Health Information Technology Advisory Committee

Public Health Data Systems Task Force 2021 Virtual Meeting

Meeting Notes | June 24, 2021, 10:30 a.m. – 12:00 p.m. ET

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-chairs, Janet Hamilton and Carolyn Petersen, opened the meeting, discussed the agenda and reviewed draft recommendations under consideration and a draft crosswalk document populated with information gathered by surveying TF members and from discussions held during previous meetings. PHDS TF members have recently provided feedback to survey questions on health equity and ideal business flow, and members were invited to discuss the topics and question prompts and provide feedback. TF members were encouraged to review the draft recommendations within the shared Google documents. 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 Consideration
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 10:31 a.m. and welcomed members to the meeting of the PHDS TF 2021.

Roll Call

MEMBERS IN ATTENDANCE

Janet Hamilton, Council of State and Territorial Epidemiologists, Co-Chair
Carolyn Petersen, Individual, Co-Chair
Danielle Brooks, AmeriHealth Caritas
Denise Chrysler, Network for Public Health Law
Jim Daniel, Amazon Web Services
Steve Eichner, Texas Department of State Health Services
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 Health Statistics
Arien Malec, Change Healthcare
Clem McDonald, National Library of Medicine
Larry Mole, Veterans Health Administration
Sheryl Turney, Anthem, Inc.

MEMBERS NOT IN ATTENDANCE

Ngozi Ezike, Illinois Department of Public Health
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

The co-chairs opened the meeting, discussed the agenda, and explained that the PHDS TF is in the process of wrapping up its work in advance of its presentation to the HITAC on July 14, 2021.

TOPIC: REVIEW RECOMMENDATIONS UNDER CONSIDERATION

The co-chairs reviewed recommendations made to the draft recommendations document that the co-chairs populated with information accumulated from the surveys/questions provided to PHDS TF members as homework, the draft crosswalk, as well as from discussions held during meetings.

TOPIC: REVIEW UNDER CONSTRUCTION (CROSSWALK)

PHDS TF members have recently provided feedback to survey questions on a variety of topics, and TF members were invited to discuss the topics and question prompts and provide feedback.

Key Specific Points of Discussion

TOPIC: OPENING REMARKS

Carolyn Petersen opened the meeting and reviewed the agenda for the meeting. Janet Hamilton welcomed members and thanked them for their engagement. She encouraged members to identify and volunteer to help with homework items. The TF is in the process of completing its work and will present to the HITAC at its July 14, 2021, meeting.

TOPIC: REVIEW RECOMMENDATIONS UNDER CONSIDERATION

Carolyn explained that PHDS TF would continue to review the draft recommendations document, populated with information accumulated from the surveys/questions provided to PHDS TF members as homework, the draft crosswalk, as well as from discussions held during meetings. TF members who have not submitted feedback within the shared Google documents were encouraged to enter their information as soon as possible. She directed TF members to examine the draft recommendations document, which was displayed in the Adobe meeting client.

The TF co-chairs reviewed draft recommendations made under the following topics, and TF members discussed them. Janet encouraged TF members to use a holistic approach to the recommendations, to identify gaps, and to review the language in terms of the public health landscape and specific needs. Topics included:

- Funding Mechanisms
  - Four recommendations
- Policy
  - Five recommendations

DISCUSSION:

- Janet Hamilton reviewed the recommendation under the Funding Mechanisms for Public Health topic and invited TF members to comment.
  - Danielle Brooks commented that the recommendations should not be written with the assumption that the funding system for public health is currently equitable. Traditionally underfunded areas should receive proportional funding and should incorporate equity considerations into funding models.
    - Janet responded that the TF should incorporate explicit language about funding for the public health workforce.
  - Denise Love stated that the recommendations were broad and left some interpretation to the reader. She discussed recent work with the National Committee on Vital and Health Statistics (NCVHS) on an ICD-11 workgroup and stated that they agree that administrative data systems and ICD-11 are part of the public health infrastructure. She asked if the TF's recommendations would be broad enough to cover an evaluation of ICD-11 for sufficiency for the healthcare/public health infrastructure. Also, she asked if "infrastructure" in the third bullet includes the collection of social determinants of health (SDOH) data and scaling.
  - Les Lenert suggested rewording the first bullet to read "should appropriate through CDC" as opposed to "to CDC," as funding has to come to state and local governments. Also, he suggested rewording the second bullet to read "support interoperability across public health platforms and the clinical care system."
    - Janet accepted his comment and suggested that the TF could define the state/local/tribal/territorial systems.
  - Bryant Karras suggested that the recommendations should be explicit that the CDC is a passage for providing funding to state, local, territorial, and tribal partners. Also, he stated that the second recommendation should state that there should be funding requests specific to research and innovation, as well as to define/invest in a "minimum functional standard." The recommendation language should be expanded to state that many agencies can work together to advance data sharing/infrastructure across multiple public health partnerships and program areas. He stated that ongoing funding and evaluation (ongoing investments in public health, research, innovation) are needed, and he will add additional recommendations on the topic in the Google document.
  - Arien Malec suggested adding "consistent funding" to the first TF recommendation and suggested that the TF make recommendations directly to the National Coordinator, as task forces usually do, but also directly to the CDC, the Administration, Congress, and other partner agencies. The TF could consider sending separate transmittal letters with recommendations that are not a structural part of the HITAC mission.
  - Denise Chrysler inquired if the language should explicitly refer to workforce development and if the TF should explicitly refer to the rollup funding mechanisms required to ensure interoperability. She discussed challenges related to the variability of state law and stated that the suggested language could reduce variability across states/jurisdictions.

        - Janet supported the suggestion to mention that the data workforce is part of the infrastructure.
    - Jim Jirjis stated that the TF's second recommendation should align with national interoperability frameworks, like the Trusted Exchange Framework and Common Agreement (TEFCA).
    - Steve Eichner submitted several comments:
        - Funding needs to be available for public health to engage with health information exchanges (HIEs) to support connectivity for providers and to develop infrastructure to facilitate services beyond basic connectivity to support public health reporting, such as technology to augment messages with data missing from electronic case reporting (eCR) and electronic laboratory reports (ELR) reports, support services like PULSE, and innovative projects such as enhanced computer decision support tool.
        - The recommendations should recognize that, due to siloed program areas, programs may be more likely to implement one-off solutions, and there is a need to think through how to encourage/incentivize the use of shared infrastructure.
        - Funding is needed to help support public health staff participation in standards development and testing activities. Additional funding will allow for better planning for the future.
    - Jim Daniel emphasized Denise Chrysler's comments around the importance of cross-funding to allow public health to build their systems appropriately. They should ensure that states are meeting national interoperability standards (with each other and with clinical systems) by linking funding to the standards.
    - Bryant emphasized the need to recognize that, due to siloed program areas, programs may be more likely to implement one-off solutions, and there is a need to think through how to encourage/incentivize the use of shared infrastructure. This long-term investment could raise all states' capacities.
- Janet Hamilton reviewed the recommendation under the Policy for Public Health topic and invited TF members to comment.
    - Steven Lane suggested that the TF expand its recommendations beyond reporting to include responding to ongoing queries from public health for case investigation and for the exchange of data for ongoing care management. The recommendations should be able to trust public health to ask for the appropriate data.
    - Steve Eichner submitted several comments:
        - The guidance in the fifth recommendation needs to address the use of the data passing through an HIE to public health can be utilized. Also, there is a need to also look at policy barriers that impact reporting. These might be improvements that can be made to enhance things that are working, but that could be improved.
        - The first recommendation must recognize that states likely have very different reporting requirements, and they need to be able to support both national and local standards/requirements.
        - The fourth recommendation should recognize the need to analyze existing task forces/groups to see if an existing group can be leveraged for the purpose if the goal is to reduce redundancy and minimize the burden on public health officials.
    - Denise Chrysler responded to other TF members' comments around repurposing existing infrastructures and stated that use cases for public health do not exist to the extent that use cases for clinical care are utilized.
    - Jim Daniel commented that the third recommendation is a little broad in scope and should be narrowed and reframed to ensure that states could build out systems that meet individual needs. He explained that requiring states to use federally developed systems could hinder state/local public health's ability to do work.

        - Steven Eichner also voiced his concern about this recommendation and explained that the TF should consider local health departments' needs, as well, which are separate from the state level. Local health departments have different needs than states, and states have different needs than federal—there is a need to be aware of the support that local jurisdictions need as well. The TF should focus on interoperability instead of the use of a federally developed system and should focus on leveraging interoperability technology instead of requiring use.
    - Les Lenert commented on the third recommendation and suggested modifying the text to read "incentivize state use of systems that comply with federal standards for interoperability." Examples of incentives were Medicare and Meaningful Use.
        - Denise Love asked to clarify the updated language and questioned whether standards could be required when states receive federal funds.
        - Les responded that there is a requirement to adopt federal standards written into RFAs. Implementations are often inadequate.
        - Bryant suggested adding language specifying how standards are implemented (not just compliant). He suggested that the TF should add a recommendation on providing resources to public health to agree upon consistent implementation guides (IGs) of the standards. The TF should recommend the consideration of similar programs run by ONC on the clinical side (like Meaningful Use) to develop and implement standards for public health.
    - Les Lenert suggested that they add a recommendation for a certification body, which would be co-led by the CDC and ONC, for public health data standards.
        - Bryant added that this should include funding for and with the participation from states.

TOPIC: Review Recommendations Under Construction (Crosswalk)

Carolyn explained that PHDS TF members have been providing feedback to survey questions on various topics as part of their homework. Carolyn invited TF members to discuss the subtopics and question prompts around the main topic of "Administer Medical Counter Measures/Develop Temporary Policies and Standards of Care," which were included in the TF presentation slide deck on slides #8 through #11.

DISCUSSION:

- Les Lenert submitted several comments:
    - During the pandemic, public health has had no ability to predict future challenges around vaccine distributions and related administration. Vaccines should be sent to where the pandemic is happening, but systems have impeded this.
    - The ability to run large-scale randomized trials that evaluate information from EHRs on novel medications and treatments is lacking.
    - Arien Malec submitted several comments:
        - The Interoperability Standards Priorities Task Force (ISP TF) submitted a recommendation around the use and deployment of data in the EHRs for pragmatic clinical trials to be able to compare treatments.
        - He discussed challenges he experienced in tracking vaccine distributions and administration by channel and which were successful. The CDC appeared to have more data than was available to states, but it was difficult to trace their statements or the effectiveness by channel.
        - He stated that California has over-covered the wealthiest areas (by census tracks) with vaccine distribution/administration and under-covered the areas with the highest rates. Tools are needed to track down to zip codes/census tracks to better distribute vaccines; investment in vaccine tracking systems will be useful for the future.

- Steven Lane emphasized the care he and his organization put into crafting responses to the survey questions and inquired if the responses had been reviewed.
  - Carolyn responded that the co-chairs have the feedback and are directing TF members to make comments and have discussions around areas where there are gaps in feedback.
  - Steven summarized key elements of his responses, which included:
    - Deployed systems need to be fully leveraged instead of the creation of new systems with disparate requirements.
    - Do not change systems in the middle of the process; costs related to systems changes are difficult to manage.
    - Centralized systems should be used to help create a model for both reporting and information distribution.
    - Harmonize requirements and recommendations from the CDC, state, tribal, territorial, and local public health.
    - Utilize existing distribution channels for vaccines, medications, etc.
    - Prepare systems to be more functional and robust to prepare to deal with challenges related to climate change.
- Bryant Karras highlighted the need to clarify the scheduling of vaccination appointments and suggested making this process interoperable. Some public-private partnerships worked on these standards, but they need to be advanced and solidified to be in place for the next adverse event.
  - Jim Daniel emphasized Bryant's comments and explained that the US Digital Services has put out APIs on available vaccine appointments. This should be expanded upon for appointment scheduling; policies around who open appointments are available should be examined to enhance equity around vaccine appointments/scheduling.
  - Clem McDonald discussed the successful vaccine appointment scheduling process in Indiana and recommended that others research the Indiana State Health Department's model.
- Carolyn discussed the survey questions TF members responded to around certified public health IT and invited members to share feedback.
  - Steve Eichner referred to his written comments and submitted several other points:
    - He emphasized the importance of examining how bidirectional data can be exchanged between public health and clinical health sources. He suggested that the TF specify definitions for "bidirectional exchange of data" for different scenarios and described several use cases and their importance to public health and health care providers. He explained that due to laws in many states, a number of systems and programs are not authorized to share data bidirectionally because they do not meet the definitions of HIPAA.
    - Also, healthcare providers have been reluctant to share information from clinical research databases.
    - The TF should address global and population-level requests from public health. Managing the flows of data requests/queries presents challenges for HIEs and providers. A balance is needed to allow providers to have an adequate amount of time to access data, and information blocking around this work creates challenges. Provisions of the 21st Century Cures Act could be leveraged to address these issues.
  - Steven Lane submitted several suggestions:
    - ONC has opportunities to make recommendations around additional versions of health IT certification beyond the current, standard electronic medical record (EMR) certification to extend to other health IT systems, like public health data systems.
    - A public health data class could be created within the U.S. Core Data for Interoperability (USCDI) for those use cases.

        - Public health users could be considered as “actors” under the Information Blocking Rule.
        - Look at HIPAA and consider giving covered entity status to some/all public health actors or define specific public health use cases as covered under HIPAA. Or look at public health as a component of treatment that could be covered under HIPAA.
    - Bryant Karras cautioned the TF that making public health a covered entity would come with a tremendous expense, including partial coverage. It could bankrupt the entire public health system.
        - Danielle Brooks emphasized this point.
    - Carolyn explained that the TF would begin drafting its recommendations and encouraged TF members to continue to review the drafted recommendations to ensure that they support them.

Action Items and Next Steps

PHDS TF members were asked to work together in assigned smaller groups to refine the language of recommendations within the Google document. Edit access has been turned on for TF members to adjust the document body or comment functionality and have added survey responses to the Google drive folder for referencing fellow TF members’ perspectives. TF members were asked to be prepared to discuss updates at the July 1 meeting. Additional details on the schedule for when specific recommendations will be presented to the full task force in the remaining three meetings will be sent prior to the next meeting.

To ensure that the TF has adequate time to discuss and finalize the recommendations in advance of the July 14, 2021, HITAC meeting, the following adjustments to the PHDS TF schedule were made:

- Extended meeting 30 mins on Thursday, July 1, 2021, 10:30 a.m. – 12:30 p.m. ET
- Added meeting on Tuesday, July 6, 2021, 10:30 a.m. – 12:30 p.m. ET
- Extended meeting 30 mins on Thursday, July 8, 2021, 10:30 a.m. – 12:30 p.m. ET

Co-chairs recognized the TF members’ busy schedules and apologized for the short notice in adding them to their calendars.

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 shortly..

Jim Jirjis: Jim Jirjis Just joined

Jim Jirjis: pretty dramatic hold music :)

Jim Jirjis: hold

Steve Eichner: I have submitted material to staff via email since the Google platform is not approved for my organization's use.

Steve Eichner: TO look at balanced funding, a strategylike *[sic]* community development block grants that are part-based funded, part population-based could be adopted.

Bryant thomas Karras MD 2: working on transfering *[sic]* to survey ... if that fails will email aswell *[sic]*

Brenda Akinnagbe (ONC): Hello Steve, thank you for your comments. We will be adding comments we received to the Google doc by the end of this week.

Leslie Lenert: Recommendation1: Congress should appropriate funds to strengthen a national public health infrastructure, through CDC, to support....

Steven Hinrichs: Suggest addition to first element in regards to equity: Funding should recognize and address dispariities *[sic]* in past funding and that not all jurisdictions have the same level of capability for participating in a national public health informational exchange system.

Chris Baumgartner: Suggest CMS, ONC and CDC allign *[sic]* funding requirements - standards and conditions to ensure use of HL7 and reuse of shared transport - state HIEs

Steve Eichner: Funding for testung *[sic]* of draft standards in a trial environment after connectathons but prior to national rollout should be provideed, *[sic]* with an incentive to providers to get "bonus points" for Promoting Interoperability. Using bonus points would augment providers' interest in participating with publohealth *[sic]* in testing without reducing existing reporting.

Clement McDonald: should we add a push for use of TEFCA as the communication backbone

Leslie Lenert: Recommendation 2: "across pubic health platforms AND with the clinical care system", particularly practioners *[sic]* of POPULATION health

Steven Hinrichs: agere *[sic]* with explicitly stating each of the various components of "state, territorial, tribal, etc

Leslie Lenert: @Clem:+++++

Larry Mole - Veterans Affairs: COVID taught us that we need to have some flexibility in what we collect. So could there be a recommendation for CDC to allocate funds to be used for rapid, ad hoc data collection? Also, we did have alternate care delivery sites and it is not clear that we collected information from those sites.

Jim Jirjis: les I would add AND interoperability with other stakehlders *[sic]* like providers, clinical care systems and aligning with the national ineteroperability plam *[sic]* (TEFCA, etc)

Steve Eichner: Funding also needs to be provided to support public health paericipation *[sic]* in planning activities, including standards development, interoperability planning, data needs, and technology availabilit. *[sic]*

Steven Hinrichs: Should also recognize that the VA system and the US military should be participants.

Leslie Lenert: I believe the evidence shows that Exposure Notification is an effective technology and we should call this out in recommendation 3, in additino *[sic]* to contact tracing

Leslie Lenert: It would be a shame if this infrastructure went away though more work is clearly needed

Steve Eichner: To build on Bryant's point, there are funding opportunities in other program areas that support academic centers of excellence and suppor *[sic]* for innovative activities.

Rachel Abbey (ONC): a continuous quality improvement process?

Steve Eichner: Using programs similar to innovation grants and CMS' APD provess *[sic]* can serve as models for reuse to support public health activiites. *[sic]*

Leslie Lenert: A key gap is development of ability to FORECAST where an pandemic is surging and to preposition resources. I would suggest we also call this out in recommendation 3

Denise Love: Brian's recommendation for research and evaluation should include ICD-11 capabilities for health care/public health.

Janet Hamilton: Thanks Denise Love - my apologies! Two Denise's

Leslie Lenert: so contract tracing, exposure notification, and predictive modeling

Leslie Lenert: national, state, and even local PH departments need simulation capability for "what if's" for policy decision

Bryant thomas Karras MD 2: ONC CDC CMS NIH and NLM should allocate funding for centers of excellence in PHI research and evaluation to advance innovations in PH platforms, tools, standards, pilots and implementations

Steve Eichner: Funding needs to be avalable *[sic]* for public health to engage with HIEs to support connectivity for providers and to develo *[sic]* infrastructure to facilitate services beyond basic connectivity to support public health reporting, such as technology to augment messages with data missing from eCR and ELR reports, support services like PULSE, and innovative projects such as enhanced computer decision support tools.

Jim Daniel: +1 to Denise's comment and try to tie funding to states with complying with interoperability standards. Will lower my hand as this is what I wanted to say

Claudia Grossmann: +1 for calling out alignmant *[sic]* with clinical systems and associated interoperability approaches explicitly!

Leslie Lenert: I think we could just go back to CDC funded public health informatics centers of excellence (which is something we had back in 2010 but which got cut out of CDC budgets)

Leslie Lenert: Part of the problem is that CDC leadership has not seen informatics AS Program, as was highlighted by our discussions with former director Tom Frieden

Jim Jirjis: Concur *[sic]*

Claudia Grossmann: Does a funding approach that is disease-agnostic need to be reiterated in more than just the 3rd recommendation?

Jim Jirjis: clinical systems sounds too nebulous

Leslie Lenert: This is tough at a tactical level. Funding specific CDC Centers will result in a disease specific approach. Funding OSELS with result probably in an excessive focus on an "information supply chain" approach favored by Epi's rather than an information eco system integrated with clinical care

Chris Baumgartner: Solutions to help the have nots who need to report to public health is needed also. We have had many challenges getting data from schools, LTCFs, jails, etc...

Leslie Lenert: + 1 @Chris

Steve Eichner: Bryant is correct. It often APPEARS more effiient, *[sic]* especially in the short term, to implement point-to point transactions that limit the involvement of others developing the technology. The result may be faster-to-market technoloogies *[sic]* that adddress *[sic]* the singual *[sic]* need, but the rapid develpment *[sic]* may limit thee utilization of the same technology and same connection for pultiple *[sic]* purposes.

Leslie Lenert: We need light weight tools for reporting vaccinations to IIS's, for example.

Leslie Lenert: and, for checking vaccination status of populations. Something we have been working on with ARIA using REDCap

Leslie Lenert: @Chris: how can we make this a specific recommendation? "CDC should develop tools for use by alternative low technology healthcare providers such as schools, LTCFs, jails, for reporting to public health and obtaining data from public health data systems and from the clinical care system

Leslie Lenert: Maybe ONC should develop these tools rather than CDC?

Steven Lane: +1 to the need to clarify whether HIEs can repurpose the data they manage for PH purposes. Some HIEs' business model depends on re-selling data to payers or other customers, which seems an inappropriate use of data received for PH purposes.

Leslie Lenert: "prevent HIE's from participating in PH reporting AND CASE INVESTIGATION"

Chris Baumgartner: @ Leslie - that could work. I am specifically thinking of having CDC leverage USDS Simple Report or STRAC as a national offering for all notifiable condition reporting moving forward. Perhaps APHL could host it if it needs a home.

Leslie Lenert: APHL did a great job with hosting Exposure Notification infrastructure

Chris Baumgartner: Can a federal system have min requirements all states need to have for interop with flexibility to add state level functionality or needs?

John Kansky: I agree with Jim Daniels. We need to be careful and revisit the recommendation to use policy levers to require use of federal systems. ONC/CDC should require the *what* -- not the *how*

Jim Jirjis: Should we not suggest that Public health departments participate with the RCE (Sequoia) to determine the best national model for interoperability betwe *[sic]*

Jim Jirjis: n public health departements *[sic]* and TEFCA....thinking for example ideas like a publiuc *[sic]* Health devote QHIN

Denise Love: Agree with John---content requirement/standards not system requirements to permit state flexibility but facilitate interoperability and comparability in data submitted

Chris Baumgartner: Ensure the reqs/stsandards *[sic]* are uniform across federal agencies funding PHAs....

John Kansky: Much better, Les!

Arien Malec: "incentivize and reduce barriers to"

Steve Eichner: I believe the co-chairs interpretation that the emphasis needs to be on use of compliant systems and provision of appropriate data.

Leslie Lenert: I was thinking incentives like "meaningful use"

Chris Baumgartner: The reqs/standards need to be explicit and have the right level of detail to be fully understood

Leslie Lenert: ONC and CDC needs to develop a certification infrastructure similar to meaninful *[sic]* use of EHRs for public health data systems

Clement McDonald: hear hear -- very good suggestions Les

Steve Eichner: Correct: it is not unusial *[sic]* for the use of data standards and data submision *[sic]* to be included in funding arrangements. The difficulty is requiring the use of specific platforms that may only meet federal needs. If the state (or local juristidiction) *[sic]* has other needs/uses of the same data, a federally-provided system may (but not always) not have all needed functionality.

Nell Lapres: Agree @Les.

Bryant thomas Karras MD 2: States = STLT

Nell Lapres: Could we leverage programs already created by organizations like AIRA as a starting point for certification for some data types? Would need to be expanded but could be a jumping off point.

Bryant thomas Karras MD 2: I agree... my writen *[sic]* survey rec AIRA like testing of compliance with HL7 beyond min certification

Claudia Grossmann: +1 for EHR-embedded pragmatic platform trials. Lots to learn from RECOVERY. ACTIV6 may help inform as well

Leslie Lenert: @Bryant ++++

Leslie Lenert: interoperability with scheduling systems with EHRs is ambitious but key

Jim Daniel: @Bryant on scheduling agree +1; we need interoperability standards there for scheduling.

Nell Lapres: Josh Mandel and USDS created a FHIR specification for exchange of this information: https://github.com/smart-on-fhir/smart-scheduling-links

Steve Eichner: I concur with Bryant. Please see my submissions that expand on the subject.

Leslie Lenert: So, the scope has to be bigger: send data to IIS, open scheduling, track receipt and storage of vaccines and their expiration times

Leslie Lenert: We currently have 3 or 4 systems for these tasks

Leslie Lenert: capture and send data to IIS

Steve Eichner: There also needs to be coordination with systems utilizted *[sic]* by providrs *[sic]* that have not historically been involved in the exchange of immunization data with IIS and ther *[sic]* entities.

Arien Malec: HIPAA authorizes exchange with public health authorities, so the non-HIPAA status of those systems.

Arien Malec: But we don't have guidance for how that information flows through HIEs, minimum necessary, etc.

Bryant thomas Karras MD 2: Agree with @Steve

Bryant thomas Karras MD 2: this helps with Optional vs Required not being the same in all states Ter Tribes and Locals

Noam Arzt (HLN): Amen, Bryant!

Sheryl Turney: thank you for your leadership.

Steve Eichner: An alternative to creating a Public Health Data Class would be to develop Companion Guides for the USCDI that describe the different data classes and/or elements that are used to perform a defined function, such as immunization reporting. The reason for this approach is that elements from different classes may be needed to meet public health needs (such as demographics class and immunization classs). *[sic]* The Companion Guide appropach *[sic]* effectively adds a third dimension to the USCDI. While public health use cases may be a starting place, Companion Guides could also be a standard for other use cases outside of public health activities. These Companion Guides could be used, in turnto *[sic]* support implementaiio *[sic]* guides.

Steve Eichner: Thank you to the co-chairs for their leadership!

Resources

PHDS TF 2021 Webpage
PHDS TF 2021 – June 24, 2021 Meeting Agenda
PHDS TF 2021 – June 24, 2021 Meeting Slides
PHDS TF 2021 – June 24, 2021 Meeting Webpage
HITAC Calendar Webpage

Adjournment

Janet and Carolyn thanked everyone for their participation in the discussions.

Brett and Brenda shared the ongoing timeline and work plan for the PHDS TF 2021, noting that today was the deadline for TF members to respond to the final survey questions. They explained that they would reach to specific TF members to request assistance with refining each of the recommendations. The next TF meeting will be held on Thursday, July 1, 2021, from 10:30 a.m. to 12:30 p.m. E.T.

The meeting was adjourned at 11:55 a.m. E.T.