

Health Information Technology Advisory Committee

Public Health Data Systems Task Force 2022 Meeting

Meeting Note | October 12, 2022, 10:30 AM – 12 PM ET

Executive Summary

The Public Health Data Systems Task Force 2022 (PHDS TF) is a joint task force that consists of HITAC members, federal representatives of the HITAC, and several other subject matter experts (SMEs). The focus of the meeting was to review and discuss (f)(7) Criteria: Transmission to Public Health Agencies – Health Care Surveys. Gillian Haney and Arien Malec, PHDS TF 2022 co-chairs, provided opening remarks and reviewed the agenda for the meeting. The TF received a presentation on the (f)(7) Criteria. The co-chairs presented updates made to the topics worksheet for use in developing TF recommendations to the HITAC and held discussion periods. There were no public comments submitted verbally, but there was a robust discussion held via the chat feature in Zoom Webinar.

Agenda

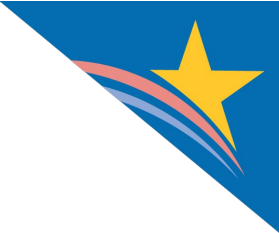
10:30 AM	Call to Order/Roll Call
10:35 AM	(f)(7) Transmission to Public Health Agencies – Health Care Surveys
11:00 AM	Discussion
11:25 AM	Task Force Topics Worksheet
11:50 AM	Public Comment
11:55 AM	Next Steps
12:00 PM	Adjourn

Roll Call

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the October 12, 2022, meeting to order at 10:30 AM.

Members in Attendance

Gillian Haney, Council of State and Territorial Epidemiologists (CSTE), Co-Chair
Arien Malec, Change Healthcare, Co-Chair
Rachelle Boulton, Utah Department of Health and Human Services
Hans Buitendijk, Oracle Cerner
Heather Cooks-Sinclair, Austin Public Health
Erin Holt Coyne, Tennessee Department of Health
Charles Cross, Indian Health Service
Steven (Ike) Eichner, Texas Department of State Health Services
Joe Gibson, CDC Foundation
Rajesh Godavarthi, MCG Health, part of the Hearst Health network



John Kansky, Indiana Health Information Exchange
Bryant Thomas Karras, Washington State Department of Health
Steven Lane, Health Gorilla
Leslie (Les) Lenert, Medical University of South Carolina
Hung S. Luu, Children’s Health
Mark Marostica, Conduent Government Solutions
Aaron Miri, Baptist Health
Alex Mugge, CMS
Stephen Murphy, The Network for Public Health Law
Eliel Oliveira, Dell Medical School, University of Texas at Austin
Jamie Pina, Association of State and Territorial Health Officials (ASTHO)
Vivian Singletary, Public Health Informatics Institute
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Sheryl Turney, Carelon Digital Platforms (an Elevance Health company)

MEMBERS NOT IN ATTENDANCE

Jim Jirjis, HCA Healthcare
Jennifer Layden, CDC
Abby Sears, OCHIN

ONC STAFF

Mike Berry, Designated Federal Officer
Brenda Akinnagbe, Program Staff
Liz Turi, Program Staff

PRESENTERS

Carol DeFrances, Acting Director, Division of Health Care Statistics, National Center for Health Statistics

Key Specific Points of Discussion

Topic: Opening Remarks

Gillian Haney and Arien Malec, PHDS TF 2022 co-chairs, welcomed everyone. Arien reviewed the agenda for the meeting, noting that the TF would receive a presentation on the (f)(7) Criteria: Transmission to Public Health Agencies – Health Care Surveys. He noted that vendors will give a panel presentation on public health data systems technology at a future TF meeting, and then the TF will begin to focus more on creating its recommendations report. Gillian invited the subject matter expert (SME) presenter to highlight the (f)(7) Criteria during her presentation.

Topic: (f)(7) Transmission to Public Health Agencies – Health Care Surveys

The co-chairs welcomed a SME to share perspectives on health care surveys with the PHDS TF 2022.

Carol DeFrances, Acting Director, Division of Health Care Statistics, National Center for Health Statistics, [presented an overview of the National Center for Health Statistics \(NCHS\) National Health Care Surveys](#). She described how the surveys produce statistics and estimates. She shared a slide depicting the spectrum of care covered by the NCHS surveys across ambulatory, hospital, and long-term settings. They currently have five active surveys, and she highlighted these. She described examples of data elements collected in the surveys across the facility/practice level, patients, and encounters data classes. She noted that, because the users of the NCHS data are varied, the data are disseminated in a variety of ways, which were detailed in the



presentation slides.

Carol described how NCHS has leveraged healthcare data standards and interoperability regulations to enable electronic health record (EHR) data collection and highlighted the program partners. She stated that, as part of the CDC's Data Modernization Initiative (DMI), NCHS is building infrastructure and enhancing data capacity to support EHR collection through migration to the cloud to support the National Health Care Surveys for collecting and processing EHR claims data and the Fast Healthcare Interoperability Resources (FHIR) EHR Data Lake Pilot Program: 2022-2023. She ended the presentation with the NCHS vision for the future and shared their detailed recommendations in the presentation slides.

The co-chairs facilitated a discussion session following the SME presentation.

Discussion:

- Gillian thanked the presenter and noted that this is a very different data set and data set than the other public health criterion the PHDS TF has reviewed.
- Arien commented that are different (f) Criteria reference guides and asked Carol to share the NCHS recommendation for the guide used for certification (e.g., previous, most current, FHIR?).
 - Carol explained that NCHS has released several versions of the guide and that most products are certified to the 1.2 version of the guide. They also have release versions 2.1 and 3, though vendors do not yet use them for certification. She shared the history of the development of these guides and noted differences between the versions of the guides. She stated that, because they are sample-based and smaller, vendors have been reluctant to build products using them, but their preference is to move to FHIR and align with the United States Core Data for Interoperability (USCDI) to be more in line with the rest of the CDC.
- Gillian inquired about the scale of the participating provider organizations and whether NCHS's intention is to broaden the distribution.
 - Carol responded that there are 95,000 providers and 350 hospitals in the registry, and they hope to bring more on to collect data for use by NCHS and other parts of the CDC.
- John Kansky shared his support for NCHS's work related to moving to the cloud and FHIR and asked if they plan to fill in gaps or to augment the data by leveraging health information exchanges (HIEs).
 - Carol responded that they have considered this suggestion but, instead, are trying to augment using purchased data from third-party vendors to supplement the data they collect. NCHS worked with HIEs several years ago and is open to do so again in the future, because they have found that getting the data is difficult (open to new sources).
 - John offered to create connections between NCHS and HIEs to foster new partnerships.
- Bryant asked if NCHS collects social security numbers to longitudinal link data and, if so, is NCHS doing anything to protect the social security numbers in light of recent efforts to move to the cloud (e.g., hashing as received or creating an implementation guide (IG) of a hash of the numbers).
 - Carol responded that NCHS makes requests but does not always receive this information, and sometimes, they only receive the last four digits. The data are protected. The linkage variables are not shared with researchers and there is no intention to share this data, which is only being used for linkage purposes.
 - Bryant commented on the factors necessary to participate (e.g., being selected, using certified technology) and asked about the number able to send electronic record system extracts. Carol responded that NCHS is only collecting it for the National Hospital Care Survey from about 50 hospitals (ones in the sample). She described challenges faced in getting data (e.g., issues with quality, approvals, completeness). Brian explained that when they get clinical document architecture (CDA), there are many fields in the data with missing information. Carol stated that they have issues with missing data because there was no context-based testing, and there are issues with custom built data elements. Bryant



suggested that the next level of certification should include content validation and offered to follow up with her to determine how the IG could be translated into certification criteria for senders. Carol thanked him and described her experiences with competing standards and recent work with medication data. NCHS has also been working to reduce data lost during conversion.

- Hans asked about the potential impact of the release of the CDA-based specification that currently in the ONC Standards Version Advancement Process (SVAP).
 - Carol responded that they are moving to FHIR and described their role in the CDC's MedMorph Project to improve getting data to public health.
 - Hans asked if the submission process follows the guide and for more information about it. Carol responded that they are aligning more closely with the USCDI standard now and then have dropped certain elements (e.g., expected payment). They plan to submit new data element requests to the USCDI in the future through a streamlined joint effort with the rest of the CDC. Carol commented that these changes might encourage EHR vendors to work with NCHS and complete their surveys.
 - Hans stated that FHIR API-based approaches may be more appropriate for some partners to use to acquire data and asked if the intent is to strictly stick to MedMorph or to focus on the content equivalent of CDA in FHIR. Carol responded that they are in the midst of starting their FHIR pilot, so they need to get started with the vendors first. Their focus is on getting the data they need to put out their statistics but with the least burden on the provider and the vendor.
- The co-chairs thanked the presenter for her time and all commenters for sharing during the discussion.

Topic: Task Force Topics Worksheet

Arien thanked all who members who updated the PHDS TF 2022 Topics Worksheet. He described updates to the document, including a color-coding system (green = locked in spreadsheet and moved text to transmittal document, yellow = in-progress, red = potential duplicate, yellow = discussion in progress, grey = yet to be reviewed by the TF). He invited TF members to share feedback, using their full names with comments and briefly reviewed new information TF members added to the background/supporting references, observations, and recommendations columns of the working document.

Arien explained that the plan is to use the material in the spreadsheet to create a recommendations document and transmittal letter to the National Coordinator of Health IT. The ONC team will soon begin to transfer the topics the TF agreed to finalize into the draft PHDS TF 2022 transmittal document. The TF reviewed these topics, including observations, gaps, and recommendations.

The co-chairs noted that the draft transmittal document will be shared and made available for public comment (published as part of meeting materials on the website). They facilitated a discussion and shared comments. Arien encouraged TF members and public attendees to share feedback via the public chat feature in Zoom.

Discussion:

- Ike asked to add a sentence to the recommendation that ONC coordinate with public health authorities/stakeholders and technology systems developers to define certification criteria for immunization reporting and query/return inclusive of transport, enabling both sides of the exchange to be certified to the same standards. He requested that it clearly state that public health has the right to select and mandate the transport mechanisms.
 - Arien commented that the notion of certification is that the goal is certify to a floor in order for public health authorities to better serve their mission. However, raising the floor does not mean that every jurisdiction must use the floor but that those that do not use it will incur more special effort. Also, raising the floor does not limit local jurisdictions from also raising the ceiling. Organizations are not bound from using things that are not certified, and



programmatics may tie to certification.

- Ike responded that the recommendation must include language that recognizes that public health jurisdictions have the role and responsibility to decide what they need.
- Arien commented this should be an overarching topic or included in an overview section of the TF's recommendations report. He responded to Ike's comments that public health fears that certification will limit their choices of transport mechanisms, though most are using the CDC's transport guide. Arien noted that the current state is that there are no transport mechanisms enshrined in certification.
- Bryant stated that the wording around the floor and available transport mechanisms in certification should be changed to indicate that public health may choose to use any of the transport mechanisms (vendors have decided that the wording indicates that one item or the other must be chosen, limiting the action of choosing for public health). He summarized several issues that have arisen from this wording.
- Hans emphasized the need for public health and vendors to coordinate and align to ensure that there are different options to share the same content, while still maintaining flexibility. There is a balance so that large variations do not continue.
- Gillian agreed that there should be an overarching statement covering all criteria. Arien agreed, noting that the overarching comment should address states and localities' flexibility and legal abilities, the authority of public health, and the intent of a certification program, which should not create burden for public health or cost it more money, effectiveness, or time to achieve its mission. The intent of the initial text in certification was to reduce the need for states to create their own transport mechanisms and requirements. He welcomed any TF members who were willing to edit the text in the recommendation report to include this overarching topic. The TF agreed to reindorse the notion of the SVAP that creating the floor is intended to create a common mechanism, not to limit the ability of the state, tribal, local, or territorial (STLT) or other public health authorities to require higher forms of interoperability.
- Arien reviewed the observations and recommendations that ONC coordinate with STLTs, other authorities, and developers to update immunization implementation specifications and to create a more expansive common vocabulary set for race/ethnicity coding. He explained that though there is not requirement to only use the OMB racial and ethnicity standards, though they are the only certified subset; this creates a national floor that is too low. He described the recommendations that the American Immunization Registry Association (AIRA) shared following a presentation to the TF.
 - Arien discussed the use of USCDI Version 3 (USCDI v3) for preferred language when he reviewed a similar recommendation Jamie submitted (#63 in the working document) to also ensure that certification is contingent on the collection of race, ethnicity, preferred language, and sexual orientation and gender identity (SOGI) data. He asked about the current status on work to align to a better common subset than the OMB standard.
 - Arien noted that all IGs for public health were completed before the development of the USCDI, so a recommendation could suggest that the IGs be updated, using preferred language from USCDI v3. Bryant commented that the CDC has convened a task force to expand the race and ethnicity data subsets; he predicted that these would continue to evolve.
 - Hans commented that vocabulary updates and extensions of code sets could be done without going through the SVAP process. This process must be handled with care. Arien commented that alignment to the full CDC vocabulary set, which is broad and expansive, is required in certification; gaps have occurred due to the use of the OMB data subset.
 - Erin commented that the Cross Paradigm IG, which is the current IG that is out for ballot, speaks to the ability to pre-adopt. Specific guidance would be needed to ensure that pre-adoption is done in a uniform way across the industry.
 - No TF members objected to the inclusion of these recommendations.



- Arien reviewed the recommendation that ONC update the (f)(1) Criteria to recognize the Health Information Management Systems Society Information Immunization Integration Program (HIMSS-IIP) test method as the test method used for certification and deprecate the current primary test method. He noted that most EHRs have certified to the HIMSS-IIP criteria and more public health data systems and immunization information systems (IIS) already align, as well. Almost everyone uses the AIRA criteria, but ONC has not removed the original test method to allow for voluntary adoption.
 - Ike suggested revising the testing criterion to better reflect compatibility of existing public health data systems. Arien agreed, noting that the intent of the AIRA and HIMSS criteria was to create an IG and test methods that harmonize to the real-world experience. Ike suggested expanding this notion to include syndromic surveillance for other exchanges.
 - Hans noted that there are some systems that do not use HIMSS and asked what they will be required to do, should the HITAC and ONC move forward with the TF's recommendation. Hans and Arien reviewed the language of the recommendation to ensure that no extra effort would be incurred as a result of it. They discussed how to make the recommendation clear and to avoid misunderstandings.
- The TF reviewed the recommendation that any certification criteria for public health data systems interoperability be modular and provide public health authorities maximal flexibility in selecting certified technology, which may be owned or managed, or consumed as a service, and/or through intermediaries such as state HIEs, APHL, and others, according to the legal, policy and procurement rules governing public health.
 - John voiced his support for the recommendation. He asked the TF to call out the existence of policy barriers that prevent a state or jurisdiction from taking advantage of this flexibility and suggested adding a related recommended HITAC/ONC activity.
 - Arien commented that ONC cannot change policy barriers if they are state laws, because they have the rights they are granted. The TF could recommend that ONC work with the Network for Public Health Law (NPHL), OCR, and other partners to streamline any federal policy limitations (within ONC's purview). Any recommendations from the TF are not meant to limit states and localities' actions. John Kansky agreed and suggested that ONC could provide guidance on best practices for state laws that currently stand as barriers to the goals of public health reporting. He shared the example of the process of using mandates (for sale) and cycling out of older cars to aid in the switch from gas to electric and described how a similar model could be applied to older standards for public health data systems.
 - The TF agreed to accept and move this topic to the transmittal draft document.
- Arien reviewed the overarching recommendation Hans submitted that suggests that ONC aligns on patient matching enhancements and use of common standards. TF members did not object to Arien's suggestion to move it into the transmittal.
- Arien reviewed an overarching recommendation that is out-of-scope for the TF that the HITAC receive a presentation on the proposed Center for Public Health Data Reporting. Gillian agreed, though they both noted the importance of this new subagency.
- TF members discussed a recommendation noting that there is too much jurisdictional variance and that provider organization do not offer the data necessary for public health. Arien commented that the goal for the PHDS TF 2022 is to create a common floor that reduces burden for EHR developers and providers and helps public health better serve its mission.
- The TF reviewed an overarching recommendation from Les to harmonize standards for vaccine forecasting with CDS Hooks and FHIR based standards to give EHR developers a single path forward. Arien suggested that this recommendation could be combined with others to create an overarching recommendation that ONC use its authority to convene public health authorities to explore standards development and creation of IGs for decision support and pushed notifications.
 - Les was invited to contribute to this rewrite, and Arien offered to help.



- Bryant agreed with Les' comments but noted that it would be difficult to leverage immunization exchange messages in the short term. He would support future work on leveraging CDS Hooks once FHIR APIs can be leveraged. Arien agreed that there is no current standard for certification, and suggested that, though CDS Hooks could be useful, it should not be named specifically. Les responded that vaccine forecasting is decision support, so the TF should be allowed to discuss and potentially recommend the best solutions (e.g., CDS Hooks). TF members discussed the use cases of Zika, COVID-19, and others.
- Arien reviewed the comments Abby submitted and discussed how to fold the potential recommendations in with other recommendations the TF already agreed to submit (raising the floor without imposing a limit or additional burden for public health).
- Arien reviewed the recommendations and comments TF members made around trigger criteria, LOINC subsets, and procedure and diagnosis codes. There are no certification criteria that addresses updating value sets, so TF members submitted recommendations that asked ONC to include updates to value sets in certification and to work with relevant stakeholders. Arien discussed specific use cases.
 - Hans suggested that the recommendations be clarified to denote the standards that are used to get the data across, because the standards not always well defined.
- Arien reviewed an overarching set of recommendations around ONC working with other partners toward the creation of a certification program and new criteria (supporting case investigation) for public health data systems using existing (f) Criteria and existing systems, as much as possible. The recommendations also suggested that all involved contemplate the timeline, disruption, effort, and funding and work to create a set of metrics and outcomes associated with certification.
 - Gillian and Arien discussed terms that the TF could use to refer to public health, including public health authorities, stakeholders, and data partners. Gillian will share wordsmithing suggestions and update the recommendations with common language.
 - Arien invited TF members to review the recommendations, leave comments during offline work. The TF will review it at a future meeting.

Next Steps

Homework for October 19, 2022, Meeting – due by Tuesday, October 18:

- Continue reviewing and adding comments to the Topics Tracker worksheet. Instructions on how to use the worksheet can be found on the instructions tab within the spreadsheet. The spreadsheet is accessible through Google Docs. Please contact Accel Solutions if you cannot access this document.

If anyone has questions, please feel free to reach out to the co-chairs or the ONC program team.

Public Comment

Mike Berry opened the meeting for public comments:

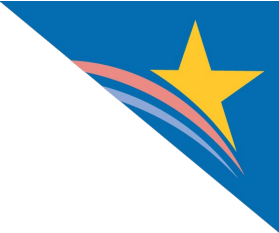
QUESTIONS AND COMMENTS RECEIVED VERBALLY

There were no public comments received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Good morning, and welcome to the Public Health Data Systems Task Force. Please remember to tag "Everyone" when sending a chat.

Arien Malec: Thanks @Steven — I noted that — apologies for not catching on the previews.



Mike Berry (ONC): Meeting materials can be found here: <https://www.healthit.gov/hitac/events/public-health-data-systems-task-force-2022-4>

Steven (Ike) Eichner: Shifting to other codes sets (SNOMED, etc.) may be more compatible with clinical system information than billing system information and make it easier to supply data.

Noam Arzt: There is a lively discussion on an APHA listserv about how the use of "stakeholder" is a pejorative term insulting to... well... someone. I can't remember to whom.

Bryant Karras: @Noam ... Tribes

Noam Arzt: You mean indigenous peoples, right?

Bryant Karras: correct AIAN

Noam Arzt: The standards support the IZ variation. The variation is often due to differences in law and regulation. Not sure what ONC can/should do about that.

Noam Arzt: HL7 has created interim guidance on SOGI and AIRA is about to adopt some additional guidance for IIS building on this HL7 work.

Noam Arzt: "HIMSS-AIRA-IIP"

Charles Cross: If a floor is set and the receiving jurisdiction mandates something below that floor, will that cause failures when in real world testing?

Noam Arzt: Hm. That might be a website issue. I'll take a look...

Noam Arzt: I see no qualifier on IIP on these two pages and it seems to be a partnership between various orgs: <https://www.immregistries.org/immunization-integration-program> https://www.himss.org/what-we-do-initiatives/iip-testing-recognition-initiative?utm_campaign=general&utm_source=google&utm_medium=cpc&utm_term=&adgroupid=134509372449&gclid=Cj0KCQjwy5maBhDdARIsAMxrkw364TVXGriblgCE0reelApnXVMyAmigeMzCDt9my-ipzjx9NY-EcylaAjGmEALw_wcB

Noam Arzt: Keep in mind that as best as I can tell a very small number of EHRs have been IIP certified. Do you REALLY want to suggest that this should be the primary way?

Bryant Karras: I confirmed with Mary Beth (AIRA) that ref should be HIMSS AIRA IIP

Arien Malec: Thanks!

Vivian Singletary: No concerns here

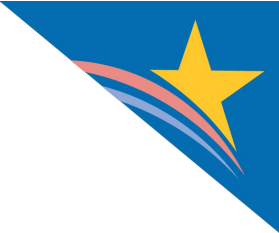
Charles Cross: No objections.

Steven Lane: <https://www.healthit.gov/isa/taxonomy/term/751/uscdi-v3>

Steven Lane: V3: Applicable Vocabulary Standard(s)

IETF (Internet Engineering Task Force) Request for Comment (RFC) 5646, "Tags for Identifying Languages", September 2009

Adopted at 45 CFR 170.207(g)(2)



Bryant Karras: perhaps a NLM otologic approach

Noam Arzt: RE: 30, IIS developers *have* externalized CDS for IZ, albeit usually not using FHIR yet.

Noam Arzt: See <https://cdfsframework.atlassian.net/wiki/spaces/ICE/overview> which has been demonstrated at HL7 connect-a-thons accessed using CDS Hooks.

Hans Buitendijk: Progressing on CDS focused interactions between provider and IIS HIT need not immediately replace the initial feed from providers to IIS HIT. Use case and IG development will help identify what mix of tools/standards would be best fit to purpose.

Noam Arzt: Currently, IIS forecasts are returned in HL7 v2 RSP messages.

Bryant Karras: @Arien @Les Zika is a case report that could leverage FHIR eCR-NOW and CDS hooks. IIS does not yet. I don't think we can lump together

Bryant Karras: not stakeholders

John Loonsk: Should investigate All of the implications of a synchronous connection across organizational boundaries, as CDS Hooks suggests, vs. the asynchronous decision support paradigm that all IIS currently employ.

Noam Arzt: Our open source IIS forecasting service returns a synchronous response via web services. It's simply older than FHIR...

Noam Arzt: But it is up to the IIS to expose the web service for this purpose.

Joe Gibson: AIRA, CSTE, etc. represent PH authorities, so PH authorities is probably fine.

Hans Buitendijk: +1 John Loonsk - use case/IG development understanding synchronicity requirements would help decide on that.

Steven Lane: Great work by our co-chairs!

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There were no public comments received via email.

Resources

[PHDS TF 2022 Webpage](#)

[PHDS TF – October 12, 2022 Meeting Webpage](#)

[PHDS TF – October 12, 2022 Meeting Agenda](#)

[PHDS TF – October 12, 2022 Meeting Slides](#)

[HITAC Calendar Webpage](#)

Meeting Schedule and Adjournment

Arien and Gillian thanked everyone for their participation and summarized key achievements from the current meeting. The co-chairs shared a list of upcoming PHDS TF 2022 meetings, including dates the TF will present to the HITAC.

The next meeting of the TF will be held on October 19, 2022. The meeting was adjourned at 12:00 PM ET.