Health Information Technology Advisory Committee

Public Health Data Systems Task Force 2022 Meeting

Meeting Note | November 2, 2022, 10 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 held via the chat feature in Zoom Webinar.

Agenda

10:00 AM	Call to Order/Roll Call
10:05 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 2, 2022, meeting to order at 10:01 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
Leslie (Les) Lenert, Medical University of South Carolina
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, Elevance Health

MEMBERS NOT IN ATTENDANCE

Heather Cooks-Sinclair, Austin Public Health
Charles Cross, Indian Health Service
Jim Jirjis, HCA Healthcare
Jennifer Layden, CDC
Hung S. Luu, Children's Health

ONC STAFF

Mike Berry, Designated Federal Officer
Brenda Akinnagbe, Program Staff
Liz Turi, Program Staff

Key Specific Points of Discussion

Topic: Opening Remarks

Gillian Haney and Arien Malec, PHDS TF 2022 co-chairs, welcomed everyone. Arien reviewed the agenda for the meeting, noting that the TF extended the current and next meetings in order to finalize all work prior to the presentation to the HITAC at its November 10, 2022, meeting.

He described a letter that was shared with the PHDS TF as a public comment via email to all members. It was cosigned by the Council of State and Territorial Epidemiologists (CSTE), the Association of State and Territorial Health Officials (ASTHO), and the Association of Public Health Laboratories (APHL). He discussed the response that ONC crafted and shared. Gillian encouraged the TF to review the letter and suggested that they use some of the language and/or recommendations in their transmittal.

Topic: Draft Disposition Working Document

Arien described PHDS TF 2022 process for drafting the transmittal and explained that will be presented to the HITAC for a vote at the November 10, 2022, meeting. Then, pending the HITAC vote, it will be forwarded to the National Coordinator for Health IT. The TF used a working spreadsheet document to create a recommendations document and transmittal letter.

Arien invited TF members to review and comment on the TF's draft disposition working document and provided an overview of its sections, including a table of contents, introduction, background, general recommendations, recommendations on new standards, implementation guidance (IG) and certification criteria, and recommendations related to each of the (f) Criteria. He explained that the recommendations in the disposition temporarily referenced the lines from the TF's working spreadsheet document that were used to create each one (e.g., "from line 10"); this information will be removed following TF review of the document.

The co-chairs shared the draft transmittal document for TF members review and facilitated a discussion. Arien encouraged TF members and public attendees to share feedback via the public chat feature in Zoom.

Discussion:

- Arien reviewed the introduction section of the document and suggested adding information about the major accomplishments of and important themes related to public health data systems (e.g., public health data systems and surveillance systems working better than expected during the COVID-19 pandemic, electronic case reporting (eCR) replacing paper-based systems, focus on health equity by design going forward).
- The PHDS TF reviewed the preamble section of its disposition document and its overarching recommendations. TF members were encouraged to add any preamble and/or explanatory text to the recommendations throughout the document.
    - Arien commented on the use of phrasing that echoes language from the 21st Century Cures Act (the Cures Act). Gillian added that the TF wanted to emphasize the ability to receive actionable information and to give a response.
    - Ike stated that the introduction section was purposely focused on the interoperability functions of public health data systems and the certification of the ability to receive/enter that initial processing of data. Arien agreed and described the language he and Ike used to emphasize their points. Ike's main focus was that the TF is not suggesting the certification of public health systems or public health authorities; Arien's main focus was that public health systems need to not only receive data efficiently and effectively but also that the data must be useful for the mission of public health authorities. Ike responded that public health a more diverse mission within the overall concept of improving health and suggested that the TF not trying to define the mission statement. Arien agreed, noting that the TF is also not advocating for the certification of functions or activities of data systems or public health authorities, themselves.
    - TF members discussed the specific wording of the preamble section, and Gillian suggested incorporating some of the wording from Recommendation 7 (in Overarching section). They added language reflecting that the intent of the TF is not to recommend certification on behavioral functions of public health data systems outside of interoperability functions or certification on the activities of public health authorities. Bryant suggested adding a point that significant partnership is necessary to achieve certification, and Hans emphasized that the language of the preamble must reflect that certification is done on the activities of public health authorities.
    - Ike, Gillian, and Steven shared a variety of small wordsmithing suggestions as Arien reviewed the bullets in the preamble section. Liz noted the updates in the document text. Arien explained that many commonly used terms were defined within the preamble.
- Arien reviewed the General Recommendations section and noted that the numbering of the recommendations had yet to be updated (e.g., list began with Recommendation 7). TF members discussed the recommendations and submitted feedback.
    - Gillian presented an overarching question regarding the TF's recommendations and asked if the TF's charge limited their recommendations beyond those on the (f) Criteria or if they would encompass the Situation Awareness for Novel Epidemic Response Project (SANER Project), Vital Records, and other topics. Arien responded that any topics outside the (f) Criteria were explicitly called out within the TF's recommendations.
    - Recommendation 7 (aka item 43 on the spreadsheet): Arien suggested mirroring the language from the Cures Act and described edits he, Gillian, and Ike made to the sub-bullets of the recommendation. Arien emphasized the point that the data must be effective and should be used efficiently by public health; he shared alternative language, which Liz captured within the draft disposition document. Bryant suggested removing "other relevant stakeholders" from the recommendation, which he stated implies that public health authorities are stakeholders. Arien responded that there are other stakeholders who have a relevant interest in ONC's work, including partner agencies and organizations; this language refers to

them. Bryant commented that public health authorities have a greater role than simply "stakeholders," and TF members discussed the language of the recommendation. The TF agreed to continue to fully spell out "public health authority" instead of using "PHA."

- Recommendation 1 (aka item 5 on the spreadsheet): Gillian shared her recent edits to the recommendation, and Arien commented that the TF should ensure the clarity of the certification requirements, even though the programmatics are out-of-scope.
- Recommendation 2 (aka item 9 on the spreadsheet): Gillian commented that she updated the language to refer to the standard code and value sets. She asked if the recommendation should be broadened beyond patient matching to include mentions of LOINC and SNOMED and if the recommendation should be split into two. Arien agreed, and Gillian offered to update the recommendation during offline work.
- Recommendation 3 (aka item 42 on the spreadsheet): Gillian and Arien discussed the wording of the recommendation, and Liz captured their suggestions in the disposition document. Gillian clarified that the recommendation refers to the timely ingestion of value sets, not the timely updating of value sets by public health. Arien discussed how to refer to the Federal partners and authorities/stakeholders that the TF recommended ONC should engage. Bryant discussed why and for how long the value sets were outdated and asked which elements of the problem were in-scope for the TF to review. Hans described how certification applies to systems and how the operating rules are deployed to keep systems up to date. Bryant asked if ONC could have a service level agreement with state agencies, and Arien responded that they could not; the relevant partners being referred to in the recommendation may include the CDC, the Clinical Laboratory Improvement Amendments (CLIA), the Centers for Medicare & Medicaid Services (CMS), and other Federal partners. Hans suggested adding language that the TF encourages provider organizations and public health authorities to validate operating rules, and TF members agreed.
- Recommendation 4 (aka item 15 on spreadsheet): Arien described the edits he made to this section. Steven asked if the reference to the United States Core Data for Interoperability (USCDI) refers to the latest version released or the latest version that has gone through ONC's Standards Version Advancement Process (SVAP). TF members agreed that it should be the version that has been through the SVAP. Gillian and Arien provided clarifications to the intent of the sub-recommendations and discussed how to address issues with the level of granularity in the interoperability specifications. TF members discussed clarifications to the text, which was updated in real-time. Arien noted that a final sub-recommendation that any change must be reflected across all government program utilizing standards related to race/ethnicity data was struck from this section, as it was out-of-scope for the PHDS TF. Gillian asked if a reference could be added to the preamble to draw attention to the issue, and the Arien agreed that the TF could share this feedback, while noting that it is out-of-scope.
- Recommendation 10 (aka item 73 on the spreadsheet): The TF reviewed edits and agreed to accept the recommendation.
- Recommendation 5 (aka item 10 on the spreadsheet): Arien elaborated on the edits he made on the recommendation, which was based on comments Hans submitted. He described the intent of the recommendation, and Hans noted that the TF should clarify the differences between the roles of the USCDI (aligning on the data definitions and vocabulary) and the data flows (finding optimal subsets of USCDI and workflows). Arien suggested that the TF keep the text as it is.

- TF members reviewed the Recommendations on New Standards, Implementation Guidance, and Certification Criteria section and discussed/submitted feedback on the recommendations. The TF discussed the official language to refer to the efficient and effective use of data.
    - Recommendation 1 (aka item 1a on the spreadsheet): The TF agreed to move forward with the recommendation and briefly reviewed the edits and comments made by Ike on the text.

Liz added a note to refer include language referring to systems that have not yet been certified, such as inventory management. TF members discussed the progress of the certification and the development of the SANER IG.

- Recommendation 2 (aka item 1b on the spreadsheet): TF members discussed the recommendation, noting that it separated vital health statistics from other topics. Ike described the reasoning behind the language of the recommendation and noted that there are limits around who can access this information (in the data class Vital Statistics) and for what purposes. Erin asked if it also referred to standards for birth and death reporting or the entire continuum around communicating vital statistics data. Arien stated that this recommendation refers to when birth/death data are recorded in electronic health records (EHRs). Ike asked if they needed to add any related recommendations from the Adopted Standards Task Force (AS TF), which was convened earlier in 2022, but Arien stated that the AS TF 2022 recommendations were incorporated elsewhere in the document. Bryant suggested splitting the recommendation into separate paragraphs/recommendations that reference vital records, birth certificates, and newborn screenings individually, and other TF members agreed.
- Recommendation 4 (aka item 44 on the spreadsheet): Arien reviewed the comments TF members left on the recommendation. Ike asked what this recommendation is testing, specifically, and Arien responded that this recommendation is for public health to use the Trusted Exchange Framework (TEF) to query data. TF members discussed what would be certified, according to this recommendation; they recommended that the qualified health information networks (QHINs) participants and sub-participants should be certified, as they will address queries from public health. Ike asked what happens if public health is not connected to a QHIN, and Arien responded that if you are connected to the TEF, you use a QHIN. He suggested that QHINs could be created to address the specific needs of public health. TF members discussed the wording of the recommendations, and Liz updated the text in the document. Gillian shared an objection to the third paragraph and stated that there is no proof that Fast Healthcare Interoperability Resources (FHIR) will work for public health. She raised concerns about all of the elements in the paragraph. Arien shared the thought process he used to create the recommendation around the concept of the HIPAA requirements for the Minimum Necessary but agreed that the entire paragraph could be removed. Steven, Gillian, Hans, Bryant, and Ike agreed that the recommendation could remain, pending some rewording; they shared wordsmithing suggestions, which were captured in the document.
- Recommendations that did not have TF members comments were accepted and not discussed.
- Recommendation 15 (aka item 88 on the spreadsheet): TF members updated the wording of the recommendation to reflect more universally understood acronyms. Gillian asked if Long Term Post Acute Care (LTPAC) includes nursing homes, and Arien responded that LTPAC includes nursing facilities, step down units, and more.
- Recommendation 18 (aka item 68 on the spreadsheet): Ike recommended removing this recommendation, as privacy in public health is framed by state law. Bryant and Arien discussed how the opt in/opt out process for immunization information systems (IIS) varies by jurisdiction. Gillian added that sharing also occurs with federal partners. Ike suggested including examples of the data that are involved beyond immunizations (lab data, lab data sharing). TF members agreed to keep the recommendation, pending wordsmithing.

- The TF reviewed and discussed recommendations related to the (f)(1) Criteria: Transmission to Immunization Registries.
    - Recommendation 1 (aka item 2 from the spreadsheet): the TF had no objectives to keep this recommendation as it was written.
    - Recommendation 2 (aka item 3a from the spreadsheet): Arien described the recommendation and explained that the term HIMSS-AIRA-IIP (Health Information Management System Society-American Immunization Registry Association-Immunization Integration Program) came from the published ONC test methods. Bryant asked if the TF must specify that certification does not address the transport mechanism on the clinical side, but Arien explained that this information was specified in Recommendation 1.
    - Several recommendations were deleted because they were either duplicative or out-of-scope, and TF members were encouraged to review them to ensure that nothing of value was accidentally removed.
    - Recommendation 4 (aka item 4 from the spreadsheet): The TF agreed to keep this recommendation.
    - Recommendation 6 (aka item 11 from the spreadsheet): The TF reviewed the recommendation that data that is received in an immunization query response is incorporated in the EHR in the patient record with no special effort. TF members discussed the intent of the recommendation and agreed to move forward.
    - Recommendation 9 (aka item 45 from the spreadsheet): The TF agreed to keep this recommendation.
    - Recommendation 10 (aka item 46 from the spreadsheet): Gillian asked why the Association of Public Health Laboratories (APHL) was included in the recommendation. Stephen commented that APHL administers the data use agreement with the IZ Gateway, so Arien suggested removing the mention of the APHL.
    - Recommendation 11 (aka item 75 from the spreadsheet): The TF agreed with the intent of the recommendation but noted that it was out-of-scope. Arien stated that an overarching recommendation already supported the transmission of data for patient matching, but several TF members commented that the focus of this recommendation was different. Joe asked for clarification of the scope of the PHDS TF. Ike supported removing this recommendation, while other TF members discussed its intent and whether specific topics had already been addressed under other recommendations and sections.
- The TF reviewed and discussed recommendations related to the (f)(2) Criteria: Syndromic Surveillance.
    - Recommendation 0: Ike suggested that an additional focal point should be the certification component. TF members discussed whether modular certification is being used and determined that the recommendation should indicate that certification may be available but not being used. It should also indicate that ONC should consider the appropriate incentive to certify and adopt certified technology. TF members discussed policy outcomes and how ONC could incentivize certification if the specific actions/recommendations are out-of-scope for the TF.

- Recommendation 1 (aka item 12 on the spreadsheet): Arien invited TF members to review and discuss this recommendation, as it was still in the form of a rough draft. Hans emphasized the need to clearly distinguish between flows (deidentified and identifiable) and different approaches; he explained that this recommendation is looking for opportunities to align and optimize data flows and to identify challenges. Gillian asked for clarification, and Arien descried how syndromic surveillance flows can be used at the jurisdictional level to better address non-traditional issues. Bryant commented that these uses of syndromic surveillance are in the IG. TF members determined that it would easier to delete the recommendation, due to conflicting their viewpoints.
- The TF deleted several recommendations from this section due to their conflicting viewpoints on the topics/their relevance to the TF's charge.
- Recommendation 4: TF members reviewed Erin's comments and determined that they were addressed in the overarching recommendations (above). Erin commented that the TF is attempting to establish floors through its recommendations but noted that, at some point, new floors will also need to be created. The TF decided to move forward with the recommendations and to remove the TF member comments.

- The TF reviewed and discussed recommendations related to the (f)(3) Criteria: Transmission to public health agencies – reportable laboratory tests and value/results. This section will be reordered, pending editing/wordsmithing.
  - Recommendation 1 (aka item 53 from the spreadsheet): Arien explained that the intent for this section was to address cases where clinical electronic laboratory reporting (ELR) information is being added where electronic case reporting (eCR) has been deployed; in this situation, eCR is the appropriate mechanism for publishing the clinical context and ELR should be focused on the results. He highlighted previous TF member comments about who should capture data and report accordingly. However, Erin expressed concerns that this section would detract from other recommendations (e.g., getting full patient demographic information from labs in the initial report). Arien responded that the TF has specifically called out the need to get demographic and contact information. Joe commented that the TF should not delineate eCR from ELR in public health data systems; he would support this recommendation only after eCR is more widely available for public health at the local level. Bryant commented that the recommendation would not be feasible today, but Hans and Arien stated that the TF is proposing a new floor that includes eCR. Erin agreed that eCR should contain this information, not laboratory information management systems (LIMS). The TF agreed to do additional wordsmithing on this recommendation and to add a preamble.
  - Recommendation 2 (item 54 from the spreadsheet): The TF decided to delete this recommendation.
  - Recommendation 3 (item 55 from the spreadsheet): The TF decided to move this to the overarching recommendations or to consider deleting it.
  - Recommendation 4 (aka item 77 from the spreadsheet): Arien explained that the recommendation advocated for a "baseline" and a "target," which replaced "standard" and "advanced." Erin agreed with this change but asked if the TF must specify the STU version for the value set companion guide. Hans and Arien described the related overarching recommendations.
  - Recommendation 5 (aka item 66 from the spreadsheet): The TF decided to move forward with this recommendation.

- Recommendation 6 (aka item 78 from the spreadsheet): The TF included a reference to the HL7 Version 2.5.1: IG: Laboratory Results Interface, Release 1, STU 4 US Realm. Bryant expressed concern that modular implementers will only read the recommendations that apply to their system and will not review the recommendations from the preamble. Gillian and Ike submitted wordsmithing suggestions to more clearly refer to CLIA labs and CLIA-waived labs.
- Recommendation 7 (aka item 79 from the spreadsheet): Arien suggested deleting this recommendation, but Erin commented that its intent was to align existing certifications for ELR for hospitals to public health. TF members described the existing workflows, and Erin commented that the existing certification program requirements for ELR must be updated to reflect the existing conditions. Ike added that updating the requirements for existing programs would benefit hospital labs. The TF adding similar wording around baseline/target.
- Recommendation 8 (aka item 80 from the spreadsheet): TF members agreed to move forward with the first part of this recommendation and updated wording to reference the latest versions of the IGs and companion guides. In reference to the second sub-recommendation, Gillian explained that many public health data systems still have web entry for test orders and will continue to do so. Arien invited others to comment on how this certification would work. Ike explained that it would replicate the ability to take data in and successfully (consistent with the IG) and added that it benefits smaller providers and ensures that all data flows to public health. The TF decided to break it into a separate recommendation that, where web entry is used, the systems should be certified to the appropriate certification criteria.
- Recommendation 9 (aka item 81 from the spreadsheet): TF members emphasized the importance of this recommendation and updated the versions of the IGs.

- The TF reviewed and discussed the recommendation related to the (f)(4) Criteria: Transmission to cancer registries.
  - Recommendation 16 (aka item 20 from the spreadsheet): The TF discussed whether the public health cancer registry IG (as it currently stands) is sufficient for use and is widely adopted/used for cancer registries. Erin responded that the cancer registry in Tennessee is using the eCR and laboratory related interfaces, as well as work on the creation of FHIR-based standards by the MedMorph project. Arien proposed adding an alignment with being done by MedMorph and the Observational Medical Outcomes Partnership (OMOP) to better support cancer registries. Ike will confirm the program used by Texas. Bryant and Arien described historic difficulties driving adoption of this criteria.
- The TF reviewed and discussed recommendations related to the (f)(5) - Transmission to public health agencies - electronic case reporting (eCR).
  - Recommendation 2 (aka items 40, 48 from the spreadsheet): The TF agreed to move forward with the recommendation but reordered it to be first in this section. They added a reference to the reportability response.
  - Recommendation 1 (aka item 25 from the spreadsheet): Erin commented that an organization directory is needed for public health across the board, and TF members suggested that ONC work with the CDC, CMS, state Medicaid agencies, RCE, and other public health authorities and their partner organizations to avoid duplicating directories used for the same purpose.
  - The TF deleted Recommendations 3, 4, and 6 due to duplication of recommendations (earlier in document).
  - Recommendation 5 (aka item 22 from the spreadsheet): The TF updated the wording and agreed to move forward with the recommendation.

- Recommendation 7 (aka item 82 from the spreadsheet): The TF deleted the mention of the specific standard and agreed to move forward with the recommendation.
- Recommendation 8 (aka item 83 from the spreadsheet): The TF updated the version of the IG listed in the recommendation. Arien explained that there are two foundational recommendations for eCR. The first is to update existing certifications for EHR to explicitly certify to eCR. Then, they will recommend certifying to both transmit and to receive the reportability response. The TF decided to incorporate this recommendation into an earlier recommendation.

Next Steps

Homework for the final PHDS TF Meeting:

- The ONC team and PHDS TF co-chairs will clean up the text and will prepare a clean copy for presentation to the TF at the meeting.
- TF members will come prepared to finalize the document in advance of the TF's presentation to the HITAC at its November 10, 2022, meeting.

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 shortly. Please remember to tag "Everyone" when using the Zoom chat.

Gillian Haney: sorry all - I have covid (on the mend thankfully) and will not be on camera. thanks to Arien for doing most of the driving today.

Jamie Pina: Sorry to hear it Gillian, I hope your recovery is swift!

Jamie Pina: The letter Arien referred to was signed by CSTE, ASTHO, and APHL.

Erin Holt: Good addition Abby.

Rachel Abbey: ONC will make sure to replace the term "stakeholder" throughout the document.

Erin Holt: maybe other partners?

Bryant Karras: if others are important we should list them

Noam Arzt: Maybe the SLA only is for the PROVIDER of the value sets. You can bring a horse to water...

Vivian Singletary: Thank you Liz for that explanation

Noam Arzt: "Privacy/consent management infrastructure" is a tall order!

Vivian Singletary: I cannot hear you Bryant

Bryant Karras: If this is in overarching it implies all F... we need to specify it may NOT be applicable to all

Hans Buitendijk: @Bryant: Privacy/consent policies/directives vary by jurisdiction, inclusive of al the same, all different, and something in-between depending on the f criteria.

Noam Arzt: Yes, it does

Rachel Abbey: yes it does

Noam Arzt: IZ GW is deployed on the AIMS platform

Rachel Abbey: @Noam thank you for clarifying.

Steven Lane: I think that it is important that we make recommendations that drive us in the direction that will truly improve provider-public health interoperability and not water down our guidance based on concerns on the part of public health regarding the challenges that they will face taking full advantage of the Interoperability functionality that they may obtain.

Noam Arzt: This one sounds like policy to me...

Steven Lane: Need to drop early. Looking forward to the next meeting,

Noam Arzt: So this one wants to further delineate ELR from eCR (if I read this right), when the previous one seemed to want to bring SS closer to all this. Seems inconsistent, but maybe I just don't get it.

Noam Arzt: Is it appropriate to cite specific standards in this document?

Hans Buitendijk: I have to jump. Back on next meeting. Thank you!

Bryant Karras: do we need to specify what cert program?

Noam Arzt: Well, "the latest" can be confusing, too. Cert is using HL7 v2.5 but HL7 itself has moved beyond that and defined newer standards which are essentially unused in the US. So what is the "latest"?

Erin Holt: Latest of that published guide within its life cycle

Noam Arzt: Oh, you mean just the release number...

Erin Holt: Yes. Im *[sic]* thinking that for that IG in particular that could be problematic as Hans mentioned. There may be a better way of doing this, just trying to cover the bases.

Noam Arzt: On recomm *[sic]* 9 next, wouldn't a LIMS be accommodated as a CEHRT module if it was to be used to meet a Program requirement?

Noam Arzt: Hans dropped

Noam Arzt: RR comes from RCKMS, not STLT agency

Noam Arzt: Just receive RR, or receive AND absorb/process?

Noam Arzt: Does ONC have jurisdiction over "certification" of PH data systems? Is that in scope of the CARES Act and other legislation?

Noam Arzt: Is there an additional meeting beyond 11/9?

Arien Malec: @Noam — certification authority is broad.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

PHDS TF 2022 Webpage
PHDS TF – November 2, 2022 Meeting Webpage
PHDS TF – November 2, 2022 Meeting Agenda
PHDS TF – November 2, 2022 Meeting Slides
HITAC Calendar Webpage

Meeting Schedule and Adjournment

Arien and Gillian thanked everyone for their participation and summarized key achievements from the current meeting.

Following the public meeting, the co-chairs announced that an extra meeting will be held on Monday, November 7, 2022, from 10:30 AM to 12:30 PM to finalize the recommendations prior to completing the report to the HITAC. The co-chairs recognized that not all TF members will be able to join, but encouraged everyone to do so, if possible. The TF will keep the November 9, 2022, meeting on the calendar but may cancel it if they complete all work on November 7. The TF co-chairs will present to the HITAC at its November 10, 2022, meeting.

The meeting was adjourned at 12:31 PM ET.