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May 1, 2015

Karen DeSalvo, MD
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Suite 729-D
Washington, D.C. 20201

RE: *Draft 2015 Interoperability Standards Advisory, Public Comment <Submitted Electronically>*

Dear Dr. DeSalvo,

As the world's largest publicly-traded health information technology company providing leading-edge solutions and services for health care organizations worldwide, Cerner's mission is to contribute to the systemic improvement of health care delivery and the health of communities. Our solutions are used by more than 463,000 providers and are licensed at more than 18,000 facilities in 30 countries.

Cerner has partnered with 16 health care organizations who use the Cerner CEHRT systems, creating the Cerner US Client Regulatory Council. Our mission is to create a collaborative partnership amongst health care providers and software solutions that are powering the future of the health care industry with a focus on regulatory matters. The health care providers represented in our Council cover a spectrum of health care organizations including academic hospitals, multi-state organizations, state health plans, ambulatory providers, critical access hospitals, children's hospitals and specialty providers. Collectively, these organizations are responsible for over 10 million patient healthcare records across the United States.

Our US Client Regulatory Council is pleased to provide a response to the proposed updates to the Draft 2015 Interoperability Standards Advisory. We applaud the ONC for its efforts to provide further instruction and lead the charge to provide data continuity across the EHR delivery landscape.

Our comments are set forth below.

Sincerely,
Cheri Whalen, CHTS-IM, CHC
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General Comments

- The intended use of the Interoperability Standard Advisory should be further defined, especially in relation to the regulation and the Interoperability Roadmap. We encourage ONC to recognize that such a list could be used as a mechanism to inform regulatory and legislative processes regarding clarification and definition of vocabulary, structure, services and transport.
- Backward compatibility should be defined and incorporated into the general accommodations and updated in the yearly revisions.
- We encourage the yearly updates to pay specific attention to the use of code sets which are universal and distinctly "mapable" to encourage the interoperability of data transfers. There are multiple EHR data capture & reportable data requirements which do not currently align, this advisory could bring additional continuity among the regulatory bodies as indicated in our first bullet point.
- We have deep concerns regarding the inclusion of Sexual Orientation and Gender Identity as a data element. The potential inclusion of these data elements as a requirement for EHR participation provides privacy concerns in the data collection workflow. Is this captured upon the admission of a patient? Does this mean the registration clerk is then asking our patient about their sexual orientation? We do not feel these data elements are necessary to provide quality clinical outcomes for our patient and we strongly advocate the removal of these data elements. To further this consideration, the IOM report *Capturing Social and Behavioral Domains and Measures in Electronic Health Records: Phase 2* indicated they reviewed the sexual orientation and gender identity data elements, but did not select them for inclusion in all electronic health records. They found there was a lack of consensus in public comments whether they would be useful, the degree of sensitivity of the information and how it would be recorded.