Health Information Technology Advisory Committee

Public Health Data Systems Task Force 2021 Virtual Meeting

Meeting Notes | July 1, 2021, 10:30 a.m. – 12:30 p.m. ET

Executive Summary

The focus of the Public Health Data Systems Task Force 2021 (PHDS TF 2021) meeting was to continue to review feedback from TF members and to work to create a series of recommendations to the HITAC. The PHDS TF 2021 co-chairs, Janet Hamilton and Carolyn Petersen, opened the meeting, discussed the agenda and reviewed draft recommendations under consideration and a draft crosswalk document populated with information gathered by surveying TF members and from discussions held during previous meetings. PHDS TF members were invited to discuss the topics and question prompts and provide feedback. There was one public comment submitted by phone, and there was a robust discussion in the chat feature in Adobe Connect.

Agenda

10:30 a.m.	Call to Order/Roll Call
10:35 a.m.	Opening Remarks
10:45 a.m.	Review Recommendations Under Consideration
12:20 p.m.	Public Comment
12:25 p.m.	Next Steps/Final Remarks
12:30 p.m.	Adjourn

Call to Order

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the meeting to order at 10:31 a.m. and welcomed members to the meeting of the PHDS TF 2021.

Roll Call

MEMBERS IN ATTENDANCE

Janet Hamilton, Council of State and Territorial Epidemiologists, Co-Chair
Carolyn Petersen, Individual, Co-Chair
Danielle Brooks, AmeriHealth Caritas
Denise Chrysler, Network for Public Health Law
Jim Daniel, Amazon Web Services
Steve Eichner, Texas Department of State Health Services
Claudia Grossmann, Patient-Centered Outcomes Research Institute
Steve Hinrichs, Individual
Jim Jirjis, HCA Healthcare
John Kansky, Indiana Health Information Exchange
Bryant Karras, Washington State Department of Health
Steven Lane, Sutter Health
Les Lenert, Medical University of South Carolina
Denise Love, National Committee on Vital Health Statistics

Arien Malec, Change Healthcare
Clem McDonald, National Library of Medicine
Sheryl Turney, Anthem, Inc.

MEMBERS NOT IN ATTENDANCE

Nell Lapres, Epic
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Larry Mole, Veterans Health Administration
Abby Sears, OCHIN

ONC STAFF

Mike Berry, Designated Federal Officer, ONC
Brett Andriesen, ONC Staff Lead
Brenda Akinnagbe, ONC Staff Lead

General Themes

TOPIC: OPENING REMARKS

The co-chairs opened the meeting, discussed the agenda, and explained that the PHDS TF is in the process of wrapping up its work in advance of its presentation to the HITAC on July 14, 2021.

TOPIC: REVIEW RECOMMENDATIONS UNDER CONSIDERATION

The co-chairs reviewed specific areas of the draft recommendations document that was populated with information accumulated from the surveys/questions provided to PHDS TF members as homework and the draft crosswalk, as well as from discussions held during meetings.

Key Specific Points of Discussion

TOPIC: OPENING REMARKS

Carolyn Petersen opened the meeting and reviewed the agenda for the meeting. Janet Hamilton welcomed members and thanked them for their engagement and thoughtful input on the PHDS TF's recommendations. The TF is in the process of completing its work and will present to the HITAC at its July 14, 2021, meeting.

TOPIC: REVIEW RECOMMENDATIONS UNDER CONSIDERATION

Carolyn explained that PHDS TF would continue to review draft recommendations, including several major areas for discussion (syndromic surveillance, lab and case reporting, immunizations).

IMMUNIZATIONS RECOMMENDATIONS AND DISCUSSION

Janet led a discussion focused on immunizations and potential TF recommendations. She asked the TF to prepare feedback on the following draft recommendations:

- PHDS-TF-2021-Recommendation - ONC should work with the Centers for Disease Control and Prevention (CDC) and State, Local, Territorial, and Tribal Health Departments (STLTs) to advance the adoption of the HL7 Implementation Guide (IG) both by provider systems and public health agencies.
- Utilize federal funding mechanisms to require providers to transmit data electronically and in HL7 format. Provider systems shall also be designed to capture all CDC core data elements for Immunization Information System (IIS).
- ONC should also work with partners within HHS and within STLTs to develop a national implementation plan for the roll-out of standards. Implementation support should be provided to state and local public health agencies.
- PHDS-TF-2021-Recommendation - ONC should work with CDC, industry associations, and STLTs to identify a prioritized set of core data elements for providers to collect and report to public health.
- PHDS-TF-2021-Recommendation - ONC should work with CDC, STLTs, and industry associations to define a minimum set of IIS functional standards. Standards should include the ability to receive immunization data in agreed-upon formats, accept messages using a standard transport mechanism, error reporting, scalable infrastructure, quality patient matching, and patient access to data. The use of a set of criteria that public health systems are measured against should be established. If a system fails to meet expected performance standards, the jurisdiction will be encouraged to correct deficiencies.
- PHDS-TF-2021-Recommendation - ONC should work with CDC and industry associations (i.e., AIM, AIRA) to establish a certification process to bring all IIS to the minimum functional standard defined through other recommendations. The certification should focus on testing to ensure adoption and uniform implementation of those standards for data content and structure, transport mechanisms, and infrastructure.
- PHDS-TF-2021-Recommendation - ONC should work with CDC and industry associated to expand the availability of certified lightweight immunization management systems for use by ad hoc vaccination providers. Systems should be SSO compatible for provider organizations. should be able to store and maintain medical records and should conform to minimum functional standards for collecting and reporting immunization data. These systems should not be used to replace workflows for providers using certified software capable of exchanging data with IIS.
- PHDS-TF-2021-Recommendation - Pharmacies, Fire Departments/EMS, Correctional, and Employee or School Based Clinics: ONC and CMS should invest in pharmacies and other healthcare partners that were not part of the MU and PI incentive programs to incentivize Pharmacy systems, NEMSIS to use health IT standards adoption to be equipped for data exchange via HIE for Public Health reporting like clinical health systems (e.g., expand Meaningful Use / Promoting Interoperability program). HL7 IIS reporting should be explicitly included as a standard for use.

DISCUSSION:

- Janet Hamilton reviewed the immunization-related recommendations and invited PHDS TF members to comment.
  - Steve Eichner submitted several comments:
    - The TF does not need to focus on existing IG's (like HL7's IG), and it may want to expand to include improvements/additions to existing IGs.
    - There is an opportunity to leverage health information exchanges (HIEs) to augment and route data, and the TF should not constrain recommendations.
    - Harmonize and recognize needs of states and local jurisdictions and ensure solutions address needs.
    - Provide opportunities for individuals to register for immunization events/systems. Consider measures to ensure interoperability through expanding standards for

scheduling vaccine appointments and avoid having patients reenter data.
    - Consider how to evolve existing standards to meet future data needs.
- Jim Daniels submitted several comments:
    - Develop standards and implement infrastructure for a provider-initiated multi-jurisdictional query.
    - Continue to develop standards and promote consumer access to IIS data.
    - Develop standards and functional requirements to promote a cross-jurisdictional exchange of IIS data (between states, even if the query is not initiated by a provider).
    - Connect to the immunization gateway.
    - He supported Steve's comments on standards for scheduling vaccine appointments. The TF should recommend building on what the United States Digital Service (USDS) has started for available vaccine appointments (through the use of APIs).
    - Janet asked Jim to comment on the process for scheduling appointments and related limitations. He responded that, for equity, APIs should be extended to multiple methods for a consumer to registering/understanding appointment availability (text messaging, web-based, phone calls to call center that would provide assistance). The TF must ensure that disparity is not furthered. Also, the TF should think through policy issues associated with
- Arien Malec submitted several comments:
    - He agreed with Jim's comments around the need to advance scheduling standards, specifically those to consolidate "available" slots and using APIs to address disparities. He discussed appointment scheduling challenges highlighted during the pandemic.
    - There is a need for population-level immunization queries. Query/retrieve is a universal need and should be open to the needs of a health system trying to schedule their patient panels/rosters for immunization appointments.
    - The TF could recommend expanding certification beyond electronic health records (EHRs) to pharmacies and other settings involved with vaccinations.
- Bryant Karras submitted several comments:
    - The TF should think beyond "ad-hoc" large vaccination sites and consider how to use these sites again in the future, such as the sites listed in the recommendation. Longer-term sustainable solutions enable sites to support future mass-vaccination needs.
    - He discussed his edits to the draft document.
    - He seconded previous comments made on scheduling and added that ensuring that patients should be able to easily cancel appointments. The process should be made more supportive for people.
- Steven Lane commented that there is a need to promote development and adherence to federal/national standards while accounting for flexibility for jurisdictions. He discussed the history and previous focus on state's rights and suggested that state/local needs are important but should only be followed in cases of documented need. National standards should be followed.
- Danielle Brooks submitted several comments:
    - She agreed with Steven's comments about promoting the overarching federal standards but stated that some flexibility should be given to state/local public health.
    - For scheduling, she emphasized the need to consider how to accommodate individuals who do not speak English or Spanish, given challenges encountered

with providing immunizations and access to care for populations during COVID-19 relief efforts and the resulting health disparities.
        - Consider how geographic and demographic barriers impact public health.
        - She emphasized the need to think broadly about data collection for undocumented immigrants and the need to keep race/ethnicity/language at forefront of the data collection/scheduling/outreach conversation.
    - Bryant Karras submitted several comments:
        - Be cautious about pushing states' responsibilities to the national level and do not allow states to create information/data siloes.
        - He suggested the following recommendation be added to the list:
            - PHDS-TF-2021-Recommendation - ONC should work with CDC and legal organizations (like the Center for Public Health Law) to identify policies that are culturally preventing health departments from fully interoperating immunization data with other systems and organizations (within the walls of public health e.g., Disease Reporting Systems and Death Registries).
        - He discussed interoperability challenges between public health data systems and the related policies/culture/perceived barriers.
        - Clem voiced his agreement with the comments and cautioned public health against siloing information by disease.
- Janet Hamilton thanked TF members for their comments and encouraged others to continue to capture broad/missing gaps for the TF to discuss in the future.

SYNDROMIC SURVEILLANCE RECOMMENDATIONS AND DISCUSSION

Janet led a discussion focused on syndromic surveillance and one potential TF recommendation. She asked the TF to prepare feedback on the following draft recommendation and to consider adding additional information around overarching gaps:

- PHDS-TF-2021-Recommendation– Syndromic Surveillance- ONC should collaborate with CDC and state health departments to further explore non-traditional data sources and surrogate markers that could be leveraged to assist in the identification of early clusters/outbreaks of disease incidence or provide additional inputs as an event unfolds.

DISCUSSION:

- Janet Hamilton reviewed the syndromic surveillance-related recommendation and invited PHDS TF members to comment.
    - John Kansky submitted the following comment:
        - He suggested that the TF add a recommendation to lower the burden on clinicians and increase the completeness and accuracy of surveillance by leveraging clinical data and the automation of reporting. https://pubmed.ncbi.nlm.nih.gov/32250707/
    - Les Lenert submitted two comments:
        - The term "syndromic surveillance" and the current view are too narrow. The TF should focus on real-time access to healthcare data.
        - The scope should be expanded to include healthcare providers beyond hospitals, including all outpatient sources, not just emergency departments.
    - Bryant Karras submitted several comments:
        - He agreed with the comments Les made but stated that, by definition, syndromic surveillance has moved beyond an uncoded syndrome. Also, the HL7 standard has evolved to include coded information and inpatient/outpatient reporting.
        - The situational awareness section should be moved to be paired with syndromic surveillance to better explain use cases.
        - Syndromic surveillance needs to be expanded further and augmented with

additional standards that can track personal protective equipment (PPE) utilization and other situational awareness data.
    - In response to a comment from Les, he stated that the TF should revisit Meaningful Use standard currently being used (and the most recent update).
- Steve Eichner submitted several comments:
    - The standard has been upgraded throughout Meaningful Use, and there is a core group working on future updates.
    - The TF should look at the definition of urgent care and define what urgent care is nationally.
    - If public health is only capturing data from one source, it may not be capturing adequate data to detect early threats. Other valuable uses of data coming in through syndromic surveillance for other public health purposes have been found (beyond early detection of threats) like health equity.
    - There is a need to define expanded use cases
- Steven Lane submitted several comments:
    - Look to primary care as a data source as more robust/automated means of accessing data are used.
    - Look at opportunities to apply machine learning to syndromic surveillance data to automate the detection of threats. He emphasized the need to think through how to apply/develop tools at local/state levels (through large integrated health systems, HIEs). Develop best practices for data sets at the national level, which would then be applied at state and local.
- Jim Daniel suggested that the TF review the following recommendations: https://healthpolicy.duke.edu/sites/default/files/2020-06/a_national_covid_surveillance_system.pdf
- Arien Malec submitted several comments:
    - There is a need to think beyond ADT-only syndromic surveillance sources (without abandoning the standard) and think about augmenting existing standards that incorporate ambulatory, urgent care, and other data sources.
    - He described the goals of the recommendations/work Jim mentioned in the link.
    - The TF may want to re-label it as something other than "syndromic surveillance" due to individual stigma around the word "surveillance."
    - Janet echoed his comments on evolving the terminology.
- Denise Love submitted several comments:
    - She agreed with many comments.
    - Providers are overburdened due to COVID-19 reporting standards.
    - The TF should focus on using existing data to avoid provider burden and to highlight best practices from the field (i.e., blending of ADT data and real-time/near-time hospital use data).
    - Janet stated that bringing timeliness into the discussion and how practices have evolved.
- Danielle Brooks suggested that public health should think about how to best capture SDOH data and understand population/social needs as a part of syndromic surveillance. She discussed COVID-19 and climate change use cases.
- John Kansky suggested that the TF add a recommendation to lower the burden and increase the completeness and accuracy of surveillance by leveraging clinical data and the automation of reporting. He provided this link: https://pubmed.ncbi.nlm.nih.gov/32250707/
    - Clem McDonald reinforced John's comments about using existing data streams and the comments Les made about pulling from the electronic medical record system (EMR) to reduce burden on providers/not making them fill out extra forms.

        - Janet stated that public health intends for health data to be reported and not to make providers complete additional forms. She described some of the complexities related to syndromic surveillance.
    - Bryant Karras submitted several comments:
        - The TF should think about recommendations from an all-hazards investment on how these are used and how these systems could be used (real-time/near-realtime to monitor the impacts of severe heat events and other natural disasters like windstorms, wildfires, inhalation of fumes when bringing heaters indoors, etc. The TF should discuss the use of these systems to assist with the response to these events.
        - Advances of Fast Healthcare Interoperability Resources (FHIR) & Bulk FHIR might allow public health to query partner systems to retrieve data. Are there use cases to leverage some capabilities under dev right now for syndromic surveillance?

LABORATORY RECOMMENDATIONS AND DISCUSSION

Carolyn led a discussion focused on laboratory and the potential TF recommendations. She asked the TF to prepare feedback on the revisions made to the draft recommendations since the TF discussed them at a previous meeting.

DISCUSSION:

- Carolyn Petersen reviewed the updates to the laboratory recommendations and invited PHDS TF members to comment.
    - Bryant Karras submitted the following comments:
        - He suggested changing the wording in the “Reporting for non-traditional testing sites” recommendation to "traditional laboratory referrals.”
        - He suggested adding "Point of Care or at home rapid test" in the parenthesis instead of "at home testing," as some kits are sent to traditional labs. Some reports are shared with public health, while other results are not sent on.
    - Steve Eichner submitted several comments:
        - He suggested adding clarification in the first recommendation about what needs to be certified and for what purpose in the information flow.
        - The TF should look at measuring and tracking public health receiving system capabilities, as opposed to having a certification system
        - LIMS used by public health, like private industry, need to perhaps look at the interoperability of the receiving systems to ensure that the data coming in meets public health functions and purposes.
    - Steven Hinrichs inquired if some recommendations were omitted or lost. He described a recommendation that was suggested to involve the FDA in the initial review and approval of laboratory tests so that they would have standards. Also, there was another recommendation that encouraged and leveraged LIMS. Finally, the HIE paragraph is separate from the AIMS/roles for the operation of HIEs.
        - Carolyn Petersen responded that the document contains the highest level of recommendations from TF members provided during previous meetings and via TF members working within the document.
        - Steven suggested that the document does not reflect the earliest TF meetings on these topics. Carolyn stated that some comments remain at the bottom of the draft, and ONC/the co-chairs did not intend to leave any comments out.
    - Danielle Brooks suggested adding language around security/privacy that would potentially incorporate privacy requirements with regards to storage for non-traditional requirements.
    - Clem McDonald discussed the differences between reporting specimen data for standard laboratories and the CDC.

- Bryant Karras submitted several comments:
  - The TF should ensure that the demographic capture requirement is captured in these recommendations (move up or cross-reference from the health equity section).
  - He asked ONC to wordsmith the non-traditional testing sites recommendation to include other sites and ancillary health partners left out of Meaningful Use incentives.
  - Think about how public health can leverage the ordering of tests from the provider and connect with laboratories.
- Carolyn Petersen explained that additional work would be done to improve the structure and cohesiveness of the document.
- Clem McDonald discussed how national labs are the best at following standards, while smaller hospitals often struggle. Also, he described issues with the order process for registration data and demographic data and getting it sent from the receiving institutions.
  - Janet Hamilton commented that the TF should reference the Duke-Margolis paper during future work on this section.

LABORATORY RECOMMENDATIONS AND DISCUSSION

Janet led a discussion focused on updates to case reporting and the draft TF recommendations. She asked the TF to prepare feedback on the revisions made to the draft recommendations since the TF discussed them at a previous meeting.

DISCUSSION:

- Janet Hamilton reviewed the updates to the case reporting recommendations and invited PHDS TF members to comment. She stated that several portions under the "Reporting Requirements" recommendation should be moved to the Laboratory recommendations.
  - Steven Lane inquired if it is necessary to call Electronic Case Reporting Now (eCR Now) out separately. He stated that eCR should be required, whether via DIrect, eHEx, or, eventually, via FHIR transport. He stated that the TF should be happy if it is implemented using whichever transport method works for the sender.
    - Arien Malec responded that eCR is a holistic program that includes FHIR and C-CDA based programs, and he was reacting to discussions with CDC partners. They have traditionally seen differences, and he was trying to indicate exactly what Steven stated, potentially using language that did not align. The wording was removed.
  - Steven shared several other comments:
    - The TF should think of leveraging eCR as a capability and enabling more bidirectional data sharing where clinicians/clinical decision support (CDS) can provide data back to providers.
    - The TF should define as a part of the recommendations what the standard data set should be.
    - The TF's recommendations should be modified to include states and local jurisdictions as a part of the decision-making process. It is vital that states and local jurisdictions (data users) are engaged as a part of this process, and decisions should not be made at a higher level only.
  - Janet Hamilton suggested defining what TF members mean by eCR when it is referenced (or eCR Now) to avoid confusion. Also, it should not interrupt the provider's workflow.
  - Bryant Karras stated that the TF should ensure that a recommendation is added on ONC/CDC investment in leveraging the AIMS/RCKMS, CSTE, and APHL infrastructure to support national eCR. He offered to add some text in this area. Also, he asked the editor to move the existing recommendation up from the HIE section.

        - Janet Hamilton agreed with the broad recommendation for eCR.
    - Clem McDonald discussed case reports, which are forms, and stated that a different term should be used to refer to this section (the eCR). He offered to share the reference to the specific HL7 standard.
        - Janet invited TF members to comment on the elements of the recommendations, including the bidirectional flow of data piece and queries for public health after the initial case report has been received.
    - Steve Eichner commented that the United States Core Data for Interoperability (USCDI) should be leveraged to support case investigation and access to necessary data.
        - Clem McDonald stated that large, comprehensive parts of the medical record are currently sent for case investigation.
        - Steve emphasized the need to manage patient privacy through the sharing of data that is appropriate/necessary/useful with public health.

Action Items and Next Steps

PHDS TF members were asked to work together in assigned smaller groups to refine the language of recommendations within the Google document. Edit access has been turned on for TF members to adjust the document body or comment functionality, and ONC has added survey responses to the Google drive folder for referencing fellow TF members' perspectives. TF members were asked to be prepared to discuss updates at the next meeting.

To ensure that the TF has adequate time to discuss and finalize the recommendations in advance of the July 14, 2021, HITAC meeting, the following adjustments to the PHDS TF schedule were made:

- Added an extra meeting on Tuesday July 6, 2021, 10:30 a.m. – 12:30 p.m. ET
- Extended meeting 30 mins on Thursday July 8, 2021, 10:30 a.m. – 12:30 p.m. ET

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There was one public comment received via phone:

Debbie Condrey, Sequoia Project:
Good afternoon and thank you so much for the opportunity to comment. As mentioned, I'm Debbie Condrey, and I am the Chief Information Officer for the Sequoia Project. As you might know, the Sequoia Project is a nonprofit public-private collaborative initiative to advance secure health IT interoperability for the public good. Prior to joining Sequoia, I worked within Virginia state government for 32 years, with the last 12 spent in leadership roles at the Virginia Department of Health, including the chief information officer position. Sequoia Project has supported the Patient Unified Lookup System for Emergencies (PULSE) since 2018 by facilitating an advisory council. We have recently expanded that workgroup and convene to the Emergency Preparedness Information Workgroup. That membership includes public health experts around the country, as well as others who are subject matter experts in emergency preparedness and response. The group's main focus is to discuss insights pertaining to our response as a country to the pandemic and to make recommendations based on the collective experience of our members, who are boots on the ground experts. During our workgroup meetings, we have discussed data and access to data needed in order to respond to emergencies, such as the pandemic. Bidirectional flow of data is key to ensuring the data is where it needs to be in order to respond appropriately to an emergency, whether that might be a pandemic or weather emergency or typical public health syndromic surveillance type situation. Three areas that seem key to frame up the data so that bidirectional exchange can take place include: a focus on accuracy, quality, and clarity of data; policy, law, and regulatory constraints within states that must be addressed (which includes the need to support state and local policy staff to identify their specific policy constraints and explore ways to better align policy to support national data sharing goals); and the third item is appropriate sustainability funding, in

addition to the initial grants available to public health, is very key. We would like to congratulate you on your work to date and would welcome the opportunity to provide a resource to the task force and to the full HITAC, as you work on resolving these complex issues. Thank you very much.

Janet Hamilton thanked Debbie for her comment and invited all members of the public to submit any additional comments in written form.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Good morning, and welcome back to the Public Health Data Systems Task Force. We will be starting soon.

Jim Jirjis: Jim Jirjis here

Sheryl Turney: waiting to get in

Sheryl Turney: in

Noam Arzt (HLN): https://www.cdc.gov/vaccines/programs/iis/func-stds.html

Arien Malec: What does "STLT" mean?

Rachel Abbey (ONC): state, territorial, local and tribal

Arien Malec: thx.

Jim Daniel: mine is raised

Carolyn Petersen: We can see the raised hands.

Janet Hamilton: I too can see the hands raised now - thank you all

Sheryl Turney: agree with multi-jurisdictional exvchange *[sic]* of data

Steve Eichner: We need guidance and standards regarding providing acces *[sic]* to minors' data- What are standaard *[sic]* processes for validating what parent or guadian , *[sic]* such as in a divorce, is legally ppermitted *[sic]* to acces *[sic]* data.

Denise Love: Agree with Jim's comments. I have a question----what is the expected transition time for full implementation? I have a sense that it might take years for provider/payer/public health systems to get to capacity---should there be a transition roadmap/plan with key milestones?

Steve Eichner: One example of standards that we need to address is use of FHIR

Janet Hamilton: Thanks Arien for your patience –

Sheryl Turney: Steve -agree minor access and standards are ones that payers deal with daily

Jim Daniel: Fore ease of note taking:

1. Develop standards and implement infrastructure for a provider initiated multi-jurisdictional query
2. Develop standards and Promote consumer access to IIS data
3. Develop standards and functional requirements to Promote cross jurisdictional exchange of IIS data
4. Connect to immunization gateway
5. +1 on standards for scheduling vaccine importants *[sic]* as Steve mentioned – build on what USDS has started for available vaccine appointments

Steve Eichner: We also need to address how providers access data held by public health to provide timely data within the capacity of public health systems. If multiple large providers, or HIEs, request data for the entire populations on a daily basis, some IIS systems may not have adequate capacity t respond. This may need some odification *[sic]* to iformation *[sic]* blocking rules or additional resources made available to expand technical capabilities

Steve Eichner: We also need a n approach for identifying the correct source of truth. How many copies of an indidivual's *[sic]* records should exist? synchronizing multiple instancnces *[sic]* can be challenging.

Chris Baumgartner: Should there be consideration to extend any standard scheduling systems/standards for vaccintation *[sic]* for testing also? That was a large need during the earlier parts of the pandemic.

Arien Malec: hear hear

Arien Malec: States and localities know their regions best but *standards* are national.

Denise Love: agree: a national core with ability to add local fields---core plus.

Arien Malec: we've seen again and again that state & local variability and custom data needs lead to *reduced* interoperability, and don't lead to states getting what they need.

Steven Lane: And the additions to the core should be specifically identified and published with supporting justifications. Some of these additions will represent evolving best practices that should be promulgated broadly. Some of them may be misguided or unnecessary and there should be ways to limit their use.

Steven Lane: If/when we have national certification standards for Public Health Data Systems, these could specify a requirement for documentation/justification of requirements beyond the national standards so that these can be catalogued and studied.

Jim Daniel: https://healthpolicy.duke.edu/sites/default/files/2020-06/a_national_covid_surveillance_system.pdf

Chris Baumgartner: We found it very important in WA State to receive Syndromic data from ED, urgent care and inpatient to help in our COVID Surv.... *[sic]*

Meryl Bloomrosen: Offering some thoughts and resources about real time data from multiple settings via EHRs (including full text): https://hbr.org/2020/06/how-one-health-system-is-transforming-in-response-to-covid-19 AND https://hbr.org/2020/06/building-a-real-time-covid-19-early-warning-system

Steven Lane: MUCH "urgent care" occurs in the primary care setting. Data from these settings should not be overlooked.

Steven Lane: Perhaps the definition/term of Urgent Care should be expanded to Urgent & Primary Care.

Bryant thomas Karras MD (Wa DOH): ESP and i2b2

Danielle J Brooks: i would recommend email as phone # are not static nor is home address Steven Hinrichs: Agree with Bryant, we need to find what happened to the ETOR and related recommendations.

Steven Hinrichs: Glad to see these werent *[sic]* lost. Yes they need to be moved

Bryant thomas Karras MD (Wa DOH): potentially leveraging tools such as AIMS/RCKMS

Noam Arzt (HLN): Thank you, Bryant!

Steven Hinrichs: Those were moved into the HIE paragraph

Mike Berry (ONC): We will open the call to public comments soon. To make a comment please call: 1-877-407-7192 (once connected, press "*1" to speak).

Steve Eichner: I agree with Bryant's comments, especially regarding support for infrastructure.

Clement McDonald: The part of the FHIR eCRI guide that is most informative (But technical) is http://hl7.org/fhir/us/ecr/StructureDefinition-eicr-composition.html

Resources

PHDS TF 2021 Webpage
PHDS TF 2021 – July 1, 2021 Meeting Agenda
PHDS TF 2021 – July 1, 2021 Meeting Slides
PHDS TF 2021 – July 1, 2021 Meeting Webpage
HITAC Calendar Webpage

Adjournment

Janet and Carolyn thanked everyone for their participation in the discussions. The explained that ONC staff would invite the core people to work across the assigned domain/topic areas, and PHDS TF members were invited to submit feedback individually or to meet as a group. ONC will share any missing contact information with group members.

Carolyn encouraged TF members to share all feedback as soon as possible in preparation for the TF's presentation to the HITAC on July 14, 2021.

Brett and Brenda shared the ongoing timeline and work plan for the PHDS TF 2021, noting that an additional meeting was scheduled. They encouraged TF members to continue to enter feedback into the shared Google document. The next TF meeting will be held on Thursday, July 6, 2021, from 10:30 a.m. to 12:30 p.m. E.T.

The meeting was adjourned at 12:30 p.m. E.T.