AGENDA

Collaboration of the Health IT Policy and Standards Committees
Public Health Task Force
February 8, 2017, 9:30 a.m. – 4:45 p.m. ET
Marriott Wardman Park, Washington, DC

9:30 a.m. **Call to Order/Roll Call**
- *Michelle Consolazio, Office of the National Coordinator (ONC)*

9:35 a.m. **Opening Remarks**
- *P. Jon White, Acting National Coordinator*

9:45 a.m. **Review of Agenda**
- *Anne Fine, co-chair*
- *Larry Wolf, co-chair*

9:50 a.m. **Panel 1: Public Health Departments**
- *Aisha Haynie, Harris County Public Health*
- *Shawna Webster, National Association for Public Health Statistics and Information Systems (NAPHSIS)*
- *Oscar Alleyne, National Association of County & City Health Officials (NACCHO)*
- *Emily Petersen, U.S. Centers for Disease Control and Prevention (virtual)*
- *Charlie Ishikawa, Joint Public Health Informatics Taskforce (JPHIT)*
- *Mary Ann Cooney, Association of State and Territorial Health Officials (ASTHO)*
- *Gillian Haney, Massachusetts Department of Public Health*

11:00 a.m. **Break**

11:10 a.m. **Panel 2: Labs & Standards**
- *Virginia Sturmfels, Quest Diagnostics (virtual)*
- *Carmen Pugh, LabCorp*
- *Julie Luepke and Stephen Julien, Mayo Clinic*
- *Kelly Wroblewski, Association of Public Health Laboratories (APHL)*
- *Mary Wedig, Wisconsin State Laboratory of Hygiene (virtual)*

12:25 p.m. **Public Comment**
12:30 p.m. **Lunch**

1:30 p.m. **Panel 3: Clinical Decision Support (CDS) & Electronic Health Records (EHRs)**
- *Sasha TerMaat, Epic*
- *Karen Harris, American Congress of Obstetricians & Gynecologists (ACOG)*
- *Carey Eppes, Baylor College of Medicine*
- *Bill Hanson, College of Healthcare Information Management Executives (virtual)*
- *Bryn Rhodes, Database Consulting Group (virtual)*

2:45 p.m. **Break**

2:55 p.m. **Panel 4: Clinical Workflow**

- *Itara Barnes, KPMG*
- *Stephanie Hoelscher, Texas Tech University Health Sciences Center*
- *Kimberly Bodine, Tenet Healthcare (virtual)*
- *Vijay Shah, JBS International*
- *Rhoda Sperling, Mount Sinai Hospital (virtual)*

4:10 p.m. **Taskforce Discussion and Next Steps**

4:30 p.m. **Closing Remarks**

- *Anne Fine, co-chair*
- *Larry Wolf, co-chair*

4:40 p.m. **Public Comment**

4:45 p.m. **Adjourn**

PANELIST QUESTIONS

Panel 1: Public Health Departments

1. Relative to pregnancy status, what at a minimum, and optimally, does public health need to know?
2. How is pregnancy status captured across the continuum? Where is pregnancy information captured electronically and what elements in the EHR would be best for public health to leverage?
    - Is it currently possible to know what is needed based on calculations from an EHR system or do new processes need to be put in place to capture that information?
    - Are there win-win data collection processes and standards that could be useful to BOTH public health and clinical providers/pharmacists?
3. Is there a need to automate the CDS for Zika?
    - What are the options for vendors, EHRs and public health to manage rapidly changing content
4. Is there a need to automate the CDS for emerging public health threats?
    - In which situations should CDS from public health be available and implemented? What are the criteria?
    - What are the standards and when is it appropriate to push out CDS?
5. Is it important to capture postpartum status? If the person is not tested during pregnancy, then delivers, that's when the exposure history is elicited. That person is not technically pregnant anymore.

Panel 2: Labs and Standards

1. Identify best practices for sharing pregnancy status from the provider to both commercial labs and public health entities.
    a. How are data flowing currently?
    b. Are there short term, medium term and long term solutions that could be implemented to support and improve this data sharing?
2. Should standards be developed to address pregnancy status? If so, what would they need to address?
3. Is ask on order entry a good short term solution for sharing pregnancy status with labs and public health?

Panel 3: CDS & EHRs

1. Is there a need to automate the CDS for determining if someone should get a Zika test?
    - What are the options for vendors, EHRs and public health to manage rapidly changing content
2. Is there a need to automate the CDS for emerging public health threats?
    - In which situations should CDS from public health be available and implemented? What are the criteria?
    - What are the standards and when is it appropriate to push out CDS?

Panel 4: Clinical Workflow

1. How is pregnancy status captured across the continuum? Where is pregnancy information captured electronically and what elements in the EHR would be best for public health to leverage? How do we check pregnancy status (currently pregnant, terminated pregnancy, etc.)?
2. Is it currently possible to know what is needed based on calculations from an EHR system or do new processes need to be put in place to capture that information?
3. Are there "win-win" data collection processes and standards that could be useful to BOTH public health and clinical providers/pharmacists?
4. Should pregnancy status be captured within demographic information?
5. Is there other information (such as imaging) in the same place across EHR's that would be good to include? Where is this information stored?
6. What standards are available to enable collection of additional data elements beyond those in the EHR to support CDS and reporting to public health?