Health Information Technology Advisory Committee (HITAC)

Public Health Data Systems Task Force 2022 (PHDS TF) Meeting

Meeting Notes | August 24, 2022, 10:30 a.m. – 12:00 p.m. ET

Executive Summary

The focus of the Public Health Data Systems Task Force 2022 (PHDS TF) meeting was to kick off the Task Force. Avinash Shanbhag, Executive Director of the Office of Technology, ONC, and Dan Jernigan, Deputy Director for Public Health Science and Surveillance, Centers for Disease Control & Prevention (CDC), provided opening remarks for the joint ONC-CDC task force. Gillian Haney and Arien Malec, PHDS TF 2022 co-chairs, also provided opening remarks and reviewed the agenda for the meeting. TF members introduced themselves and reviewed the TF charge, planning, and next steps. The TF received presentations on the current state of public health data systems and an overview of public health informatics projects. TF members held a discussion period. There were no public comments submitted verbally, but there was a robust discussion held via the chat feature in Zoom Webinar.
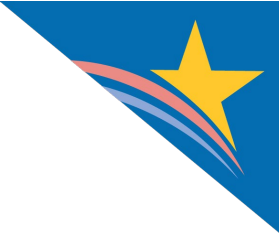
Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Opening Remarks - ONC/CDC
10:40 a.m.	Opening Remarks - Co-Chairs
10:45 a.m.	Task Force Introductions
11:00 a.m.	Task Force Charge, Planning
11:05 a.m.	Current State
11:25 a.m.	Overview of Public Health Informatics Projects
11:30 a.m.	Discussion
11:50 a.m.	Public Comment
11:55 a.m.	Next Steps
12:00 p.m.	Adjourn

Roll Call

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the August 24, 2022, meeting to order at 10:31 a.m. He explained that the PHDS TF 2022 is a joint task force that consists of HITAC members, federal representatives of the HITAC, and several other subject matter experts (SMEs).

MEMBERS IN ATTENDANCE

Gillian Haney, Council of State and Territorial Epidemiologists (CSTE), Co-Chair
Arien Malec, Change Healthcare, Co-Chair
Rachelle Boulton, Utah Department of Health and Human Services

Hans Buitendijk, Oracle Cerner
Heather Cooks-Sinclair, Austin Public Health
Charles Cross, Indian Health Service
Steven (Ike) Eichner, Texas Department of State Health Services
Joe Gibson, CDC Foundation
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Erin Holt Coyne, Tennessee Department of Health, Office of Informatics and Analytics
Jim Jirjis, HCA Healthcare
John Kansky, Indiana Health Information Exchange
Steven Lane, Sutter Health
Jennifer Layden, Centers for Disease Control and Prevention (CDC)
Leslie (Les) Lenert, Medical University of South Carolina
Mark Marostica, Conduent Government Solutions
Aaron Miri, Baptist Health
Alex Mugge, Centers for Medicare & Medicaid Service (CMS)
Stephen Murphy, The Network for Public Health Law
Jamie Pina, Association of State and Territorial Health Officials (ASTHO)
Vivian Singletary, Task Force for Global Health
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Sheryl Turney, Carelon Digital Platforms (an Elevance Health company)

MEMBERS NOT IN ATTENDANCE
Bryant Karras, Washington State Department of Health
Hung S. Luu, Children's Health
Eliel Oliveira, Dell Medical School, University of Texas at Austin
Abby Sears, OCHIN

ONC STAFF
Mike Berry, Designated Federal Officer
Avinash Shanbhag, Executive Director of the Office of Technology, ONC
Brenda Akinnagbe, Program Staff
Liz Turi, Program Staff

PRESENTERS
Avinash Shanbhag, Executive Director of the Office of Technology, ONC
Dan Jernigan, Deputy Director for Public Health Science and Surveillance, CDC
Erin Holt Coyne, Tennessee Department of Health, Office of Informatics and Analytics
Jim Jirjis, HCA Healthcare
Jeff Smith, ONC
Daniel Weber, CDC
Paula Braun, CDC

Key Specific Points of Discussion

Topic: Opening Remarks

On behalf of ONC and the CDC, Avinash Shanbhag and Dan Jernigan welcomed all attendees to the kick-off meeting of the PHDS TF 2022. Avinash thanked everyone for volunteering and encouraged the TF to build on previous work done by the PHDS TF 2021 to modernize public health data systems in the United States. He thanked the co-chairs, ONC staff, and CDC colleagues for lending their support to the TF. Dan explained that the Director of the CDC recently demonstrated her commitment to public health as a core capability, and he described how the work of the PHDS TF 2022 will support CDC and ONC identified priorities to improve the quality and flow of public health data.

Gillian Haney and Arien Malec, PHDS TF 2022 co-chairs, welcomed everyone and reviewed the agenda for the meeting. Gillian explained that the charge of the current TF is complex and discussed differences in the perspectives and needs/uses for data between public health and healthcare. Though progress has been made since the enactment of the HITAC, she stated that public health is still not receiving the data necessary to stop disease spread. She described the need for the TF's recommendations and encouraged members to share and document different data requirements and problems to best capture the TF's recommendations to support public health action and will also enable increased automation for both providers and public health.

Arien discussed the notion of making technology work without special effort and explained that, though the efforts of the past several years have proven that public health data flows work, they do not do so without special effort. The PHDS TF 2022 will look at the certification criteria established for the Electronic Health Record (EHR) program to determine whether they should be revised and how certification criteria could be established for the receiving side of public health. He described the following assumptions for the work of the TF: 1) certification criteria are voluntary (even if attached to programmatics or funding), so the TF should focus on reducing the total expenses for the taxpayer and health systems, 2) the TF's recommendations will be supported by programmatic and funding mechanisms, 3) the TF's recommendations certification and standards will raise the floor, which should not prevent public health from also raising the ceiling (and will not impede state/local/territorial efforts), 4) the TF should take advantage of its timeline/historic opportunity and should focus on not making the perfect the enemy of the good when making its recommendations.

Topic: Task Force Introductions

The co-chairs invited PHDS TF 2022 members to introduce themselves.

- Gillian Haney, Director of Surveillance and Informatics, Council of State and Territorial Epidemiologists (CSTE), has a background in infectious disease surveillance, epidemiology, and informatics. She joined CSTE recently and previously spent 20+ years with the Massachusetts Department of Public Health overseeing infectious disease surveillance systems, including the Commonwealth's Integrated surveillance and case management system (MAVEN), electronic laboratory and case reporting efforts, syndromic surveillance, and other data visualizations.

- Arien Malec, Senior Vice President, R&D Clinical and Administrative Networks Change Healthcare, has a background in high scale information exchange and improved care, improved health, cost containment using clinical data, interoperability, patient engagement, and clinical informatics. He served on the previous PHDS TF 2021.

- Rachelle Boulton, Utah Department of Health and Human Services, started as an epidemiologist in pandemic preparedness response and communicable diseases outreach response and is now working in informatics. She has experience with electronic data exchange, surveillance system management, and data quality.

- Hans Buitendijk, Director of Interoperability Strategy at Oracle Cerner, has been in the EHR/health IT space since the mid-1980s and currently focuses on interoperability topics. He is the chair of the Electronic Health Record Association (EHRA), where he co-leads the Public Health Task Force, and he is active in CommonWell, Carequality, and HL7 and its accelerators (co-lead of one of the tracks of the Helios Accelerator).

- Heather Cooks-Sinclair, Epidemiology and Disease Surveillance Manager at the Austin Public Health, has a background in vital records, epidemiology, chronic disease, vaccine-preventable diseases, and surveillance.

- Erin Holt Coyne, Data Modernization and Disease Director within the Office of Informatics and Analytics at the Tennessee Department of Health, has a background as an infectious disease epidemiologist working in tuberculosis, HIV, outbreak response, and preparedness. She is an active member of HL7, and she has participated in its Public Health Work Group since 2011 (served since 2015). She is also an active member of CSTE, where she serves as a co-chair of the Data Modernization Work Group.

- Charles Cross, Acting Director for the Division of Information Technology for the Indian Health Service (IHS), and this division develops the electronic health record for the HIS.

- Steven (Ike) Eichner, Health IT Lead for the Texas Department of State Health Services, and serves as a member of the HITAC and is engaged with a variety of HL7 work groups.

- Joe Gibson leads the CDC Foundation's public health informatics improvement efforts and was previously the Marion County Public Health Department (MCHPD, serving Indianapolis) Director of Epidemiology for nearly two decades. He has worked with Indiana Health Information Exchange (IHIE), leveraging EHR for public health, national health informatics projects, surveillance, and the Informatics workgroup. Previously, he worked on quality of life, healthcare plans, and healthcare data

- Jim Jirjis, Internist at HCA Healthcare, is responsible for various informatics, public health reporting, and interoperability initiatives.

- John Kansky, President and Chief Executive Officer of the Indiana Health Information Exchange, is also the former CIO at the Marion County Health Department. He has a background in working to support public health and enabling electronic public health transactions, including surveillance and reporting.

- Steven Lane, Practicing Family Physician, Clinical Informaticist, and Clinical Informatics Director for Privacy, Security and Interoperability at Sutter Health, is a member of the HITAC, served on the prior PHDS TF 2021, was the first chair of the board of Carequality, as co-chair of the DirectTrust Clinicians Steering Workgroup, and on the HL7 Da Vinci Project Steering Committee and Clinical Advisory Council. He has co-chaired the HITAC's Interoperability Standards Workgroup and has worked with the CDC and APHL on the Electronic Case Reporting (eCR) Project.
- Jennifer Layden, Associate Deputy Director of Public Health Science and Surveillance at the Center for the CDC, has a background in infectious disease and epidemiology. Prior to her current role, she was the State Epidemiologist and Chief Medical Officer for Illinois' Department of Public Health (IDPH) and the Deputy Commissioner for Chicago's Department of Public Health (CDPH).
- Leslie Lenert, Physician, Researcher, and Vice President for Data Science and Informatics at the Medical University of South Carolina, is a member of the HITAC and was on the Public Health Informatics Advisory Committee. Previously, he was the Center Director at the CDC for Public Health Informatics.
- Mark Marostica, Director of Public Health Solution at Conduent Government Solutions, has a background in helping public health systems with modernization projects to improve disease reporting systems, syndromic surveillance, and connectivity to laboratories and EHRs.
- Aaron Miri, Senior Vice President and Chief Digital Officer at Baptist Health, is the co-chair of the HITAC and serves on the board of CommonWell. He has been involved in a number of standards committees and work driving interoperability for public health, including partnering with Austin Public Health while in his prior role at UT-Austin to drive contact tracing.
- Alex Mugge, Director of the Health Informatics and Interoperability Group at CMS and Deputy Chief Informatics Officer, has worked with ONC on a number of informatics and interoperability efforts. She looks forward to learning how CMS can support improvements to public health data systems.
- Stephen Murphy, Attorney (licensed in Illinois and California) and Senior Public Health Attorney with the Network for Public Health Law, has worked to advance public health through the use of the law. He focuses on data privacy and public health law. Previously, he was an attorney with the Chicago Department of Public Health and focused on data privacy and public health authority, and he was the HIPAA Privacy Officer for the City of Chicago.
- Jamie Pina, Vice President of Public Health Data Modernization and Informatics at the Association of State and Territorial Health Officials (ASTHO), works to support state and territorial public health officials in data modernization efforts. He has worked on many different projects in the field for over 20 years and is an adjunction professor at the Rollins School of Public Health at Emory University, where he teaches informatics.
- Vivian Singletary, Executive Director of the Public Health Informatics Institute (PHII, a program of the Public Health Informatics Institute), has a background in informatics and information systems and has been in the field for 30 years.
- Fillipe (Fil) Southerland, Director of Healthcare Solutions at Yardi Systems, Inc., works in the field of EHRs and the post-acute care space. Previously, he ran a health-related start-up, and he is a new member of the HITAC.
- Sheryl Turney, Leader for Interoperability at Carelon Digital Platforms (an Elevance Health company), participated in the PHDS TF 2021 and is an active participant in the Da Vinci Project, HL7's FAST Accelerator, and the Gravity Project. She has been working with HITAC since its inception.

Topic: Task Force Charge, Planning, Current State

Gillian and Arien explained that the recommendations of the PHDS TF 2022 are due to the HITAC by November 10, 2022. Gillian shared the overarching and specific charges of the TF, which included:

Overarching Charge:

The Public Health Data Systems Task Force 2022 will build upon recommendations from previous HITAC public health-focused task forces to inform ONC's continued collaborative work with CDC on improving public health data systems, and in support of CDC's greater Data Modernization Initiative (DMI) efforts.

Specific Charge:

The Public Health Data Systems Task Force 2022 shall examine existing public health certification criterion, known as the "(f) criteria" in the ONC Health IT Certification Program, certifying the transmission of data to public health agencies to:

1) Identify gaps in the functionalities and standards included in existing (f) criteria, including gaps in 1) functionality, and 2) implementation by developers. Provide recommendations advancing criteria, testing guidance, and/or standards to address gaps.

2) Assess the specific functions (e.g., receipt of data, ingestion of data, analysis of data) supported by public health data systems that would benefit from further standardization and potential certification.

3) Recommend which data flows, aligned with existing (f) criteria, should be prioritized for standardized receipt of data.

Gillian commented that the PHDS TF 2022 will also be working to drive quality data for public health action. Arien reminded TF members that a discussion session would be held following the SME panel presentations.

Topic: Current State and Overview of Public Health Informatics Projects

The co-chairs welcomed SMEs to present on the current state of public health interoperability and recent public health informatics projects.

Erin Holt Coyne, Chief Public Health Informatics Officer, TN Department of Health, presented on the current state of the jurisdictional public health authority and explained that the goal of the TF is to provide data for public health action by getting the right information in the right hand at the right time. She stated that, regardless of interface, success is dependent on the completeness, accuracy, reliability, and timeliness of data inputs, and efficiency is impacted by the conformance of the data. She summarized several challenges public health faces, including too much variation across jurisdictions, problems with data quality, and programmatic variabilities and inefficiencies. She explained how eCR and the American Immunization Registry Association (AIRA) IIS Measurement and Improvement Program (started in coordination with the CDC) have been developed and leveraged to address these challenges. She described other challenges public health faces, including a lack of conformance, issues with data quality and completeness (e.g., missing patient address, missing/unusable race and ethnicity data), evolving standards, and more. She noted that, just because an EHR is certified, conformance cannot be guaranteed due to optionality and ambiguity in standards; the focus must shift to content and quality of data before it can be used actionably. She advocated for the building of systems and solutions that are scalable and can evolve and for accountability in meeting interoperability standards. She suggested that further work on the United States Core Data for Interoperability should not be seen as a "silver bullet" to solve all problems and encouraged ONC and CDC to leverage lessons from existing certification programs.

Jim Jirjis presented an overview of HCA Healthcare and its diverse experience with public health reporting across HCA's 2,000 sites of care, 22 states, and a variety of jurisdictions. He referenced slides, which were included in the main PHDS TF 2022 slide deck, that illustrated the increase in burden created by variations in state and federal public health reporting for COVI-19 test results. He highlighted challenges, including the fact that none of the sites initially mapped to LOINC when reporting. He elaborated on some of HCA Healthcare's

main challenges, including redundancy, process variation, standards adherence, resource, constraints, and manual data collection. He shared their suggested solutions, which were included in the slides.

Jeff Smith, ONC, presented the current state of the "(f) criteria" in the ONC Health IT Certification Program. He discussed ONC's Health IT Certification, which covers over 400 health IT products by 97% of hospitals and 84% of clinics. He described the primary components of the ONC Health IT Certification, including about 60 criteria across eight categories of functionality, and provided an overview of how the testing and certification process works. He shared the (f) criteria (public health reporting criteria) in his presentation slides and noted that they are eligible for ONC's Standards Version Advancement Process (SVAP). NIST and the CDC host test tools for the criteria. He defined what the (f) criteria do and what they do not do and provided details within the presentation slides.

Daniel Weber, Data Modernization Initiative (DMI) Implementation Unit, CDC, presented preliminary findings from the DMI Assessment that assessed state, local, and territorial public health capabilities and needs. He described how the CDC is supporting jurisdictions' data modernization efforts through the DMI and shared an overview of the assessment process in his presentation slides. Through the DMI, the CDC was able to evaluate the current state of health information systems, data exchange, and system interoperability. Daniel explained that the assessment was funded to better support jurisdictions to help them identify what they need. The next assessment will analyze qualitative responses through both quantitative and qualitative data (by meaningful groupings such as geographic regions, size, and type of jurisdiction). Then, the CDC will evaluate the assessment instrument and process to see how well it has served the needs of the jurisdictions and will also assess how they can use this information to better support data modernization activities. He encouraged the TF members to review the charts and graphs in his presentation slides.

Paula Braun, CDC, shared an overview of public health informatics projects. She stated that there are opportunities to raise the bar for innovations to be deployed more broadly without special effort. The CDC is working with ONC and CMS to send aligned messages to healthcare and to provide unified feedback about the SVAP and USCDI processes. She described how they are working with public and private partners, like the Helios Fast Healthcare Interoperability Resources (FHIR) Accelerator for Public Health. The CDC is also looking at the existing and emerging networks through the Trusted Exchange Framework and Common Agreement and the Qualified Health Information Networks (QHINs) being set up under that structure to see how the burden can be shifted from individual public health jurisdictions to the broader market. Finally, she stated that the CDC is committed to ensuring that the platforms and services they offer abide by open architectures and APIs.

The co-chairs facilitated a discussion session following the SME presentations.

Discussion:

- Gillian proposed that the PHDS TF 2022 table her previously announced presentation on public health informatics and, instead, the TF will explore the state of informatics within each of those specific domains as each meeting goes forward.
- Arien commented that they have effectively addressed the mission of public health in a crisis but noted that there are consistent issues around supporting data for contact tracing and supporting demographic, race, ethnicity and other data that facilitates looking at the equity of public health responses. There are gaps around certification and implementation guide (IG), programmatic variability, deployed and tested standards and data, and views on the disproportionate impact of disease/infection burden on specific populations. He shared some suggestions and highlighted positive developments (e.g., eCR).
- Gillian commented that public health data receives data from a variety of sources in real-time and must also be synthesized and used in real time. She noted that there is consensus from the TF that further standardization/improvement of existing standards is needed.
- Les asked if longitudinal data (both individual and provider over time and across providers) is in scope. He

discussed how the example of the use of eCR for reporting COVID-19-related data illustrates the need for longitudinal data, the possibility of including more than one reporting event, and the ability to link events across providers.

- o Arien stated that there are overlapping needs between public health response and real-world research. He emphasized that the TF should make sure that they serve the needs of the State, Tribal, Local, and Territorial (STLT) health departments with "boots on the ground" experience.
- o Gillian agreed with Les' comments and emphasized the importance of receiving complete core demographic information upfront so that the reports can be deduplicated to ensure that information is compiled in a single individual and a single event. Complete information will reduce burden for public health.
- o Arien agreed that patient matching and patient linking are critical activities.
- o Jim asked if recommendations around the incentives to use and adhere to defined standards are in scope for the PHDS TF. Arien responded it is not in scope for the TF to define incentives or the programmatics for certification. However, they may address data flows for public health and may make recommendations around data quality at source. Jim commented that the TF can make recommendations around incentives. Arien agreed, noting that the TF may address certification criteria associated with data flows that are critical for public health.

- Ike commented that the diversity of public health agencies leads to many use cases, so TF members should keep in mind that there is no one universal use case. Also, patient privacy concerns come into play the more times patient information is replicated. Finally, routing of data for public health should be useful and make sense (e.g., laboratories routing purposes and needs).

- o Arien highlighted Ike's second point regarding the concept of setting a common floor that addresses multiple needs and then working toward a ceiling. Steven agreed and added that the floor should not be set too high so that public health entities struggle to reach it.
- o Mark also agreed with Arien and Ike and asked if the standards should be developed to meet the lowest common denominator between senders and receivers of public health data or if the TF should focus on developing standards that are most viable while encouraging public health to modernize to meet them. Arien responded that the TF's charge is to improve certification criteria for EHR (senders) and to contemplate data flows for public health (receivers). He suggested that the TF should assume that there will be funding for system upgrades/programmatics in place and that their focus should be to raise the floor so that it can be met with as little special effort as possible. The TF should not comment on what that funding or the programmatics should be, however.
- o Gillian commented that certification criteria could be tightened up to enhance the adoption of standards and improve data quality.
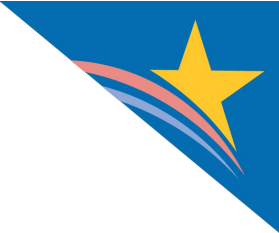
- John expressed his concern that the recommendations of the TF would indicate that states could no longer use intermediaries to implement standards.
  - o Arien responded that the TF's recommendations will point to existing steps where the data flow begins at the order, includes the lab, and encoding data at the source, including things like the AIMS Platform and STLTs health IT. Sub-bullet c) of the charge gives the TF the latitude to review where certification is appropriate for the data flows. Gillian agreed and highlighted the successes of the AIMS Platform.

Next Steps

The PHDS TF 2022 will begin the next meeting with a discussion on F1: Transmit Immunizations and Immunization Query during our next meeting

Homework for August 31st Meeting – due by Tuesday, August 30th:

- Please review the comprehensive set of slides that were made available through our first meeting on August 24. You can access them here: https://www.healthit.gov/hitac/events/public-health-data-systems-task-force-2022
- Please review the reports published by AIRA that summarize the current state of Immunizations.

If anyone has any questions, please feel free to reach out to the co-chairs or the ONC program team.

Public Comment

Mike Berry opened the meeting for public comments:

QUESTIONS AND COMMENTS RECEIVED VERBALLY

There were no public comments received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Good morning, and welcome to the Public Health Data Systems Task Force. We will be starting soon. Please remember to set your chat to "Everyone". Thanks.

Steven (Ike) Eichner: Good morning!

Jim Jirjis: Good morning.

Arien Malec: had multiple issues with the Zoom this morning - apologies for joining late.
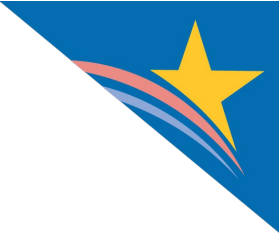
Steven Lane: Give me another chance and see if my unmute words this time

Steven Lane: Great summary Erin!

Jeremy Zitomer: That was amazing Erin!

Steven Lane: "special effort" does not begin to characterize the burden and opportunity cost related to managing the variable requirements of PH jurisdictions. The larger the health system the greater the cost and inefficiency.

Arien Malec: thank you Erin -- clearly hearing the need to align programmatics with standards, make sure certification addresses data quality as well as syntatic *[sic]* validation, and that we make sure we address demographic and contact information at all stages.

Arien Malec: With a special focus on race/ethnicity that maps to the full CDC list rather than the coarse grained OMB list.

Rita Torkzadeh: What about at-home consumer tests?

Steven Lane: Current eCR functionality via the APHL hub is an example of how we can improve efficiency of reporting and closed loop multi-stakeholder communication, while addressing the complexity of multiple conditions and varying jurisdictional needs, which can nimbly evolve with changing technology, standards and capabilities. Standards for provider and PH systems should consistently support this type of solution.

Arien Malec: Thanks Jim -- take an ecosystem approach, address data at source, enable trusted intermediaries that can reduce burden on providers & PH authorities, map to a common data model, address data at source.

Arien Malec: @anne -- please direct comments to "Everyone" rather than "Hosts and Panelists" to better enable public comment

Steven Lane: The lack of specific standards for eCR has been identified at HITAC and in our workgroups/taskforces as a gap that should ideally be closed.

Gillian Haney: I think the NIST tools are a potential opportunity to explore to support certification.

Hans Buitendijk: Does the charge allow for recommendations on preparing TEF to enable PH use cases? E.g., ability for eCR to take advantage of TEF as soon as TEF is operational and then akin to Carequality? Currently TEF Common Agreement may make that hard.

Rob Anthony: ONC currently works with NIST to provide test tools for most of these criteria in the Certification Program

Annie Fine: Agree with Steven about ecr and the model of centralized routing and decision support - we may want to consider the same model for ELR. Also agree re need to include the ecr standard in certification. Thanks for a great discussion.

Arien Malec: Also important to distinguish real world implementation vs certification -- in many cases certification achieved through lab testing, but data and implementation in the real world may not map to the lab.

Fil Southerland, Yardi Systems: +1 Hans - great point about leveraging TEFCA

Hans Buitendijk: Real World Testing is a tool in ONC's certification toolkit to inform achieving, maintaining, and improving on alignment between certification test and real world.

Gillian Haney: Thanks Dan for moving so quickly through your slides, and would encourage all to review off line.

Jim Jirjis: Agree, Hans. with utilizing TEFCA. One could imaging a QHIN dedicated to Public health reporting. BUT, I do not think Report Stream and other current CDC efforts are going that direction. Would love to learn otherqwise [sic]

Steven Lane: +2 - We should be looking for appropriate public health use cases for TEFCA exchange, then determine how to incentivize their implementation to test and prove the system prior to considering requirements.

Joe Gibson: Which jurisdictions are in this CDC assessment?
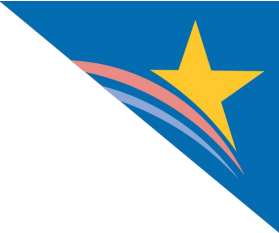
Gillian Haney: All STLT were sent this assessment

Mike Berry (ONC): Meeting materials and all presentations can be found:
https://www.healthit.gov/hitac/events/public-health-data-systems-task-force-2022

Steven Lane: The announcement of USCDI+ is no longer "recent" ;-) I hope that this Taskforce will have a chance to review the scope of and work being done on USCDI+ so as to inform the next cycle of planning for USCDI advancement (V4).

Hans Buitendijk: @Jim: We probably find good use cases that can run through QHINs (e.g., trust and document based queries) are facilitated by QHINs (e.g., future FHIR based queries using TEF record location capabilities), and others such as eCR could already start with just having a legal framework to work within not requiring QHIN-QHIN data flows and may never need QHIN-QHIN data flows rather go "direct".

Steven Lane: TEFCA could easily adopt and build on the existing Carequality eCR Implementation Guide.

Hans Buitendijk: @Steven: Agreed, other than that today the TEF Common Agreement is limited to data flows through QHINs only, not Direct/XDR to APHL (unless they become a QHIN and then it would be sufficiently to go directly to that QHIN, not through "my QHIN").

Steven Lane: Agree with Les - PH actors have to opportunity to reorient their perspective on clinical data, from awaiting specific packets of reported data to a more holistic and longitudinal view of individuals' data. This can be provided today via query based document exchange, supported now by an existing Carequality policy, as well as by HIEs/Health Data Utilities, available in many regions across the country.

Leslie Lenert: Yes, who should be reporting, providers or perhaps a Health Data Utility for a region?

Hans Buitendijk: We should consider balancing push and query where well known data for specific triggers to be shared are pushed and additional data is query. Shifting to all query is not necessarily the most efficient way to achieve sharing all relevant data. Pub/sub may yield some hybrid approaches as that technology evolves (e.g., through FHIR).

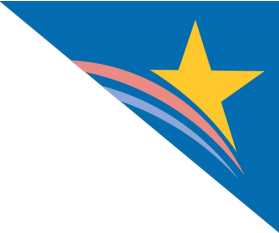Leslie Lenert: HDUs have the potential advantage of explicit record linkage via a consistent patient identifier.

Gillian Haney: While I don't think addressing longitudinal data is in scope but it is important to note that complete core information at source is key

Vivian Singletary: All, Apologies for a need to depart early to go to a medical appointment. I look forward to the the [sic] next meeting.

Annie Fine: I think the scope of this tf should be the exchange between clinical care and ph. Think of it as sender, ball and quality of the ball (is it the right shape/hard enough to throw to the next fielder) and the receiver. But not how the sender gets to the point of throwing the ball or the receiver manages the ball once they have it and know it is a good enough ball.

Hans Buitendijk: It seems that we need to understand the full data set needs to determine the most effective/efficient way (thus relevant standards) to facilitate that.   That would not only include what data overall, but also when such data needs to be available.

Steven Lane: Agree that PH typically would not require receipt of longitudinal data, but would benefit from the ability to query more comprehensive data sources (providers, HIE/HDUs, payers) for specific applicable data based on specific use cases. As payers, providers and increasingly HDUs implement modern FHIR

capabilities, this would seem the direction that PH data systems should go. Certification would be a useful incentive to allow PH to utilize FHIR for this data access.

Hans Buitendijk: An update on HELIOS could help identify some of the current efforts to fill gaps, improve, align interactions, and expand into various flavors of aggregated data sets.

Steven Lane: Civitas will be supporting the development of a set of standards for Health Data Utilities. Defining these capabilities, even in the absence of certification for such entities, will support greater clarification of where and how such intermediaries can be incorporated into standards for sending and receiving systems.

Annie Fine: While we can assume that the funding or support will follow, the premise of a certification program is that there will be an incentive to develop technologies that meet the criteria and that there is a "market force" if you will to buy and use certified technology. The market forces in ph are quite different than they are in the EHR space. For certification to be effective, PH will need to be supported by public funds to exercise these choices.

Hans Buitendijk: There may also by opportunities to further align, optimize, may be even "consolidate" reporting channels.

Erin Holt: Considering how long some of the other standards have been around and how long we have been attempting to stand up quality interfaces, I am encouraged to see the confidence folks have in FHIR implementation in not ending up in the same situation years down the road.

Annie Fine: Question - the f criteria are generally transmission of data from health care to ph. Is the scope confined to that directionality?

Rob Anthony: Annie -- Yes, the current criteria are focused on send, not receive

Hans Buitendijk: @Erin: That will require work as in the end it is about reducing levels of ambiguity and increasing of content quality to get us there, where at times the format is not the driver. FIHR will have great opportunities to optimize data flows (what, when, how).

Hans Buitendijk: And I should have added, reducing levels of variations by destinations.

Annie Fine: Thank you! Those answers refer to the health care perspective, right?

Avinash.Shanbhag: thanks in advance for all the time commitment provided by the members!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL
There were no public comments received via email.
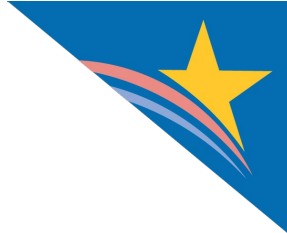

Resources
PHDS TF 2022 Webpage
PHDS TF – August 24, 2022 Meeting Webpage
PHDS TF – August 24, 2022 Meeting Agenda
PHDS TF – August 24, 2022 Meeting Slides
HITAC Calendar Webpage

Meeting Schedule and Adjournment

Arien and Gillian thanked everyone for their participation. The co-chairs summarized key achievements from the current meeting and shared a list of upcoming PHDS TF 2022 meetings, including dates of presentation to the HITAC. They explained that the TF will continue to level set at future meetings.

The next meeting of the TF will be held on August 31, 2022. The meeting was adjourned at 11:58 a.m. E.T.