

November 5, 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: <https://www.healthit.gov/standards-advisory/2016>

Attention: Public Comment on “2016 Interoperability Standards Advisory”

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 *2016 Interoperability Standards Advisory*. 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’s comments are informed by the experiences of our state health official members, as well as ASTHO’s engagement with the Joint Public Health Informatics Taskforce, the Informatics Directors Peer Network, and other national workgroups and activities dedicated to informatics

ASTHO recognizes the need to continually update the community on the most current standards and implementation specifications necessary to achieve interoperability. The tabular presentation can provide implementers with a single reference point for the national implementation specifications for public health reporting. ASTHO appreciates the footnote for public health reporting measures, recognizing the potential for variation in public health jurisdictions’ adaptation of these standards.

ASTHO supports community developed standards through the Standards Developing Organizations that are responsive to the needs of public health agencies and welcomes the opportunity to continue to work with our many partners to ensure that the standards continue to meet those needs. ASTHO looks forward to continuing to work with ONC to promote interoperability across the entire health system, spanning both clinical care and public health.

Sincerely,

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Chief Program Officer, Health Systems Transformation

Section IV Questions	ASTHO Comments
General	
4-1.	No comment.
4-2.	No comment.
4-3.	No comment.
<p>4-4. For each interoperability need, there is a table beneath the standards and implementation specifications that includes limitations, dependencies, and preconditions. This draft only includes select examples for how this section would be populated in the future. Please review populated sections and provide feedback as to the usefulness of this approach and any specific information you know for a specific interoperability need.</p>	<p>Interoperability is essential to public health reporting and leveraging the vast amount of information collected at the point of care to improve population outcomes. ASTHO promotes the use of standards in health information, however, recognizes that variations in state regulations and need may necessitate state-specific implementation specifications. Providing the condition to confirm with public health jurisdictions under the “limitations, dependencies, and preconditions” heading for public health reporting is a necessary footnote to help remind implementers of that need.</p> <p>For “Interoperability Need: Case reporting to public health agencies”, the public health community is currently developing standards in the HL7 Public Health and Emergency Response Working Group to promote standardized electronic case reporting for public health. This effort is designed to produce an electronic initial case report with information needed to initiate a public health investigation. As referenced in the 2015 HIT Certification Criteria, several standards including C-CDA and FHIR are being explored for this purpose. As identified in the Standard Advisory, there is currently low adoption of any standard for case reporting to public health, however, there are additional standards in development.</p> <p>Specifically, ASTHO requests that the “limitations, dependencies, and preconditions” reference the capabilities in the 2015 HIT Certification Criteria Final Rule: “(1) consume and maintain a table of trigger codes to determine which encounters should initiate an initial case report being sent to public health to determine reportability; and (2) when a trigger is matched, create an initial case report that includes specific data (Common Clinical Data Set; encounter diagnoses; provider name, office contact information, and reason for visit, and an identifier representing the row and version of the trigger table that triggered the case report)”. Additionally, we request that reference be made to the current federal investment in a common community platform designed to act as a public health intermediary to enable efficient electronic case reporting.</p> <p>It is unclear how the adoption level metric is calculated. More explanation on how this measure is created with an explanation on how frequently it is updated will be necessary to prove value in iterative releases of the standards</p>

	<p>advisory. This will help to identify a shift in standard adoption as well as indicate when a standard or implementation specification has reached wide-spread adoption.</p>
<p>Section I: Vocabulary/Code Set</p>	
4-5.	No Comment.
<p>Section II: Content / Structure</p>	
4-6.	No Comment.
4-7.	No Comment.
4-8.	No Comment.
<p>4-9. The HIT Standards Committee recommended to ONC that clearer implementation guidance is required. Are there additional implementation specifications that should be considered for this interoperability need?</p>	<p>There are other implementation specification related to public health reporting that should be referenced here. Reporting is often captured under a specialized registry with associated standards when not specified as a separate measure. These include:</p> <ul style="list-style-type: none"> <li>• Early Hearing Detection and Intervention (EHDI) <a href="http://www.cdc.gov/ncbddd/hearingloss/ehdi-hrt.html">http://www.cdc.gov/ncbddd/hearingloss/ehdi-hrt.html</a></li> <li>• Office of Populations Affairs (OPA) Family Planning Reporting IHE Profile <a href="http://www.ihe.net/uploadedFiles/Documents/QRPH/IHE_QRPH_Suppl_FP.pdf">http://www.ihe.net/uploadedFiles/Documents/QRPH/IHE_QRPH_Suppl_FP.pdf</a></li> </ul> <p>Progress is being made on constraining a CDA for case reporting. Health Level Seven (HL7) is currently developing a constrained CDA similar to the Transition of Care Document that will include the data elements necessary as an initial case report for public health. This standard is being developed within the Public Health and Emergency Response committee of HL7. Data elements will include those proposed by the ONC Standard and Interoperability Public Health Reporting Initiative. This standard is proposed to be balloted during December 2015.</p>
<p>Section III: Services</p>	
4-10.	No Comment.
<p>Appendix II: Sources of Security Standards</p>	
4-11.	No Comment.