



Joint Public Health Informatics Taskforce



Friday, April 3, 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: <http://www.healthit.gov/policy-researchers-implementers/interoperability-roadmap-public-comments>

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

Dear Office of the National Coordinator for Health IT:

On behalf of the Joint Public Health Informatics Taskforce (JPHIT), we are pleased to submit comments on the *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap Draft Version 1.0* (henceforth "the Roadmap"). As a taskforce of nine national public health associations, JPHIT's comments are informed by a broad perspective on federal actions that impact public health informatics capacity and practice in the United States of America. Relative to the Roadmap, JPHIT's view encompasses stakeholders who:

- Support the public good;
- Generate new public health knowledge;
- Operate and connect health and public health IT capabilities;
- Govern, certify and/or have oversight; and
- Develop and maintain standards.

JPHIT is committed to supporting ONC's efforts to protect and improve our nation's health with interoperable electronic health information.

JPHIT supports the draft Roadmap's overall goal, objectives, and approach. Public and private efforts to build an information ecosystem must advance toward the Learning Health System (LHS) to maximize public health benefits. Data flow among healthcare and health-related service settings to generate population-level insights is fundamental for a LHS. JPHIT, therefore, strongly supports actions that prioritize the development of interoperability building blocks for public health purposes.

JPHIT finds, however, 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, JPHIT 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. JPHIT 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. JPHIT supports and refers ONC to the individual comments of our member organizations for further technical details on these matters.

JPHIT 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



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process and essential components of the vision. Moving forward, JPHIT will continue to support all stakeholders in advancing health IT interoperability for more healthy and resilient individuals, families and communities.

Sincerely,

Marcus Cheatham, PhD
JPHIT Co-Chair, NACCHO representative

Stephanie Mayfield Gibson, MD, FCAP
JPHIT Co-Chair, ASTHO Representative

JPHIT partner organizations in support of this comment include:

- Public Health Informatics Institute (Decatur, GA)

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- Charlie Ishikawa, JPHIT Executive Secretary
- Bill Brand, PHII Director of Public Health Informatics Science