

Health Information Technology Advisory Committee

Public Health Data Systems Task Force 2022 Meeting

Meeting Note | November 7, 2022, 10:30 AM – 12:30 PM 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 finalize the recommendations in the TF's draft disposition working document in preparation for the TF's presentation of its final recommendations and transmittal to the HITAC at its November 10, 2022, meeting. There were no public comments submitted verbally, but there was a robust discussion via the chat feature in Zoom Webinar.

Agenda

10:30 AM	Call to Order/Roll Call
10:35 AM	Draft Disposition Working Document
12:20 PM	Public Comment
12:25 PM	Next Steps
12:30 PM	Adjourn

Roll Call

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the November 7, 2022, meeting to order at 10:34 AM.

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
Erin Holt Coyne, Tennessee Department of Health
Steven (Ike) Eichner, Texas Department of State Health Services
Joe Gibson, CDC Foundation
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
John Kansky, Indiana Health Information Exchange
Bryant Thomas Karras, Washington State Department of Health
Steven Lane, Health Gorilla
Mark Marostica, Conduent Government Solutions
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Sheryl Turney, Elevance Health



MEMBERS NOT IN ATTENDANCE

Heather Cooks-Sinclair, Austin Public Health
Charles Cross, Indian Health Service
Jim Jirjis, HCA Healthcare
Jennifer Layden, CDC
Leslie (Les) Lenert, Medical University of South Carolina
Hung S. Luu, Children's Health
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

ONC STAFF

Mike Berry, Designated Federal Officer
Liz Turi, Program Staff

Key Specific Points of Discussion

Topic: Opening Remarks

Arien Malec and Gillian Haney, PHDS TF 2022 co-chairs, welcomed everyone. Arien reviewed the meeting agenda.

Arien noted this meeting is the PHDS TF's last review session for the draft disposition working document prior to review by the HITAC. In this meeting, the PHDS TF aimed to close out final language edits and review remaining topics of the draft disposition.

Topic: Draft Disposition Working Document

Arien walked through the draft disposition working document. Final Recommendations will be presented to the HITAC for vote at the November 10, 2022, meeting. As Arien walked through the draft disposition working document, TF members reviewed recent revisions and provided feedback. Sections reviewed include the introduction, background, general recommendations, recommendations on new standards, implementation guidance and certification criteria, transmission to public health agencies – syndromic surveillance, transmission to public health agencies – reportable laboratory tests and value/results, transmission to cancer registries, transmission to public health agencies - electronic case reporting, and transmission to public health agencies – antimicrobial use and resistance reporting.

Co-Chairs encouraged TF members and public attendees to share feedback via the public chat feature in Zoom. TF members completed their review of the document. ONC and TF Co-Chairs will send a final draft to TF members for review.

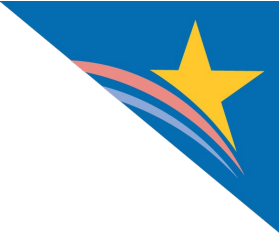


Discussion:

- Arien presented the introduction section highlighting current work, including information exchange during the Covid-19 pandemic, and work remaining. TF members provided feedback.
 - Arien inquired why the sentence relating to early detection and awareness of COVID-19 surveillance was struck. TF members expressed that although syndromic surveillance occurred but was not relevant to providing early warning of the COVID-19 pandemic.
 - Arien noted the term “certification of public health data systems” was revised to “certification of public health data technology” in the introduction and through the document. This is because, in large, the TF is intending to have larger interoperability components certified. Utilizing this term will align with the TF’s general call for modular circulation, to address programmatic needs and policies.
 - TF members discussed certification scope. The TF is not certifying end to end systems utilized for public health. The TF is certifying the technology that systems utilize has the capability for electronic case reporting.
 - Hans suggested the document include enough modularity for the provider and systems.
 - Liz noted the TF criterion may not be needed as there is a charge listed in a separate section of the document.
 - Arien presented changes to the definition section. Definition for “provider” was added referencing 42 U.S. Code § 300. “Public Health Data System” was revised to “Public Health Technology.”
- Arien presented the background section. The background section was added to provide context in terms of the CDC data modernization initiative.
- Arien presented revisions to the General Recommendations section. TF members gave feedback.
 - TF members discussed inclusion of optional elements language in the general recommendations and referenced Gillian’s written comment. Language relating to optional elements is included in recommendation 10 (item 73 on spreadsheet). TF members agreed to include this language in the general recommendations overarching section. Liz noted this revision in the document.
 - Bryant noted that revisions explaining the nuances optional in HL7 language have not been included. TF members agreed these nuances related to optional data elements should be included in this document. Arien commented the TF’s mandate is to ensure certified health information technology systems are capable of transmitting data that is marked optional in implementation guides. Implementation and appropriate data capture are outside the scope of this TF mandate.
 - Recommendation 10 (item 73 on spreadsheet): Steven suggested revising recommendation 10 to specify optional elements as defined by public health rather than the public health mission.
 - TF members restated the goal of this mandate which is to raise the floor to achieve public health data exchange that is efficient and effective at a level of interoperability that reduces burden to both parties. Part of this goal is to ensure that out of the box EHR technology can be deployed to address predictable and jurisdictional variation.
 - Recommendation 7 (item 43 on spreadsheet): TF members agreed to strike Gillian’s alternative suggestion for the last sentence.



- Recommendation 1 (item 5 on spreadsheet): Steven inquired about the clarity of recommendations as they relate to the specific scope of envisioned modules. Do we assume modules 1-3 match existing F criteria or are they yet to be defined? Modularity is defined by the criteria. Steven suggested revising language to “HIE/HINs.” TF members discussed and revised the current definition of modular certification. Due to time constraints, Arien proposed that items for the chat are captured and utilized to draft revised language. This will be sent via email to TF members for review today, Nov 7th.
- Recommendation 3 (item 42 on spreadsheet): Arien reviewed content provided regarding modifying the certification program to ensure conformance and real-world testing for the ability to update relevant value sets. Bryant suggested referencing a recent ONC presentation at AMIA with report analyzing survey data from providers and their ability to include standards such as LOINC in messages to public health. Arien proposed striking Liz’s added sentence as this content is already included in recommendation 5 (item 66 on spreadsheet). SLA language was struck. Supportive language for public health reporting was added.
- Recommendation 3 (item 42 on spreadsheet): TF members discussed incentive structures and their inclusion in this recommendation. TF members agree to include language recommending use of HHS and other federal agency leverages.
- Recommendation 5 (item 10 from spreadsheet): TF members discussed Gillian written comment for replacement language. TF members agreed to strike the last sentence from this recommendation.
- Arien presented revisions to the Recommendations on New Standards, Implementation Guidance and Certification Criteria section. TF members gave feedback.
 - Recommendation 11 (item 74 on spreadsheet): TF members discussed Gillian’s written comment to strike this recommendation. Joe discussed the applicability of data to move between public health agencies and other actors and expressed hesitation in including schools due to inability for regulation. TF members agreed to remove the actor example, schools.
 - Recommendation 17 (item 62 on spreadsheet): TF members agreed to include language regarding TEFCA consent practices.
 - Recommendation 18 (item 68 on spreadsheet): TF members discussed Gillian’s written comment regarding scope. TF members agreed to keep this recommendation as this recommendation implies ONC assistance of policies related to standards and implementation. TF acknowledged this as an idea with no clear recommendation.
- Arien presented revisions to the (f)(2) Transmission to public health agencies – syndromic surveillance section. TF members gave feedback.
 - Recommendation 4 (item 18 on spreadsheet): TF members included language to recommend that ONC coordinate and maintain current versions.
- Arien presented revisions and rewording for the (f)(3) Transmission to public health agencies – reportable laboratory tests and value/results section. TF members gave feedback.
 - Recommendation 1 (item 53 on spreadsheet): TF members did not object to presented rewording. Bryant noted that numerous drive-through testing facilities were operated by public health facilities. There may not be tools in place to perform ECR in a pop-up lab testing environment.
 - Recommendation 4 (item 77 on spreadsheet): Steven suggested language inclusion on the advancement of the target following standard advancement. Arien welcomed language suggestions in the chat. Suggestions were not submitted. Arien proposed using a future TF meeting to further discuss this topic.



- Arien presented revisions and re-wording for the (f)(4) Transmission to Cancer Registries section. TF members gave feedback.
 - Recommendation 16 (item 20 on spreadsheet): TF members discussed the evolution and implementation of (f)(4). Bryant noted there are barriers to cancer registries certifying their systems including financial barriers. TF members noted that optional IG specifications resulted in lack of cancer registry data. It is unknown if (f)(4) appropriately addresses cancer registries. TF members removed reference to the Reporting to Public health Cancer Registries Implementation Guide.
- Arien presented revisions for the (f)(5) Transmission to Public Health Agencies - electronic case reporting section. TF members gave feedback.
 - Recommendation 2 (item 40 in spreadsheet): TF members removed language on standardized expectations for EHR related receiver of RR.
 - Recommendation 9 (items 84 on spreadsheet): TF members removed language on standardized expectation for EHR related receivers of reportable condition trigger codes. TF members updated language to specify US Realm or them most current Implementation Guide.
 - Recommendation 10 (item 85 on spreadsheet): Hans noted this document does not contain knowledge around content for trigger events.
- Arien presented revisions for the (f)(6) Transmission to Public Health Agencies – antimicrobial use and resistance reporting section.
 - Recommendation 1 (item 21 on spreadsheet): TF members added language stating ONC collaboration with CDC and partner health authorities and their partner organizations. Bryan suggested inclusion of language to support bidirectional information flow between CDC and relevant state reporting authorities. TF members agreed to revise recommendation to state bi-directional NHSN reporting inclusive of optional values.

Next Steps

Homework for the PHDS TF:

- The ONC team and PHDS TF co-chairs will clean up and prepare and share a final draft of recommendations for review by TF members.
- The TF will present Final Recommendations for voting at the November 10, 2022, HITAC meeting. Non-HITAC members are invited to attend.

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

Public Comment

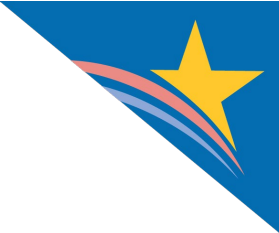
Mike Berry opened the meeting for public comments.

QUESTIONS AND COMMENTS RECEIVED VERBALLY

There were no public comments received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the Public Health Data Systems Task Force. We will be starting soon. Please remember to tag "Everyone" when using the Zoom chat. Thank you!



Steven Lane: Do we feel that our recommendations clearly define the specific scope of the envisioned Modules? Are the boundaries between the anticipated modules defined by the existing (f) criteria? If so, is this stated explicitly in our recommendations? If not, who will be responsible for defining this?

Noam Arzt: Just remember with respect to Rec 7 that PHAs can be wary of "certification requirements" on them that end of being beyond their control (like STLT law) or beyond their ability (like funding). They worry about requirements that become a contingency on their CDC funding which is the real fear.

Steven Lane: Suggest updating to "HIEs/HINs"

Noam Arzt: I don't think I understand the distinction between certifying "functionality" and not "systems." What does that really mean?

Hans Buitendijk: Modularity is important on both sides. Not everybody needs to report on everything, and technologies are not monolithic on sender and receiver side, so HIT must have flexibility on either side to support what they need to support. no more, no less.

Arien Malec: @noam — we are certifying interoperability, not the capabilities of, e.g., contact tracing, case reporting, etc.

Noam Arzt: @arien - OK, but I would not read the recommendation that way. I think the text could be reworded more clearly but since I can't see the text long enough before it scrolls away I can't offer any recommendations.

Noam Arzt: It's not that the demog needs to be consistent, the STANDARDS for the demog etc need to be consistent... in that last one...

Arien Malec: - Coordination with other Federal Agencies to include incentives to adopt certified technology.

Noam Arzt: Same with eCR

Noam Arzt: eCR can have lab data embedded

Noam Arzt: IIS represent disease occurrence in a patient via this coding as well.

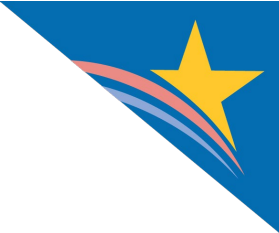
Steven Lane: Friendly suggested amendment as requested: Under Definitions on Page 4, suggest, "Where the term "modular certification," is used we mean that a product being certified is able to certify to a single criterion, **ALIGNED WITH CURRENT ELECTRONIC HEALTH RECORD CERTIFICATION**, or multiple criteria, rather than obliged to certify to a specific group of criteria. However, a product being certified would need to conform to the full scope of the criterion or criteria, rather than an isolated aspect of a criterion or criteria." Under Recommendation 1, suggest "We recommend that any certification criteria of public health technologies systems be modular, **ALIGN WITH THE FUNCTIONALITIES SPECIFIED IN THE (F) CRITERIA IN EXISTING EHR CERTIFICATION PROGRAM, AND EVOLVE IN COORDINATION WITH EHR CERTIFICATION.**"

Noam Arzt: Just be aware when it comes to consent and privacy that we might see these differences as barriers to data flow, but civil libertarians see these regulations as the last hope of protecting patient privacy. It is a matter of perspective.

Noam Arzt: A good way to address this is with the notion of "model legislation"

Noam Arzt: I don't think we should go beyond "model legislation." There are issues related to lobbying...

Noam Arzt: Right. Labs are not the ones required. The people who give the labs standing orders are the ones required to report, right?



Noam Arzt: In the middle...

Noam Arzt: It says "from PH"

Noam Arzt: Bryant is right

Noam Arzt: Higher I think

Noam Arzt: Sorry...

Noam Arzt: Right in the middle there

Noam Arzt: No, you missed it. Forget it. I can't deal with it this way.

Mike Berry (ONC): @Noam. I'll send the chat log to the team to capture your comment.

Noam Arzt: It was a spot where it said in the midst of that eCR stuff that the RR comes FROM PH. I think Bryant spotted it first, but we just could not find the spot even when we scrolled down. I am at a disadvantage since I do not have this document.

Hans Buitendijk: Where the term "modular certification," is used we mean that a product being certified is able to certify to a single criterion or multiple criteria within their scope, rather than obliged to certify to a specific group of criteria beyond their scope. However, the combination of HIT deployed would need to conform to the full scope of the criterion or criteria, rather than an isolated aspect of a criterion or criteria.

Steven Lane: "Aligned with the certification criteria in current Health IT certification programs"

Roger Benn: excellent journey. great work and dedication from this team. Thank you for leading this transformation.

Steven Lane: Tremendous thanks to the co-chairs and ONC/Accel teams for your leadership and support.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[PHDS TF 2022 Webpage](#)

[PHDS TF – November 7, 2022 Meeting Webpage](#)

[PHDS TF – November 7, 2022 Meeting Agenda](#)

[PHDS TF – November 7, 2022 Meeting Slides](#)

[HITAC Calendar Webpage](#)

Meeting Schedule and Adjournment

Arien and Gillian thanked everyone for their participation in the meeting.

The TF co-chairs will present to the HITAC at its November 10, 2022, meeting. Everyone is encouraged to attend.

The meeting was adjourned at 12:30 PM ET.