Public Health Data Systems Task Force

Janet Hamilton, Co-Chair

Carolyn Petersen, Co-Chair

May 27, 2021

Health Information Technology Advisory Committee
The Office of the National Coordinator for Health Information Technology

Meeting Agenda

- Call to Order/ Roll Call
- Opening Remarks
- Review Surveillance Discussion Guiding Questions and Draft Recommendations
- Next Steps
- Public Comment
- Final Remarks
- Adjourn

Public Health Data Systems Task Force Roster

Name	Organization
Janet Hamilton (Co-Chair)	**Council of State and Territorial Epidemiologists**
Carolyn Petersen (Co-Chair)	**Individual**
Danielle Brooks	AmeriHealth Caritas
Denise Chrysler	Network for Public Health Law
Jim Daniel	Amazon Web Services
Steve Eichner	Texas Department of State Health Services
Ngozi Ezike	Illinois Department of Public Health
Claudia Grossmann	Patient-Centered Outcomes Research Institute
Steve Hinrichs	Individual
Jim Jirjis	HCA Healthcare
John Kansky	Indiana Health Information Exchange
Bryant Karras	Washington State Department of Health
Steven Lane	Sutter Health
Nell Lapres	Epic
Les Lenert	Medical University of South Carolina
Denise Love	National Committee on Vital and Health Statistics
Arien Malec	Change Healthcare
Clem McDonald	National Library of Medicine
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin
Larry Mole	Veterans Health Administration
Abby Sears	OCHIN
Sheryl Turney	Anthem, Inc.

Opening Remarks

Health IT Advisory Committee (HITAC)
Public Health Data Systems (PHDS) Task Force 2021

Charge – This Task Force will inform HHS's response to President Biden's Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats.

The PHDS Task Force shall:

1. Identify and prioritize policy and technical gaps associated with the effectiveness, interoperability, and connectivity of information systems relevant to public health. This would include a focus on surveillance systems, infrastructure improvements, health equity, clinical engagement, research and innovation, educating and empowering individuals.

2. Identify characteristics of an optimal future state for information systems relevant to public health and their use.

Surveillance Discussion - Guiding Questions

Surveillance Discussion Guiding Questions Review

Data Standards:

For the key surveillance use cases, what major gaps exist in health standards that prevent data from flowing between clinical and public health entities? What additional standards might need to be developed, further tested, or harmonized?

Surveillance use cases include but are not limited to: Testing, Case Reporting, Syndromic Surveillance, Immunization

- Lack of adherence to existing standards (ELR, SyS, IIS).
- Low uptake of newer standards (eCR), lack of certification requirements for eCR.
- Confusion over reporting standards across jurisdictions.
- Missing data when reports are made, result of multiple causes.
- Duplicative/misaligned reporting requests add to provider administrative burden.
- Lack of incentives for standards adoption.

Surveillance Discussion Guiding Questions Review

Sharing, Use, Linking, and Integrating Data:

What real and/or perceived barriers exist that continue to inhibit progress in integrating multiple public health, social services, and clinical data sources while responding to public health emergencies?

- From a technology and infrastructure perspective?
- From a policy, licensing, and legal perspective?
- From a patient privacy, digital access, and social justice standpoint?
- Federal vs state/local?

  - Lack of central patient identifiers and ability to link patients across care settings/public health.
  - Current processes to set-up data exchanges are time consuming for providers/public health to test new interfaces.
  - Lack of centralized national infrastructure can lead to duplicative and confusing reporting data flows.
  - Lack of clarity on how to protect patient privacy while promoting interoperability.
  - Lack of infrastructure funding across public health, and rigid funding causing multiple problems including data siloes.
  - Provider administrative overload/perceived lack of value in data reporting.
  - Lack of consistent HIEs and capabilities for public health reporting.
  - Lack of standards on describing SDOH and where SDOH data should be collected.
  - Differences in social service data systems will create difficulty in connecting to PH and clinical.

Surveillance Discussion Guiding Questions Review

Sharing, Use, Linking, and Integrating Data:

What real and/or perceived barriers exist that continue to inhibit progress in integrating multiple public health, social services, and clinical data sources while responding to public health emergencies?

- From a policy, licensing, and legal perspective?
  - Lack of recognition that public health is part of healthcare.
  - Lack of alignment in jurisdiction vs. state vs. federal privacy and security laws.
  - Lack of clarity within HIPAA on data sharing for public health purposes (i.e., minimum necessary) leads to differing interpretations from each state/local jurisdiction.
  - Lack of interoperability adoption incentives for public health data sharing across states.
  - Lack of funding in public health overall.
  - Lack of federal guidance, and restrictive state laws on data sharing from public health to external entities (i.e., PH requests for PHI, HIEs, research, etc.)

- From a patient privacy, digital access, and social justice standpoint?
  - Lack of alignment of HIPAA with current use cases (population based data sharing, data sharing with non-HIPAA covered entities)
  - FQHC and individual providers lack resources to establish connections with public health.
  - Lack of transparency about how protected health information, geolocation data, etc., are collected, used, and stored

Surveillance Discussion Guiding Questions Review

Sharing, Use, Linking, and Integrating Data:

What real and/or perceived barriers exist that continue to inhibit progress in integrating multiple public health, social services, and clinical data sources while responding to public health emergencies?

- Federal vs state/local?
  - Variability in local jurisdictions' and states' data reporting requirements and capabilities.
  - Lack of agreement on a minimum necessary data set that meets both state and federal surveillance goals.
  - Lack of standardized patient identifiers.
  - Not leveraging federal funding of social service programs to adopt standards and technology compatible with public health.

Surveillance Discussion Guiding Questions Review

Health equity and surveillance systems:

How do we ensure that surveillance systems adequately identify potential sources of bias and health inequity and address health equity?

Gaps identified:
- Lack of standards to describe SDOH data and collection not compulsory (e.g., disability, race/ethnicity).
- Outdated, ineffective process and culture for collecting SDOH data (e.g., rigid categorization of 5 races and 2 ethnicities).
- Lack of funding for underserved areas and inability to consistently include those with poor access to healthcare in surveillance.

What streamlined data sharing between social services and public health could enhance surveillance efforts and overall emergency response? What, if any, work would be needed to ensure accommodation of individuals' desire for and right of access to protected health information?

Gaps identified:
- Lack of privacy regulations that promote data sharing between social service and public health.
- In the absence of regulations that promote data sharing between public health and social services, there needs to be an electronic consent to allow data sharing.
- PH not currently tapping into GIS data (e.g., transit) to determine where service gaps may exist.
- Lack of standards to link PH to social service data.

Surveillance Discussion Guiding Questions Review

Case Reporting:

How can we reduce the manual public health reporting burdens for providers across the care continuum and support services? What steps and incentives are needed to scale automated methods of case reporting (i.e., eCR)?

- For large hospitals/provider networks?
  - Promote EHR vendor adoption of standards that promote interoperability.

- For long-term care and support services?
  - Improve funding for EHR adoption for long term care and support services.
  - Include incentives for standards adoption (ELR, eCR, SyS, IIS).

- For community providers?
  - Include incentives/funding for standards adoption.

Surveillance Discussion Guiding Questions Review

Laboratories/ELR:

During COVID-19, what were common themes encountered that impacted the timing and completeness of COVID-19 result data reported to state and local health departments?

- Missing demographic data (e.g., incomplete, not collected) when reporting to public health.
- Inconsistent capture of residency, particularly for those with housing instability.
- Delays in test turn-around-time to inform patient of status.
- COVID-19 test orders required many data points to be entered (manually) by ordering providers causing increased burden; order interfaces not set up to easily pass info between EHR and lab orders.
- Lack of HL7 and standards adoption amongst labs.
- Lack of incentives to support reporting (at all), timely reporting, or data completeness.
- Barriers in matching records from case reports and laboratory results.
- Many new providers and different non-traditional testing locations.
- Patient forms requested to be filled out at the time of testing were often missing key demographic fields; lack of patient opportunity or engagement to provide demographic info.

Surveillance Discussion Guiding Questions Review

Laboratories/ELR:

What factors impact the timeliness of test reporting? How can the timing of reporting be improved?

- Delays in result reporting due to batch reporting, missing demographic data, lack of electronic orders.
- Lack of incentives for all labs to adopt standards necessary for data sharing.
- Delays in lab/test site onboarding in part due to code mapping activities, and in part due to native ability to support HL7 standard ELR messaging.
- Uncertainty about who met testing criteria.
- Manual reporting, faxing, mailing records by new reporters and non-traditional sites

What are common data quality or completeness issues encountered for COVID-19 lab data? How do these data quality issues impact public health response? What are some mechanisms for systematically avoiding and addressing these issues?

- Missing data points included: Demographic data, death rate, infection rate, county/zip code, comorbidity data, testing guidelines, AOE data.
- Data not consistently exchanged from EHR to public health.
- Organizations do not consistently see if the data they are sending has data quality issues or missing information so they can independently course-correct.

Discussion & Next Steps

PHDS Task Force Meeting Schedule

Meeting Dates	Discussion Topics
May 6, 2021	Kickoff/Introductions
May 13, 2021*	*HITAC Public Health Hearing*
May 20, 2021	Public Health Surveillance Discussion
May 27, 2021	Public Health Surveillance Discussion (continued)
June 3, 2021	Public Health Infrastructure Improvements Discussion
June 10, 2021	Public Health Infrastructure Improvements Discussion (continued)
June 17, 2021	Research/Innovation Discussion
June 24, 2021	Engaging and Empowering Individuals and Providers/Clinicians
July 1, 2021	Catch up/Recommendations Prep

PHDS Task Force Meeting Schedule

Meeting Dates	**Discussion Topics**
July 8, 2021	Finalize Recommendations
July 14, 2021	*Recommendations Presented to HITAC*

PHDS Task Force Next Steps

Infrastructure Discussion Guiding Questions – Survey Monkey

- **Infrastructure discussion questions will be added to Survey Monkey, and link sent on Friday, May 28, 2021.**
- **Submit responses via Survey Monkey on Tuesday, June 1 by 10 a.m. EST.**

Public Comment

To make a comment please call:

Dial: 1-877-407-7192

(Once connected, press ***"*1"*** *to speak)*

All public comments will be limited to three minutes.

You may enter a comment in the
"**Public Comment**" field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Task Force and made part of the Public Record.

Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

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Meeting Adjourned