 2014)

ANA Position Statement: *Inclusion of Recognized Terminologies Supporting Nursing Practice within Electronic Health Records and Other Health Information Technology Solutions* (March 2015)

Position Statement

**Standardization and Interoperability of Health Information Technology:
Supporting Nursing and the National Quality Strategy for Better Patient Outcomes**

Effective Date:	June 11, 2014
Status:	New Position Statement
Adopted By:	ANA Board of Directors

Purpose: The purpose of this position statement is to promote standardization and interoperability of health information technology (HIT) to improve nursing knowledge representation and patient outcomes. Standardized data capture, reporting and use, and interoperability among HIT systems are critical to better data aggregation that truly captures nursing's contributions to patient outcomes and supports the achievement of the National Quality Strategy goals of better care, affordable care and healthy people and communities.

ANA Position: The American Nurses Association (ANA) believes that electronic health records (EHRs) and other HIT solutions used to document, manage, and report nursing care in all phases and settings should promote the accurate capture and standardized representation of nursing knowledge, data collected by nurses in the context of patient care, and contributions to outcomes across the nursing process.

Further, these systems should be interoperable within and among all vendors' products. Achievement of such standardization and interoperability will improve patient outcomes, enhance nurse work satisfaction, support the exchange and use of nursing knowledge, and promote nursing participation in the development, growth, and maturation of a continuous rapid learning health care system.

In order to achieve this, ANA will work with the nursing informatics community, Office of the
National Coordinator for Health Information Technology, and the EHR and health IT vendor community to:
> 1. Promote the adoption and implementation of standardized nursing data capture within all vendor products.
> 2. Advocate for standardized nursing data capture throughout the nursing process and across all settings of care.
> 3. Promote standardization of installed vendor products as a strategic imperative to support interoperability.
> 4. Advocate for a feedback loop to inform direct care interventions.

Background: For purposes of this statement, *standardization* is focused on mechanisms for the common and repeated capture of nursing knowledge and actions. *Interoperability* is the ability of different information systems to communicate, exchange

data, and use the information that has been exchanged (H*i*MSS, 2013). *Standardized* data capture is foundational to building *interoperable* HIT systems. *Nursing knowledge representation* reflects the ability to identify nursing components and contributions to evidence-based practice and patient-centric care.

The American health care system is comprised of numerous and disparate silos of data and information that perpetuate inadequate capture, documentation, and reporting of nursing knowledge associated with patient care and professional practice. This situation is exacerbated by the customization of EHRs and other health IT products to replace standardized fields with text boxes, vary order sets to include or exclude nursing data, and represent nursing work in areas not consistent with nursing workflow. The goal of standardization and interoperability initiatives are meant to counter the negative impacts on patient outcomes and nursing work satisfaction accrued from missed or incomplete information and knowledge transfer between healthcare professionals, across settings, and through the continuum of the healthcare experience.

References

H*i*MSS. (2013). Definition of Interoperability. Retrieved from http://www.himss.org/files/FileDownloads/HIMSS%20Interoperability%20Definition%20FINAL.pdf

Position Statement

Inclusion of Recognized Terminologies Supporting Nursing Practice within Electronic Health Records and Other Health Information Technology Solutions

Effective Date:	March 19, 2015
Status:	New
Adopted By:	ANA Board of Directors

Purpose: The purpose of this position statement is to reaffirm the American Nurses Association's (ANA) support for the use of recognized terminologies supporting nursing practice as valuable representations of nursing practice and to promote the integration of those terminologies into information technology solutions. Standardized terminologies have become a significant vehicle for facilitating interoperability between different concepts, nomenclatures, and information systems. (ANA, 2015)

Statement of ANA Position: The American Nurses Association continues to advocate for the use of the ANA recognized terminologies supporting nursing practice within the Electronic Health Record (EHR) and other health information technology solutions. Therefore, in alignment with national requirements for standardization of data and information exchange, ANA supports the following recommendations:

1. All health care settings should create a plan for implementing an ANA recognized terminology supporting nursing practice within their EHR.
2. Each setting type should achieve consensus on a standard terminology that best suits their needs and select that terminology for their EHR, either individually or collectively as a group (e.g. EHR user group).
3. Education should be available and guidance developed for selecting the recognized terminology that best suits the needs for a specific setting.
4. When exchanging a Consolidated Continuity of Care Document (C-CDA) with another setting for problems and care plans, Systematized Nomenclature of Medicine - Clinical Terms (SNOMED CT®) and Logical Observation Identifiers Names and Codes (LOINC®) should be used for exchange. LOINC® should be used for coding nursing assessments and outcomes and SNOMED CT® for problems, interventions, and observation findings.
5. Health information exchange between providers using the same terminology does not require conversion of the data to SNOMED CT® or LOINC® codes.

6. Development of a clinical data repository that includes multiple recognized terminologies should be based on the national recognized terminologies of ICD-9 (or 10), CPT, RxNorm, SNOMED CT®, and LOINC®.

Background: Nursing terminologies identify, define, and code concepts in an organized structure to represent nursing knowledge. Since 1973, multiple organizations have developed nursing terminologies. ANA created a recognition process beginning in 1989 to identify terminologies (aka classification systems) or data sets that support nursing practice and knowledge generation.

These ANA recognized data sets and terminologies include:

ANA Recognized Terminology/Data Set	Year Developed	Year Recognized	Nursing Content
NANDA-Nursing Diagnoses, Definitions, and Classification	1973	1992	Diagnoses
Omaha System	1975	1992	Diagnoses, Interventions, Outcome Ratings
Nursing Minimum Data Set (NMDS)	1985	1999	Clinical Data Elements
Nursing Interventions Classification (NIC)	1987	1992	Interventions
Perioperative Nursing Data Set (PNDS)	1988	1999	Diagnoses, Interventions, Outcome
Clinical Care Classification (CCC) System	1988	1992	Diagnoses, Interventions, Outcome Ratings
Nursing Management Minimum Data Set (NMMDS)	1989	1998	Management Data Elements
International Classification for Nursing Practice (ICNP®)	1989	2000	Diagnoses, Interventions, Outcome
Nursing Outcomes Classification (NOC)	1991	1997	Outcomes
Logical Observation Identifiers Names and Codes (LOINC®)	1994	2002	Assessments, Outcomes
ABC Codes	1996	2000	Billing Codes
SNOMED CT®	2000	1999	Diagnoses, Interventions, Outcomes, Findings

Recent federal initiatives, including the Medicare and Medicaid EHR Incentive Programs, have provided financial incentives for eligible hospitals and eligible providers to purchase and implement certified EHR technologies. Such focused efforts seek to improve access, safety, and quality associated with the patient's healthcare experiences. The Office of the National

Coordinator for Health Information Technology (ONC) is responsible for the associated rulemaking to adopt standards, implementation specifications, and certification criteria for EHR technologies. These requirements include the use of LOINC® for assessments and outcomes and SNOMED CT® for problems, procedures (interventions), and observation findings. Representation of nursing knowledge and documentation to demonstrate quality and enable sharing patient data across settings requires that nursing data be standardized and consistent with federal requirements.

References

American Nurses Association (ANA). (2015). *Nursing informatics: Scope and Standards of Practice, 2nd Edition.* Silver Spring, MD: Nursesbooks.org.