Health Information Technology Advisory Committee

Public Health Data Systems Task Force 2021 Virtual Meeting

Meeting Notes | May 6, 2021, 10:30 a.m. – 12:00 p.m. ET

Executive Summary

The focus of the Public Health Data Systems Task Force 2021 (PHDS TF 2021) meeting was to kick off the first meeting of the TF. Micky Tripathi, Dr. Dan Jernigan, and the TF co-chairs, Carolyn Petersen and Janet Hamilton, welcomed members to the first meeting of PHDS TF 2021 and discussed the executive order that led to the creation of the TF. The co-chairs and members introduced themselves and described their relevant public health backgrounds, industry involvement, and work experiences. The co-chairs discussed the PHDS TF 2021 charges, executive order, and key public health data systems-related definitions. The HITAC/ONC and the CDC will host an all-day HITAC meeting with a Public Health Data Systems Hearing that will include various panel discussions. It will take place on May 13, 2021. There was a discussion period during which TF members submitted comments and feedback on the topics presented.

There were no public comments submitted by phone, but there were several comments submitted via 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.	Introductions
11:15 a.m.	Overarching Charge and Specific Charge
11:20 a.m.	Executive Order Background and Key Definitions
11:30 a.m.	Meeting Schedule by Topic
11:40 a.m.	HITAC Public Health Data Systems Hearing Overview – May 13, 2021
11:45 a.m.	Discussion/Next Steps
11:50 a.m.	Public Comment
11:55 a.m.	Final Remarks
12:00 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 10:30 a.m. and welcomed members to the first 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
Ngozi Ezike, Illinois Department of Public Health
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
Nell Lapres, Epic
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
Aaron Miri, The University of Texas at Austin, Dell Medical School and UT Health Austin
Larry Mole, Veterans Health Administration
Sheryl Turney, Anthem, Inc.

MEMBERS NOT IN ATTENDANCE
Abby Sears, OCHIN

ONC STAFF
Micky Tripathi, National Coordinator for Health IT
Mike Berry; Designated Federal Officer
Brett Andriesen, ONC Staff Lead
Brenda Akinnagbe, ONC Staff Lead

General Themes

TOPIC: WELCOME, PHDS TF 2021 KICK-OFF, AND INTRODUCTIONS
Micky Tripathi, Dr. Dan Jernigan, and the TF co-chairs, Carolyn Petersen and Janet Hamilton, welcomed members to the first meeting of PHDS TF 2021 and discussed the executive order that led to the creation of the TF. The co-chairs and members introduced themselves and described their relevant public health backgrounds, industry involvement, and work experiences.

TOPIC: OVERVIEW OF PHDS TF 2021 CHARGES AND EXECUTIVE ORDER, & KEY DEFINITIONS
The co-chairs discussed the PHDS TF 2021 charges, executive order, and key public health data systems-related definitions.

TOPIC: HITAC PUBLIC HEALTH DATA SYSTEMS HEARING OVERVIEW
The HITAC/ONC and the CDC will host an all-day HITAC meeting with a Public Health Data Systems Hearing that will include various panel discussions. It will take place on May 13, 2021.

TOPIC: DISCUSSION/NEXT STEPS
The co-chairs invited PHDS TF 2021 members to submit comments and feedback verbally or within the chat feature in Adobe.

Key Specific Points of Discussion

TOPIC: WELCOME, PHDS TF 2021 KICK-OFF, AND INTRODUCTIONS
Micky Tripathi, the National Coordinator for Health IT welcomed members and explained that he co-chairs a

joint work group with Dr. Dan Jernigan, Acting Deputy Director for Public Health Science and Surveillance, Centers for Disease Control and Prevention (CDC), to review public health data systems and their ability to detect and respond to COVID-19 and future public health threats, as required under an executive order that President Joe Biden signed in January 2021. Interoperability was specifically called out in the executive order, so he explained it is important from a health IT perspective. Micky discussed how the work group will focus on moving the current standard of public health data systems to a more dynamic healthcare ecosystem that includes public health (not siloed systems with static reporting). Next, Dr. Jernigan introduced himself and described the roles he has held recently at the CDC and the National Response Coordination Center for COVID-19 relief efforts. In his current role, he oversees the data modernization activities, funding strategies, and implementation work. He looks forward to addressing the executive order with the TF.

Micky discussed how the COVID-19 pandemic tested the decentralized U.S. public health data system and added that it has historically been under-resourced and not as connected or interactive as it could be in the future. The PHDS TF 2021 has the opportunity to examine gaps that were identified during the pandemic and to use funding that is now available to prepare the system to handle future public health crises better. He thanked all members for joining the PHDS TF 2021.

The PHDS TF 2021 co-chairs, Janet Hamilton and Carolyn Petersen, welcomed members. Carolyn explained that PHDS 2021 TF would be following up on the March 2020 meeting of the HITAC, during which presenters shared perspectives on the then emergent COVID-19 situation. The TF will discuss ways in which health IT can continue to manage the pandemic and also how health IT can more efficiently and effectively work with clinicians to serve patients. Janet added that, though COVID-10 highlighted gaps in the public health infrastructure and for interoperability in health care, they preexisted the pandemic. The co-chairs introduced themselves and invited all of the members present to introduce themselves and share any necessary disclosures.

INTRODUCTIONS:

- Carolyn has served as an advocate for patients after surviving pediatric cancer and is currently Senior Editor for Mayo Clinic's health information website. In addition, she served as a patient stakeholder reviewer for the Patient-Centered Outcomes Research Institute, a patient advocate for the National Cancer Institute, and a consumer representative for an advisory panel at the Food and Drug Administration. She emphasized that, as a member of the TF, her views expressed are personal and do not reflect the policy/position of Mayo Clinic. She is an unpaid member of the HL7 International Board of Directors.
- Janet is the Executive Director of the Council of State and Territorial Epidemiologists (CSTE), representing the epidemiologists on the front line of the COVID-19 response at the state, local, tribal, and territorial levels. Previously, she worked as an epidemiologist for the Florida Department of Health and led the disease surveillance activities and data systems, including backing policies.
- Danielle Brooks is the Director of Health Equity for the AmeriHealth Caritas family of companies and is responsible for health equity development in the communities served by AmeriHealth. She works on improving data systems and leading COVID-19 outreach strategies for minority populations, and she serves on the National Committee for Quality Assurance (NCQA) Health Equity Committee. Previously, she served on the Patient Centered Outcome Research Institute (PCORI) Health Disparities Advisory Panel and as the AcademyHealth co-chair for Low Value Care. She added that her views are her own and do not represent her company.
- Denise Chrysler directs the Network for Public Health Law's Mid-States Region located at the University of Michigan School of Public Health. She is a member of the National Committee of Vital Health and Statistics (NCVHS) and is a member of her local health board.
- Jim Daniel is the Public Health lead for State and Local Government at Amazon Web Services (AWS). Before joining AWS, he worked as Director of Public Health Innovation for the Office of the Chief Technology Officer and as the Public Health Coordinator for the Office of the National Coordinator for Health IT.

- Steve Eichner is the Health Information Technology Lead at the Texas Department of State Health Services (DSHS), and he has worked to plan and implement health information technology projects that improve the department's ability to make data-informed decisions and increase interoperability. He also serves as co-chair of the Public Health Task Force on Promoting Interoperability.
- Ngozi Ezike is the Director of the Illinois Department of Public Health and is a board-certified internist and pediatrician who previously worked for the Cook County Department of Public Health (CCDPH).
- Claudia Grossmann is a Senior Program Officer with the Research Infrastructure team at the Patient-Centered Outcomes Research Institute (PCORI). She provides oversight for initiatives designed to strengthen community-driven research, including within PCORnet, the National Patient-Centered Clinical Research Network.
- Steve Hinrichs is the Chair of the Department of Pathology and Microbiology at the University of Nebraska Medical Center. He is board-certified in Anatomic and Clinical Pathology with a special interest in microbiology and emerging infectious diseases. He was previously the Director of the Nebraska Public Health Laboratory and served as the Association of Public Health Laboratory Informatics Committee chair. He is a member of the FDA Shield Initiative.
- Jim Jirjis is a board-certified internist and Chief Health Information Officer at HCA Healthcare. He was in charge of HCA's Public and State Reporting before and during COVID. He is a member of the Sequoia Provider Subgroup.
- John Kansky is the President and CEO of the Indiana Health Information Exchange. He is on the boards of the Strategic Health Information Exchange Collaborative (SHIEC), the Consortium for State and Regional Interoperability (CSRI), and the Regenstrief Institute. He is the former CIO for Marion County Health Department in Indiana, which includes Indianapolis.
- Bryant Karras is the Chief Informatics Officer and Senior Epidemiologist at the State of Washington Department of Health. His current position is in the Office of Science Health and Informatics, where he guides the agency's interoperability work. He is a physician, an engineer, and public health informatician. He was formerly a Public Health Informatics faculty member at the University of Washington and has roles in subcommittees/work groups in Council of State and Territorial Epidemiologists (CSTE), the Association of State and Territorial Health Officials (ASTHO), American Medical Informatics Association (AMIA) Public Health Informatics Working Group, and previously served on the oversight committee for his state's health information exchange (HIE). He is a member of HL7's Public Health Work Group.
- Steven Lane is a practicing primary care physician and clinical informaticist at Sutter Health in Northern California and serves as Clinical Informatics Director for Privacy, Information Security & Interoperability. He has served on many task forces of the HITAC, and he is currently the co-chair of the U.S. Core Data for Interoperability Task Force 2021 (USCDI TF 2021). He is the chair of the Sequoia Project, on the Carequality Steering Committee, and has roles within HL7, AMIA, and DirectTrust.
- Nell Lapres is an interface engineer and leads the COVID-19 Vaccination Interface Response Task Force at Epic. Nell represented Epic as a co-chair of the HL7 Public Health and Emergency Response workgroup for 2 years and participated in the workgroup for 3 years.
- Les Lenert is a primary care physician and is the Assistant Provost for Data Science and Informatics, Chief Research Information Officer, Professor of Internal Medicine, and SMART State Chair in Healthcare Quality at the Medical University of South Carolina (MUSC). He is also Vice President and Chief Medical Officer for Health Sciences South Carolina (HSSC) and Adjunct Professor of Computer Science and Engineering at the University of South Carolina. He has served on the HITAC for four years and was previously the founding Director of the National Center for Public Health Informatics at the CDC.

- Denise Love is a member of the National Committee on Vital Health Statistics (NCVHS) and is co-chair of the National Standards Committee. She has three decades of experience with public health data system development at the state and national levels. She was appointed as the Director of the Office of Health Data Analysis at the Utah Department of Health and as Executive Secretary of the Utah Health Data Committee, and then she served as the Executive Director of the National Association of Health Data Organizations (NAHDO) between 1999-2019. She also served as co-chair and co-founder of the All Payer Claims Database Council (APCD).
- Arien Malec SVP, R&D Clinical and Administrative Networks for Change Healthcare, addresses high scale information exchange and improved care, improved health, and cost containment through the use of clinical data. Before that role, he worked at the Office of the National Coordinator, as Coordinator for the Direct Project and the Standards and Interoperability Framework. Previously, he was VP, Product Management for RelayHealth.
- Clem McDonald is the Chief Health Data Standards Officer at the National Library of Medicine (NLM). Previously, he spent over 35 years at the Indiana University School of Medicine where he developed the Regenstrief Medical Record system, which was one of the first electronic medical record systems in 1972, and he published the first randomized trials showing the benefits of computer reminder systems and of physician order entry systems. He is involved with HL7, LOINC, the Unified Code for Units of Measure (UCUM), and other HITAC task forces.
- Aaron Miri is the Chief Information Officer for the University of Texas at Austin, Dell Medical School and UT Health Austin. He discussed work UT Austin has done on the frontlines of the COVID-19 pandemic relief efforts and as one of two vaccine hubs in Texas. He is also the co-chair of the HITAC.
- Larry Mole is the Chief Officer of Population Health at the Veterans Health Administration, and he oversees the following National programs: Health Equity, Health Solutions, LGBT Health, Health Promotion and Disease Prevention, Post Deployment Health, Public Health, and Rural Health.
- Abby Sears is the Chief Executive Officer at OCHIN and is responsible for the overall strategy and executive leadership at OCHIN. She was not present at the meeting to share additional introductory information.
- Sheryl Turney is a Director within Anthem, Inc., where she is the enterprise subject matter expert in the area of health data sharing, health data use, APCD (All Payer Claims Data) strategy, policy & analytics. She has been a member of the HITAC for four years and has served on several HITAC task forces, including serving as co-chair of the Intersection of Clinical and Administrative Data Task Force (ICAD TF). She serves on several APCD advisory and data use committees and is on the APCD Data Release Committee for Connie, a newly formed Health Information Alliance (HIA) for Connecticut. She works with HL7, CARIN, and others.

Additional biography information for the TF members can be found at:
https://www.healthit.gov/hitac/committees/public-health-data-systems-task-force-2021

TOPIC: OVERVIEW OF PHDS TF 2021 CHARGES AND EXECUTIVE ORDER, & KEY DEFINITIONS

Carolyn discussed the PHDS TF 2021 charges, which include:

- Overarching 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.
- Specific Charges: The PHDS Task Force shall:
  - 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.

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

Janet described the Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats and highlighted Section 3. Public Health Data Systems, which stated that the Secretary of HHS, in consultation with the COVID-19 Response Coordinator and the heads of relevant agencies, shall promptly:

- (a) review the effectiveness, interoperability, and connectivity of public health data systems supporting the detection of and response to high-consequence public health threats, such as the COVID-19 pandemic;
- (b) review the collection of morbidity and mortality data by State, local, Tribal, and territorial governments during high-consequence public health threats, such as the COVID-19 pandemic; and
- (c) issue a report summarizing the findings of the reviews detailed in subsections (a) and (b) of this section and any recommendations for addressing areas for improvement identified in the reviews.

Janet described the key definitions for the following terms: high-consequence public health threat, effectiveness, interoperability, and connectivity. These definitions were included on slides #7 and #8 of the presentation materials. Also, she stated that a public health data system is defined as an information technology system (or systems) used to collect, analyze, and disseminate health related data to monitor, assess, and improve the health of populations. She defined examples of traditional systems and discussed an expanded view of public health data systems, in addition to non-traditional systems. Additional definitions and examples were included on slide #9 of the presentation deck.

TOPIC: PHDS TF 2021 MEETING SCHEDULE

Brett Andriesen and Brenda Akinnagbe will be the ONC staff leads for the PHDS TF 2021, and they introduced themselves. Brett discussed the TF's upcoming meeting schedule, which was broken down by topic and was included on slides #10 and #11 in the presentation deck. He explained that the following topics would be discussed at meetings with these themes:

- Public Health Surveillance (data standards, infrastructure, connecting/linking/sharing/integrating data, health equity, surveillance systems, interoperability around situational awareness during emergency responses, case reporting, testing, etc.)
- Public Health Information Infrastructure Improvements (preparedness, equity, performance, scalability, longitudinal tracking, data quality, policy, workforce gaps)
- Research Innovations (creating conditions that encourage innovations, stakeholder outreach/engagement, open data access, data format and quality)
- Engaging and Empowering Individuals and Providers/Clinicians (ensuring good feedback loops)

He noted that the schedule is subject to change, and an expanded timeline will be provided to TF members. The TF will present its final recommendations to the HITAC at its July 14, 2021 meeting.

TOPIC: HITAC PUBLIC HEALTH DATA SYSTEMS HEARING OVERVIEW

Brett explained that HHS/ONC and the CDC will host an all-day HITAC meeting with a Public Health Data Systems Hearing starting at 9:00 a.m. ET. It will include various panel discussions, and Brett listed some of the topics that would be covered. The finalized agenda will be made public shortly. The TF will examine issues raised during the hearing at a future meeting.

TOPIC: DISCUSSION/NEXT STEPS

The co-chairs invited PHDS TF 2021 members to submit comments and feedback verbally or within the chat

feature in Adobe. A public comment period will be held later in the meeting.

DISCUSSION:

- Clem commented that defined coding or structure is necessary if data is being sent electronically, even if it is narrative/text in formatting.
- Bryant emphasized Clem's comment and discussed challenges related to the underfunding/lack of attention public health data systems have experienced over the years. He stated that they often have to revert to the lowest common denominator/legacy file formats instead of using modern standards with best practices. He hopes the TF can identify and make recommendations for how public health can improve in these areas.
- Jim Daniel submitted two comments:
  - The specific types of public health data systems that will be discussed should be added to the list of broad topics up for discussion at each meeting on the timeline. The TF should focus on systems that were key to COVID responses (reporting and immunization systems and surveillance) in addition to the broader topics.
  - A similar TF was held during Zika response efforts, and the recommendations it made around electronic lab reporting, and complete data should be reviewed.
  - Carolyn will follow up with him for a copy of the previous TF's recommendations.
- Arien commented that the timeframe is aggressive, so he suggested that this TF consider breaking its work plan into two phases with a longer timeline. The TF should also examine funding, operating, and incentives mechanisms that touch all stakeholders in the ecosystem. He discussed a specific example around how information was lost in a review of the lab reporting system.
- Sheryl discussed issues and inconsistencies she has encountered, as a payer, with immunization registries across the U.S. Collecting this data and making it meaningful requires a great amount of effort, and reporting the data is not always required. Identifiers are inconsistent, so using the data in a meaningful way can be difficult. Foundational work is needed, and the TF should look into using other learnings from systems that have implemented additional tools (Bill Pay, etc.).
- Aaron shared several comments:
  - The PHDS TF 2021 should think about health equity by design as a key guide for its work. The National Coordinator has emphasized this idea.
  - He discussed work UT Austin has done on data around contact tracing, vaccination.
  - Public health workers are doing the best they can, and this is an opportunity to fix design and infrastructure issues (e.g., the continued use of fax machines).
  - He thanked everyone on the HITAC and other committees who have been working tirelessly for the past year.
- Steven Lane submitted several comments, which included:
  - He is the USCDI TF 2021 co-chair and shared that, through many submissions for public health related data elements and classes were not included in the draft of Version 2 of the USCDI (USCDI v2), the progress of the USCDI work is largely driven by stakeholder input. He invited PHDS TF 2021 members to comment on and support elements in the ONC New Data Element and Class (ONDEC) submission system to make the process more robust.
  - The Pew Charitable Trusts sponsored a series of webinars on public health topics and developed draft policy suggestions that the TF should review. Janet was involved in this work.
  - There is a need to focus on clinical data and integrating relevant data into clinical workflows. There are opportunities to work on supporting and scaling up the bidirectional exchange of clinical data, including those that were piloted during the pandemic.

  - The TF has an opportunity to leverage existing interoperability tools and efforts, including the Directed Exchange methodology, Query-Based Document Exchange, and HL7's Fast Healthcare Interoperability Resources (FHIR®).
- Denise L. commented that the TF should discuss governance, the need for broader use cases, and linkage between traditional and non-traditional data systems to fill gaps. Designing data exchange across the ecosystem to broaden access will be important.
- Danielle voiced her agreement with the others' comments and echoed Aaron's statement that the TF should focus on health equity by design. She described the challenges of effectively using demographic data due to the ways in which it is currently classified and bucketed. The TF should examine these issues and also focus on other elements that can be incorporated, including language, disability, and sexual and other gender identification (SOGI) data.
- Steve Hinrichs commented that the TF should look into how building blocks that have already been developed (USCDI, HIEs, TEFCA) can be used to serve public health data needs, like sharing data between payers and providers while addressing the privacy concerns of patients.
- Les commented that the TF should focus on how to best use the resources/funding for public health and infrastructure, informatics, data exchange, and syndromic surveillance to make a more equitable system that can work in an ecologically sound manner with the clinical care system to care for the population of the U.S. The TF must consider the diversity in public health delivery systems, clinical healthcare delivery, and clinical population health services and determine how to bring them together to optimize public health. He cautioned the TF that the approach they create should create a level playing field for public health departments and not focus on one given standard/approach. The design should be able to grow.
- John responded to the comments Steven Lane and Steve Eichner made earlier about building on and better integrating public health infrastructure and systems. He stated that HIEs are ready data assets and data plumbing assets that demonstrated their usefulness during the pandemic. The TF should look at HIE outcomes/experiences across states and territories and consider making recommendations around how to make them work together via readiness of operability and policy solutions.
- Nell echoed other TF members' comments about breaking down silos in the ecosystem and allowing for better exchanges of data between healthcare organizations and public health to improve patient care. The TF should focus on the scalability of the exchange of data for the long-term success of the project.
- Jim Jirjis commented that there are costs/waste associated with providers interacting with public health, so there should be an onramp approach (similar to TEFCA, possibly using an intermediary) to make technologies and processes more streamlined.

Action Items

As their next steps, the PHDS TF 2021 will:

- Review document that will be circulated by the co-chairs and prepare comments for discussion,
- Identify gaps but also focus on the idea of meaningful recommendations,
- Share any prior work materials (mentioned during the meeting and additional) with the co-chairs for circulation to all TF members,
- Keep the rigorous meeting schedule in mind and be prepared for meeting times/the meeting schedule to be extended, given the importance of the TF's work.

The TF co-chairs and the ONC team will create and share a Google document with all members to address key questions and topic areas to set the stage for future meetings following the HITAC hearing.

Public Comment

QUESTIONS AND COMMENTS RECEIVED VIA PHONE

There were no public comments received via phone.

QUESTIONS AND COMMENTS RECEIVED VIA ADOBE CONNECT

Mike Berry (ONC): Welcome to the kick-off of the Public Health Data Systems Task Force. We will be starting soon.

Jim Jirjis: Jim Jirjis

Leslie A Lenert: waiting to get on

Aaron Miri: @John Kansky - Guitar riff request - Stairway to Heaven :-)

John Kansky: yeh...no

John Kansky: Dr Karras... I'm I

John Kansky: Dr Karras... I'm a bioengineering grad from UW

Larry Mole - VA: Hi. I am on but can't seem to open my mike

Larry Mole - VA: mic :-)

Aaron Miri: Sorry I forgot to state, I am the co-chair of the hitac. And i serve as a member of the board of directors with The Sequoia Project, Commonwell Health Aliiance *[sic]*

Arien Malec: I'm on late :-(

Aaron Miri: Welcome Arien!

Carolyn Petersen: Welcome, Arien. We'll circle back to you for an Intro just before Public Comment.
Larry Mole - VA: And I am on as well.

Bryant thomas Karras MD: agreed!

Aaron Miri: @bryant - I would be happy with CSV. I've had to explain to some groups how not to rely on fax machines :-(especially for sharing case data

Bryant thomas Karras MD: @arron didn't want to make the delta seem unattainable

Carolyn Petersen: Thanks, Larry. We look forward to your Intro, too.

Jim Jirjis: here here. Was going to mention concern that we address funding for public health departments (and other participants in the ecosystem), as well as incentive for them to align to not only techincal *[sic]* specification, but also processes

Jim Daniel: We need to also remember that besides the technology stack, we need to think about policy issues. Remember one of the main barriers with ELR (especially results coming from national labs) has been public health does not receive the demographic information needed to start a case investigation. There are currently no national policy levers to address this gap.

clem mcdonald: A problem for public health- at least in the past-- has been the stove pipling *[sic]* created by funding foucs *[sic]* on single diseases or infections. Wonder if Leslie could commont *[sic]* on that issue and how to get to a uniform, not disease spevific *[sic]* data managment *[sic]* at CDC

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

Arien Malec: Should also share the Duke Margolis reports on this topic.

Larry Mole - VA: Nice discussion. Would second undertanding *[sic]* barriers with policy/regulations, equity, lessons learned from COVID-19, address data driven response (so we collect the right information to answer the question in a timely manner), and literacy (including health literacy) in SDOH

Aaron Miri: Also a plug for the HITAC Annual Report Workgroup Submission from FY20. Lots of PH items in there.
https://www.healthit.gov/sites/default/files/page/202103/HITAC%20Annual%20Report%20for%20FY20_508_0.pdf

Denise Love: Thanks to Co-chairs and staff and I look forward to the work ahead

Arien Malec: When I say "ecosystem" I'm referring to the economic and policy incentives to ensure that data source originators (e.g., ordering providers, EHRs, labs, etc.) & public health have the incentives and funding to get interoperability and data sharing & the policy incentives to do so.

Resources

PHDS TF 2021 Webpage
PHDS TF 2021 – May 6, 2021 Meeting Agenda
PHDS TF 2021 – May 6, 2021 Meeting Slides
PHDS TF 2021 – May 6, 2021 Meeting Webpage
HITAC Calendar Webpage

Adjournment

Janet and Carolyn thanked everyone for their participation and willingness to serve on the TF. Themes for the TF to consider, going forward, are equity by design, the appropriate use of resources for public health, completeness/timeliness of data, scalability of standards sharing, and making use of structured data.

The usual meetings of the TF will be held on Thursdays from 10:30 a.m. to noon, but, due to the upcoming HITAC meeting, the next PHDS TF 2021 meeting will be held on Friday, May 14, 2021, from 12:00 p.m. to 1:30 p.m. E.T.

The meeting was adjourned at 11:50 a.m. E.T.