



November 6, 2015

Submitted electronically at: <http://www.healthit.gov/standards-advisory>

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

Subject: ISDS Comments on ONC 2016 Interoperability Standards Advisory

On behalf of the members, board, and staff of the International Society for Disease Surveillance (ISDS) we are pleased to submit comments on the *2016 Interoperability Standards Advisory*. ISDS is a 501(c)(3) not-for-profit organization that represents over 400 members from multiple disciplines and sectors working in the area of public health surveillance. We are actively involved with the National Syndromic Surveillance Program (NSSP) and with working with the surveillance community to advance standards, best practices, and knowledge management especially around syndromic surveillance practice.

ISDS recognizes the need to continually update the syndromic surveillance community and implementers on the most current standards and implementation specifications necessary to achieve interoperability. ISDS has previously taken a lead role in developing the PHIN Messaging Guide for Syndromic Surveillance, in collaboration with CDC and a surveillance Community of Practice representing professionals from local and state health departments. ISDS appreciates the footnote for public health reporting measures, recognizing the potential for variation in public health jurisdictions' adaptation of these standards.

Syndromic surveillance standards listed on page 28 are supported by ISDSG. Readers would benefit from the inclusion of the erratum associated with version 2.0. The erratum was listed in the ONC 2015 edition final rule. The Public Health Information Network (PHIN) Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0 link provides direction to the erratum but would benefit to include directly on the 2016 Interoperability Standards guide.

Reporting syndromic surveillance to public health (emergency department, inpatient and urgent settings) table on page 45 currently lists PHIN v 1.1 in this table. Please clarify this is the correct version since PHIN v 2.0 is released and optional through 2017.

There is no reference in the 2016 Interoperability Standards to what ambulatory care sites (outside of Urgent Care) should do. Since syndromic surveillance is an option for EPs at non-urgent care sites, a reference to adoption or the lack of standards would be insightful. Please specify that Public Health Agencies may under the CFR § 495.316(d)(2) provisions for state flexibility, elect to use this guide or utilize other certified standards for public health reporting.

Additionally, ISDS suggests transparent mechanisms to inform ONC when a CEHRT fails to consistently adhere to the standard. The public health utility of syndromic surveillance is

dependent on the consistent and accurate transmission of data. ISDS requests that ONC continue to work with implementers and public health to ensure that standards are being appropriately implemented. In addition, we strongly support the development of a formal mechanism for collecting and reviewing community input on recommended corrections, clarifications, and changes to the guide. The goal is to have a PHIN Guide that always reflects the current and highest standards of practice.

Please contact us if you have any questions.

Sincerely,



Amy Ising, MS
ISDS President and Board Chair
ising@ad.unc.edu



Laura C. Streichert, PhD, MPH
Executive Director
lstreichert@syndromic.org

Section IV Questions	ISDS Comments
General	
4-1.	No comment.
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.	Under "Interoperability Need: Reporting syndromic surveillance to public health (emergency department, inpatient, and urgent care settings)", it is indicated that the adoption level for the PHIN Messaging Guide version 2.0 is low. However, this is expected to change with the adoption of Release 2.0 in the 2015 ONC Health IT Certification Criteria, Final Rule. Adoption may currently be low, however, we would expect new implementations expecting certification under the 2015 final rule to reference Release 2.0. Additionally, we would appreciate more information on how the level of adoption metric is calculated and the frequency in which it is updated. This will help in future iterations and allow the public health community to appropriately indicate our preference.
4-3.	No comment.
4-4.	No comment.
Section I: Vocabulary/Code Set	
4-5.	No Comment.
Section II: Content / Structure	
4-6.	No Comment.
4-7.	No Comment.
4-8.	No Comment.
4-9.	No comment.
Section III: Services	
4-10.	No Comment.
Appendix II: Sources of Security Standards	
4-11.	No Comment.