Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

Transcript

HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE (HITAC) PUBLIC HEALTH DATA SYSTEMS TASK FORCE 2021 MEETING

June 17, 2021, 10:30 a.m. – 12:00 p.m. ET

VIRTUAL

Speakers

Name	Organization	Role
Janet Hamilton	**Council of State and Territorial Epidemiologists (CSTE)**	**Co-Chair**
Carolyn Petersen	**Individual**	**Co-Chair**
Danielle Brooks	Amerihealth Caritas	Member
Denise Chrysler	Network for Public Health Law	Member
Jim Daniel	Amazon Web Services	Member
Steven Eichner	Texas Department of State Health Services	Member
Ngozi Ezike	Illinois Department of Public Health	Member
Claudia Grossmann	Patient Centered Outcomes Research Institute (PCORI)	Member
Steve Hinrichs	Individual	Member
Jim Jirjis	HCA Healthcare	Member
John Kansky	Indiana Health Information Exchange	Member
Bryant Thomas Karras	Washington State Department of Health	Member
Steven Lane	Sutter Health	Member
Nell Lapres	Epic	Member
Leslie Lenert	Medical University of South Carolina	Member
Denise Love	Individual	Member
Arien Malec	Change Healthcare	Member
Clem McDonald	National Library of Medicine	Member
Aaron Miri	The University of Texas at Austin, Dell Medical School and UT Health Austin	Member
Larry Mole	VA	Member
Abby Sears	OCHIN	Member
Sheryl Turney	Anthem, Inc.	Member
Michael Berry	Office of the National Coordinator for Health Information Technology	Designated Federal Officer
Cassandra Hadley	Office of the National Coordinator for Health Information Technology	ONC Staff

Brett Andriesen	Office of the National Coordinator for Health Information Technology	Staff Co-Lead
Brenda Akinnagbe	Office of the National Coordinator for Health Information Technology	Staff Co-Lead

Call to Order/Roll Call (00:00:00)

Operator
All lines are now bridged.

Mike Berry
Thank you very much, and good morning, everyone, and thank you for joining the Public Health Data Systems Task Force. I am Mike Berry with ONC, and of course, we appreciate everyone's participation today, and we are going to get started with roll call, and I want to mention that Janet Hamilton, one of our co-chairs, has her CSTE annual conference this week, so she will not be joining us, so we will trust our other co-chair, Carolyn Petersen, to take us through our meeting today. I am going to start with roll and our co-chair. Carolyn Petersen?

Carolyn Petersen
Good morning.

Michael Berry
Danielle Brooks? Denise Chrysler?

Denise Chrysler
Good morning.

Michael Berry
Jim Daniel? Steve Eichner?

Steven Eichner
Good morning.

Michael Berry
Ngozi Ezike? Claudia Grossman? Steve Hinrichs?

Steve Hinrichs
Here.

Michael Berry
Jim Jirjis? John Kansky?

John Kansky
I am here.

Michael Berry
Bryant Karras?

Bryant Thomas Karras
Good morning.

Michael Berry
Steven Lane?

Steven Lane
Here.

Michael Berry
Nell Lapres?

Nell Lapres
Good morning.

Michael Berry
Les Lenert?

Leslie Lenert
Present.

Michael Berry
Denise Love?

Denise Love
Good morning.

Michael Berry
Arien Malec? Clem McDonald? Aaron Miri? Larry Mole? Abby Sears will not be with us. She is on vacation for the next few weeks. Sheryl Turney?

Sheryl Turney
Morning.

Michael Berry
Good morning, and thank you, everyone, and I will now turn it over to Carolyn to get us started. Thank you.

Opening Remarks (00:01:49)

Carolyn Petersen
Thanks, Mike. Good morning, everyone, and thank you again for making time out of your schedule to work with us on this task force and be involved in developing some recommendations for HHS and the Office of the National Coordinator CDC. It is really important work, and I know that this is a particularly tough week for many folks with the CSTE meeting under way, so we really appreciate your taking time to attend the meeting today.

Our plan today is pretty straightforward. We are going to work on the draft recommendations that are under consideration. We will have a public comment period. Our ONC leads, Brett and Brenda, will lead us through

the next steps and explain how all the different documents and links fit together so we have a clear idea of how to go forward, and then we will adjourn. With that, could we have the next slide, please? So, again, here is our roster. We have all started to get to know each other quite well. Next slide, please, and again.

So, we will start by briefly reviewing our charge. This task force has two goals: First, to identify and prioritize policy and technical gaps associated with the effectiveness, interoperability, and connectivity of information systems relevant to public health, and second, to identify characteristics of an optimal future state for information systems that is relevant to public health and their use. Next slide, please. Our updated scope here: We are focusing on bidirectional data exchange between public health data systems and clinical data sources, and we are focusing on challenges, gaps, and the ideal future state for data sharing between public health systems and clinical data sources like EHRs, lab systems, and other things.

Things that are were in scope before will now be recommended for future HITAC discussions, and those things include the research and innovation, social services data, in-depth analyses of specific public health data systems, and then, again, because of our timeframe and our desire to be able to focus on the primary considerations. And, we will be addressing health equity and patient engagement in each of the topics rather than taking them on individually. Next slide, please.

So, with that, we are going to move into the draft recommendations portion, and if ONC could bring up onto the screen the draft document we will be working in… We will give them a minute to do the technical. So, what we are seeing on the screen is a more formal version of what we have been working on in the crosswalk. This is all of the information that we have come up with to date, our draft recommendations, and the comments you have been providing in the format in which we will present it to the national coordinator. It is a step in the process of helping us move to that formal document so that we can ensure that we have our work done on time and that it can be discussed at the HITAC meeting on July 14th. We will be providing the links to these things, but if you look back and forth, you can see how everything has been moved just to make this an environment that is easier to work with. I see Katie is pulling this up. Brett or Brenda, did you have any comments about this before we get started working through the draft?

Brett Andriesen
Yeah. This is Brett, and I just wanted to make a note that I know during the HITAC meeting where we presented the preliminary representations, there were certainly some comments and asks to better group things, including by folks on our task force here, so this is also responding to that to make more natural topic-based groupings and make the recommendations a little bit easier to work through, but otherwise, everything you said was right on the mark, Carolyn.

Carolyn Petersen
Thanks. Go ahead, Bryant.

Bryant Thomas Karras
Carolyn, process-wise, if there are… You said that we will be provided a link, so if there are edits or suggested changes, will we be able to do so and track changes to make those recommendations?

Carolyn Petersen
Yes, that is right. I believe ONC has set up this **[inaudible] [00:07:50]**. Is that correct, Katie?

Brett Andriesen
Katie's line might not be open, but I think we are working to get it into a Google doc, probably in the next 24 hours or so, so we will be able to send that link around. We may continue to use the comment functionality just so everyone has full visibility into the changes and can come to agreement around what those are before we have them. I think **[inaudible] [00:08:24]** there already.

Carolyn Petersen
Okay. It would be really helpful for that to be clarified in the instructions that you send out just so everyone understands how to best use the document and ensures that we are all on the same page and contributing positively to the process.

Bryant Thomas Karras
I asked because there was some minor wordsmithing that I did not want to occupy this call's time with that I have been wanting to make, and I am not sure how to.

Carolyn Petersen
That sounds good. Steve Eichner, I see your hand is raised. Go ahead.

Steven Eichner
Thank you so much, and to build on Bryant's comments, please make sure there are ways to comment that are not necessarily using Google docs because there are some of us that have institutional concerns about using alternative email addresses for logging into systems. Secondly, can you clarify a little bit about the focus solely on bidirectional exchange? Because there is still data that is being collected by some public health agencies that is unidirectional data submissions, at least for the initial purpose behind the data collection, and we would like some clarification about whether that is in scope or not. Thank you.

Carolyn Petersen
Brett or Brenda, can you address that, please?

Brett Andriesen
Yeah, this is Brett. I can address that. I think it would be either side of that bidirectional exchange, Steve, not necessarily just the two-way flow, but either one way, the other, or both.

Steven Eichner
Thank you. I would suggest clarifying the word "bidirectional," then, because that often is implied to support true bidirectional, not A, B, or A and B.

Review Recommendations Under Consideration (Crosswalk) (00:10:28)

Carolyn Petersen
Great, thanks. So, with that, are we ready to start into the situational awareness data section? Brett and Brenda, have we got our document up where it needs to be?

Brett Andriesen
Yes, I believe so.

Carolyn Petersen
Okay. So, what we have on the screen is picking up from where we were in the crosswalk, looking at the situational awareness data section, and I will start by working through… These are the same draft recommendations that were in the crosswalk. I will read through those, and we can start the comment process. The first one is that "ONC should work with the community to prioritize adoption of new USCDI data standards to consistently enhance reporting requirements to support public health responses," and an additional piece is "To standardize address information collection…" Whoops, the document is off the screen. "To standardize address information collection and interoperability, to facilitate geolocation, and merging with census and other SDOH data."

Also, that "ONC should coordinate with CDC, ASPR, and state and local health jurisdictions to develop preparedness plans specific to data needs and reporting requirements during a high-consequence public health threat. All stakeholders involved should be consulted to define metrics, data definitions, standards, and procedures for triggering enhanced reporting. ONC should work with CDC to define standard transport mechanisms that public health receiving systems can accept and to establish standardly defined metrics." Finally, "ONC and CDC should work to ensure that FHIR-based standards under development are flexible enough to capture multiple types of resources and data needs. This will allow standards to be utilized for unforeseen data collection needs during high-consequence public health threats." So, I know that there are additional things to be discussed in this section, but let's start with those four, since they are on the screen, and see what feedback we have. I see that Steve Eichner has his hand raised. Go ahead, please.

Steven Eichner
Thank you so much. I think one of the biggest challenges in looking at the electronic submission of this type of data is looking at the ability to extract data from relevant systems. Looking at the data that comes out of EMRs or electronic health record systems might be readily accessible through FHIR and can probably be defined through the USCDI. Looking at data sources other than EHRs, such as inventory management systems or staffing systems, have been outside the scope of the USCDI or outside the scope of ONC and CMS purview.

I think one of the challenges is going to be having standards that do not apply solely to EHRs, but across the board to different types of systems and different kinds of environments. So, really, beginning with a standardization of coding for the types of information that are necessary regardless of the system they are coming out of is probably a good place to start, and then, looking at automating reporting that data, using things like FHIR standards regardless of the source system become much more relevant, but I think we need to start the building blocks, which is looking at data standards or how we are coding information at the start and working and building from there. Thank you.

Carolyn Petersen
Thanks, Steve. Let's go to Steven Lane.

Steven Lane
Just building on Steve's comments, from the perspective of USCDI, one thing to consider would be whether there should be a situational awareness data class added to that structure and thinking about what really are the core elements of situational awareness, realizing that those might be different in an inpatient versus

community-based versus a standard ambulatory setting, but as we define what are the standard data and potential responses/value sets, I think it would be helpful to think about USCDI as a vehicle to bring this forward.

Carolyn Petersen
Thanks, Steven. Bryant?

Bryant Thomas Karras
Thank you. One clarifying question: There is a focus on standardizing address information, and I am wondering if…to stay consistent with what was spoken about elsewhere in the document, we should include or clarify that address and contact information, which is to make sure that phone numbers and other mechanisms to reach back and identify to get further information from the individual themselves are not misunderstood. And then, in terms of the geolocation, I think we could specify in this document a sense of rolling up those geolocations to a unit of measurement that is relevant for a given jurisdiction. In some states, a ZIP code can be as large as the entire… We have a ZIP code in the state of Washington, for example, that is the size of Rhode Island, so how does one geocode not necessarily to the census tract, but to a unit of location that makes sense for situational awareness without compromising an individual's identity?

Carolyn Petersen
Thanks, Bryant. Arien?

Arien Malec
Thank you. So, just to perch on that last comment, there has been some work between ONC and USPS to better codify address information and other contact information, but particularly address information, for geolocating data. I wanted to comment relative to inclusion of situational awareness data that might be contained in hospital systems that are not EHRs. I posted a link to the actual regulatory/legislative authority for ONC, and if you look at it, it is pretty broad and not confined to EHRs. I think there is a misconception that ONC's regulatory authority and certification authority are necessarily confined to clinical systems and EHR systems, and really, the focus of the law is in construction of a health information system or health information technology infrastructure that allows for…

And then, you will see a whole set of outcomes, including public health and reduction of health disparities. So, I do not think we should be afraid that by making recommendations in situational awareness that might affect, for example, HRIS systems or supply chain management systems that are in use by hospitals that were somehow extending outside of ONC's range of regulatory authority, even though I think we note that they have not yet exercised as much regulatory authority outside of clinical systems. Thank you.

Carolyn Petersen
Thanks, Arien. Les?

Leslie Lenert
Yes. Recommendation 3 is really the meat of this proposal here, so I think what we want to do is to look at what situational awareness is and to be able to minimize the burden from that. From my perspective, what we really would like to do is predict the hospitals' current capacity and their emergency surge capacity from

routinely available data, but I really like the third recommendation there, which is saying we need to develop the standards for reporting what these are to nominalize those, and then, there are these ancillary systems, but then we would have all the problems of developing the incentives for the manufacturers of those systems to adopt them, regulatory areas for things that have not existed before, which might be a long road, though there is authority to do this.

Rather than that, I think that the goal has to be to say what it is that we need to predict. Is a hospital functioning for trauma? Is a hospital functioning for stroke? Is a hospital functioning for infectious disease and disease related to a pandemic? And then, looking at how ADT data can help us predict that. Today, I do not believe you really need to know how many exact beds unless you are routing ambulances. What you need to know is whether somebody is at a yellow, red, or green type level of status, whether they can accept transfers, and how much capacity they have to deal with the emergency problems in the area.

So, again, if we simplify this by the ONC developing clear goals with those other parties, such as CDC, ASPR, or state and other jurisdictions, for situational awareness that have an all-hazards approach that indicate whether a facility is able to respond and how much reserve capacity it has, that would be better, and to do that with less precision than knowing the exact number of beds because I do not think that is actually knowable a lot of the time. In an emergency setting, you can put a bed in a hallway or you can convert an OR to an ICU if you need it. I could go on. But, the issue is really whether the hospital is in any status to help other people's problems. Is it doing fine on its own, but it cannot help other people, or is it over capacity in a particular setting? And, we need to think about how to relieve that issue, and I believe that is the core of situational awareness in this setting.

Carolyn Petersen
Thanks, Les. Let's go to Steve Hinrichs.

Steve Hinrichs
I wanted to endorse and expand on Steve Eichner's comment about address. It needs to be more than address, and that is no longer maybe the most effective way of identifying individuals or getting back to them. As you commented before, a cell phone number has now become the most permanent way of identifying and connecting with individuals, so it has to be more than address, and we should say "innovative" or something to that effect. Thank you.

Carolyn Petersen
Thank you. Bryant?

Bryant Thomas Karras
I was just going to comment that I think absolutely, ONC's authority may exist over those other systems beyond EHR/EMRs, but I am concerned that the levers, incentives, or influence need to really be explored. What mechanisms do we have to improve some of these systems that did not benefit from investment in meaningful use and promoting interoperability incentives, specifically those previously mentioned inventory systems, but even independent pharmacy systems and laboratory information management systems? Public health has gotten a lot of pushback from regional and smaller laboratories that did not have the capacity or capability to enhance their systems even to do HL7 reporting. We need to figure out how we can encourage them to do the right thing.

Carolyn Petersen
Thanks. Steven Lane?

Steven Lane
I just wanted to comment that when we talk about situational awareness, our primary focus is always on hospitals and acute care settings, but in a disaster situation, certainly, urgent care centers and primary care offices are going to have the ability to play a role in the response if indeed they are up and running, and if we knew something about their capacity, such as if they have oxygen, crash carts, or the ability to provide IV therapy, et cetera, so I do not think we should limit our thinking only to the acute care setting.

Carolyn Petersen
I do not see any other hands raised among the task force members. Are there other comments, or do we have any task force members who are just on the phone and have thoughts?

Bryant Thomas Karras
Do we need… A question is a reference to work with community, and I am wondering what… Now I have lost it on the page. I cannot remember which doc point that was under… Oh, in the opening introduction. What do we mean by "community"? Public health community, the clinical community, state, local?

Carolyn Petersen
I think in previous discussions or documents, there has been a reference to data from organizations that are in the community, so perhaps that is social service organizations, schools, or other entities that are not public health or clinical environments specifically, or that might be relevant data that can be used in a different number of ways. Did you have any additional thoughts, ONC, or any clarification for us?

Brett Andriesen
Sorry, I was coming off mute. No, I think that is all right. It is just something we need to narrow down and define a little bit more.

Carolyn Petersen
Thanks. I see Arien has raised his hand. Go ahead, please.

Arien Malec
Thank you. So, there is a little side chat on regulatory authority, and it caused me to remember that when the ISP Task Force interviewed stakeholders from the SANER Project that is working on standards for situational awareness, one of the clear callouts was lack of policy coordination, so I believe we should make recommendations for alignment of policy coordination and incentives. We have some regulatory levers that we are not using in some cases, and in other cases, the situational awareness requirements that are coming through ASPR may or may not be aligned with situational awareness for pandemic preparedness that are coming through CDC, and so, when we think about incentives and we think about requirements, we need to make sure that ONC is working with the secretary to align relevant policy requirements, granting programs, and regulatory requirements to create capabilities rather than, as we previously mentioned in public health, stovepiped preparedness for X, preparedness for natural disasters, preparedness for

bioterrorism, or preparedness for pandemic. We should really be thinking about capabilities with aligned policy incentives for situational awareness. Thank you.

Carolyn Petersen
Thanks. John Kansky?

John Kansky
Carolyn, I want to make sure I am not making my comment at the wrong time. I think you said that there were more recommendations on situational awareness data, or is this the end of that topic?

Carolyn Petersen
There are another few that we will pull up when we finish these. It seems a little easier if we can keep them on the screen so people can see them.

John Kansky
Yeah. Sorry, I have a comment about whether we want to formulate a recommendation on where we think ONC should focus on the sources of data for situational awareness, and I do not know if that is covered on the next page.

Carolyn Petersen
If it is not, we can certainly take your comments and use them as the basis to start one.

John Kansky
Yup. I will hold, thank you.

Carolyn Petersen
Okay. Denise Chrysler?

Denise Chrysler
Sure. I am not sure if it will belong here or another place, but recognizing the role of law, and if standards should be something that are implemented through legal requirements, through rulemaking, through executive orders, how that should happen, and I assume that is part of the emergency preparedness planning and preparedness work and the jurisdictions planning documents.

Carolyn Petersen
Thanks, Denise. Seeing that we have no other hands raised, I will ask ONC if we could scroll down to the remainder of the draft recommendations under situational awareness. There we go. And so, I will start by reading these. “ONC should coordinate with CDC to support states in establishing shared infrastructure for collecting situational awareness and public health data, and to support identified core public health data system functions. Infrastructure should exist at the local health department and/or through a centralized system such as HIE, APHL, AIM, and so forth.”

Second, “ONC should coordinate with EHR industry experts and CDC to identify core functionalities needed within EHR to support all data needs necessary to respond to a high-consequence public health threat. ONC should coordinate within HHS to identify ways to incentivize the implementation of these

functionalities." And finally, "ONC should explore the levers for incentivizing the reporting of situational data by hospitals. ONC should also explore certifying hospital-based technologies beyond EHRs. ONC should ensure that EHR certification includes functionalities required for public health operations and coordination of the health system among providers in place, including response to queries via FHIR and bulk FHIR and rapid deployment of POC decision support." So, there is a lot there. Go ahead and raise your hands, please, task force members, and we will start a discussion. Bryant, go ahead.

Bryant Thomas Karras
Thank you. I have made this comment before, but I am wondering if there is a way that we can clarify in this so that it starts to make its way into other ONC guidance or the implementation guides themselves. The use of optional components of standards has led to a lot of confusion amongst implementations from our clinical and vendor counterparts. Oftentimes, CSTE, CDC, and, formerly, ISDS would put forward recommendations, and because of varying laws from state to state, certain components would be designated as optional. In certain states, it was required to be reported, but in other states, it was not, so in the standard, it might be designated as optional. That becomes problematic when the interpretation of "optional" means that it does not have to be implemented or enabled in a given technology's function, thinking that it is at the discretion of the reporter whether it is optional or not as opposed to each individual state getting to designate which of the optional components are wanted or required in a given state. I hope that makes sense. Thank you.

Carolyn Petersen
Thanks, Bryant. Steve Eicher, go ahead.

Steven Eichner
Thank you. I **[inaudible] [00:35:00]** what Bryant said, and do support that as well. Looking at the first recommendation on the page, it may not be necessary to have data infrastructure at the local level. It would certainly be plausible to share that infrastructure at the state level for local health jurisdictions. I am not sure that the ownership of the hardware is critical. I think access to the data for the appropriate user, whether that be state or local health department or a different group of emergency responders. In Texas, we use trauma service areas to serve large portions of the state, so I think we need to be a little bit broader in our thinking about where infrastructure needs to be located. Obviously, the data needs to be accessible by the appropriate users, but where the infrastructure is situated may not be as critical.

Carolyn Petersen
Thanks, Steve. Do we have other comments from Public Health Task Force members? Please raise your hands. Go ahead, Denise.

Denise Love
Yes. I just wanted to agree with the last comment not to be too prescriptive where the hub is at the local level because each state or local jurisdiction has already some structures or partnerships in place that may be a logical centralized point and not at the local health department necessarily, so I think leaving that flexibility open is important.

Carolyn Petersen

Thanks, Denise. For the transcriptionist, that was Denise Love. Do we have other comments from task force members? It looks like we can move on to the next section. This is the section on individual engagement. We currently have one draft recommendation here. I will read that now. "ONC should work with appropriate HHS stakeholders to identify methods for providing more transparency regarding the collection and use of patient data. ONC should also work with OCR and CDC to establish more standard privacy guidance and to suggest standard individual-centric language and messaging." If you have comments, please raise your hands in Adobe. Go ahead, John Kansky.

John Kansky
This is John. It seems a little simplistic, maybe, but it seems like an important aspect of individual engagement is…I will use the word "marketing" the value of public health generally. I think the pandemic and the pandemic response has done a pretty good job of raising brand awareness, if you will, of public health, but I think on an ongoing basis, an important aspect of individual engagement is just ensuring that citizens understand the importance of public health, and I think that could affect participation in vaccination campaigns or how they react to information about how their information is gathered and used. Thank you.

Carolyn Petersen
Thanks, John. Les Lenert, please.

Leslie Lenert
Yes. I think we can strengthen this individual engagement recommendation by suggesting that the ONC work to **[inaudible] [00:39:23]** the appropriate stakeholders like CDC and others to ensure that patients and their family members have access to situational awareness data as events are evolving to allow them to better direct their own healthcare to facilities that are not over capacity.

Carolyn Petersen
Thanks, Les. Steve Eichner?

Steven Eichner
Yes. I think I have three points here. One, we should look at leveraging other data sources regarding patients on situational awareness needs, such as evacuation data or evacuation registration systems that are often implemented by public safety or other organizations where individuals with disabilities may register that they have electric-dependent tools or need assistance evacuating and those types of data that can inform situational awareness where it might not be currently linked in.

In the broader context, communications about patient privacy and data access need to be in plain and simple language. Rather than saying, "Your data may be shared for coordination of care," providing additional explanation about what that actually means. And, thirdly, looking at disclosures of data exchange, patients should be able to access their patient portal or other resource to identify all the disclosures made by one of their providers regarding their data, not just disclosures that are not payment/treatment operations. It should be perfectly reasonable for a patient to understand everywhere their data has been shared, and for what purpose. Given electronic health record systems, it should be relatively easy to track and report out where that sharing is occurring without placing an additional burden on providers. Thank you.

Carolyn Petersen
Thanks. Steven Lane, please?

Steven Lane
I want to echo what Steve Eichner just said. I do think that patient access to the data maintained in public health systems about them is a desirable goal, so I think going beyond the notion of what data was shared with what agencies at what time for what purpose, really, if you think about patients beyond emergency preparedness/emergency situational awareness, but just in general, thinking of public health as a data source to which individuals have access to their own data in the spirit of the information blocking rules, and public health today is not an actor under information blocking, but I could certainly imagine a desirable future state where it would be and where patients would have the ability to access data there as well.

Carolyn Petersen
Thanks, Steven. Arien, go ahead, please.

Arien Malec
Yeah. I just want to re-endorse this notion of the right of individual access or the right of patient access to data collected about them, and I think this can be expressed by contemplating a policy framework that applies the HIPAA right of individual access to public health data systems that collect personally identifiable information that would ordinarily be contained in the data set that applies for individual access.

Carolyn Petersen
Thanks, Arien. Bryant?

Bryant Thomas Karras
Thank you. This is a little bit of a different angle, but I think one of the comments we could do here in individual engagement is to identify that it is not just HHS that needs to be engaged with by ONC, the FCC could be brought into the recommended actions. In an effort to utilize contact tracing and case investigation, many jurisdictions in many states and locals across the country were met with difficulties in reaching individuals because the phone number systems or the text messaging systems were screened by individuals as spam or mass texting, oftentimes slowing or limiting the way that public health could engage with individuals, and perhaps there need to be specific callouts for public health's ability to utilize these infrastructures.

Carolyn Petersen
Thanks, Bryant. Are there other comments from task force members? Please raise your hands. I see Denise Love. Go ahead.

Denise Love
Yes, hi. This may be way out of scope…

Bryant Thomas Karras
Sorry, it is "FCC," not "FTC."

Denise Love

This may be way out of scope. It is just an idea that fired in my brain after my second cup of coffee. During weather events in a rural area where I spend time, we get these flash pushes, "Beware of fires in area," and I am just wondering if some sort of benchmarking or aggregation and pushing out to consumers…and, maybe this is happening in some areas that I am not aware of, but I think that also is another way to engage folks on a public health emergency that is accepted in other areas that we might want to think about or expand on.

Carolyn Petersen
Thanks, Denise. Other comments from task force members? Please raise your hand. Okay, seeing none, the next section in the document is immunizations, and we do not have any recommendations at that level yet, so I am going to suggest that we move past that and past the noncommunicable diseases to take a look at the lab and case reporting sections. That is an area where we do have some draft recommendations that we can talk about today and get feedback, and during the next week, you will be able to enter suggested draft recommendations about immunizations and noncommunicable diseases in the interest of time and trying to get through as much as we can efficiently.

So, with that, I will read the first six draft recommendations under lab and case reporting. No. 1, "CLIA and EHR certification authority to require the use of electronic orders, use CMS payment levers to require reportable data at the lab." No. 2, "ONC should work with ONC, CMS, and NVLAP to incentivize and/or require adoption of ONC ALT certification across all care settings, private, and commercial labs." No. 3, "CMS and ONC should work with NVLAP to require the adoption of ONC ALT certification that incorporates HL7 standards." No. 4, "ONC should work with CDC to standardize reporting requirements across states and jurisdictions to facilitate data sharing of lab reports through use of adopted standards." No. 5, "ONC should examine CLIA and EHR certification authority to require the use of electronic orders and use CMS payment levers to require core data elements as reportable data from labs." And, No. 6, "State and local health departments should consider how to leverage existing health IT standards to push clinical decision support to providers." So, I see Arien Malec has his hand up. Go ahead, please.

Arien Malec
Thank you. So, first of all, I think there is some duplication between Bullet 1 and Bullet 5, so we probably should align those. And then, we also should contemplate creating a single set of regulatory levers, meaning CMS, CLIA, and NVLAP, as the regulatory levers here. So, ONC has a certification program, NIST has a voluntary certification program, CLIA defines the regulatory requirements for labs, so we really should be thinking about those three as working in concert and conjunction, and every time we mention one, we probably should mention the other two. But, again, just to draw the breadcrumbs here for people who might be confused by this, the reason that we did not get contact tracing information in a public health context was that in many cases, the lab did not have the contact information even though the source EHR where the lab order was created did have that contact information, and it was not required to transfer from the EHR to the lab because we do not have standardized lab ordering standards even when such standards exist. Thank you.

Carolyn Petersen
Thanks, Arien. Bryant?

Bryant Thomas Karras

Hi. Just to follow up, I want to make sure that the clarification or recognition that the word "contact" in "contact tracing" than the word "contact" in "contact information" that needs to be included with the lab results. That can lead to some confusion in a report like this. My comment is one I wanted to bring to the task force's attention. Steve and I have been trying to gather input from states across the country on electronic laboratory reporting to come up with some recommendations from the field, if you will.

One of our challenges has been around reportable lab data, and with the use of the quotes around the word "reportable," I am wondering if we need to be clear. During this pandemic, negative laboratory results on COVID were made reportable so that public health agencies and our federal counterparts could have situational awareness on the percent positivity of labs that were being performed and have an understanding on whether or not laboratory testing capacity was being utilized across the country. I think there are better ways for us to ascertain that denominator than receiving every single lab. It puts an unnecessary strain on our infrastructure and systems that we may be able to come up with better ways to accomplish. I feel like ONC could be instrumental in determining how to accomplish that.

Carolyn Petersen
Thanks, Bryant.

Bryant Thomas Karras
Steve, did you have anything to add to that?

Carolyn Petersen
Go ahead.

Steve Hinrichs
I agree with where Bryant is going. I have a couple of other comments, but will wait my turn.

Carolyn Petersen
How about Steve Eichner?

Steven Eichner
I agree with what Bryant said. I do have a couple of other observations. One, while the immediate need may be on COVID-19 data, some of those measures are actually maybe applicable to other conditions, both going on now and for the future, so we want to make sure that our recommendations are not focused solely on COVID-19. At the same time, we are looking through the recommendations of looking at adoptions of standards. We also should include some measures or a recommendation regarding measuring success, and evaluation, and completeness so that there is a standardized or methodical way to measure what laboratories have successfully implemented the suggestions that we are making as well as their progress and the completeness, for example, of messages submitted so that we can do a better job of understanding what laboratories may have issues in completing reporting and work with them to resolve data gaps because right now, there is not a good set of standardized tools to get there. What Bryant suggested earlier was looking at determining things like what an appropriate denominator might be. Thank you.

Carolyn Petersen
Thanks, Steve. Let's go to Steve Hinrichs, please.

Steve Hinrichs
Yes. So, I think the first bullet is a very important topic, but I think it needs additional work or clarification. I am not quite sure what we mean by "require the use of electronic orders." Are we also talking orders and reports? And, I am not sure what we mean by "require reportable data at lab." So, again, we should be talking about electronic transfer of data or require reportability of laboratory results as determined by the state and/or CDC. We should give a little more clarity and be a little bit more innovative in what we are talking about there.

Carolyn Petersen
Do we have other comments from Public Health Task Force members? Please raise your hand, or if you are just on the phone, let me know that you would like to speak. Okay, it looks like we do not have any additional comments on this section. ONC, could you scroll down to bring us to the next grouping under lab and case reporting? So, here, we have three draft recommendations with a sub-point on the third. I will read those now.

First, "State and local health departments should consider how to leverage existing health IT standards to push clinical decision support to providers," second, "CDC and ONC should work to harmonize reporting requirements, rules, and capabilities across jurisdiction and states, including data elements, timeline for submission, and communication with providers," and then, "Adoption of standards: CMS and ONC should work to ensure demographic information is both collected and sent from clinical and lab LIS and reference labs to public health in a timely manner through standards adoptions. ONC should work within industry experts to develop provider and consumer education surrounding the collection of race and ethnicity data. ONC should certify EHRs, LIMS, public health data systems, and other relevant health IT systems on extant laboratory order and resulting standards, for example, LRI LOI, and CMS/CLIA should certify labs on conformance to standards."

The sub-bullet point here is that "EHR and EMR vendors need to elevate their testing and certification of the public health measures beyond the minimum to not only address structure, but also to validate content after system deployment." So, if you have thoughts, task force members, please raise your hands.

Steven Lane
Can you scroll up so we can see the top bullet? I see. It crosses the page.

Carolyn Petersen
While ONC is doing that, I will call on Steve Hinrichs, please. If we are not able to show both pages at once, can we move to the bottom of the previous page so the group can see that? There we go.

Steve Hinrichs
Can I just comment that I think the part about collection of demographic data is very important, but it needs to be separated from the issue of standards, or at least parallel, meaning it is very important that we collect the demographic data, but that is a different topic from then communicating or transporting it. So, that would be my comment, that we have clarify that particular issue.

Carolyn Petersen

Thank you. Steven Lane?

Steven Lane
I really want to emphasize the first bullet that you were at on the bottom of Page 8 about clinical decision support from public health to providers. We have a very nascent capability of this within the electronic case reporting methodology with the reportability response coming back. We have done hardly anything to leverage that capability. But, as a reporting provider myself, I think the idea of having a bidirectional dialogue where public health can provide me with input about things like antibiotic resistance patterns in my community and recommended treatments…

I am dealing with this right now with a couple I am caring for with tuberculosis, where there are a lot of phone calls, faxes, and things, and what we need is real-time bidirectional data exchange to support guidance, which is to say, decision support from public health back to treating providers in the community, be they in hospitals or ambulatory settings. We can leverage direct messaging; we should eventually be able to leverage FHIR, but I think that CDS component is a very important component as a part of this bidirectional data exchange we have been discussing.

Carolyn Petersen
Thanks, Steven. Steve Hinrichs, go ahead, please.

Steve Hinrichs
I just want to make sure to ask the question: Have we specifically identified somewhere in our recommendations what we believe to be the new minimum standard for data associated with a laboratory test order and report, meaning as it stands now with CLIA and CAP, for example, it is really only the individual name and/or second identifier? So, have we gone on to specify that, including what we are now talking about in terms of address, contact information, ordering physician, et cetera? Has that been put into our recommendations?

Carolyn Petersen
I will refer that to Brett and Brenda.

Brenda Akinnagbe
This is Brenda with ONC. No, we have not specified that in the recommendations, so that definitely seems like a great opportunity.

Steve Hinrichs
Very good. Thank you.

Carolyn Petersen
Thanks. Let's go to Steve Eichner.

Steven Eichner
Thank you. I do want to support what Bryant said earlier in chat about rules for CSTE and decision-making. I think that the recommendations need to be modified significantly to include state and public health jurisdictions beyond CDC making decisions. It is really vital that the data users and the data consumers

play a substantial role in determining what the data needs actually are on a consumption level rather than CDC or ONC specifying what public health needs to accomplish its business goals and complete its charges as directed by the state or local legislative bodies. Those are really decisions that are made at the state and local level, and they are really the driving force. There is a good opportunity for collaboration, but those decisions should not be made at a higher level. Otherwise, epidemiologists and care providers at the local level are not going to have the data that they need to accomplish the specific duties they got assigned in that.

Carolyn Petersen
Thanks. Additional comments from task force members? Please raise your hand.

Bryant Thomas Karras
I cannot get to the "raise hand" button, but can we add the word "CSTE" into that paragraph that was just being commented on? "CDC and ONC should include CSTE."

Steven Eichner
At least CSTE, if not others. I would be even broader than that from the amendment. This is Steve Eichner. Is that supportive, Bryant?

Bryant Thomas Karras
I think when our chair is back, she can most appropriately figure out how best to identify how to refer to…

Steven Eichner
Right, agreed.

Bryant Thomas Karras
Co-chair.

Carolyn Petersen
Do we have additional comments from task force members? One thing I see in this section is some reference to certification of public health data systems, and I do not see that there is a lot of comment on that yet. I am wondering if we can explore that a bit before we head to public comment for the policy recommendations. Go ahead, Les.

Leslie Lenert
So, in the past, CDC has required, as part of grant programs to states, the use or incorporation of certain standards in systems that were funded by grant programs, and I think that we have determined that that is insufficient, that the incorporation of standards does not necessarily mean that the system is capable of interoperability according to those standards. So, in this situation, I think that what is essential is to develop a certification process for public health data systems that is similar to what is applied for EHRs so that there is conformance testing and the ability to ascertain that a product from a vendor actually meets a certain interoperability standard.

Now, this is difficult because there has both not been a lot of funding in this area and a lot of mom-and-pop IT shops implement public health data systems, and so, this might pose some significant burdens on the

people who have existing systems to bring them up to a national standard. But, it would be essential to be able to move things forward because we cannot just name a standard because it is relevant… We have already shown that that does not mean much for interoperability.

Carolyn Petersen
Thanks, Les. Other thoughts from task force members relating to certification or any of these lab reporting topics? Steve Eichner, go ahead, please.

Steven Eichner
The other point I want to add as kind of a final note on the subject is looking at CDC and ONC supporting participation by public health in the development of data standards in a more active way.

Carolyn Petersen
Thanks. Are there any other thoughts on the section? What I see is that we have public comment coming up in about seven minutes and we need to stick fairly closely to the schedule, but I am also concerned about launching into the policy or health equity recommendations right now because I think those will be longer discussions than we can cover in seven minutes, so I am just trying to be sure we have covered everything in these sections today that we wanted to before we move past them next week. So, we have looked at situational awareness data. We have quite a lot of feedback there. And then, here is some work on lab and case reporting and individual engagement. I am wondering if we have specific thoughts about any of these topics, in particular the certification criteria that we might want to recommend, and I see Bryant has his hand up. Go ahead, please.

Bryant Thomas Karras
If you could scroll up just a little bit in the document, I think earlier in this section, there was…a reference to the creation of share systems. I think there was perhaps a typo in the report. But, are we recommending a shared and single platform or a shared capability that can be replicated across states and local health jurisdictions? I am not seeing where it was in the document. I will have to go back and add these wordsmithing suggestions. I just want to make sure that we do not inadvertently make a recommendation that we did not intend.

Carolyn Petersen
And, just to put a little clarity around the schedule, our intention at next week's meeting on June 24 is to finish our once-through of all these draft recommendations, so we will get to the health policy and health equity sections, and then, whatever else is relevant for this kind of a level. And then, at the July 1st and July 8th meetings, the goal is to go through everything, looking at comments and trying to finalize the recommendations in the format we want them to provide to the national coordinator. So, we will be working specifically with recommendations through the next three meetings, and of course, Brett and Brenda will be providing the links to these documents and giving us some further advice about how to use them to ensure that everyone is able to go in and make your commentary and suggestions. I see Steve Eichner's hand is up. Go ahead, please.

Steven Eichner
One other component is looking at timing of implementation of recommendations and technology changes, both in terms of looking at federal financial support and state and local jurisdictions' ability and timeframes

to implement projects, especially if their funding matches require that our **[inaudible] [01:12:33]** cycles may not support incredibly quick, fast implementations of large technology projects, and that approvals from state and local legislatures may be required to advance certain efforts, and taking that into account is critical as we are implementing timeframes so that all votes can be floated simultaneously and the hard work that providers may be doing implementing new standards and technologies can also be supported on the receiving end. It does no good to raise only half the votes.

Carolyn Petersen
Thanks. Additional comments? Okay, seeing no hands raised, we are two minutes ahead for public comment. Are we able to go to that now, Mike?

Public Comment (01:14:00)

Michael Berry
Yes, we can, Carolyn. Operator, can we open up the line for public comment?

Operator
Yes. If you would like to make a public comment, please press *1 on your telephone keypad. A confirmation tone will indicate your line is in the queue. You may press *2 if you would like to remove your comment from the queue, and for participants using speaker equipment, it may be necessary to pick up your handset before pressing *. One moment while we poll for comments. There are no comments at this time.

Michael Berry
Okay, thank you very much. Carolyn?

Next Steps/Final Remarks (01:14:42)

Carolyn Petersen
Great, thanks, Mike. So, I think at this point, I will pass the mic to Brett and Brenda to give us some general information about the different documents, and where they are, and how they are looking for us to use those so that we will be able to review a slate of recommendations and finalize those coming up in the next few weeks. So, go ahead, Brett and Brenda.

Brenda Akinnagbe
Hi, Carolyn. Yeah, so, I wanted to let the group know that as part of our next steps, we will be sending out the final survey this week. Now, to make sure that we are able to stick to the schedule that Carolyn outlined earlier where we are really focusing on the recommendations, you will notice that this survey is a bit longer than previous surveys we have sent out. Some of the topics covered in the survey will include immunizations, which we now know we do not have recommendations for quite yet, and we will be able to draw some of those out from the survey, as well as medical countermeasures, and if possible, also digging into certification criteria. So, given that it is a much longer survey than what we are used to seeing in the previous surveys, please feel free to only focus on the questions that are relevant to you or that you feel inspired to speak to.

Now, typically, we do have an earlier deadline, but we are asking to have the surveys back by Tuesday if possible, but given that it is longer, we will be open to extending that deadline for the surveys to be returned

to us by the date of our next meeting on June 24th, but of course, earlier would be better, but again, we will have a little more flexibility this time. Also, what we are hoping to do within the next week or so is to have Carolyn and Janet start reaching out to specific members to take on refining specific recommendations. Additionally, if you are interested in refining specific topics, please reach out to me and Brett so that we can start tracking who would like to take on specific topics and recommendations for further refinement. And, with that, I will hand it off to Brett so he can tell us a little more about the documents that we are working with at this point.

Brett Andriesen
Thanks, Brenda. Great overview there. Hi, everyone. So, as the group knows, we have been asking you to complete answers to survey questions through SurveyMonkey. We have been compiling those, and have been and will continue to send out the full responses to the task force for those materials so everyone can take a look at those and to help us form discussions. The ONC team has been reviewing those, pulling out key themes and some draft recommendations into the crosswalk, and then, from that crosswalk, we have been most recently pulling those recommendations into the final report format for us to start to prepare the final report for the recommendations. I believe we will be using that as the main place to be refining the recommendations and wordsmithing those from here on out, but Brenda, feel free to correct me if we are still going to be using the crosswalk for items as well.

So, in terms of where those are located, the SurveyMonkey summary Excel documents have been provided to task force members, but I think it would be helpful for us to also include those in the Google Drive folder where the crosswalk has historically been and where we will also be included this recommendations report version as well. In terms of making edits and refinements, we will be using the comment-only function for that so that we can make sure that everyone's voice is heard and that there is not an opportunity for things to be deleted or removed without consensus. I know there were some questions and comments around alternative means of access. When those links are provided, if you do want us to send any resource in a direct document version to email to task force members, we can certainly do that as well.

Carolyn Petersen
Thanks, Brett and Brenda. Task force members, do you have any questions? I want to be sure that we are all on the same page, and I know we have had quite a lot of documents, surveys, and links, so please, let's be sure we get all the clarification we need so we can proceed effectively and productively. Okay. Well, seeing no hands and hearing no questions from anyone, I would just ask that if thoughts or questions do come up after this conference call, please email Janet and me or our ONC partners, and we will work to answer those questions for you. I want to thank everyone for dedicating time today. I know it has been a particularly challenging week for folks working in public health with the CSTE meeting, and we really appreciate your coming today and sharing your perspective. It is a very important part of the recommendation drafting process. We are really grateful for your feedback. With that, I will pass the mic to Mike Berry for any last comments or information for us. Thank you.

Michael Berry
Great. Thank you, Carolyn. I appreciate that. I just want to pass along my thanks to the task force and the public for joining us today. We will reconvene next Thursday at 10:30 a.m. Eastern time for our next task force meeting. So, thank you, everyone, for joining us today, and we will see you next week.

Adjourn (01:20:57)