ISDS
INTERNATIONAL SOCIETY FOR DISEASE SURVEILLANCE

March 10, 2014

Dr. Paul Tang
Vice-Chair
Health Information Technology Policy Committee
Office of the National Coordinator for Health Information Technology
US Department of Health and Human Services

Dear Dr. Tang,

I am writing on behalf of the Board of Directors of the International Society for Disease Surveillance (ISDS), a 501(c)(3) professional organization that represents professionals from all aspects of the biosurveillance and broader public health surveillance community. We welcome and support the action by the Meaningful Use Workgroup of this Committee to retain Electronic Laboratory Reporting and Syndromic Surveillance as core measures for Eligible Hospitals in Stage 3.

While we understand the recommendation to remove syndromic surveillance as a menu option for Eligible Professionals in Stage 3, please note that some states have had great success in recruiting urgent care centers for syndromic surveillance under the Stage 2 menu option for Eligible Professionals.

ISDS has been a pioneer in the area of syndromic surveillance. ISDS and its members are passionate about advancing the practice of surveillance in an evidence-based way. Our recommendations are based on the longtime experience and expertise of our members. Most of the comments in this letter will be about syndromic surveillance from hospitals, which has been at the core of ISDS's interests since it was founded 10 years ago. As a matter of national public health preparedness and practice, obtaining uniform high-quality public health surveillance across the entire country is essential. **Coverage and representativeness of both reportable disease data and syndromic surveillance data available to local, state, and federal public health agencies to support public health decision-making have improved markedly as a result of the electronic laboratory reporting and syndromic surveillance Meaningful Use requirements,** with technical and financial support from CDC. The framers of the stage 1 and 2 Meaningful Use requirements were farsighted in assuring that public subsidies for the establishment of electronic health records would go toward achieving that public health purpose, along with other purposes related to the quality, cost, and outcome of clinical care.

It is important for the Health Information Technology Policy Committee to appreciate fully that the processes in public health agencies for assimilating hospitals' electronic laboratory and syndromic surveillance records are quite distinct from each other, as are the processes inside EHR systems for selecting electronic laboratory or syndromic surveillance records for submission to a public health

agency. There is thus very little crossover benefit when implementing: there is for example only a slight time savings to on-boarding a hospital already participating in electronic laboratory reporting for syndromic surveillance, or vice versa.

Public health agencies are working very hard with limited resources to accommodate the huge influx in data resulting from Meaningful Use implementation. While there are laws requiring providers to notify public health of certain disease diagnoses, many of these mandates do not specify that the reporting must be electronic, and participation in electronic laboratory reporting has been largely voluntary by hospitals. Similarly very few states mandate participation of their hospitals in syndromic surveillance as North Carolina does. States that have succeeded in enrolling large numbers of facilities in syndromic surveillance have done so on a voluntary basis, materially aided by the Meaningful Use incentives.

During Stage 3 of Meaningful Use, syndromic surveillance as a core measure for Eligible Hospitals in Stage 3 will:

- Continue to improve the timeliness and completeness of important information flow to public health, so that public health can take action to mitigate morbidity and mortality. The special value of syndromic surveillance is in detecting, characterizing and monitoring outbreaks, including outbreaks due to conditions that are not in themselves reportable.
- Provide near real time information to public health agencies that is used for a wide variety of public health surveillance needs, from influenza and other infectious diseases to injuries, disasters, environmental emergencies, bioterrorism and opioid overdoses.
- Allow hospitals in the queue at the end of Stage 2 to achieve ongoing submission in Stage 3
- Provide motivation to hospitals to maintain their syndromic surveillance feeds in Stage 3 even with ongoing changes and enhancements to their certified electronic health record technology that may interrupt and/or degrade these data transmissions.
- Maintain the relatively low documentation burden of these public health measures on eligible hospitals.

While billions of dollars have been allocated for meaningful use incentive payments to providers, public health agencies have had to rely almost entirely on existing funding to bring participating hospitals on board for syndromic surveillance and electronic laboratory reporting, one facility at a time, and assure ongoing quality data submission. States and localities vary in achieving full participation of hospitals in syndromic surveillance and electronic laboratory reporting, but all have made great progress during the time that the Meaningful Use incentives have been in place. Inclusion of these measures in Stage 3 will provide assurance that providers will continue to work on these measures through 2017 and beyond. This is not an issue of the capability of public health agencies to assimilate and use the data effectively – the technologies and methods are well-established and stable – but an issue of capacity.

Thank you for your attention to our comments. We would be happy to address any questions or concerns that you or members of the Meaningful Use Workgroup or larger Health Information Technology Policy Committee may have. My e-mail address is hopkinsrs@comcast.net, and Dr. Laura Streichert, the Executive Director of ISDS, may be reached at lstreichert@syndromic.org.

/s/

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* In this context, electronic laboratory reporting refers to the transmission of records containing personal identifiers, selected at an eligible hospital from its electronic health record system, that contain information about specific laboratory results that are reportable by law in their jurisdiction. By contrast, syndromic surveillance refers to transmission of unfiltered deidentified records representing all visits to the hospital's emergency department, or hospital admissions, during a specified time period, that include elements like chief complaint that allow records to be flexibly sorted into syndromes by the receiving entity.