



Leaders in Applied Public Health Epidemiology

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CSTE is an organization that supports epidemiologists practicing at the state, territorial, tribal, and local levels.

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April 3, 2015

Office of the National Coordinator for Health Information Technology
Attention: Public Comment on Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Suite 729-D
200 Independence Avenue SW
Washington, DC 20201

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

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

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 Public Comment on Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0. 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. Public health agencies are the front-line of national efforts to build electronic data exchanges. CSTE is committed to supporting ONC’s efforts to protect and improve our nation’s health with interoperable electronic health information.

CSTE supports the draft Roadmap’s overall goal, objectives, and approach. Efforts to build a health information ecosystem must maximize individual as well as public health benefits. That data flow among healthcare and health-related service settings to generate population-level insights is fundamental. CSTE wishes to acknowledge the vision of the ONC in continuing to promote population health improvement and, applauds actions that prioritize the development of interoperability building blocks for public health purposes.

CSTE finds significant gaps in the Roadmap to health information system interoperability for population and public health. The gaps are at both strategic and tactical levels. Strategically, CSTE believes that clinical and public health information interoperability must be advanced concurrently, allowing for optimal coordination in development, implementation and interactions. When actions are prioritized to benefit direct patient care first and then only later benefit community health, the overall benefit to the public and the patient is unnecessarily diminished and delayed. We recommend that the ONC adopt a strategy that prioritizes actions that have mutual, immediate benefit to the quality of clinical and public health services. At a tactical level, adoption of this recommendation would, at a minimum, entail the following:

1. Stakeholders: Recognize and address the interoperability needs of public health agencies, other essential public health service providers (e.g., NGOs), and other population health actors as data providers as well as data consumers.
2. Governance: In any governance body and its component working groups, industry-led or otherwise, ensure balanced representation for the public good's interest in setting policy and standards for interoperability. The governance body should include representation from local, state and federal public health as these three entities have unique and vital roles in the exchange of health-related data.
3. Priority use cases: Public health use cases, mutually beneficial to patients and their communities, should be prioritized in the first three years of the Interoperability Roadmap implementation plan. Doing so will promote near-term returns on federal Health IT investments that are population-wide, solutions to core legal barriers that constrain interstate public health data exchange, and information technologies with baseline functionalities for the public good. CSTE recommends use case #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."
4. Core technical standards and functions: The common "clinical" and patient-matching datasets must be further standardized and grown for public health purposes. CSTE supports and refers ONC to the individual comments of our member organizations for further technical details on these matters.

CSTE values the inclusive leadership and bold vision ONC exhibited in drafting the Roadmap. Public health agencies at local, state and federal levels are partners in the process and essential components of the vision. 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 the Roadmap 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,

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

A handwritten signature in black ink, appearing to read "Janet J. Hamilton", is written over the typed name and title.