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Jeffrey P. Engel, M.D.

February 6, 2015

Office of the National Coordinator for Health Information Technology
Attention: Federal Health IT Strategic Plan 2015-2020
Hubert H. Humphrey Building, Suite 729D
200 Independence Ave. SW
Washington, DC 20201

Re: Federal Health IT Strategic Plan 2015-2020

Dear Office of the National Coordinator for Health Information Technology,

This letter contains comments from the Council of State and Territorial Epidemiologists (CSTE) on the Office of the National Coordinator for Health Information Technology (ONC) request for comment on the Federal Health IT Strategic Plan 2015-2020. CSTE is an organization of member states and territories representing public health epidemiologists. CSTE and all epidemiologists at state and local public health agencies have a vested interest in the successful implementation of health information technology to not only allow public health to efficiently detect, track, manage, and prevent disease outbreaks – but to improve and protect people's overall health and well-being. We are supportive and pleased of ONC's inclusion of public health as a prominent entity whose efforts are integral to the successful implementation of this strategic plan. The Federal Health IT Strategic Plan recognizes the central role that public health agencies play across the goals of collecting, sharing, and using health information. Public health agencies are the front-line of national efforts to build electronic data exchanges. CSTE comments on individual goals, objectives, and strategies of the Strategic Plan are included on the following pages.

CSTE wishes to acknowledge the vision of the ONC in continuing to promote population health improvement. We are enthusiastic and supportive of ONC's efforts to coordinate over thirty-five separate, federal departments and agencies to protect and improve our nation's health with electronic health information. Maintaining a focus on improving population health is critical to transforming healthcare and achieving the highest possible value from the public investment in the Health Information Technology for Economic and Clinical Health Act. CSTE looks forward to continuing to engage with ONC on the implementation of this strategic plan and to strengthen our relationship with ONC and other partners to support the integration of public health and clinical care through the widespread adoption of health IT and other interoperable technologies.

Sincerely,

Jeffrey P. Engel, MD
Executive Director

Alfred DeMaria, MD
CSTE President

Janet J. Hamilton, MPH
CSTE Surveillance/Informatics
Steering Committee Chair

Overall Strategic Plan Comments:

- For the Strategy to succeed it is imperative for the federal government to sustain and enhance cooperative efforts with national associations that build greater capacity for informatics at state, tribal, local, and territorial (STLT) levels. Public health agencies are constantly challenged with limited resources to train, recruit, and retain staff with the skills necessary to facilitate information exchange and maintain necessary collaborations. Given the increasing number of electronic data trading partners and exponentially greater volumes of information, public health agencies are experiencing an acute strain on technical and administrative functions. Building informatics workforce capacity will reinforce and boost public health's efforts to participate in national activities to develop public health data and exchange standards, as well as overcome fiscal constraints and IT procurement challenges.

- CSTE is pleased to see public health entities mentioned throughout as an integral partner to the successful implementation of this strategic plan and recognition of the important role public health plays in responding to emergencies. We do see specific areas of the plan in which public health is not uniquely addressed but could aid in strategic objective implementation (Objectives 1A, 1B, 2A, 3A, 3B, and 5A).

- We see the need to clarify the distinction between 'population health' and 'public health' in the document. Population health to most providers means managing the health of their specific *panel* of patients (be it big or small) and population health is ultimately about an entire population regardless of where they seek care or who insures them. In some instances, population health and public health are interchangeable and other times are listed separately (Objective 3C).

- We see the need to clarify the distinction public health as a provider (page 5) in addition to public health's role supporting population health across the continuum not just serving in the provider capacity.

- Public health's role in the Overview (page 4) and Goal 4 (page 21) is described as having the ability to 'detect, track, manage, and prevent disease outbreaks', which is certainly an important function of public health. Public health plays a broader role well beyond the prevention of disease outbreaks to protect the public's health such conducting population based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), immunizations, cancer registries, and vital statistics can greatly benefit from the vision of this strategic plan for the next 5 years. Suggest adding to this statement to reflect the broader role of public health.

- To provide greater assurance that efforts aligned with Goal 1 adequately build data collection capacities for public health purposes, CSTE suggests that ONC work with its federal partners to further support and incentivize the development and adoption of health information technologies for public health functions; e.g., contact tracing, countermeasure administration, outbreak management systems, etc.

- CSTE emphasizes the importance of public health and public health information for advances on Goal 3. To strengthen care delivery, population health outcomes must be objectively measured and contextualized within a fully, holistic and complete public health system perspective.

Strategies and Objectives:

- Objective 1A: CSTE supports efforts to increase the adoption and effective use of health IT systems and EHRs by healthcare providers, especially for public health purposes. The continued inclusion of public health objectives in meaningful use is paramount to the building robust health information exchanges among care providers and STLT public health agencies. CSTE recommends clarifying the first 3-year outcome to say, 'Increase the percentage of hospitals and professionals who successfully demonstrate Meaningful Use and increasing public health agencies' capacity to support those measures'.

- Strategy 2 for Objective 1A: CSTE recommends clarifying Strategy #2 for Objective 1A to say, 'Expand the capacity of the workforce to support use of health IT within both public and private sectors.'

- 3-Year Outcome for Objective 1A: CSTE recommends including public health agencies in the 3-year outcome for Objective 1A, in addition to being involved in the 6-year outcome. The strategies should be expanded to not just use of health IT in electronic health records (EHR) but also to support and have incentives outside of specific EHR technology to increase public health IT interoperability.

- Objective 1B: CSTE recommends including public health and CDC in this objective and subsequent strategies. State and local public health departments can engage the community to address concerns and increase confidence in the safety and use of health IT products.

- Objective 1C: CSTE recommends reviewing and expanding to all relevant agencies called upon in the 3- and 6-year outcomes for this objective, to advance a national communications infrastructure that supports health, safety, and care delivery.

- Objective 2A: Public health agencies are trusted stewards of personal health information. As threats to the security and integrity of information systems evolve, CSTE urges ONC and its federal agency partners to continue and enhance efforts that ensure STLT agencies possess state-of-the-art tools and capacities to maintain cyber-security.

- Strategy 3 for Objective 1C: CSTE recommends ensuring the public health IT and telecommunications infrastructure are resilient and operational during disaster and emergency response situations. This mandates that the infrastructure is operational in times of emergencies and during ongoing day-to-day matters to be able to capture a baseline for comparison during emergencies.

- Strategy 5 for Objective 2A: CSTE recommends Strategy 5 for Objective 2A say, 'Encourage electronic information sharing between public and private health providers and payers to promote care continuity, in addition to facilitating public health reporting and population analysis.'

- 6-Year Outcome for Objective 2B: CSTE recommends that CDC and other public health agencies be included in the 3- and 6-year outcomes.

- Objective 3B: CSTE recommends clarification on 'essential health information'. Clearly defining will allow providers and public health agencies have the capacity to collect, share, and manage this type of information.

- Objective 4B: CSTE recommends similar language from the Strategy 1 for Objective 1C to be duplicated in Objective 4B, specifically the use of federal authorities and investments to expand capacity for health IT in state and local health departments.

- Strategy 4 for Objective 4B: The use of the word, 'prepare', in Strategy 4 needs to be clarified. CSTE recommends clarifying the use of 'public health systems' to distinguish between the technology or the infrastructure. It would behoove state and local health departments to invest in their infrastructure to handle the implementation of interoperable health IT and its future iterations. This would ensure longevity, resiliency, and flexibility of public health tools, resources, and people.

- Objective 5A: CSTE encourages ONC and its federal agency patterns to include STLT public health agencies as necessary collaborators and stakeholders in the strategies outlined for this objective. In order to advance the science and practice of disease surveillance, state and local public health entities must be able to share realistic, but de-identified public health datasets in line with state and federal statutes.