Health Information Technology Advisory Committee (HITAC)

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

Meeting Note | October 5, 2022, 10:30 a.m. – 12:00 p.m. ET

Executive Summary

The Public Health Data Systems Task Force 2022 (PHDS TF) is a joint task force that consists of HITAC members, federal representatives of the HITAC, and several other subject matter experts (SMEs). The focus of the meeting was to review and discuss (f)(6) Criteria: Transmission to Public Health Agencies – Antimicrobial Use and Resistance Reporting. Gillian Haney and Arien Malec, PHDS TF 2022 co-chairs, provided opening remarks and reviewed the agenda for the meeting. The TF received presentations on the (f)(6) Criteria. The co-chairs presented updates made to the topics worksheet for use in developing TF recommendations to the HITAC and held discussion periods. There were no public comments submitted verbally, and 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.	(f)(6) Transmission to Public Health Agencies – Antimicrobial Use and Resistance Reporting
11:00 a.m.	Discussion
11:25 a.m.	Task Force Topics Worksheet
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 October 5, 2022, meeting to order at 10:30 a.m.

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
Erin Holt Coyne, Tennessee Department of Health
Charles Cross, Indian Health Service
Steven (Ike) Eichner, Texas Department of State Health Services
Joe Gibson, CDC Foundation
Jim Jirjis, HCA Healthcare

John Kansky, Indiana Health Information Exchange
Steven Lane, Health Gorilla
Jennifer Layden, CDC
Leslie (Les) Lenert, Medical University of South Carolina
Hung S. Luu, Children's Health
Mark Marostica, Conduent Government Solutions
Aaron Miri, Baptist Health
Alex Mugge, CMS
Stephen Murphy, The Network for Public Health Law
Eliel Oliveira, Dell Medical School, University of Texas at Austin
Jamie Pina, Association of State and Territorial Health Officials (ASTHO)
Abby Sears, OCHIN
Vivian Singletary, Public Health Informatics Institute
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Sheryl Turney, Carelon Digital Platforms (an Elevance Health company)

MEMBERS NOT IN ATTENDANCE

Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Bryant Thomas Karras, Washington State Department of Health

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

Hsiu Wu, CDC
Christina Brandeburg, Massachusetts Department of Public Health

Key Specific Points of Discussion

Topic: Opening Remarks

Gillian Haney and Arien Malec, PHDS TF 2022 co-chairs, welcomed everyone. Gillian reviewed the agenda for the meeting, noting that a panel discussion would present on the (f)(6) Criteria: Transmission to Public Health Agencies – Antimicrobial Use and Resistance Reporting. Gillian noted that the (f)(6) Criteria are unique, as more than one data transmission is in play, instead of a single stream of reporting. She explained that the data that are focused on a specific infection type are going from healthcare providers to the National Healthcare Safety Network (NHSN), while other data are coming directly to jurisdictions via case-based reporting on individuals who may have an antibiotic resistant infection. She continued, noting that there are data collected in the aggregate, as well as individual providers and larger systems sharing data with jurisdictions via a variety of methods. She invited the subject matter expert (SME) presenters to highlight this topic during their presentations.

Topic: (f)(6) Transmission to Public Health Agencies – Antimicrobial Use and Resistance Reporting

The co-chairs welcomed SMEs to share perspectives on antimicrobial use and resistance reporting.

Hsiu Wu, Medical Epidemiologist, Division of Healthcare Quality Promotion, CDC, presented on the CDC's

National Healthcare Safety Network (NHSN) Antimicrobial Use and Resistance (AUR) Reporting module and described when the various modules were launched. She explained that the NHSN provides analytic outputs for clinical and public health use, including national benchmarks and data visualizations. She described NHSN's requirements for AUR data submission from hospitals and the ability to collect and package data using the HL7 standardized format of Clinical Document Architecture (CDA) from vendors who are certified by ONC's Standards Version Advancement Process (SVAP). She highlighted the process by which data are extracted and handled, which requires facilities to configure local data to NHSN standardized format. This process was mapped and detailed in the presentation slides, and Hsiu explained how the NHSN validates the submitting vendors and synthetic data sets (SDS). She listed several challenges they face related to certification and data management across hospital systems, which, she noted, presents ongoing challenge for data completeness She highlighted the example mapping of the Antimicrobial Susceptibility Data Flow and noted were data suppression happens. These challenges were detailed in the presentation slides.

Christina Brandeburg, HAI/AR Analytic Coordinator, MDPH HAI/AR Program, Bureau of Infectious Disease and Laboratory Sciences, Massachusetts (MA) Department of Public Health, presented on MA's Antimicrobial Use and Resistance Reporting. She described the current data sources used in MA for antimicrobial resistance (AR) and antimicrobial use reporting, which included electronic laboratory reporting (ELR) of Multidrug-Resistant Organism (MDRO) Surveillance, events reported through the NHSN Patient Safety Component, antibiograms (reported through acute care hospitals), and antimicrobial use reporting, all of were detailed further in the presentation slides. She shared a chart depicting a side-by-side comparison of AR data sources (NHSN AR module, NHSN MDRO module, NHSN device and procedure-associated modules, and MA state public health MDRO surveillance), which was included in the presentation slides. The diagram described the events reported, type of susceptibility data, denominator and metrics, benefits, and drawbacks, and she explained how reporting was done and circulated.

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

Discussion:

- Gillian thanked the presenters and noted that there are opportunities to move toward a reduce provider burden. She commented that the TF could also make recommendations about the origins of how the data are captured/sent.
- Les asked if CDC and public health has made plans to transition this reporting structure to Fast Healthcare Interoperability Resources (FHIR). He complemented NHSN on being a leader in provisioning automated data from health systems but noted that the landscape is changing.
    - Gillian commented that, in her presentation, Dr. Wu noted concerns around the rapid uptake from FHIR, due to the lack of availability of data around medications, for example. Hsiu commented that the feedback on the current version of AUR surveillance indicated a need to use FHIR in the future. She explained that Medication Administration is not a readily available data element in the FHIR environment (for AUR), and other patient-level data elements are not standard. She described plans for next steps in moving AUR toward the FHIR environment.
    - Les asked if gaps remain in the ability to read medical administration records (MAR) inside of FHIR and if the CDC has partners (academic or other) that are working to redefine this area. He asked the presenters to comment on places where standards could be extended for better representations of this data within FHIR. Hsiu stated the CDC's first step is to look into AR and other modules that use patient-level data. Also, they are working with several collaboration sites to explore and evaluate related terminology and barriers; once these collaborations are in pilot phases, the CDC will have a clearer idea of necessary data elements. Les asked if they are working with the Helios FHIR Accelerator to determine whether Bulk FHIR applies to provision data, and Hsiu responded that they would look into it.
    - Abigail Viall, CDC, responded that the CDC chief of the AUR surveillance branch, is familiar

with the Helios Accelerator and commented that the CDC is trying to serve everyone, even those partners whose technology is lagging. This is a challenge, so she suggested that the TF could help the CDC to raise the floor so that FHIR moves from the leading edge to the standard for all involved. Gillian commented that there are three initiatives going forward in Helios pilot projects and discussed related challenges.

- Abigail commented on challenges that occur when parts of systems move forward with FHIR while other parts are lagging behind (e.g., public health, lab systems). This creates issues when AUR systems pull from other systems, but the floor is different between them. Gillian noted that the presenters discussed examples of data being pulled from multiple sources but captured differently.
- The co-chairs thanked the presenters for their time and all commenters for sharing during the discussion.

Topic: Task Force Topics Worksheet

Arien thanked all who members who updated the PHDS TF 2022 Topics Worksheet. He described updates to the document, including a color-coding system (green = locked in spreadsheet and moved text to transmittal document, yellow = in-progress, red = potential duplicate, yellow = discussion in progress, grey = yet to be reviewed by the TF). He invited TF members to share feedback, using their full names with comments and briefly reviewed new information TF members added to the background/supporting references, observations, and recommendations columns of the working document.

Arien offered to answer questions about the process. He explained that the goal is to use the material in the spreadsheet to create a recommendations document and transmittal letter to the National Coordinator of Health IT. He asked PHDS TF 2022 members to focus on creating a set of draft recommendations that all members generally agree to support (or no strong objections), but he noted that the recommendations report and transmittal letter will be in draft form until they are finalized for presentation to and voting by the HITAC. He invited TF members to share dissenting opinions and explained how they could be handled. He described the draft structure of the documents, which will include a glossary and other sections. Gillian commented that the TF has spent the majority of its time level setting and will now begin to focus more in creating recommendations.

The co-chairs noted that the draft transmittal document will be shared and made available for public comment (published as part of meeting materials on the website). They facilitated a discussion and shared comments.

Discussion:

- Gillian asked that references to public health organizations be standardized across the document as “designated public health authorities.” Arien commented that he intended to reflect the nuance that some stakeholders may not be legally designated as public health authorities. The co-chairs will ensure that accurate references are used in the transmittal and recommendations document.
- Arien reviewed the (f)(2) Syndromic Surveillance topic and summarized discussions held by the TF and public health presenters. He summarized comments from public health that syndromic surveillance is necessary but noisy by design; also, it is deidentified, used for identifying hypothesis and possible trends, and it lacks the precision of electronic laboratory reporting (ELR) or electronic case reporting (eCR), by design. It would be problematic to try to reconcile some of these characteristics, as syndromic surveillance is meant to be anonymized in most cases. He commented that ELR and eCR tend to lag syndromic surveillance, due to their necessary precision, so harmonizing the data between the views is unnecessary.
    - Ike commented that a presentation from the Sequoia Project laid out the idea that there are specialty systems within the hospital (e.g., oncology, medication administration). He suggested that public health programmatic systems (e.g., syndromic surveillance, investigations, etc.) could be described in the same way as specialty systems. He described differences in data needs for programmatic activities within the public health domain.
    - Arien asked TF members to consider what recommendations they will make about

certifications and provided a brief overview of changes to and uses of the electronic health record (EHR) certification program. He commented that similar changes may happen for public health: certification will be done for syndromic surveillance interoperability criterion, and then vendors and developers will be free to adopt those criteria for components when they require a syndromic surveillance interface (not certifying the systems, themselves). Then, he described how the CDC might attach requirements to use certified technology to syndromic surveillance grants, for example, and public health authorities would assemble the technology.

- Hans described situations when deidentified data is used and others in which protected health information (PHI) is included in syndromic surveillance reporting. He described the use of not strictly deidentified data for syndromic surveillance data flows and transactions; he suggested that the TF could make recommendations around exploring these uses. Arien agreed and echoed Aaron's comment that syndromic surveillance is intended to be broad and all-encompassing. Gillian highlighted differences between the data streams for other instances in which syndromic surveillance is used and how they that differ from the more disease-specific reporting of eCR and ELR. The TF discussed aligning the syndromic surveillance implementation guide (IG) with other standards and the United States Core Data for Interoperability (USCDI) and whether the data models differ enough to cause an implementation burden, noting that this issue is not present at this time.
- Hans asked TF members to comment on situations in which PHI data is used in syndromic surveillance transactions and described the variety of triggers that may be used, noting that greater consistency/alignment of data flows could improve experiences. He offered to update the recommendation for future review. Arien described situations during the COVID-19 pandemic in which jurisdictions used existing feeds to collect additional trigger information often overlapping with existing electronic initial case reporting (eICR) for syndromic surveillance and explained how the use of deidentified data varies between states, due to their laws. Hans clarified that the data he referred to in his comments on the tracker spreadsheet was from August 2022 (maybe pandemic-related and maybe containing other information).
- Ike commented that jurisdictions have the right to provide different services, based on the interests of their communities; they may need to use PHI to support these services. He commented that there should be alignment between data included in submissions, the USCDI, and the SVAP and consistency is needed to ensure that standards do not outpace the availability of data. He stated that inconsistencies interfere with certification and interoperability should be the foremost concern.
- Gillian commented that syndromic surveillance uses a partially deidentified data set that does contain some PHI; also, some jurisdictions have legal privacy reasons that require them to request a fully identified data set, before stripping some identifiers. Legal implications of the use of public health data for syndromic surveillance and what can be reported must be considered; a different set of laws apply to syndromic surveillance than apply to eCR.
- Arien summarized TF members discussions, noting that there was consensus around ensuring the ongoing review and maintenance of the syndromic surveillance IG, which should be kept compliant with the general ecosystem to reduce implementation burden. However, some TF members disagreed with suggestions to design syndromic surveillance interfaces to better harmonize with ELR or eICR (for data reconciliation). He highlighted several public health use cases and asked TF members to consider whether their recommendations would focus on asking the ONC and the CDC to create standards/guidance or giving jurisdictions broader authority along with raising the national floor.
- Hans agreed to review the recommendations to refocus it on standards alignment and noted that he would mention the emerging use case of event-based reporting.

- The TF reviewed the observations on the (f)(2) Syndromic Surveillance criteria that they should support

advancement of standards and the implementation of new versions/standards. The comments also emphasized the need to avoid creating unfunded mandates on public health or updates to standards outside of granting and procurement windows.

    - Arien commented that ONC's SVAP does a good job of setting cycles for updates to standards and indicating changes to the industry. Hans recognized the need to stay current and effort for all parties; he discussed possible recommendations the TF could make with regard to syndromic surveillance. Arien summarized several recommendations he drafted around the use of a phased approach and the need for flexibility.

- Ike described the recommendations the Adopted Standards Task Force 2022 (AS TF 2022) made to ONC through the HITAC earlier in the year about whether standards should be maintained or retired. He explained that they recognized that the current standards in place related to syndromic surveillance may be slightly out of date. Regulatory action is necessary to ensure that the next steps are taken, and resources must be available for public health and providers to move forward with adoption.
    - Arien suggested creating a general recommendation to support these recommendations, and Ike agreed that this could be shared as a single recommendation, recognizing the need to have the correct resources. Also, Ike commented that if updates are done out of cycle, they must ensure that there is backwards compatibility.
- Arien suggested that the TF move a comment from Les about situational awareness (e.g., SANER Project) from the syndromic surveillance criteria section to the general section. It will be addressed there.
- Arien described the suggestion Les shared that ONC should work with the FCC and other agencies to ensure robust satellite-based data communications for health systems involved in emergency response to disasters that provides situational awareness. He noted that this suggestion is out-of-scope for the PHDS TF 2022.
- Hans commented that the national syndromic surveillance specification lists specific value sets that are not as granular as captured in the system or required by the jurisdiction. He emphasized the importance of ensuring consistency of reporting at the initial report and having consistency wherever possible in the downstream analytical aspect.
    - Arien commented that aligning underlying standards will reduce implementation burden.
- Hans explained his comment on the (f)(2) criteria that some of the data that are desirable for syndromic surveillance is not necessary at the time of an ADT event. He stated that, because it only become available later, this raises questions of how to trigger and include it. This is particularly challenging with merging deidentified data back together. He described recommendations to ONC and jurisdictions to align and optimize the use of syndromic surveillance and case reporting.
- Hans made suggestions around combining his comments and recommendations around continuing to develop and align syndromic surveillance for state, tribal, local, and territorial (STLT) needs. Then, ensure that there is an IG that addresses appropriate variation in order to reduce implementation. TF members agreed to combine the topics.
- Ike commented that there was a requirement in Promoting Interoperability and Meaningful Use that led to CMS developing a directory of information about public health engagement for Meaningful Use. Though several supporting initiatives were developed, this repository was never successful.
    - Arien commented that there are collaboration models in more targeted areas that have been successful, noting that initiatives tend to be more successful when they are focused on a specific area of public health. Ike added that there have been many coordinated efforts between state and local jurisdictions.
- Arien summarized the first Overarching topic, which emphasized the need to capture a floor level of necessary data, the ability to capture updated race and ethnicity data, and the need to consider that certification is not only on the content but also the semantics.
    - Les asked if clinical decision support (CDS) Hooks should be mentioned as a place to expand the standards for two-way communication efforts. Arien agreed that the appropriate standard should leverage CDS Hooks and noted that the TF's recommendation to ONC

should state that CDS Hooks is appropriate (but not specifically recommend it). Les offered to update the recommendation, and Hans added additional context.

- Ike clarified his comments about certification at the connection points (sender and receiver), and Arien agreed that the TF has expressed broad consensus. Ike offered to create recommendations focused on potential ONC actions.

- Arien reviewed the recommendations he shared in the TF's Overarching Recommendations section. Arien and Ike offered to draft recommendations based on their comments where specific ONC actions were not included.
    - Hans commented that the technique currently used for EHR certification is that software is certified, not the provider using it. He added that certifying all of the users of the software is more difficult than having a combination of certifying the software and other elements. Arien responded that he has focused on wording the TF's recommendations as process outcomes, as opposed to process inputs. He noted that there have been documented gaps (and sometimes legal cases) between the demonstrated capabilities of EHRs in a certification program and the on-the-ground capabilities of that software. He described some of the real-world examples of gaps where the certified capabilities of EHRs do not conform to the IG.
    - Hans offered to review and update the text. Arien stated that it should recommend certification to semantics, not just content. Also, the TF's recommendations should emphasize that the certification process is rigorous and identifiable in practice, with real-world evidence that the certified product works as designed. Ike highlighted the need for better feedback on how real-world testing is being deployed and working for public health and on the provider/lab side.

Next Steps

Homework for October 12, 2022, Meeting – due by Tuesday, October 11:

- Please read and familiarize yourself with (f)(7) Transmission to public health agencies – health care surveys https://www.healthit.gov/test-method/transmission-public-health-agencies-health-care-surveys
- Please review the following reports and articles:
    - https://www.himss.org/resources/public-health-information-and-technology-infrastructure-modernization-funding-report
    - https://www.commonwealthfund.org/publications/fund-reports/2022/jun/meeting-americas-public-health-challenge
    - https://www.rwjf.org/en/library/research/2021/09/transforming-public-health-data-systems.html
    - https://www.pewtrusts.org/en/research-and-analysis/articles/2021/03/01/biden-administration-should-improve-data-exchange-practices-to-promote-public-health
- Continue reviewing and adding comments to the Topics Tracker worksheet. Instructions on how to use the worksheet can be found on the instructions tab within the spreadsheet. The spreadsheet is accessible through Google Docs. Please contact Accel Solutions if you cannot access this document.

If anyone has 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

Steven (Ike) Eichner: Good morning! Steve Eichner has joined the meeting

Mike Berry (ONC): Meeting materials can be found here: https://www.healthit.gov/hitac/events/public-health-data-systems-task-force-2022-3 The video will be available shortly after the conclusion of today's meeting.

Abigail Viall: CSELS

Jamie Pina: Info on Helios: https://www.hl7.org/helios/

Hans Buitendijk: Can you clarify the color coding starting to be used to help focus our feedback?

Jeff Coughlin: Is the draft of the entire spreadsheet available for public consumption offline after the meetings?

John Kansky: Sorry … what's yellow mean again?

John Kansky: Thanks

Hans Buitendijk: BTW, on Syn Surv, would be interested at some point to hear about how we should consider "letter of directives" from jurisdictions where syndromic surveillance transactions effectively have to start to contain PHI, thus become more identifiable. As that happens, isn't there still opportunity to have chosen another reporting path? I.e., seemingly still some space to consider how to address such flows.

Steven Lane: While PH does have separate “specialty systems” that have developed to support various use cases, this is part of the challenge that we want to address, that providers need to interact with each of those systems independently, as opposed to having anything resembling a “single onramp” to public health interoperability. This should be our North Star as we consider the value and specifics of PH system certification.

Erin Holt: Syndromic is also all-hazard, or not condition or event specific, whereas case reporting is condition specific based on reportable criteria.

Steven (Ike) Eichner: +1 @Erin

Vivian Singletary: Agreed, Gillian!

Vivian Singletary: Agreed, Arien. Those models so need to be aligned

Leslie Lenert: + one on a common approach across eCR and syndromic surveillence *[sic]* for triggering data transfer to public health

Abby Sears: I agree completely with Steven Lane. It is imperative that there is one standard for all purposes and that we use a single onramp approach to reduce the burden and cost for sharing the information. Providers want to share data we need to the process to be similar across all 50 states and not differenet *[sic]* by state and to be one set of data

Leslie Lenert: the trigger becomes more general—just an ED visiti *[sic]* or other department

Leslie Lenert: Or perhaps you just trigger on ICU transfers from the ED

Erin Holt: @Leslie, thanks, that was going to be my question. What would be the trigger for syndromic besides admit/discharge/transfer/update at ED or urgent care? But, youre *[sic]* right, those would be the triggers (trigger events), not necessarily a specific LOINC or SNOMED....

Jim Jirjis: Jim. Jirjis unfortunately had to join very late

John Kansky: In response to Abby (and Steven)… This may not be in contradiction to you point but, in my view there is an "it depends" that unfortunately makes it necessary to consider alternative ways of implementing the one standard. For example, is some states, provider burden would be lessened by allowing them to leverage the HIE in which they participate to be the mechanism through which they report... in conformance to *the* standard

Leslie Lenert: @Erin--yes. You can add that AI methods applied to syndromic data might be as accurate as the "definitive" diagnostic test for the eiCR tirggers. *[sic]*

Hans Buitendijk: Clearly there are different rules/laws by jurisdiction as to what data can be shared for what purpose as identifiable / de-identifiable / semi-identifiable. The underlying infrastructure should be consistent, honoring those varying rules. I like the term "event-based" reporting.

Arien Malec: I think the general point is that we should align implementation specifications and standards to reduce adoption burden, recognizing that there are different implementation guides for different purposes...

Gillian Haney: please remember to direct comments intended for the broader task force to "everyone"!

Leslie Lenert: Could there be one common approach, based on triggers, query and reporting applied to many tasks?

Hans Buitendijk: There need not be a single message type, rather a common sharing pattern with common data formats where the same data is relevant for different events. Purely using eCR as a context and not being limited to the current triggers, one could flex the report based on the trigger event on what it should contain. For a lab report that is very focused on specific lab results, while for a COVID condition that is broader and more content over a longer time window.

Steven Lane: +1 Les! Providers have been super successful quickly implementing the eCR model, with flexible, automated and regularly updated trigger sets leading to the sending of specified data to a central repository, where PH jurisdictions/actors can get/take what they need and respond to the sender. When we add on the ability for PH entities to query for (

Steven Lane: …the (declared/specified) minimum necessary additional data they need, we will have closed the loop and delivered all the data that is needed via a single onramp.

Leslie Lenert: @Lane: anything in USCDI could be added to the data transmission

Hans Buitendijk: @Leslie: Do you mean that Syn Surv should include all USCDI? Not convinced all should be included, while USCDI does not (yet) include all relevant to any/all transactions

Leslie Lenert: Should the two way communications standard use CDS Hooks to get to the PoC?

Hans Buitendijk: Rather than USCDI defining what needs to be in every transaction, USCDI should be the library of all data in scope for interoperability for which standards have been defined, or are imment *[sic]* to be defined, while standards/implementation guides and certification should specify for which transaction/exchange exactly what data is actually needed (that for some period of time may include data that USCDI has not covered yet.)

Leslie Lenert: @Hans--yes, you always say things some much precisely that I!

Leslie Lenert: than I

Hans Buitendijk: CDS Hooks is not necessarily required to trigger well known events when data can be pushed.

Vivian Singletary: I think we also need to include SOGI data as part of this

Charles Cross: If certified use becomes the standard, then the consuming system needs to be certified as well.

Jessica Guite: No formal "public comment" other than to say thank you so much! Glad I was able to view this today. Very encouraging to see this thoughtful and detailed process you are undertaking for advancing the "floor" for standards (federal) that state public health agencies can align around. Thank you for your work on this!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

PHDS TF 2022 Webpage
PHDS TF – October 5, 2022 Meeting Webpage
PHDS TF – October 5, 2022 Meeting Agenda
PHDS TF – October 5, 2022 Meeting Slides
HITAC Calendar Webpage

Meeting Schedule and Adjournment

Arien and Gillian thanked everyone for their participation and the cancer registry panel presenters for sharing their expertise. The co-chairs summarized key achievements from the current meeting and encouraged TF members to continue to use the Tracking Document spreadsheet to capture comments. Arien described how the recommendations in the spreadsheet would be extracted into a recommendations report document and transmittal letter. The co-chairs shared a list of upcoming PHDS TF 2022 meetings, including dates the TF will present to the HITAC.

The next meeting of the TF will be held on October 12, 2022. The meeting was adjourned at 12:00 p.m. E.T.