Public Health Data Systems Task Force Update

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Health Information Technology Advisory Committee

The Office of the National Coordinator for Health Information Technology

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Public Health Data Systems (PHDS) Task Force 2021

Charge **– This Task Force will inform HHS's response to President Biden's Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats.**

The PHDS Task Force shall:

1. Identify and prioritize policy and technical gaps associated with the effectiveness, interoperability, and connectivity of information systems relevant to public health. This would include a focus on surveillance systems, infrastructure improvements, health equity, clinical engagement, research and innovation, educating and empowering individuals.

2. Identify characteristics of an optimal future state for information systems relevant to public health and their use.

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Updated Task Force Charge Scope

- The PHDS Task Force's scope will focus on **bi-directional data exchange between public health data systems and clinical data sources**

- This will include focusing on challenges, gaps, and ideal future state for **data sharing between public health systems and clinical data sources (EHRs, laboratory systems, vaccine management software, operational, other relevant data sources)**.

- Topics previously in scope that now will be recommended for future HITAC discussions include research and innovation, social services data, and in-depth analyses of specific public health data systems.

- Recommendations and discussions surrounding health equity and public/patient engagement will be addressed in each topic discussed instead of representing unique topics for meetings and categories for recommendations.

Draft Recommendations Under Consideration

Overarching Guiding Principle

- A 'new normal' should be defined where public health is part of healthcare; this holistic approach should be applied across the health ecosystem to ensure data is captured, passed and shared across the infrastructure.

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Draft Recommendations Under Consideration

Topic: Syndromic Surveillance

Draft Recommendation: CDC should further explore non-traditional data sources and surrogate markers that could be leveraged to identify early clusters/outbreaks of disease incidence or monitor an event as it unfolds.

Task Force Member Comments:

• Should explore not only what sources to include, but also measure the availability, accompanying demographic data and timeliness of different data sources.

• Consider levers that can be used to expand collection of ambulatory care, and in particular, urgent care data.

• Non-traditional data sources to explore include: POC testing data, large employer absenteeism, prescription data from chain pharmacies.

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Draft Recommendations Under Consideration

Topic: Electronic Lab Reporting, Adoption of Implementation Guide

Draft Recommendation: ONC, CMS, CDC to explore providing incentives for labs to utilize standardized ELR notifications and add corresponding certification for lab resulting and ordering to address end-to-end data flows between order, lab and public health.

Task Force Member Comments:
- TF should consider how to support public health agencies to receive standardized ELR notifications.
- TF should account for and consider different regulatory authorities and incentive structures, with specific recommendations on what levers should be used within ONC and CMS.
- TF should consider how data should be routed and reported when considering incentives.
- TF should consider how to incentivize PH reporting beyond eligible hospitals impacting by meaningful use (ambulatory providers, urgent care, large national laboratories, other settings).
- Recommendations should incentivize not only reporting, but also collection of specific data elements (i.e., patient contact info), and data completeness and timeliness.

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Draft Recommendations Under Consideration

- **Topic**: Increase Public Health Funding

- **Draft Recommendations**:
  - Congress should appropriate to CDC robust, annual, sustained funding to support development and maintenance of public health data systems capable of supporting routine and large scale responses.

  - CDC should develop plans for cross-program funding of technology investments that support interoperability across public health platforms.

  - CDC should allocate funding for capability development (e.g., contact tracing) that serves multiple public health goals separately from disease specific funding. There should be a minimum functional standard for public health that focuses not just on interoperability and standards adoption, but also ideally addresses infrastructure expectations to improve scalability.

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Draft Recommendations Under Consideration

- **Task Force Member Comments re: PH Funding Recommendations**
  - Dedicated funding for public health over time has been largely inadequate to meet today's surveillance needs and effectively exchange data with healthcare.

  - TF should consider how to ensure that funding models are equitable across states.

  - CDC should investigate how current funding streams may impede data sharing.

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Draft Recommendations Under Consideration

Topic: Formation of a Standing Public Health Task Force

Draft Recommendation: CDC and ONC should explore creation of ongoing public health task force or workgroup (with adequate authority) to address topics out of scope for HITAC PHDS TF to ensure preparedness for future high consequence public health emergencies.

Task Force Member Comments:

- TF should consider leveraging existing CDC/ONC working groups as a starting point.

- Other ONC task forces and efforts should be consulted/aligned with ongoing efforts.

- State and local public health agencies should be consulted and more involved in standards development process.

Draft Recommendations Under Consideration

Topic: Major Gaps in Standards Adoption for Key Surveillance Use Cases

Draft Recommendations:

1. ONC should support the development of Implementation Guides clarifying and specifying standard datasets and value sets for reporting public health data and accompanying testing and certification both for senders and receivers.

2. ONC and CDC should work with provider and standards communities to ensure use of standards and implementation guidance that include demographic and contact information elements that are required in public health reporting (e.g. race/ethnicity, contact info).

3. ONC should require eCR and eCR Now within certification program and CMS should explore making eCR implementation a Condition of Participation for hospitals. Further inclusion of non-hospital-based providers is necessary.

4. CDC support public health jurisdictions to implement Full eCR (for all reportable conditions), to receive the data into their surveillance systems, and improve the efficiency of reporting as well as relieve providers and public health of the burden of parallel manual reporting.

5. CDC, ASPR, HHS should work with state and local partners to align reporting requirements at federal and state level to avoid duplicative requests or failure to meet surveillance goals at the state and local-level and redundant requests across federal agencies.

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Draft Recommendations Under Consideration

- **Task Force Feedback re: Gaps in Standards adoption**
  - Standards should be developed to meet state and local health department needs, with engagement and alignment with provider and vendor communities.

  - TF should consider the entire ecosystem of public health data when thinking through how to best implement and incentivize standards. Should consider how to incentivize adoption of standards by technology vendors outside of EHRs.

  - Technology vendors should not dictate what capabilities are and are not available, rather should build to the needs that support public health reporting (ELR, syndromic, eCR, IIS data exchange). Vendors should ensure public health reporting needs are met as part of the product development process.

Draft Recommendations Under Consideration

- **Topic:** Technology and infrastructure factors affecting key surveillance use cases

- **Draft Recommendations**:

  1. CDC and ONC should explore the development of centralized reporting pathways/gateways to avoid duplicative reporting workflows for providers.

  2. CDC/ONC should agree on a standardized set of PH reports so that HIEs and other stakeholders could build to that standard.

  3. CDC/ONC should evaluate federal policy barriers that prevent HIEs from participating in PH reporting and should analyze and publish guidance aimed at educating states about state-level policy barriers that prevent HIEs from participating in PH reporting.

Draft Recommendations Under Consideration

- **Other draft recommendations:**
  - Minimum set of data elements should be defined to complete patient matching across public health and clinical systems (to include demographic information); the complete collection and submission of this information should be incentivized.

  - More public health subject matter experts should be engaged in the TEFCA development process.

  - TF will consider and recommend ways to improve the collection and reporting complete race, ethnicity, LGBTQI, and disability info in order to more robustly address health equities.

Future Topics & Meeting Schedule

Meeting Dates	Discussion Topics
May 6, 2021	Kickoff/Introductions
May 13, 2021	*HITAC Public Health Hearing*
May 20, 2021	Public Health Surveillance Discussion
May 27, 2021	Public Health Surveillance Discussion (continued)
June 3, 2021	Recommendation Review and Discussion
June 10, 2021	Monitor and Investigate: Laboratory Reporting Deep Dive
June 17, 2021	Develop and Report Situational Information
June 24, 2021	Administer Medical Countermeasures (Immunizations/Novel Treatment Protocols)
July 1, 2021	Data need to develop Temporary Policies and Standards of Care