1. **Data Class:** Care Team Member(s)

**Data Element:** Provider NPI  
**Level of Data Element:** Level 2  
**Applicable Standard:** National Provider Identifier (NPI)  
**URL link to the submission you are referencing:** https://www.healthit.gov/isa/uscdi-data-class/care-team-members#level-2  
**Comments:**  
The American Association of Colleges of Nursing (AACN) applauds the Office of the National Coordinator for Health Information Technology (ONC) for its work to develop a standardized set of data classes and elements for nationwide health information exchange. We appreciate the opportunity to provide comment on the standards and implementation specifications that address important interoperability needs.

As the national voice for baccalaureate and graduate nursing education programs, AACN has a vested interest in improving health and healthcare. For nearly five decades, the association has established quality standards for professional nursing education to ensure that Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs; which include nurse practitioners (NPs), certified nurse-midwives (CNMs), certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs)) are prepared to provide evidence-based and cost-effective care. Within AACN member schools, over 100,000 nursing students are currently enrolled in APRN programs and will serve as the next generation of providers.

In reference to the Care Team Member(s) data class, we agree that the NPI is an appropriate standard for the “Care Team Member Identifier” data element as all healthcare clinicians, including nurses, who conduct electronic transactions and transmit health information, are strongly encouraged to obtain an NPI. Importantly, students enrolled in healthcare education/training programs are also encouraged to obtain an NPI number, which can provide critical insight regarding the future of the healthcare workforce. An NPI number is associated with an individual for the duration of their career and can help with the collection of valuable information regarding the distribution of healthcare providers by employment, specialty, and demographics. Moreover, in times of public health emergencies, NPI numbers can further assist in understanding the healthcare labor market and the dynamics of supply and demand. Though AACN supports the NPI as a standard, we acknowledge the difficulties individuals often encounter when registering for an NPI number or updating NPI records when they change employers or roles. It is imperative to update this process to allow for a more seamless transition from one employer, or healthcare position, to another. This will help to ensure that the data remains current and is useful for understanding the state of the healthcare workforce.

2. **Data Class:** Care Team Member(s)

**Data Element:** New Data Element Submission: Identifier Period  
**Level of Data Element:** New Submission  
**URL link to the submission you are referencing:** https://www.healthit.gov/isa/uscdi-data-class/care-team-members#uscdi-v2
Applicable Standard(s): N/A

Comments: In addition to our recommendations for the NPI standard, AACN recommends adopting a new “Identifier Period” element as part of the Care Team Member(s) data class. HL7 FHIR US Core defines the Identifier Period as the time during which the identifier is/was valid for use. Beyond the need to utilize a reliable identifier for health information exchange, it is vital to include the time in which a care team member’s identifier is/was valid. The COVID-19 pandemic has illustrated how critical it is for local, state, and federal leaders, and for healthcare leaders in the private sector, to understand the composition and utilization of the health workforce. With approximately four million nurses in the US, being able to identify where nurses are located and practicing will enable the government and healthcare agencies to be better prepared for any future public health emergencies through stabilization of resources. Inclusion of the “Identifier Period” will be crucial to determine the number of valid identifiers and to delineate active versus non-active care team members as well as allow for the accurate examination of supply and demand needs at the state and county levels, which is critical when determining need for services in rural and underserved areas. Ultimately, an Identifier Period Data Element would also promote more effective analysis of trends in the nursing workforce and create a better understanding of the policy implications across nursing practice, education, and research.

Thank you for the opportunity to provide comment on this important topic and please do not hesitate to reach out to AACN Policy Director Colleen Leners at cleners@aacnursing.org with any questions.

Thank you,

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American Association of Colleges of Nursing