

November 6, 2015

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**Executive Director:**

Jeffrey P. Engel, M.D.

Office of the National Coordinator for Health Information Technology  
Attention: 2016 Interoperability Standards Advisory  
U.S., Department of Health and Human Services  
200 Independence Avenue SW  
Suite 729-D  
Washington, DC 20201

Submitted electronically at: [www.healthit.gov/standards-advisory/2016](http://www.healthit.gov/standards-advisory/2016)

Re: Public Comment on “2016 Interoperability Standards Advisory”

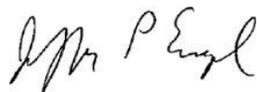
Dear Office Of the National Coordinator for Health Information Technology,

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 draft *2016 Interoperability Standards Advisory* (ISA). 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 of ONC’s ISA process to provide the industry with a single, public list of the “best available” standards and implementation specifications, as well as highlight the consensus and debate among industry stakeholders.

CSTE wishes to acknowledge the vision of the ONC in continuing to promote population health improvement. Comments pertaining to specific sections of the 2016 ISA are detailed in the following pages, including the questions posed to stakeholders by ONC in Section IV.

CSTE looks forward to continuing to strengthen our relationship with ONC and other partners to promote the interoperability across the entire health system, spanning both clinical care and public health.

Sincerely,



Jeffrey P. Engel, M.D.  
Executive Director  
Council of State and Territorial Epidemiologists



Joe McLaughlin, MD, MPH  
CSTE President  
Alaska State Epidemiologist and Chief of Epidemiology

<p>4-1. Please provide feedback on whether revision from “purpose” to “interoperability need” provides the additional requested context and suggestions for how to continue to improve this portion.</p>	<p>No Comment.</p>
<p>4-2. For each standard and implementation specification there are six assessment characteristics. Please review the information provided in each of these tables and check for accuracy. Also, please help complete any missing or “unknown” information.</p>	<p>Comments on Section II-K: Public Health Reporting</p> <p>Interoperability need: Case reporting to public health agencies  CSTE agrees that the two implementation specifications and standard referenced in this section are currently in pilot maturity status. CSTE is committed to the efforts of standards-making bodies to refine the standards around electronic case reporting.</p> <p>Interoperability need: Electronic transmission of reportable lab results to public health agencies  CSTE agrees with the emerging alternative implementation specification listed in this section. CSTE recommends that the family of laboratory guides (including Laboratory Results Interface and Laboratory Orders Interface) move forward with Release 2 at the same time to maximize the benefits of the updated implementation specification.</p>
<p>4-3. For each standard and implementation specifications, there is a table that lists security patterns. Please review examples found in Sections III-A and III-F and provide feedback as to the usefulness of this approach and any information you know for a specific interoperability need.</p>	<p>No Comment.</p>
<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>CSTE promotes the use of standards in health information, however, recognizes that variations in state regulations may necessitate state-specific implementation specifications. Providing the condition to confirm with public health jurisdictions under the “limitations, dependencies, and preconditions” heading for Section II-K (Public Health Reporting) is a necessary footnote to help remind implementers of that need.</p> <p>More explanation on how the ‘Adoption Level’ metric is created would be helpful for the</p>

	2016 Advisory, as well as future Advisories, to identify the shift in standards adoption with time.
4-5. Based on public feedback and HIT Standards Committee review, there does not appear to be a best available standard for several “interoperability needs” expressed in this section of the draft Advisory. Please provide feedback on whether this is correct or recommend a standard (and your accompanying rationale).	No Comment.
4-6. Should more generalized survey instruments such as the IHE Profile Retrieve Form for Data Capture be considered?	No Comment.
4-7. In addition to the two interoperability needs already listed, are there others that should be included related to imaging? If so, what would the best available standard and/or implementation specification be?	No Comment.
4-8. Should a more specific/precise aspect of DICOM be referenced for the implementation specification for this interoperability need?	No Comment.
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?	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.
4-10. The 2015 Advisory’s Section III, Transport has since been removed with content representation migrated as applicable within Section IV Services. What is your view of this approach?	No Comment.
4-11. Are there other authoritative sources for Security Standards that should be included in Appendix II?	No Comment.