

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

## Meeting Notes | July 6, 2021, 10:30 a.m. – 12:30 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. PHDS TF members were invited to discuss the topics and to provide feedback. 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
12:20 p.m.	Public Comment
12:25 p.m.	Next Steps/Final Remarks
12:30 p.m.	Adjourn

### Call to Order

Cassandra Hadley, Acting 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

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

Arien Malec, Change Healthcare

Abby Sears, OCHIN

Sheryl Turney, Anthem, Inc.



## **MEMBERS NOT IN ATTENDANCE**

Claudia Grossmann, Patient-Centered Outcomes Research Institute  
Steve Hinrichs, Individual  
Jim Jirjis, HCA Healthcare  
Denise Love, National Committee on Vital Health Statistics  
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

## **ONC STAFF**

Cassandra Hadley, Acting 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 specific areas of the draft recommendations document that was populated with information accumulated from the surveys/questions provided to PHDS TF members as homework and the draft crosswalk, as well as from discussions held during meetings.

## **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 and thoughtful input on the PHDS TF's recommendations. 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 draft recommendations, including several major areas for discussion. She explained that any items the TF did not discuss at the current meeting would be moved to a special section at the bottom of the document. The final meeting before the HITAC presentation will be used to achieve consensus on the final recommendations.

### **HEALTH EQUITY DATA RECOMMENDATIONS AND DISCUSSION**

Carolyn led a discussion focused on health equity data and potential TF recommendations. She asked the TF to share feedback on several draft recommendations, which included:

- ONC should work to ensure consistent collection of agreed upon standards for race, ethnicity, disability condition and impacts, sexual orientation, language of choice (or preferred language) gender identity, and data for SDOH, through USCDI or other mechanisms to meet community identification needs.



- ONC should advance the development of national data standards for describing disability status (e.g., wheelchair-dependent, oxygen-dependent, requires assistance navigating stairs, limited waking ability, legally blind, legally deaf, hearing aid user, requires accessible transportation). Standards on disability should focus on the physical components of disability. Data are necessary during public health response to inform evacuation, treatment protocols.
- ONC should advance the development of standards for EHRs and HIEs to support the query by public health officials to rapidly identify and update data on the physical locations of populations of persons in a region with disabilities who may require special support during a medical emergency or disaster.
- ONC should encourage CDC to identify the proper pathways for incentivizing the collection of race, ethnicity, language, disability status, and other health equity data elements.
- ONC should work to ensure consistent collection of agreed upon standards for race, ethnicity, disability status, sexual orientation, gender identity (SOGI) and data for social determinants of health.
- ONC should work with the community and OMB to explore collection of existing categories of race and ethnicity within the OMB standard included in USCDI. Consistency in standards, specification in reporting requirements, and enforcement and compliance to these is the foundation. Transparency in methods for analyzing and validating the data is also essential.
- ONC should encourage CDC to work with state and local public health agencies to align requirements, leveraging USCDI standards, and reduce variation across states for collection of race and ethnicity data. ONC should ensure that USCDI complies with, or allows for, new State requirements around SOGI, Race Ethnicity and Language.
- ONC should encourage the use of "language of choice" or "preferred language(s)" to improve access and foster public health's cultural competence in emergency response (e.g., contract tracers matched to case's needs).

#### DISCUSSION:

- Carolyn Petersen reviewed the recommendations and invited PHDS TF members to comment.
  - Steven Lane stated that he, Steve Eichner, and Bryant Karras submitted several hours' worth of work that was returned to the ONC team in a Word document too late to be included in the document. He encouraged them to include those edits.
  - Arien Malec stated that he submitted comments on the race/ethnicity documentation recommendation. He stated that the United States Core Data for Interoperability (USCDI) allows the full Centers for Disease Control and Prevention (CDC) vocabulary but with a minimum set of the Office of Management and Budget (OMB) classifications. He suggested updating the wording to reflect that the OMB categories are the minimum but that the full CDC set should be used to exchange information. There is a need to emphasize the collection of the full race/ethnicity data upfront.
  - Danielle Brooks submitted several comments and suggestions:
    - There is a need for greater consistency of language in the document.
    - She referenced several of the comments she made within the document on self-reported data categories, incentivization, and prioritizing ethnicity data.
    - Age and language data should also be listed (for health equity).
    - Change the wording from "cultural competence" to "cultural responsiveness" within the document.
    - The disabilities recommendations should include intellectual disabilities.
    - Focus on privacy and transparency with regard to sharing of this data. There should be a federal guideline of standards that the data is not shared or used in a discriminatory fashion.
  - Denise Chrysler submitted several comments:



- In her experience, she has found that some states believe that they cannot go beyond the OMB standards.
- Many states have very restrictive laws around data collection and exchange, so policies/laws will have to be addressed.
- Flexibility and consistency are needed to be able to disaggregate, collect, analyze, and report out data at a national level. Abilities vary across the nation/tribal land.
- ONC should encourage the CDC to work with state, local, tribal, and territorial health departments and to include representatives of some of the groups being defined.
- Les Lenert described the goal behind bullet point b. under the first recommendation, which he added, and referenced public health's need to track disabled citizens in order to best protect and serve them during disaster relief efforts. He suggested that Medicaid data on devices associated with disabilities and the electronic health record (EHR) are good sources. He requested that public health be able to work with clinical care to access the EHR during periods of emergencies.
- Danielle Brooks submitted several comments:
  - She supported Denise's earlier comment on including groups being defined.
  - She suggested that there should be a national standard definition for race and ethnicity, noting that definitions vary across states. When definitions differ, it is difficult to roll up and compare data that have been collected in a meaningful way.
  - She addressed the need to recognize individuals who are not served by a system (no point of care, undocumented, etc.) and asked how these communities can be supported through services and data gathered without their status being used in a negative way.
- Steve Eichner submitted two comments:
  - He emphasized the need for training for those who are gathering race and ethnicity data. Providing appropriate context is key.
  - Looking beyond physical disabilities is important. He discussed how Emergency Services Registration and Evacuation Services Registration (for hurricane evacuations, other emergencies services) can be used as an additional source of information. The public should be encouraged to participate in them.
- Bryant Karras emphasized the need to recognize that norms vary by location across the United States, and there are partner organizations who could provide guidance on the level of granularity needed for data collection if the TF or ONC were to reach out. Urban Indian Health Programs are an example.
- Danielle Brooks asked the TF to keep the communities being impacted by the end results in mind when considering recommendations on standardizing data. She warned the TF against creating additional administrative burden and urged them to design recommendations that reflect what is happening on the ground by ensuring there is community input. Granularity and reaching out are key.
- Janet Hamilton inquired if any of the comments that were submitted but not yet included referenced the need for individual engagement and how systems could support it.
  - Arien asked if the TF included language later in the report that emphasized the need to involve individuals in supplying data about themselves. If this is not included later, a recommendation should be added that individuals are allowed to access records electronically and that clinicians and public health are encouraged to be involved in the determination and collection of data.
  - Steven Lane echoed Arien's comments and stated that his subgroup submitted edits similar to the comment. There is a need for individuals to have greater access while not over-burdening public health. He suggested that, by making data available by API, this could be done. Also, there is a need to ensure that data that



is sent through a health information exchange (HIE), individuals may provide authorization (opt-in, opt-out) to ensure that their repurposed data are not used inappropriately.

## POLICY RECOMMENDATIONS AND DISCUSSION

Janet led a discussion focused on more general policy recommendations. She asked the TF to provide feedback on the following recommendations:

- PHDS-TF-2021-Recommendation - ONC should collaborate with CDC and OCR to develop and release best practices/guidance for meeting the HIPAA Minimum Necessary standard for reporting to public health authorities; such guidance should be aligned with TEFCA to allow national networks & HIEs to serve as public health intermediaries with the constraint that data provided for public health purposes may only be used for those purposes unless the patient has authorized other use of that data.
- PHDS-TF-2021-Recommendation - ONC and CDC should support policies that facilitate data sharing without data use for discriminatory purposes and ensure the appropriate level of access is provided to each level (i.e., local, state, territorial and tribal, federal) of public health authority. ONC and CDC should support policy ensuring that secondary data use by other government agencies and partnerships complies with policies related to informed consent and other protections for patients/individuals.
- PHDS-TF-2021-Recommendation - Reporting Requirements: ONC should collaborate with CDC, ASTHO, NACCHO, and CSTE to identify ways to harmonize reporting requirements, roles, and capabilities across jurisdictions and states, including data elements, timelines for submission, and communication with providers,
- PHDS-TF-2021-Recommendation: ONC should collaborate with CDC, CMS, and other partners to explore policy levers to incentivize STLT use of systems that comply with federal standards for interoperability.
- PHDS-TF-2021-Recommendation - Formation of a Standing Public Health Task Force: ONC should collaborate with CDC to identify an ongoing public health task force or workgroup (with adequate authority) to address additional interoperability, connectivity, and information system needs relevant to public health. ONC should encourage CDC to evaluate using existing task forces or groups to leverage for this purpose to minimize burden on public health officials
- PHDS-TF-2021-Recommendation - Policy Barriers for HIE reporting: ONC should collaborate with CDC to evaluate federal policy barriers that prevent and/or impact PH reporting through HIEs. ONC should collaborate with CDC and other relevant partners to analyze and publish guidance aimed at educating states about state-level policy and/or other barriers that prevent or impact PH reporting through HIEs. ONC should additionally collaborate with CDC and relevant partners to develop guidance on how data passing through HIEs for PH reporting can be leveraged for additional purposes.
- PHDS-TF-2021-Recommendation - Certification Body: ONC and CDC should co-lead a certification body for public health data standards with funding and participation from states.
- PHDS-TF-2021-Recommendation - Long term care and support services: ONC and CMS should invest in long term care and support services to incentivize EHR and health IT standards adoption to be equipped for data exchange and reporting like health systems (e.g. expand Meaningful Use / Promoting Interoperability program). Electronic Laboratory Reporting (ELR), electronic case reporting (eCR), and Immunization Information System (IIS) should be explicitly included as a standard for use

## DISCUSSION:

- Janet Hamilton reviewed the syndromic surveillance-related recommendation and invited PHDS TF members to comment.
  - Denise Chrysler suggested adding “territorial and tribal” to the wording in the second recommendation.



- Bryant Karras discussed recommendations that ONC and the CDC develop a certification process to ensure that systems are capable of meeting certain interoperability standards and suggested a recommendation for a policy lever that the standards and requirements cannot be advanced without appropriate consensus and public health representation on the standards bodies.
- Danielle Brooks asked if policy considerations need to be made for how non-traditional public health systems, like disaster relief (e.g., makeshift clinics) and other stand-up groups without infrastructure, are supported as funding and data exchange determinations are made.
  - Janet asked Danielle to provide specific language, if possible.
  - Steven Lane stated that the recommendations that ONC (potentially with others) develop certification programs for public health systems and for long-term post-acute care settings had been suggested previously. Existing health IT infrastructure has been useful in moving the industry forward, and the TF should take advantage of the current funding available to emphasize these needs.
- Arien Malec suggested a recommendation to develop a national policy framework for data sharing for public health that prevents discrimination and other issues with secondary data use. He encouraged local/state/organizations against changing a national framework.

## INDIVIDUAL ENGAGEMENT RECOMMENDATIONS AND DISCUSSION

Carolyn led a discussion on the TF recommendations and asked TF members to provide feedback on the following recommendations:

- PHDS-TF-2021-Recommendation - ONC should work with appropriate HHS stakeholders to identify methods for providing more transparency regarding the collection and use of patient data. ONC should also work with OCR and CDC to establish more standard privacy guidance, and to suggest standard individual-centric language in messaging. ONC should ensure that patients can access complete information about where data about them has been shared and for what purposes.
- PHDS-TF-2021-Recommendation - ONC should explore partnerships with agencies outside HHS (e.g., FCC) to resolve existing and future public engagement challenges, such as screening of contact tracer calls to avoid suspected scams. ONC should work to identify specific areas in which public health can use technologies to engage with patients.
- PHDS-TF-2021-Recommendation - ONC should explore delivery of relevant public health-related information through patient portals, mobile device applications, and other digital distribution channels to ensure that such information is available to patients and consumers in the same ways that they access other relevant protected health information. ONC should support the use of digital technologies that raise citizens' awareness of the importance of public health and/or facilitate compliance with public health guidance.
- PHDS-TF-2021-Recommendation - ONC should ensure that patients, family members, and caregivers have access to situational awareness data, including hospital capacity data, to support their healthcare decision-making. ONC should support the development of technologies that leverage alternative data sources (e.g., evacuation data).
- PHDS-TF-2021-Recommendation - ONC should work with health IT developers to ensure patient portals have access to update key pieces of information by the patient (address, race, ethnicity, etc.) so missing data and information can be completed. Plain language should be developed that provides education to the patient about the need for these data so they can be empowered to facilitate accurate collection and counting of their data.
- PHDS-TF-2021-Recommendation - ONC and CDC should work with health IT developers to ensure that public health data systems generate output in formats that can be readily understood and used by governing bodies at the state, county, and local levels. Leaders at multiple levels of governance benefit from access to clear, granular data that support decision-making at all levels and facilitate governance that supports public health needs.





- PHDS-TF-2021-Recommendation - ONC should support the use of plain language in communications related to access and patient privacy and data sharing to facilitate patients' understanding.

## DISCUSSION:

- Carolyn Petersen reviewed the updates to the individual engagement recommendations and invited PHDS TF members to comment.
  - Danielle Brooks submitted the following comment:
    - Plain Language is important, as well as making information available in multiple languages (preferred language or the language you speak first).
  - Arien Malec submitted the following comments:
    - Individuals should be involved in the process of establishing definitions/standards, especially for race/ethnicity, sexual orientation and gender identity (SOGI) data, etc.
    - The TF should consider the HIPAA Privacy Rule (individual right to access) and how that fits for public health data. This may provide an additional set of requirements for states/localities that are collecting data.
  - Jim Daniel submitted the following comment:
    - He echoed Arien's comments.
    - Call out consumer access to immunization data or check if was included within the immunization section of the document.
  - Steve Eichner asked the TF to be aware of the following items:
    - The need for a set of guidance and supporting technology tools to manage access to and data in IIS for minors' records.
    - Public health's ability to manage and fulfill the amount of bulk queries for population level queries for data from IISs, the number of queries, and number of requesting entities (including HIEs).
    - Work with ONC to provide strategies for providing timely information about patients to providers prior to appointments (manage traffic and requests).
  - Nell Lapres supported Steve's comment about more thoughtful querying but added that using querying is important for patient outreach and care. The information in the EHR is important, and evaluating scalability options for public health can also help better facilitate this exchange.
  - Bryant Karras inquired about the wording of recommendations in the section and document that recommends that ONC engage partner organizations in multiple ways. He asked if ONC has the latitude and capability to fulfill the recommendations. He suggested leveraging and reusing work done by states/localities on translations, messaging, and more across the nation. Consider how to maintain this work as guidance evolves and make translations accessible to all communities at once.
  - Steve Eichner agreed that collaboration should continue between providers and public health to ensure the correct technical balance to meet requests. Also, he suggested tying immunization data and other data resources back to health equity to improve collection.
    - Danielle Brooks responded that, if this is done, work is needed to ensure that the source of data is the best source and emphasized the need to ensure accuracy (though this will reduce administrative burden).
    - John Kansky discussed how states utilized race and ethnicity data from HIEs to enrich their sources when they were struggling to report health equity related data during pandemic response efforts. He emphasized the need to address potential issues, however.
- Janet Hamilton asked for TF member feedback on specific recommendations (or potential recommendations) around pushing data to individuals that could be added to the section.



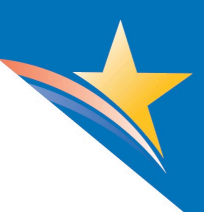
- Steve Eichner stated that there is an opportunity for public health to share information, either through pushes or pulls (using tools like APIs and phone apps that query for data). This could be via proximity alerts from public health, contact tracing, and other initiatives. He suggested encouraging the centralization of and/or reuse of information.
- Arien Malec emphasized the need to consider potential weaknesses around matching lab result data to the individual when using digital tools for exposure notifications.
- Danielle Brooks asked the TF to be aware that many individuals are not adopting portals or that portals have been used inconsistently. She encouraged the use of low-tech options, like texting, to better reach some patients and discussed issues and privacy concerns for individuals who share phones or do not have a consistent phone number.
- Carolyn Petersen added that some states are doing data sharing with individuals through daily emails (e.g., in Oregon) and other messaging, which have covered pandemic-related information, vital statistics updates, and more.
- Bryant Karras suggested focusing on getting accessible technology and smartphones to individuals who are lacking it (addressing the digital gap) instead of only reverting to lower-tech solutions.

## SITUATIONAL AWARENESS DATA RECOMMENDATIONS AND DISCUSSION

Janet led a discussion on the TF recommendations and asked TF members to provide feedback on the following recommendations:

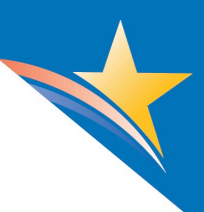
- PHDS-TF-2021-Recommendation - ONC should work with the public health community to prioritize adoption of new USCDI data standards to consistently enhance reporting requirements to support public health responses. These data standards may include information available in or derivable from information stored in EHR systems as well as information stored in other systems used by a healthcare provider, such as inventory management (e.g., supplies-PPE, medications, dialysis machines, ventilators, bed availability by type, staffed beds, number and types of laboratory tests available), staffing management, equipment repair databases, and other systems. Where appropriate, standards should be included in the USCDI. It may be necessary to either clarify the rules of a data class within the USCDI that may not be required to be supported in all certifiable EHR systems but must be supported by relevant systems.
  - Standardize address information collection and interoperability to facilitate geolocation and merging with census and other SDOH data. Projects like Project US@ may be leveraged, however appropriate resources must be provided for implementation. To adequately support patient matching, it may be necessary to approach the issue similar to the implementation of the conversion from Social Security numbers to Medicare ID numbers or the conversion from ICD-9 to ICD-10, with a time period for planning and implementation of technology to support the new standard and a specified date at which all entities are expected to have completed technology implementation and conversion of existing data.
- PHDS-TF-2021-Recommendation - ONC should coordinate with CDC, ASPR, and state and local health jurisdictions to define what health care status elements of information need to be predicted during an emergency to support patient movement and resource allocation and develop preparedness plans specific to data needs and reporting requirements during a high-consequence public health threat. All stakeholders involved should be consulted to define metrics, data definitions, standards, and procedures for triggering enhanced reporting and when enhanced reporting should subside. ONC should work with CDC to specify standard transport mechanisms that public health receiving systems must utilize, and to establish standardly defined metrics.
- PHDS-TF-2021-Recommendation - ONC and CDC should work to ensure that Fast Healthcare Interoperability Resources (FHIR) based standards under development are flexible enough to capture multiple types of resources and data needs. This will allow standards to be utilized for unforeseen data collection needs during high consequence public health threats.





- PHDS-TF-2021-Recommendation - ONC should coordinate with CDC to support states in establishing shared infrastructure for collecting situational response and public health data and to support identified core public health data system functions. Infrastructure should exist at the state or local health department and/or through a centralized system (i.e., HIE, APHL AIMS ). Core functionalities include, but are not limited to:
  - Receiving, cleansing, deduplication, anonymization, analysis and publishing of health system and public health data
  - Data aggregation across jurisdictions and data sharing with state and local authorities in a timely fashion
  - Flexibility to add new types of data and queries as needed during an emergency
  - Support of access to anonymized data for development of artificial intelligence (AI) tools for diagnosis and treatment by providers and other parties
  - Support of healthcare provider access to testing, vaccination, and other relevant public health data, including, when appropriate, patient level data and population level data
  - Computational support to apply advanced decision support techniques such as Clinical Decision Support (CDS) Hooks, at the point of care, across institutions
  - Ability to identify and help providers and government address health disparities issues
  - Provision of data about the numbers and locations of vulnerable individuals in the community who may require assistance in an emergency
  - Centralized dashboarding
- PHDS-TF-2021-Recommendation - ONC should coordinate with health IT developers, industry experts, and CDC to identify core functionalities needed within the EHR, inventory management systems, human resource systems, and other systems as needed to support all data needs necessary to respond to high consequence public health threats. ONC should coordinate within HHS to identify ways to incentivize the implementation of these functionalities. Core functionalities include, but are not limited to:
  - Calculation and reporting of core aggregate metrics
  - Identification of core public health data fields
  - Support for the standard transport mechanism to public health
  - Notification of diagnosed cases and support automated case investigation
  - Estimation and publication of routinely updated status data, including both routine and potential short-term surge capacity, availability of ventilators, surplus ventilators, oxygen administration, CT and MRI scanners, personnel, etc.
  - Severity grading of known cases in the facility and expected length of stay of cases currently under care, and publication of severity-adjusted profiles of activity
  - Inclusion of demographic data in transmission of laboratory orders and retransmission of results
  - Response to automated queries for case investigation using FHIR and Bulk FHIR
  - Forecasting of the likely future status of healthcare entities 48 or 72 hours in advance
  - Strategy for integrating and/or transporting data from clinical systems outside of the EHR (e.g., bed/resource management, supply chain systems, HRIS)
- PHDS-TF-2021-Recommendation - ONC should explore the levers for incentivizing the reporting of situational data by hospitals. ONC should also explore certifying hospital-based technologies beyond EHR's. ONC should ensure that EHR certification includes functionalities required for public health operations and coordination of the health system among providers is in place (including response to queries via FHIR and bulk FHIR, rapid deployment of POC decision support).

## DISCUSSION:



- Janet Hamilton reviewed the updates to the case reporting recommendations and invited PHDS TF members to comment.
  - TF members clarified that Project US@ is a project to develop and represent a unified specification for U.S. Postal Service addresses in healthcare.
  - Steve Eichner submitted the following comment:
    - The issue is that all data needed for response activities is not all clinical data and not usually included in EHR products. If the USCDI were expanded to include these non-PHI data points, the data might need to come from other systems (beyond hospitals) unless the capacity of the EHR was vastly expanded. The source systems would need an interface to the EHR to supply the data, which could then pass data on to public health, potentially providing an opportunity for hospital administration to review data prior to submission, although a separate, interoperable tool could also serve as a dashboard instead of the EHR. Experts in inventory systems, healthcare systems, and public health should be consulted.
    - He asked the TF to refer to the written comments he submitted that were not included.
  - John Kansky discussed contrasts between syndromic surveillance and situational awareness. He recognized the limits of the TF's current capabilities and suggested that the TF add a note at the beginning of the Situational Awareness section or within the Transmittal Letter indicating what the TF has undertaken/what has not.
    - Janet Hamilton thanked him for his comments and noted his previous comments around non-communicable diseases, existing chronic conditions, lack of access, and the effects of weather events/other adverse events. The TF has not addressed those topics within the current document.
  - Arien Malec recommended updating the text to call for shared/national infrastructures (plural) with a policy framework that allows for the use of broader infrastructures. He suggested building off existing state HIEs instead of creating a new infrastructure.
  - Steven Lane stated that the USCDI has a specific role within the interoperability ecosystem, and the TF could consider including data elements that exist within the EHR that are also relevant to situational awareness (SA). However, he explained that additional relevant data exist in other non-clinical systems that do not belong in the USCDI; a secondary set of data classes/elements specific to SA would be valuable.
    - Bryant and Janet voiced their agreement with this comment, and Bryant also agreed with Arien's previous comments regarding building off state HIEs. He suggested creating a recommendation that ONC, the CDC, and others reinvest in regional infrastructures that are lacking. Also, he suggested that the CDC or another agency examine the Strategic National Stockpile and its inventory, purchasing power, and ability to meet future needs.
  - Danielle Brooks discussed screening situational awareness work for bias and discussed examples related to COVID-19 relief efforts and issues linked to patients' comorbidity statuses.

## FUNDING MECHANISMS RECOMMENDATIONS AND DISCUSSION

Janet led a discussion on the TF recommendations and asked TF members to provide feedback on the following recommendations:

- PHDS-TF-2021-Recommendation: ONC should collaborate with CDC to encourage Congress to appropriate robust, sustained, and consistent funding through CDC to support development and maintenance of public health data systems and workforce capable of supporting both routine and large-scale responses.



- PHDS-TF-2021-Recommendation: ONC should encourage CDC to develop plans for cross-program funding of technology investments that support interoperability across public health platforms and the clinical care system, including alignment with TEFCA. Blended, integrated systems with minimal siloing by program area that reduce duplication and user burden also should be supported.
- PHDS-TF-2021-Recommendation: ONC should encourage CDC to allocate funding towards developing infrastructure within health departments that can support common functions across public health program areas (i.e., centralized user management, single sign on) to improve overall efficiency of public health activities.
- PHDS-TF-2021-Recommendation: ONC should encourage CDC to allocate funding for capability development (e.g., contact tracing) that serves multiple public health goals separately from disease specific funding. There should be a minimum functional standard for public health that focuses not just on interoperability and standards adoption, but also ideally addresses infrastructure expectations to improve scalability.
- PHDS-TF-2021-Recommendation: ONC and CDC should encourage incorporation of equity considerations into funding models.
- PHDS-TF-2021-Recommendation: ONC should encourage development of sustainable infrastructures and investment in reusable architectures over development of rapid but more limited solutions. Such investment should aim to increase all states' capacity.
- PHDS-TF-2021-Recommendation: ONC should collaborate with CDC and CMS to invest in education campaigns to enhance knowledge and identify opportunities to incentivize professional development.

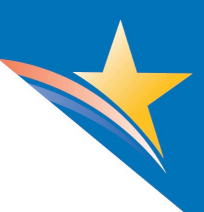
## DISCUSSION:

- Carolyn Petersen reviewed the updates to the case reporting recommendations and invited PHDS TF members to comment.
  - Bryant Karras commented that encouraging workforce development is critical, like the investment in the available IT workforce under Meaningful Use. He looks forward to related work being done through the HITAC and would encourage similar work at other federal agencies.
  - Steve Eichner emphasized the importance of shifting policy to enable states/other jurisdictions that receive funding from Federal Government to lend funding from several different sources, such as disease-specific funding, and to implement the single technology systems that will leverage the funding to benefit public health. If funding can be blend and technology can be reused, new systems do not need to be created. He referred to written comments submitted earlier.

## IMMUNIZATION RECOMMENDATIONS AND DISCUSSION

Janet led a discussion on updates made to the TF recommendations since the previous meeting and asked TF members to provide feedback on the following recommendations:

- PHDS-TF-2021-Recommendation - ONC should work with CDC and STLT's to advance the further development of and adoption of the HL7 Implementation Guide (IG) both by provider systems and public health agencies to meet current and future immunization data needs.
  - ONC should collaborate with partners within HHS to explore federal funding mechanisms to require providers to transmit data electronically and in HL7 format to the appropriate data receiver. Provider systems shall also be designed to capture all CDC core data elements for IIS.
  - ONC should also work with partners within HHS and within STLT's to develop a national implementation plan for the roll-out of standards. Implementation support should be provided to STLT's.
- PHDS-TF-2021-Recommendation - ONC should collaborate with CDC, vendors, and public health jurisdictions to develop standards and implement infrastructure supporting:



- a. Standards for provider initiated multi-jurisdictional queries.
- b. Standards for enabling consumer access to IIS data.
- c. Cross jurisdictional exchange of IIS data through immunization gateway and standard API's.
- d. Connections to the CDC immunization gateway.
- e. Further development and expansion of work done by USDS on standards for scheduling vaccine appointments.
- f. The query of IIS systems on a population level basis by health providers to identify patients who have not yet been vaccinated to support targeted outreach.
- PHDS-TF-2021-Recommendation - ONC should work with CDC, industry associations, and STLTs to identify a prioritized set of core data elements for providers to collect and report to public health.
- PHDS-TF-2021-Recommendation - ONC should work with CDC, STLT's, and industry associations to define a minimum set of IIS functional standards. Standards should include the ability to receive immunization data in agreed-upon formats, accept messages using a standard transport mechanism, error reporting, scalable infrastructure, quality patient matching, and patient access to data. The use of a set of criteria that public health systems are measured against should be established. If a system fails to meet expected performance standards, the jurisdiction will be encouraged to correct deficiencies.
- PHDS-TF-2021-Recommendation - ONC should work with CDC and industry associations (i.e., AIM, AIRA) to establish a certification process to bring all IIS to a defined minimum functional standard. The certification should focus on testing to ensure adoption and uniform implementation of those standards for data content and structure, transport mechanisms, and infrastructure.
- PHDS-TF-2021-Recommendation - ONC should work with CDC and legal organizations (like the Center for PH Law) to identify policies that are culturally preventing health departments from fully interoperating immunization data with other systems and organizations (within the walls of public health e.g., Disease Reporting Systems and Death Registries)

## DISCUSSION:

- Carolyn Petersen reviewed the updates to the case reporting recommendations and invited PHDS TF members to comment.
  - Bryant Karras inquired if the comment made at the previous TF meeting that vaccine scheduling capabilities need to be advanced through an interoperable system was added as a gap to one of the recommendations.
  - Steve Eichner added that vaccine registration systems need to be connected to clinical workflows to allow patients to provide information that will flow seamlessly. Also, he suggested extending/revisiting the existing IG to expand its focus beyond message-based transactions to FHIR.
    - Jim Daniel stated that specific data elements, especially those around insurance status, have a great deal of variability between states. The Electronic Health Record Association (EHRA) has worked to limit the variability, but these elements still need better standardization. Work on IGs would be useful.
  - Les Lenert commented that the ability to respond to population-level queries would be useful (using Bulk FHIR or other methods) to allow public health to look at vaccination status. Currently, IIS only supports transactions on a single basis, not population.
    - Jim Daniel suggested being more general with this language to include payers, employers, and others in this recommendation (to allow population-level queries), as well as providers.
    - Steve Eichner asked the TF to be aware of the need to managing system loads, assess scalability needs, and recognize the level of flexibility IIS has to make changes under the disaster response area.



- Bryant Karras stated that investment in public health infrastructure has not been made to support Bulk FHIR, so ONC/the CDC should promote these upgrades to allow bulk queries to be completed without creating a burden on public health.

## 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. TF members were asked to fully review the draft recommendations, provide final comments in the Google document, and be prepared to discuss the final recommendations at 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 adjustment to the PHDS TF schedule was made:

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

## Public Comment

### QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received by phone.

### QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Leslie Lenert: article on our deliberations: <https://ehrintelligence.com/news/covid-19-public-health-data-systems-reveal-interopability-gaps>

Steve Eichner: Please also reference the written comments submitted by Stephen Lane, Bryant Karras, and myself..

Katie Tully (ONC): thanks steve, we're working on incorporating the written comments into this document

Steve Eichner: Mental health status should also be considered, especially with respect to conditions that may be impacted when *[sic]* an individual is in a crowded *[sic]* situation. Information about medications, though not a component of disability, may also be useful.

Steve Eichner: In item e: There should also be effort to harmonize standards for gender identity, disability, and other components (reflective of the listing of subjects elsewhere in the section).

Arien Malec: here's the full list, which is very granular:  
[https://www.cdc.gov/phn/resources/vocabulary/documents/race\\_hierarchy.pdf](https://www.cdc.gov/phn/resources/vocabulary/documents/race_hierarchy.pdf)

Danielle J Brooks: would it be important to also name the types of facilities: LTSS? etc.

Danielle J Brooks: Foster care etc. Denise Chrysler: Thank you, Bryant, for mentioning American Indian Health institute.

Denise Chrysler: Urban Indian Health Institute - sorry.

Annie Fine: Question for Danielle - You mention getting input from the community. But there are so many "communities" - do you have any thoughts about how to realistically reach out and represent the many "communities" well to incorporate that kind of feedback on these standards?



Danielle J Brooks: Agreed: I am not calling on a overly burdensome process. However, categorization of REL data in particular has been traditionally created without representation from the group they are attempting to collect from

Danielle J Brooks: What i am recommending is ensuring that as these categorizations are updated, the creation body is reflective of the changes

Steve Eichner: (Two points on the first recommendation: 1) the guidance needs to clarify thtat *[sic]* reporting to public health may be statutorily required and supplying requested data is consistent with HIPAA standards. Second, if data is to be used for other purposes, the individual must explicitly authorize that use (e.g., not rely on general permissions or permissions that have aged).

Steve Eichner: For consistency, data shared through HIEs for public health purposes should not be retained for other purposes without explicit patient authorization/consent Leslie Lenert: but public health at the state and local level may need support (probably from CDC) to participate in this process

Bryant thomas Karras: ONC's Standards and interoperability framework (s&i ) worked well in Meaningful use 1 and 2. Need to look at how public health participation can be encouraged

Bryant thomas Karras: Yes. Agree with @Les CDC funding positions with time to training needed to participate Annie Fine: There is substantial challenge in "rolling up" SOGI data in order to utilize existing denominators. Also as language and categories used by people to identify their own gender identities change and shift, how do we capture current data regarding person gender identity while retaining the ability to assess risk at a population level using meaningful denominators? Is there anything we can add here to ensure that standards are updated frequently enough to allow people using health care to identify their gender identity accurately (even as these categories shift) and yet maintain the ability to roll up the data to values that have some kind of available population denominators?

Brett Andriesen (ONC) 2: More information about US@ draft specification is here:  
<https://oncprojectracking.healthit.gov/wiki/pages/viewpage.action?pageId=180486153>

Sheryl Turney: sorry have to drop for conflict.

Carolyn Petersen: Thanks for coming, Sheryl.

Bryant thomas Karras: Yes and do so without overwhelming the IIS

Janet Hamilton: @ Jim Daniel - are you able to submit those specific areas where you think additional standardization is necessary? Based on your earlier comment? Thank you

Leslie Lenert: Bryant--we are conducting a study of bulk FHIR for ISS with ARIA.

Leslie Lenert: But, this infrastructure would need to be expanded to all public health

Bryant thomas Karras: Great. Dissemination and change management is key

## Resources

[PHDS TF 2021 Webpage](#)

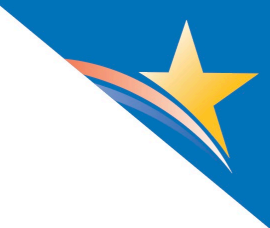
[PHDS TF 2021 – July 6, 2021 Meeting Agenda](#)

[PHDS TF 2021 – July 6, 2021 Meeting Slides](#)

[PHDS TF 2021 – July 6, 2021 Meeting Webpage](#)

[HITAC Calendar Webpage](#)





## **Adjournment**

Janet and Carolyn thanked everyone for their participation in the discussions. They explained that TF members were encouraged to share all feedback as soon as possible in preparation for the TF's presentation to the HITAC on July 14, 2021. Areas that are not discussed at the next meeting and that have not been fully considered by the TF will be moved to a separate "Open for Consideration" section within the document.

Brett and Brenda shared the ongoing timeline and work plan for the PHDS TF 2021, noting that final comments must be submitted by noon, Eastern Time, on July 7, 2021. The next TF meeting will be held on Thursday, July 8, 2021, from 10:30 a.m. to 12:30 p.m. E.T.

The meeting was adjourned at 12:30 p.m. E.T.