

April 19, 2016

The Honorable Karen DeSalvo, MD, MPH, M.Sc.
Acting Assistant Secretary for Health
National Coordinator for Health Information Technology
United States Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically to <https://www.healthit.gov/commitment>

Re: Interoperability Pledge

Dear Dr. DeSalvo:

The American Nurses Association (ANA) shares the principle that to achieve open, connected care for our communities, we all have the responsibility to take action. 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 screening, assessments, and coordinate patient-driven evidence-based care. RNs engage and educate patients, their families, other caregivers, and even the public in self-care for prevention, maintaining wellness, and managing various health conditions. Finally, RNs provide emotional support to patients and their family members.¹ 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.²

To further these goals, we commit to the following principles to advance interoperability among health information systems enabling free movement of data, which are foundational to the success of delivery system reform.

1. **Consumer Access:** To help consumers easily and securely access their electronic health information, direct it to any desired location, learn how their information can be shared and used, and be assured that this information will be effectively and safely used to benefit their health and that of their community.

¹ Nursing Alliance for Quality Care Whitepaper (2013), Fostering Successful Patient and Family Engagement: Nursing's Critical Role.

<http://www.naqc.org/Main/Resources/Publications/March2013-FosteringSuccessfulPatientFamilyEngagement.pdf>
(accessed April 18, 2016).

² 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.

2. **No Blocking/Transparency:** To help providers share individuals' health information for care with other providers and their patients whenever permitted by law, and not block electronic health information (defined as knowingly and unreasonably interfering with information sharing).
3. **Standards:** Implement federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information, and adopt best practices including those related to privacy and security.

ANA's policy and advocacy work includes monitoring regulations related to health policy to provide input and direction to ensure that these regulations are supportive of nursing practice and patient care. ANA regulatory comments are publically available on [ANA Advises Federal Agencies](#). ANA has also launched and participated in several [Health IT initiatives](#), such as:

- Nominating nurse leaders to federal Health IT committees and workgroups
- Developing position statements on Health IT initiatives, policy, and standards
- Participating in Health IT alliances, including the [Alliance for Nursing Informatics](#), [American Medical Informatics Association](#), and [Healthcare Information and Management Systems Society](#)
- Developing educational products that supported the consumer eHealth campaign of the [Office of the National Coordinator for Health Information Technology](#)
- Coordinating expert panel summit meetings to establish quality measurement models for inclusion in electronic health records

As a part of ANA's [2016 Culture of Safety](#), we are dedicating the months of September and October to the topics of *Transitions of Care* and *Data and Systems Thinking*, respectively. ANA will feature a webinar that will focus on consumer access to their digital health information via patient portals and is supportive of the initiative being coordinated by the National Partnership for Women and Families entitled "GetMyHealthData" (<https://getmyhealthdata.org/>).

ANA has published several Position Statements regarding Interoperability and Standardized Terminologies, Electronic Personal Health Records, and Electronic Health Records. 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 (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, 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 ANA's 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)

The purpose of the position statement, ["Electronic Personal Health Record"](#) (October 2012) is ANA supports the development of a robust and secure electronic personal health record (PHR) maintained and kept current by the healthcare consumer or proxy. This PHR will help improve the continuity and coordination of care. The PHR will also help the healthcare consumer in making informed health decisions. This support comes with

concerns that the PHR be a secure entity, only available to the consumer or their designated healthcare providers. The issues of concern include security, privacy, literacy, and the ability of the information to be accessed in different healthcare settings. These conditions must be addressed to make the PHR a useful tool in the provision of health care.

The purpose of the position statement, "[Electronic Health Record](#)" (December 2009) is to affirm ANA's belief that the public has a right to expect that health data and healthcare information will be centered on patient safety and improved outcomes throughout all segments of the healthcare system and the data and information will be accurately and efficiently collected, recorded, protected, stored, utilized, analyzed, and reported. Principles of privacy, confidentiality, and security cannot be compromised as the industry creates and implements interoperable and integrated healthcare information technology systems and solutions to convert from paper-based media for documentation and healthcare records to the newer format of electronic health records (EHRs), including individual personal health record (PHR) products. (ANA, 2009)

ANA has also discussed the use of the National Provider Identifier (NPI) system in responding to a request for comments from the Office of National Coordinator for Health IT (ONC) concerning the [2016 Interoperability Standards Advisory: Best Available Standards and Implementation Specifications](#). ANA's [letter to ONC](#), dated November 6, 2015, supported a unique clinician identifier, such as the NPI, to capture data across care settings. Using the NPI in this way would promote the use of data analytics to better inform a learning health system. As noted in the letter, the NPI is the recommended standard identified in the 2016 Interoperability Standards Advisory for the interoperability need of representing a care team member (health care provider).

We appreciate the opportunity to pledge our support of these important principles and look forward to continued engagement with our federal partners to achieve these goals. If you have questions, please contact Mary Beth Bresch White, Director, Health Policy (marybreschwhite@ana.org).

Sincerely,



Debbie D. Hatmaker, PhD, RN, FAAN
Executive Director

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