

# Commission on Dietetic Registration

the credentialing agency for the

 Academy of Nutrition  
and Dietetics

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Micky Tripathi, PhD, MPP

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U.S. Department of Health and Human Services

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 Academy of Nutrition  
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Re: United States Core Data for Interoperability (USCDI) v6

Dear Dr. Tripathi,

The Academy of Nutrition and Dietetics (the “Academy”) and the Commission on Dietetic Registration (CDR) appreciate the opportunity to submit these comments relative to the annual review of the United States Core Data for Interoperability (USCDI). Representing more than 112,000 registered dietitian nutritionists (RDNs), nutrition and dietetic technicians, registered (NDTRs), and advanced degree nutritionists, the Academy and CDR are committed to a vision of a world where all people thrive through the transformative power of food and nutrition.

CDR works through its Interoperability and Standards Committee (ISC) to engage national and international standards organizations that develop and harmonize health information technology standards to improve health information sharing and interoperability related to nutrition.

With support from the HL7 Post-Acute Care Interoperability (PACIO) community, we respectfully offer the following comments on USCDI version 6:

**The Academy and CDR strongly support the inclusion of Nutrition Order as a new data element under the Orders data class in the upcoming USCDI v6.**

This new data element is essential for ensuring comprehensive and coordinated care, in all care settings. This new data element would permit streamlining of the other data elements within the Nutrition and Diet class – except the data element Eating/Drinking assistive device.

The Nutrition Order data element, a part of daily healthcare workflows, has been tested extensively by the PACIO community in recent Connectathons, demonstrating their interoperability and readiness for widespread adoption. Additionally, the FHIR NutritionOrder standard is currently being implemented as search and read data in a commonly used large electronic medical record (EMR) system and malnutrition software, highlighting their practical utility and the demand for standardization across healthcare systems.

The inclusion of Nutrition Order in USCDI v6 will ensure that vital nutrition-related data are available and accessible across the continuum of care, ultimately supporting better health outcomes for patients who rely on specialized nutritional support, capturing cultural diet modifications such as Halal or Kosher, significantly enhancing the ability to share crucial nutritional information across care teams, and the improved continuity of care and patient safety.

**The Academy and CDR strongly support elevating the Nutrition Status data element under the Health Status Assessment data class from level 0 to level 2.**

To further emphasize the significance of nutrition assessment, we recommend elevating Nutrition Status within the Health Assessment status data class from Level 0 to Level 2. This adjustment will accurately reflect its importance in supporting clinical practice, including why orders and/or devices are needed, and facilitate comprehensive data capture. Further structural standard representation exists in current HL7 FHIR standards, specifically within the US Core Implementation Guide – Screening and Assessments (<https://hl7.org/fhir/us/core/screening-and-assessments.html>).

**The Academy and CDR strongly support the inclusion of Eating/Drinking assistive device data element within the Device Used data element under the Medical Device data class.**

We heartily advocate for the inclusion of Eating/Drinking assistive device within the Device Used data element under the Medical Device data class. This shift from the Nutrition and Diet class will enhance visibility and accurate representation of its critical role across all medical specialties and patient care domains. Specifically, the Nutrition Status data element currently identifies Self-feeding difficulty, using the quality improvement model Nutrition Care Process standards and terminology specifications. This further supports the alignment and connection with the Device Used data element, the Nutrition Status data element, and the newly proposed Nutrition Order data element to capture necessary modified utensil requirements.

By implementing these changes, USCDI can better support the nutrition care process, improve patient outcomes, facilitate improved patient independence, and enhance interoperability across healthcare systems.

The Academy and CDR appreciate your consideration of these comments regarding the annual review of the United States Core Data for Interoperability. Please contact Michelle Ashafa at [mashafa@eatright.org](mailto:mashafa@eatright.org) with any questions or requests for additional information.

Sincerely,



Michelle Ashafa, RD, LDN, CAPM, CSM  
Quality Technology Analyst  
Commission on Dietetic Registration



Sandra Miller, MS, RDN, CPHQ, CDES  
Chair, Interoperability and Standards Committee  
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