



Association Of State And Territorial Health Officials
2231 Crystal Drive, Suite 450 | Arlington, Virginia 22202
(202) 371-9090 | www.astho.org

March 11, 2014

Karen DeSalvo, MD, MPH, Msc, National Coordinator
Office of the National Coordinator for Health Information Technology
Patriots Plaza III
355 E St., SW
Washington, DC 20201

Dear Dr. DeSalvo:

The Association of State and Territorial Health Officials (ASTHO) is pleased to submit comments in support of the Health Information Technology Policy Committee's (HITPC) Meaningful Use Workgroup recent discussions regarding recommendations for Stage 3 of the Meaningful Use of Electronic Health Records (EHRs) incentive program for the public health objectives found under the *Improving Population and Public Health* domain. ASTHO is the national non-profit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as the 120,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice. ASTHO and its members work to strengthen and improve the nation's public health capacity through focus on health protection, health promotion, and health system transformation.

Specific recommendations and comments follow:

1. Immunization History

ASTHO supports the inclusion of this objective in Stage 3. This objective supports the expansion of Immunization Information Systems (IIS) services to provide additional clinical decision support which will improve the effectiveness of public health agency efforts and increase the vaccine coverage in states. IIS have extensive experience in creating and maintaining vaccine recommendations; clinical decision support guidelines have been provided through the CDC to ensure correct coding based on recommendations from the Advisory Committee on Immunization Practice (ACIP). The bidirectional exchange in Stage three will provide clinicians with vaccine forecasting for patients, potential to gauge vaccine coverage in their community in relation to their practice, and for up to date information of a patient's vaccine status at the time of service.

2. Electronic Lab Reporting

ASTHO supports the inclusion of the Electronic Laboratory Reporting (ELR) objective. ELR is fundamental to public health case reporting, because it is often the first and only report of a notifiable disease to public health. The Meaningful Use (MU) program has facilitated a significant increase in ELR in many states. According to a recent ASTHO survey, approximately 80 percent of states are prepared to receive Stage 2 ELR reporting. However, onboarding of providers has slowed due to lack of funding. For clinical providers, the early identification of public health threats through ELR to the public health agency directly impacts the ability to share that information directly with providers to be able to have a better view of potential impact on their patients.

3. Syndromic Surveillance

ASTHO supports the inclusion of syndromic surveillance as it complements ELR by providing a more complete scope of an outbreak or public health emergency. MU contributed to an increased number of states participating in syndromic surveillance through BioSense 2.0. Currently, 54 jurisdictions have signed data use agreements to participate in BioSense 2.0, including 39 state health agencies. BioSense 2.0 meets congressional priorities for a nationwide system for situational awareness and is part of the National Biosurveillance Science and Technology Roadmap. Maintaining syndromic surveillance reporting for hospitals in Meaningful Use Stage 3 is critical to ensure the continued strengthening of this state and national infrastructure. Syndromic surveillance is being broadened to include chronic diseases, such as cardiovascular disease, which would benefit hospitals and clinicians in evaluating health care utilization data.

4. Registries

ASTHO supports the inclusion of registry reporting which facilitates the electronic submission of registry data, whether that is cancer or prescription drug monitoring for example, and supports public health agency efforts in identifying patterns of care and other public health efforts. Electronic reporting of registry data relieves providers from the burden of manual reports and would contribute to a more complete registry when integrated with public health data. Registries have the potential to grow into more bi-directional exchange, which provide direct benefit to providers. While ASTHO is concerned that consolidating this objective could create unnecessary competition between registries and possibly diminish the data currently received by public health, we are very supportive of expanding registries to include eligible hospitals.

5. Case Reporting

ASTHO recommends inclusion of case reporting as an option under the proposed registries objective for eligible providers and hospitals. Despite electronic disease surveillance systems such as the National Electronic Disease Surveillance System, most case-report data collected from clinicians are still largely manual, and

under-reporting from clinicians to public health remains widespread. This challenge is partially addressed by electronic lab reporting, however, that form of case detection does not fulfill the provider's reporting requirement such as sudden infant death syndrome and early hearing detection. ELR under Meaningful Use has laid the foundation for future case reporting from EHRs to public health. The MU case reporting certification requirement would ensure that functionality to support legally required notifiable disease reporting is supported in certified EHRs.

ASTHO appreciates the work done to date and the continued vision of the Office of the National Coordinator, the HITPC, and MU Workgroup in continuing to develop and improve the concept of MU through the EHR incentive program. The opportunity to promote and improve population health through the transformation of healthcare processes and outcomes is vital to achieving the highest possible value from the public investment in the Health Information Technology for Economic and Clinical Health Act. ASTHO looks forward to continuing to work with the Office of the National Coordinator, the HITPC, and the Meaningful Use Workgroup to facilitate better integration of the work of state public health agencies with that of clinical care through the adoption and meaningful use of electronic health records.

Sincerely,

/s/

Paul E. Jarris, MD, MBA
Executive Director