

April 1, 2015

Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue SW
Suite 729-D
Washington, DC 20201

Submitted electronically at:

<http://www.healthit.gov/policy-researchers-implementers/interoperability-roadmap-public-comments>

Attention: Public Comment on Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0

Dear Office of the National Coordinator for Health IT:

The Association of State and Territorial Health Officials (ASTHO) is pleased to submit comments on the *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0* (henceforth “the Roadmap”). ASTHO is the national non-profit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as the 100,000 public health professionals these agencies employ. ASTHO’s members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice. ASTHO and its members work to strengthen and improve the nation’s public health capacity through focus on health protection, health promotion, and health system transformation.

ASTHO supports the overall goals and objectives of the Roadmap and ONC’s approach to realize the 10-year interoperable health IT systems and learning health system vision that was outlined in *Connecting Health and Care for the Nation*. ASTHO’s members at state health agencies are increasingly addressing interoperability as they keep pace with local information exchange needs, policies, and system capabilities, as well as national initiatives such as the Medicare and Medicaid EHR Incentive Programs. ASTHO’s comments are thus informed by the experiences of our members, as well as ASTHO’s engagement with the Joint Public Health Informatics Taskforce and other national workgroups and activities dedicated to informatics and the learning health system.

ASTHO supports the Roadmap’s recognition of the role of public health in a learning health system as part of an interoperable health IT ecosystem. ASTHO applauds the Roadmap’s acknowledgement that interoperability affects “information sources and information users well beyond clinical information derived from electronic health records (EHRs)” (p. 10). This is certainly true for public health agencies, which generate, collect, use, and disseminate data that are essential to outbreak detection and management, emergency preparedness and response, protecting school health, maintaining food and drug safety, conducting population based surveys, and in providing individuals and policy makers with vital information and statistics. However, the Roadmap could do more to recognize the role of public health as care providers and payers, not just data collectors and users. Public health is not explicitly

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listed as a provider in the care continuum (p. 17), but doing so would underscore the many roles of public health in the learning health system as clinical care provider, exchange partner, and data analyst.

ASTHO supports the three foundational governance principles of policy, operations, and standards. The Roadmap requests recommendations on how to “best recognize and support the industry-led governance effort” (p. 6). It is unclear if “industry-led” includes public health. ASTHO recommends that the governance body include representation from governmental public health at the state, local, tribal, and federal levels, as well as non-governmental public health associations with technical and policy expertise. As an essential element of the learning health system, governmental public health should be involved at all stages of governance, from initial creation to implementation and long-term revisions and maintenance. This is critical to ensure that the standards and policies reflect the constraints, concerns, and needs of public health agencies, which are at the front lines of national efforts to build electronic health data exchanges for population health. In addition to public health, ASTHO encourages ONC to engage with community partners such as federally qualified health centers and safety net providers to ensure that the needs of uninsured and under-insured populations are included in the learning health system.

ASTHO recognizes the critical role of standards to enable secure, interoperable health information across the learning health system. To that end, ASTHO supports a common, clearly defined clinical data set. ASTHO encourages ONC to harmonize the Common Clinical Data Set outlined on pages 12 and 80 with the data elements recommended for matching purposes on page 93. This combined data set would be further improved through clarification of the sex vs. gender data elements and addition of pregnancy status, which is a key data element for public health purposes.

ASTHO supports the call for state governments to use policy levers to encourage interoperability and to address variability in laws pertaining to health information use and sharing across jurisdictions. As stated in the Roadmap, it is important that these policies accurately reflect the health information protections and permissions under HIPAA. ASTHO encourages ONC to consider releasing guidance or model language for how state laws and regulations can be formulated to enable data flow while ensuring privacy and security protections.

ASTHO recommends the prioritization of the following use cases from Appendix H:

- #2 “Clinical settings and public health are connected through bi-directional interfaces that enable seamless reporting to public health departments and seamless feedback and decision support from public health to clinical providers,” as written;
- #5 or #50 “Population health measurement is supported at the community level and includes data from all relevant sources on each patient in the population (including information on births, deaths and occupational health hazards) and is accessible to providers and other population health stakeholders,” as written;
- #27 “Data for disease surveillance, immunization tracking and other public health reporting are exchanged automatically,” with the clarification that this exchange should be bi-directional; and,
- #29 “Query-based exchange should support impromptu patient visits in all setting,” as written.

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The [Public Health Community Platform](#) (PHCP) exemplifies many of the ideas and qualities that are described in the Roadmap. The PHCP is a CDC-funded, ASTHO-led initiative to develop a public health IT platform with shared infrastructure and services that can be used by many different jurisdictions and their clinical care partners. It will also foster a national communications infrastructure to facilitate the collaborative work of public health and its partners along the care continuum. The PHCP will help the entire public health enterprise move toward a more standardized, interoperable, and consolidated approach to public health IT needs. These centralized and shared resources in a secure online environment will lead to new efficiencies in public health staffing and technological resources. The PHCP will also foster trust among data exchange partners through universal data agreements and community-led governance. The platform will ultimately lead public health to more fully engage in the learning health system, with far-reaching benefits for health and health care.

ASTHO appreciates the work and vision of ONC in convening federal agencies and partners to develop this Roadmap. As the Roadmap states, the “health IT community must expand its focus beyond institutional care delivery and health care providers, to a broad view of person-centered health” (p. 8). Public health is an essential component of this vision. ASTHO looks forward to continuing to work with ONC and other federal partners on advancing interoperability to improve the quality of care, lower costs, and improve the health of individuals and their communities.

Sincerely,


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