AIRA
AMERICAN IMMUNIZATION REGISTRY ASSOCIATION

January 24, 2019

Dr. Don Rucker
National Coordinator for Health Information Technology
US Department of Health and Human Services
330 C St. SW, Floor 7
Washington, DC 20201

RE: Strategy on Reducing Burden Relating to the Use of Health IT and EHRs, Request for Comments

Dear Dr. Rucker -

On behalf of the American Immunization Registry Association (AIRA) we are pleased to submit comments on the Office of the National Coordinator's (ONC's) **Strategy on Reducing Burden Relating to the Use of Health IT and EHRs.** As a member organization with more than 600 members representing 77 Public Health organizations, 12 businesses and sponsors, and 512 individuals from Immunization Information System (IIS) programs and partners, these comments represent a broad perspective on federal actions that affect immunization programs across the country, particularly as they relate to issues that impact the interoperability of immunization records.

AIRA members appreciate ONC's focus on reducing burden regarding the use of health IT; however, it is also critically important to recognize those areas where health IT brings value and lowers burden for providers and end users. IIS, or immunization registries, are available and highly utilized in nearly every state across the US. They support provider access to the most complete, timely and accurate immunization information available.

The broad availability of immunization data through real-time Electronic Health Record (EHR)-IIS query significantly lowers the burden (and cost) to providers in accessing immunization records and forecasts at the point of care. This functionality to query the IIS from within an EHR and receive back a consolidated record and forecast for immunizations due is currently available to providers in over three quarters of states across the country and is in the process of being developed in the remaining locations. This accelerated adoption of query functions across EHRs and IIS is due in large part to incentives provided through Meaningful Use (MU)/Promoting Interoperability (PI).

Incentive programs such as MU/PI and MACRA/MIPS have significantly increased reporting and use of immunization data between provider EHRs and IIS or registries. Providers have worked hard to prioritize capture and submission of immunization data, and have added IIS query into their workflow to support their clinical decisions. As a result of these incentive programs, not only do providers have access to more complete data and forecasts, but IIS now have more robust data in systems that support immunization activities across the health care continuum. These more complete and accurate longitudinal data are now accessible for an infinite number of programs and organizations, including Medicaid, Accountable Care Organizations (ACOs), health plans conducting HEDIS measurement, clinics and health systems providing clinical care and evaluating quality measures, and public health organizations committed to preventing vaccine preventable diseases.

Immunization providers rely on IIS to implement an increasingly complex vaccination schedule, as well as monitor vaccine safety, efficacy, and vaccine delivery. IIS play an essential role in creating a comprehensive consolidated immunization record, assisting with vaccine evaluation and forecasting, generating patient reminders, assessing vaccine uptake, providing schools and childcare providers access to consolidated records, assisting with vaccine ordering and inventory management, supporting outbreak investigation, calculating vaccine coverage estimates, and much more.

It is important to note that immunizations are acknowledged as one of the most effective and life-saving health interventions of modern medicine; CDC states that the vaccinations given to infants and young children in the past 20 years alone will prevent an estimated 322 million illnesses and save 732,000 lives just in the United States.[1] Similarly, an evidence-based systematic review demonstrated IIS capabilities and actions in increasing vaccination rates, contributing heavily to the overall goal of reducing vaccine-preventable disease.[2] IIS are increasingly well-populated, with childhood IIS participation increasing from 90% in 2013 to 95% in 2017, now reaching the Healthy People 2020 objective of ≥95% child IIS participation.[3] Similar growth in IIS population capture has been seen with adolescents and adults, where IIS store

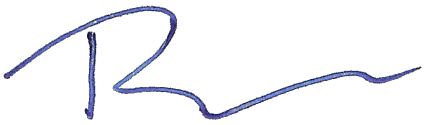
[1] MMWR, 2014, accessed 5/28/2018: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6316a4.htm
[2] Journal of Public Health Management Practice, 2014, Accessed 5/28/18: https://www.thecommunityguide.org/sites/default/files/publications/vpd-jphpm-evrev-IIS.pdf
[3] MMWR, 2017, accessed 5/31/2018: https://www.cdc.gov/mmwr/volumes/66/wr/mm6643a4.htm

immunization data on 79% of 11-17 year olds and 51% of age 19 years and above of the population.[4]

In addition to the comments above, AIRA provides suggestions on the ONC report in our detailed comments presented on the following pages, organized by page number and section within the report. Please contact Mary Beth Kurilo, AIRA's Policy and Planning Director, with any questions: mbkurilo@immregistries.org.

AIRA greatly appreciates the opportunity to comment on this ONC report, and we look forward to continuing to collaborate to ensure high-value health IT interoperability with our many partners.

Sincerely,



Rebecca Coyle, MSEd, Executive Director

[4] CDC, 2017, IIS Annual Report Data (unpublished)

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Comments on the ONC Report: Strategy on Reducing Burden Relating to the Use of Health IT and EHRs

Page Number	Excerpt	Comment
Pg. 13	The primary burdens in this section relate to: a lack of automated, standards-based public health reporting requirements across federal programs; burden related to electronic prescribing of controlled substances (EPCS); and insufficient interoperability between state prescription drug monitoring programs (PDMPs) and EHRs.	AIRA, the IIS community, providers, and the EHR community have worked hard to standardize interoperability across our industries, and although this effort continues, we have improved and streamlined data exchange significantly. We welcome the opportunity to share our lessons learned about standardization with state prescription drug monitoring programs (PDMPs). We also want to emphasize that there are differences in public health reporting that are driven by very real differences in functions needed to protect the public's health.

Page Number	Excerpt	Comment
Pg. 13	Specifically, in the FY 2019 IPPS/LTCH PPS final rule and the CY 2019 Physician Fee Schedule final rule, CMS added two new measures to the Promoting Interoperability Program focused on EPCS that together support broader HHS efforts to increase the use of PDMPs.	While EPCS and PDMP are extremely important and worthwhile programs, it is critical we continue to emphasize and support the benefits from previous areas of focus and to maintain existing integrations with fundamental public health areas like EHR-IIS interoperability. We want to maintain the outstanding level of connectivity achieved from years of investment in immunization submission and query.
Pg. 42	Even within one public health jurisdiction, different transport requirements may be required for different public health options. For example, Simple Object Access Protocol (SOAP) web services may be required for immunization reporting while secure File Transfer Protocol (FTP) may be required for syndromic surveillance.	Although ideally all transport methods would be identical, the use cases with each public health program often drive each program's standards. For example, IIS-EHR bidirectional exchange requires real-time synchronous interoperability, which is best served with SOAP/Web Services. Syndromic data flows unidirectionally, so FTP is satisfactory. Business needs should not be overlooked in favor of uniformity.

Page Number	Excerpt	Comment
Pg. 42-43	Although much of the data collected for WIC pertains to social services and food products supplied to clients, there are numerous clinical data elements related to well child visits and immunizations that must be manually entered into the WIC system.	Many states have instituted electronic data exchange relationships between IIS and WIC; ideally, this allows WIC to query and import the most complete and accurate immunization records directly from their jurisdiction's IIS, lowering the manual entry burden and saving time for both WIC staff and recipients.
Pg. 61	**EHR Reporting:** **Recommendation 1:** Recognize industry-approved best practices for data mapping to improve data accuracy and reduce administrative and financial burdens associated with health IT reporting. **Recommendation 2:** Adopt additional data standards to makes access to data, extraction of data from health IT systems, integration of data across multiple health IT systems, and analysis of data easier and less costly for physicians and hospitals.	Having worked (and continuing to work) to integrate standards and best practices across the IIS community, AIRA fully supports the further integration of standards and best practices to increase the value and lower the burden of interoperability from the EHR perspective.

Page Number	Excerpt	Comment
Pg. 65	**Public Health Reporting:** **Strategy 1:** Increase adoption of electronic prescribing of controlled substances and retrieval of medication history from state PDMP through improved integration of health IT into health care provider workflow.	We support the emphasis on data exchange with state PDMP systems. We strongly encourage the use of non-proprietary standards such as HL7's FHIR US Meds Implementation Guide that will soon include content directly related to PDMP integrations. The immunization community has benefited substantially from the early adoption of interoperability standards, and we encourage this early focus across PDMP as well.

Page Number	Excerpt	Comment
Pg. 66	**Public Health Reporting Recommendation 1:** HHS should convene key stakeholders, including state public health departments and community health centers, to inventory reporting requirements from federally funded public health programs that rely on EHR data. Based on that inventory, relevant federal agencies should work together to identify common data reported to relevant state health departments and federal program-specific reporting platforms. **Recommendation 2:** HHS should continue to work to harmonize reporting requirements across federally funded programs requiring the same or similar EHR data from health care providers to streamline the reporting process across state and federal agencies using common standards.	Although we support harmonization wherever possible, it is important to also keep sight of the very different (and essential) functions provided by these broad public health programs, and the value they bring to our population as a whole. In the case of immunization data, the value is not only to providers (readily available immunization data at the point of care), but to the general public (in protecting our population from vaccine preventable disease). AIRA as a membership organization would welcome the opportunity to provide input from our members on this future body of work.
Pg. 66	Based on an understanding of all EHR-related data requirements across federally funded public health and health care programs that impact most health care providers, HHS can examine and harmonize common data elements and transport standards across reporting requirements.	It is important to recognize that state and local reporting represents the vast majority of the interoperability between public health and clinical care. Given the absence of public health law at the Federal level (it's almost all at the state/local level), public health reporting to the Federal government is often secondary to all the ways public health data meets state and local needs.

Page Number	Excerpt	Comment
Pg. 66	Agencies should then adopt a common standards-based approach to reporting EHR-captured data as a part of their modernization of reporting systems across relevant government programs.	If changes are needed across public health, it will be critically important to increase funding for public health to support design and implementation of these changes. In recent years, an immense increase in volume has been seen in public health reporting due to inclusion in federal incentive programs. A primary obstacle to more commonality is the limited funding that public health receives to implement improvements. We strongly back continued regulatory support for reporting in the areas of immunization, syndromic surveillance, vital records, case report, disease and clinical registries and others. Federal support for public health reporting must remain strong.