

Comments on Public Health Data Systems Task Force 2021 Recommendations Report

Recommendation 1: This recommendation presumes that such a preparedness plan does not already exist which may or may not be the case. It is suggested that the work of the [Bipartisan Commission on Biodefense](#) be examined and considered.

Recommendation 5: “Supporting data modernization initiatives” is somewhat unclear. The CDC Data Modernization Initiative is one activity here, but it is focused primarily on modernization *within* an agency and not interoperability *between* agencies. Some additional clarification might be useful.

Recommendation 11b: You might add the RCKMS acronym in the text since this is what most people recognize.

Recommendation 12b: I believe there *is* effectively a national implementation plan for the roll-out of standards-based interoperability between EHRs and IIS. CDC, through AIRA, has been promoting and implementing it for years. The COVID vaccination campaign has accentuated some of the limitations (mostly due to STLT law and policy) but the community is working steadily on minimizing differences and moving to more consistent implementation. Projects like the IZ Gateway are promoting IIS-to-IIS interoperability. The recommendation should better recognize the milestones that have been reached in light of the reality of the limitations.

Recommendation 13: It would be clearer if the issues of “standards” and “implementation infrastructure” were separated. In almost all cases, the *standards* necessary to implement these items exist and are being promulgated; in some cases they are well deployed nationally. The *implementation infrastructure* is sometime incorporated into the IZ Gateway project (like provider-initiated multi-jurisdictional queries), sometimes instantiated in *each* IIS (like consumer access), and in some cases is already widely deployed (like population-based queries to support reminder/recall). Some have historically been out of scope for IIS (like support for appointment scheduling) and provided by other applications.

Recommendation 14: Access to minors’ records has largely been driven by STLT law and policy, not Federal rules. AIRA has a wealth of guidance, including sample legislation, that addresses these issues. The Network for Public Health Law (NPHL) – represented on the Task Force – has been engaged with the IIS community for several years.

Recommendation 15: Reporting has been going on for years. The set of data elements desired by public health for reporting by EHRs is well known and well understood, including those that are absolutely essential.

Recommendation 16: IIS functional standards have been developed and promulgated by the IIS community for many years (see <https://www.cdc.gov/vaccines/programs/iis/func-stds.html>). In

addition, there is a CDC-funded project being performed by the Public Health Informatics Institute (PHII) to develop a normative set of IIS *requirements* which cover system functions and capabilities as well as non-functional system attributes. This material has not yet been widely circulated but has been used by at least one jurisdiction in IIS procurement over this past year.

Recommendation 17: This work has largely been done by AIRA (and NPHL!) already and plenty of material is available regarding this topic.

Recommendation 18d: It is not clear what “*standards* for timely adherence” means. Use of the word “standards” should likely be restricted to technical standards in this context.

Recommendation 18e & j: Perhaps these should be combined or at least related more explicitly.

Recommendation 21g: In our distributed environment in the US it is not clear what “centralized” means. National? Jurisdictional? Both?

Recommendation 30: One of the conceptual limitations of DMI is that it appears to be bounded by those functional areas under the responsibility of the particular CDC center where it is housed (CSELS). Immunization, for instance, is not explicitly included. This recommendation should advocate for broader data modernization, integration, and interoperability *beyond* the initial five core areas defined by the project.

Recommendation 41: This would have been the place to mention the Joint Public Health Informatics Taskforce (JPHIT) explicitly which was allowed to fade away in 2018. JPHIT should be revived immediately as a major channel for achieving the goals of this recommendation.

Recommendation 42: AIRA already does a huge amount of structured testing of IIS under its MACAW program. It takes guidance from CDC about how/if to move this testing to formal certification (it so far has not). It is not clear whether this recommendation was originally intended to address additional systems or domain areas (there is an “a” but not “b” ...).