



# Health Information Technology Advisory Committee Public Health Data Systems Task Force 2021 Virtual Meeting

## Meeting Notes | June 17, 2021, 10:30 a.m. – 12:00 p.m. ET

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### Executive Summary

The focus of the Public Health Data Systems Task Force 2021 (PHDS TF 2021) meeting was to continue to review feedback from TF members and to work to create a series of recommendations to the HITAC. The PHDS TF 2021 co-chair, Carolyn Petersen, opened the meeting, discussed the agenda and PHDS TF charges, and presented an updated scope for the TF's ongoing work. Carolyn reviewed the PHDS TF draft recommendations document and explained that the recommendations were drawn from the draft crosswalk document, which was based on feedback submitted by TF members in response to guiding questions, surveys, and meeting discussions. TF members were invited to discuss the topics and question prompts and provide feedback. TF members were encouraged to continue to respond to homework prompts. There were no public comments submitted by phone, but there was a robust discussion in the chat feature in Adobe Connect.

### Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Opening Remarks
10:45 a.m.	Review Recommendations Under Construction (Crosswalk)
11:50 a.m.	Public Comment
11:55 a.m.	Next Steps/ Final Remarks
12:00 p.m.	Adjourn

### Call to Order

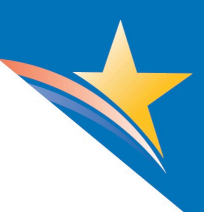
Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:32 a.m. and welcomed members to the meeting of the PHDS TF 2021.

### Roll Call

#### MEMBERS IN ATTENDANCE

##### **Carolyn Petersen, Individual, Co-Chair**

Denise Chrysler, Network for Public Health Law  
Jim Daniel, Amazon Web Services  
Steve Eichner, Texas Department of State Health Services  
Steve Hinrichs, Individual  
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 Health Statistics



Arien Malec, Change Healthcare  
Sheryl Turney, Anthem, Inc.

## MEMBERS NOT IN ATTENDANCE

### Janet Hamilton, Council of State and Territorial Epidemiologists, Co-Chair

Danielle Brooks, AmeriHealth Caritas  
Ngozi Ezike, Illinois Department of Public Health  
Claudia Grossmann, Patient-Centered Outcomes Research Institute  
Jim Jirjis, HCA Healthcare  
Clem McDonald, National Library of Medicine  
Larry Mole, Veterans Health Administration  
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin  
Abby Sears, OCHIN

## ONC STAFF

Mike Berry, Designated Federal Officer, ONC  
Brett Andriesen, ONC Staff Lead  
Brenda Akinnagbe, ONC Staff Lead

## General Themes

### TOPIC: OPENING REMARKS

Carolyn Petersen opened the meeting, discussed the agenda and PHDS TF charges, and presented an updated scope for the TF's ongoing work.

### TOPIC: REVIEW RECOMMENDATIONS UNDER CONSTRUCTION (CROSSWALK)

Carolyn reviewed the PHDS TF draft recommendations document and explained that the recommendations were drawn from the draft crosswalk document, which was based on feedback submitted by TF members in response to guiding questions, surveys, and meeting discussions.

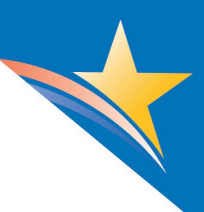
## Key Specific Points of Discussion

### TOPIC: OPENING REMARKS

Carolyn Petersen opened the meeting and explained that her co-chair, Janet Hamilton, would not be present because she was attending the Council of State and Territorial Epidemiologists (CSTE) conference, along with several other PHDS TF members. Carolyn reviewed the agenda for the meeting, the TF roster, and the TF charge, which was:

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

Carolyn presented the updated PHDS TF scope, which included:



- The HITAC PHDS Task Force's scope will focus on bi-directional data exchange between public health data systems and clinical data sources.
- This will include focusing on challenges, gaps, and ideal future state for data sharing between public health systems and clinical data sources (electronic health records (EHRs), laboratory systems, vaccine management software, operational, other relevant data sources).
- Topics previously in scope that now will be recommended for future HITAC discussions include research and innovation, social services data, and in-depth analyses of specific public health data systems.
- Recommendations and discussions surrounding health equity and patient engagement will be addressed in each topic discussed instead of representing unique topics for meetings and categories for recommendations.

## **TOPIC: REVIEW RECOMMENDATIONS UNDER CONSTRUCTION**

Carolyn explained that PHDS TF would continue to review its draft recommendations and explained that the previously displayed crosswalk document, which was based on feedback submitted by TF members in response to guiding questions, was the basis of a new document. This document was displayed in the Adobe meeting client, and Carolyn explained that it is a step toward the formal document, which will be submitted for transmittal to the National Coordinator following a presentation and vote by the HITAC at their July 14, 2021, meeting.

Carolyn discussed sections of the document, and Brett highlighted areas in which topics had been grouped together, following recent feedback from the HITAC. In response to a question from Bryant Karras, Carolyn explained that TF members would be invited to submit feedback and edits as comments within the document. The team from ONC will share a link to the document and, in light of concerns raised by TF members about Google docs, will work to ensure that everyone has adequate access.

Carolyn presented the draft recommendations and began where the TF paused in the original crosswalk document. The topics covered included:

- Situational Awareness Data
- Individual Engagement
- Lab & Case Reporting

PHDS TF members discussed the topics in the draft document and submitted the following feedback:

### **DISCUSSION:**

- Steve Eichner commented on the PHDS TF's recommendation to focus on the bidirectional exchange of data and inquired if public health data that is collected through unidirectional-based submissions would still be in scope for the TF.
  - Brett responded that the two-way flow of bidirectional data is covered, as well as either side. This information would be covered.
- Carolyn reviewed the draft recommendations related to situational awareness data and invited TF members to comment.
  - Steve Eichner discussed challenges around the electronic submission of emergency department data, including extracting data from electronic medical record systems (EMRs)/EHRs, and he explained that data that comes from other sources have been out of scope for ONC/CMS. Standards should apply across all systems, beyond EMRs, and coding can be standardized as a building block.
  - Steven Lane asked the TF to consider if a situational awareness data class should be added to the United States Core Data for Interoperability (USCDI) as a way to bring these recommendations forward and discussed various settings where the data class would be applicable. Value sets for this data class would also need to be discussed and determined.



- Bryant Karras asked about including/clarifying contact information as a part of standardizing address information. He stated that the TF could specify in its recommendations that geolocations could be rolled up into relevant units of measurement for given jurisdictions and explained that zip codes can be very large. Smaller units of measurement could be useful. This must be done without compromising individuals' privacy.
- Arien Malec stated that ONC and the United States Postal Service have worked to better codify address information. Also, he explained that ONC's regulatory and certification authorities are not confined to EHRs, and he shared a supporting link in the public chat. The TF should not shy away from making recommendations outside of clinical systems.
- Les Lenert suggested that the TF look at how to minimize the burdens around situational awareness, including predicting a hospital's current capacity and their emergency surge capacity from routinely available data. He voiced his support for the third recommendation in the section and stated that the goal should be for the TF to assess what needs to be predicted during an emergency (i.e., is a hospital functioning for trauma, strokes, diseases related to a pandemic, etc.) and then assess how ADT data can be used to make these predictions. He discussed the core components that inform situational awareness.
- Steve Hinrichs agreed with the previous comments around geolocations and stated that using addresses is not the most innovative or lasting way to connect with patients. He suggested including cell phone numbers.
- Bryant commented that, though ONC's authority exists beyond EHRs, the levers and mechanisms to improve other systems (like independent pharmacy systems, inventory systems, etc.) need to be examined.
- Steven Lane stated that urgent care centers and primary care offices play a role in emergency situations, like a pandemic, so the TF should not limit its recommendations to the acute care setting.
- Bryant asked for clarification around which communities were referenced in the recommendation.
  - Carolyn responded that, in the past, this category has included social services, schools, and other entities that are not public health or clinical care.
  - Brett responded that ONC would refine this term shortly.
- Arien mentioned the testimony provided to the Interoperability Standards Advisory Task Force (ISP TF) by The Situational Awareness for Novel Epidemic Response (SANER) Project, which called out a lack of policy coordination and alignment of incentives. He suggested that the PHDS TF make recommendations around using regulatory levers and aligning policies for situational awareness data across federal agencies.
- John Kansky asked the TF to create recommendations around the sources of data used for situational awareness.
- Denise Chrysler highlighted the need to recognize the role of the law, including rulemaking and executive orders, in implementing standards.
- Bryant asked the TF to clarify "optional components" within implementation guides. He stated that, in the standard, data elements might be designated as optional, and this becomes problematic when technology implementers interpret standards as "optional"—should only be optional for states and jurisdiction.
- Steve Eichner commented that central/state-owned infrastructure might not be necessary if the data is accessible and asked the TF to be broader in thinking about where infrastructure should be located.
- Denise Love agreed with Steve's comments and added that the TF should try not to be prescriptive on where data exists at the local/state levels. Flexibility is important.
- Bryant Karras stated that the TF should clarify if the shared recommendations are central infrastructure or systems available for state adoption.



- Steve Eichner stated that the TF should consider timeframes for implementing new technology, given procurement cycles and state budget processes.
- Carolyn reviewed the draft recommendation related to individual engagement and invited TF members to comment.
  - John Kansky stated that an aspect of this recommendation should be to ensure that citizens understand the importance of public health, which would affect participation in vaccination campaigns and how patients react to the sharing of their data.
  - Les Lenert suggested strengthening the recommendation to ensure that patients and family members have access to situational awareness data to direct their own healthcare decisions/understand the capacity of the hospital.
  - Steve Eichner submitted several suggestions, which included:
    - The PHDS TF should consider leveraging alternative data sources, like evacuation data, to inform situational awareness.
    - Recommendations on patient access and patient privacy/data sharing need to be listed in plain language so patients can understand them.
    - Patients should be able to access portals and other places where data has been shared and understand for what purposes without placing an additional burden on providers.
  - Steven Lane voiced his agreement with Steve Eichner's comments and stated that providing patients with access to data within public health data systems is important.
  - Arien Malec also agreed that patients should have access to data and suggested that the TF contemplate a policy framework that allows the individual to have the right to access public health data systems that virtually collect personally identifiable information (PII).
  - Bryant Karras commented that HHS is not the only partner that should be engaged; the Federal Communications Commission (FCC) could be brought into the mix/consulted. He discussed issues public health encountered where contact tracing numbers were screened as spam, which limited ways in which public health could engage with patients. The TF should discuss calling out specific areas where public health can use these technologies.
  - Denise Love suggested using push alerts or other ways of engaging with patients/consumers during public health emergencies.
- Carolyn reviewed the draft recommendations related to lab and case reporting and invited TF members to comment.
  - Arien Malec suggested combining bullets #1 and #5 due to duplication. He suggested creating a single set of regulatory levers. The TF can think about the three regulatory components involved, which include the National Institute of Standards and Technology (NIST), Clinical Laboratory Improvement Amendments (CLIA), and the National Voluntary Laboratory Accreditation Program (NVLAP). He explained that contact tracing information for public health was often hindered by labs lacking this information because it was not required to transfer from the EHR due to a lack of standards.
  - Bryant Karras stated that "contact tracing" is different than "contact information."
  - Steve and Bryant have been working with states to gather recommendations on electronic laboratory reporting. Bryant explained that one of the challenges is reportable lab data. During the pandemic, negative lab results were made reportable to share the percent of positive tests with federal partners, so the TF should think of better ways to accomplish the same goal of tracking infection rates to avoid unnecessary strain on the system.
  - Steve Eichner stated that the TF should ensure that recommendations are not solely focused on COVID-19 and are forward-looking. The TF's recommendations should include measures/recommendations for measuring success, and he stated that if there is a standard or methodical way to measure what laboratories have implemented to get a better understanding of what issues labs and others are encountering.



- Steve Hinrichs stated that the first bullet needs further clarification/wordsmithing around the terms used.
- Steve Hinrichs commented that the collection of demographic data should be separated from the topic of standards.
- Steven Lane stated that the TF should think of leveraging electronic case reporting (eCR) as a capability and to enable more bidirectional data sharing where clinicians and clinical decision support (CDS) can provide data to public health.
- Steve Hinrichs stated that the TF should define within its recommendations what the standard should be for data associated with a laboratory test order and report. Brenda stated that this had not yet been defined and noted her support for Steve's suggestion.
- Steve Eichner stated that the TF's recommendations should be modified to include states and local jurisdictions as a part of the decision-making process. He emphasized that it is vital that states and local jurisdictions (data users) are engaged as a part of this process, and these decisions should not be made at a higher level only. TF members asked to add a mention of the CSTE and STLs to the recommendation.
- Les Lenert discussed the Centers for Disease Control and Prevention's (CDC) requirements for grant programs which stated that the incorporation of standards does not mean that the system is capable of interoperability. He stated that a certification process should be developed for public health data systems like what is applied for EHRs. He stated that EMR vendors need to elevate their testing and certification of the public health measures beyond the minimum to not only address structure but to validate content after system deployment.
- Steve Eichner stated that the CDC and ONC should support public health through the active development of data standards.

## Action Items and Next Steps

As their next steps, the PHDS TF 2021 were asked to continue to respond to survey questions. Carolyn explained that this survey is significantly longer than previous surveys and indicated that TF members have the option of answering select questions only. Members were asked to complete the questions by Thursday, June 24 at 10 a.m. at the latest.

TF members were encouraged to continue to review the working draft of the recommendations document and to be sure to capture their feedback as comments within the document. Various sections were assigned to TF members to refine the language in the document.

## Public Comment

### QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

### QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Good morning, and welcome to the Public Health Data Systems Task Force. We will be starting soon!

Steven Lane: Not Vivaldi this morning!

John Kansky: I thought [*sic*] I was on the wrong call ;-)

Rachel Abbey (ONC): FYI folks: <https://www.healthit.gov/topic/onc-funding-opportunities/public-health-informatics-technology-phit-workforce-development>





Carolyn Petersen: Thanks, Rachel.

Arien Malec: I'm here - apologies for being late.

Steve Eichner: Can you clarify whether the scope is SOLELY bidirectional? For example, there is some information that is currently one-way flow, at least in terms of initial use.

Steven Lane: Was the link to the Google doc sent to TF members?

Steven Lane: Could the link to the Recommendations doc perhaps be added to the top of the Crosswalk document?

Steve Eichner: The discussion about *[sic]* address information likely ties into the ongoing work in the @US Project

Steve Eichner: (out of ONC)

Arien Malec: <https://www.law.cornell.edu/uscode/text/42/300jj-11>

Arien Malec: Regulatory authority for ONC is not confined *[sic]* to EHRs

Steve Eichner: Additionally, the cost burden of implementing technology for automated reporting needs to be addressed, both in the original implementation as well as maintenance *[sic]*

Arien Malec: Agree that it should be "contact information"

Bryant thomas Karras MD: @Steve yes, Inventory Pharmacy and Lab systems did not have the MU PI incentives... what levers does ONC have to improve their functions

Arien Malec: CMS has broad regulatory authority: e.g., CLIA has regulatory authority over lab, PDP regulatory authority over pharmacy,

Arien Malec: Broadly this issue is \*not\* lack of regulatory authority and influence.

Steve Eichner: Having appropriate authority is, of course, critical. I concur that ONC likely has authority. As Bryant has commented, these other systems have not been included *[sic]* yet as sources supported by the EHR Incentive Payment Programs. AN approach like the EHR incentive payment programs, focused *[sic]* in situational awareness data, may be needed.

Arien Malec: agree -- and we should make comments to that effect.

Steve Eichner: What vocabulary standards exist for describing the types of things *[sic]* that are desirable to *[sic]* be collected as components of situational awareness? Is there an existing coding schema for supplies, beyond UPC codes associated with, say, a particular manufacturer's specific item? If existing vocabularies can be leveraged, it may shorten the development *[sic]* and adoption cycle.

shinrichs: The statements regarding shared infrastructure are excellent

Arien Malec: Our ISP TF recommendations, already transmitted *[sic]* by HITAC, were "We recommend that ONC work with stakeholders at HHS to create aligned policy and funding mechanisms to harmonize adoption of a combined situational awareness standard that maximizes readiness and minimizes state-by-state divergence"

Bryant thomas Karras MD: we need to be careful that CORE is not defined as minimum



Arien Malec: well, CORE is "minimum"

Arien Malec: and "optional" is "optional"

Arien Malec: If there are requirements that are broadly applicable, we should make sure the IGs note that and include that, and that they are in USCDI.

Arien Malec: States may have the regulatory authority to demand more, but it's not likely to be that successful unless it's enshrined in a broader ecosystem.

Leslie Lenert: "ONC should work to ensure that patients and family members have access to data that allows them to direct search for healthcare to institutions that are not over capacity"

Bryant thomas Karras MD: FCC

Steve Eichner: Not just for situational awareness, but there may need to be policy adjustments regarding HIPAA. Many public health data resources may not be regulated by HIPAA, save for the provider disclosing information to public health under HIPAA regulations. Public health may have varying authority with whom data may be shared under what circumstances.

Bryant thomas Karras MD: States' regulation and rules determine what is reportable to local and state public health and then what we share with CDC as nationally notifiable conditions

Leslie Lenert: ONE standard for decision support

Bryant thomas Karras MD: is determined by CSTE

Bryant thomas Karras MD: States' regulation and rules determine what is reportable to local and state public health and then what we share with CDC as nationally notifiable conditions (NNC) is determined by CSTE

Bryant thomas Karras MD: shared (all using same bucket) vs sharable (reusable buckets that are copies each state can use)

Leslie Lenert: Where is CDC in this discussion? *[sic]* Why so quiet?

## Resources

[PHDS TF 2021 Webpage](#)

[PHDS TF 2021 – June 17, 2021 Meeting Agenda](#)

[PHDS TF 2021 – June 17, 2021 Meeting Slides](#)

[PHDS TF 2021 – June 17, 2021 Meeting Webpage](#)

[HITAC Calendar Webpage](#)

## Adjournment

Carolyn thanked everyone for their participation in the discussions and briefly reviewed the TF's next steps and schedule of upcoming work.

Brenda shared the ongoing timeline and work plan for the PHDS TF 2021, noting that the survey that will be sent to TF members would contain more questions, and the deadline for returning the survey has been extended. Also, the co-chairs will reach out to TF members to assign further work on topics and sections to them. Brett explained how ONC has been using TF members' responses to the questions shared in Survey Monkey to pull out key themes and draft recommendations. These items were entered into the crosswalk and then have been added to the draft recommendations document. All working documents will be made available





to TF members in the shared Google docs drive. TF members were encouraged to add questions and feedback as comments only. If members require copies of the document, they were encouraged to reach out to the ONC team.

Mike Berry stated that the next TF meeting would be held on Thursday, June 24, 2021, from 10:30 a.m. to 12:00 p.m. E.T.

The meeting was adjourned at 11:58 a.m. E.T.