

Health Information Technology Advisory Committee

Public Health Data Systems Task Force 2022 Meeting

Meeting Note | October 26, 2022, 10 AM – 12:30 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 receive presentations from vendors in the industry. The co-chairs presented updates made to the topics worksheet for use in developing TF recommendations to the HITAC and reviewed the transmittal document. TF members 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

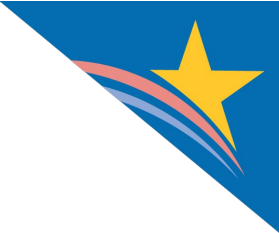
10:00 AM	Call to Order/Roll Call
10:05 AM	Vendor/Industry Panel
10:20 AM	Discussion
10:30 AM	Task Force Topics Worksheet
12:20 PM	Public Comment
12:25 PM	Next Steps
12:30 PM	Adjourn

Roll Call

Mike Berry, Designated Federal Officer, Office of the National Coordinator for Health IT (ONC), called the October 26, 2022, meeting to order at 10:00 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
Erin Holt Coyne, Tennessee Department of Health
Steven (Ike) Eichner, Texas Department of State Health Services
Joe Gibson, CDC Foundation
Jim Jirjis, HCA Healthcare
John Kansky, Indiana Health Information Exchange
Bryant Thomas Karras, Washington State Department of Health
Steven Lane, Health Gorilla
Jennifer Layden, CDC
Leslie (Les) Lenert, Medical University of South Carolina



Lorraine Doo, CMS (*attending on behalf of Alex Mugge*)
Stephen Murphy, The Network for Public Health Law
Eliei Oliveira, Dell Medical School, University of Texas at Austin
Jamie Pina, Association of State and Territorial Health Officials (ASTHO)
Abby Sears, OCHIN
Fillipe (Fil) Southerland, Yardi Systems, Inc.
Sheryl Turney, Caredon Digital Platforms (an Elevance Health company)

MEMBERS NOT IN ATTENDANCE

Hans Buitendijk, Oracle Cerner
Heather Cooks-Sinclair, Austin Public Health
Charles Cross, Indian Health Service
Rajesh Godavarthi, MCG Health, part of the Hearst Health network
Hung S. Luu, Children's Health
Mark Marostica, Conduent Government Solutions
Aaron Miri, Baptist Health
Vivian Singletary, Public Health Informatics Institute

ONC STAFF

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

PRESENTERS

Tarun Khatri, Conduent Government Solutions
Kristina Crane, STChhealth

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 extended the current and next meetings in order to finalize all work prior to the presentation to the HITAC at its November 2022 meeting. He explained that the TF would receive presentations from subject matter experts (SMEs) representing the industry and vendors.

The co-chairs encouraged members to finalize all comments in the TF's worksheet at the current meeting; then, they will be deleted or moved to the full transmittal. Arien described the plan for the TF's homework and upcoming meeting schedule. Gillian welcomed everyone and thanked them for extending their time.

Topic: Vendor/Industry Panel

Gillian welcomed the SMEs to share perspectives on health care systems with the PHDS TF 2022.

Jennifer Layden, CDC (Task Force Member), introduced herself and explained her role in overseeing data modernization efforts. She noted that significant progress has been made to public health data exchange but noted that opportunities remain for improvement, the increased promotion of interoperability, and leveraging standards. She described the systems they use to exchange data with partners and the listening sessions the CDC recently conducted to understand challenges and gaps and to identify priority areas. They have identified the following challenges: flow of lab data through feeder systems/laboratories and implementing



related standards, functionality/use of data to integrate with other systems, leveraging/incorporating the United States Core Data for Interoperability (USCDI) and other data elements standards (especially for lab data elements), integrating core data across and within health departments (e.g., reduce silos). She described the CDC's data modernization efforts and priorities

Tarun Khatri, Conduent Government Solutions, introduced himself and described the current state gaps and challenges, including inconsistencies with data formats, value sets, and layouts. He noted that there are workforce limitations across the private and public sectors and issues with siloed work. He described gaps related to data collection in and across jurisdictions. He shared recommendations to increase and better support the workforce in key areas (e.g., training and team knowledge), resolve gaps in trainings on HL7 and Fast Healthcare Interoperability Resources (FHIR), improve on base testing, create better onboarding plans for larger agencies, get proper infrastructure in place for the interfaces, and standardize formatting for consistency (e.g., in HL7 or FHIR). He stated that standards will be beneficial, across the board, and will increase data quality and reduce the time needed for processes.

Kristina Crane, STChealth, introduced herself and explained that STC operates 14 state immunization registries, as well as some disease surveillance applications. They also operate the world's largest vaccine intelligence network and largest public and private health data exchange network (over 80,000 locations providing vaccine and reportable testing services). She explained that about one billion immunization events are run through their network annually and described their perspective on public health certification infrastructure (e.g., can see both "pitchers" and "catchers"). They completed the ONC MU3 certification process for their network, and she noted that they recognize the importance of certification in terms of modernization. She shared their recommendations, which included leveraging the foundation of the Immunization Information System (IIS) for population management systems across public health, create a staged approach based on each entity's progress (one size does not fit all for all domains of public health), use IIS information systems for data population quality efforts across public health to improve patient matching (i.e., feeds can include a lifetime of patient data), utilize tools in place from the National Institute of Standards and Technology (NIST), American Immunization Registry Association (AIRA), and Healthcare Information and Management Systems Society (HIMSS). They also recommended that additional development happen around API endpoints so that vendor communities can utilize test applications for their continual testing and deployment process. She noted the importance of using the existing private health information networks for certification efforts. Also, they recommended determining the certification parameters based on the outcomes first approach (e.g., focus on the business of public health impact for all parts of certification, note importance of bidirectional sharing of data) and that patients should all have the ability to access records to improve data quality and hold all partners accountable. Finally, they recommended prioritizing any certification that allows for continued innovation and for raising the floor for the industry without creating an unintended ceiling for ongoing innovation. She shared examples and learnings from across the industry.

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

Discussion:

- Les asked the SME presenters to comment on the burden of certification for systems of public health and whether they could easily comply, should ONC introduce this. Do the presenters think it would move the needle forward or would it reduce the number of vendors supporting public health?
 - Kristina responded that this would be useful and would build the floor for the industry, as current work and certification efforts by AIRA and NIST are utilized as the basis. Certification can help public health by creating a baseline across the country/industry.
 - Tarun agreed, noting that providing these certifications would be helpful to achieving long-term goals in the industry.
 - Gillian described her previous experiences in Massachusetts and stated that she would rather support certification of functionality and not move towards certification of system



specific criteria. Kristina agreed with this approach, noting that it allows for innovation to occur across the community. She described programmatic learnings and emphasized the need to focus on outcomes. Gillian agreed and described how this approach creates flexibility and ease/speed in responses.

- The co-chairs thanked the presenters for their 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).

Arien described how the PHDS TF 2022 will create and submit the draft transmittal to the National Coordinator for Health IT. The TF is using its working spreadsheet document to create a recommendations document and transmittal letter. He invited TF members to focus on reviewing and either deleting, combining, or moving all remaining items in the worksheet into the transmittal.

The co-chairs shared the draft transmittal document and TF members reviewed the topics, including observations, gaps, and recommendations. The co-chairs facilitated a discussion. Arien encouraged TF members and public attendees to share feedback via the public chat feature in Zoom.

Liz displayed the transmittal document to TF members and described the mechanics of transferring items into it. She highlighted the sections of the transmittal and described the process for editing it in preparation for the TF's presentation to the HITAC. She requested that TF members momentarily disregard the numbering of the recommendations in the transmittal, as they will be updated. Arien requested that TF members also pause their edits on the tracker worksheet and focus on the transmittal, going forward (pending Liz's updates).

Discussion:

- Arien review observations Ike and Hans submitted related to the (f)(1) Criteria: Immunization Registries, in which they shared the existing recommendations from the previously held Adopted Standards Task Force 2022 (AS TF 2022). Arien invited TF members to discuss potential recommendations.
 - Ike suggested adding a note that the AS TF 2022 did a review of the (f) criteria and that the PHDS TF 2022 is not recommending anything that would be in divergence with those previous AS TF 2022 recommendations. The PHDS TF acknowledges that those other recommendations came out of a different frame.
 - Bryant asked if he could include comments and reflections from his work with AIRA in this section. Will the TF reach out to previous SME presenters to verify their recommendations? Arien suggested that TF members could share recommendations with Liz/the ONC team or could make comments on the full transmittal document.
- Arien reviewed the comments Les entered regarding the (f)(1) Criteria: Immunization Registries, about ways in which IIS systems could efficiently respond asynchronously to repeated bulk queries on patient populations to facilitate the practice of population health. Arien described the examples and use cases shared with the TF.
 - The TF agreed to add a recommendation that ONC work with public health authorities, standards organizations, and health IT developers to develop a standard for bulk query.
- Arien reviewed the comments Steven Lane, Ike, and Hans made about phasing out and replacing the Syndromic Surveillance standard named included in the 21st Century Cures Act final rule (the Cures Act).
 - Ike commented that there should be the fewest number of interfaces and the most consistent data possible, subject to addressing the variety of data needs from public health. He also discussed an overarching recommendation that, over time, they should seek to build and



align public health interoperability specifications to the latest content and structure standards used by healthcare to reduce burden. This ensures that public health gets data collected at source sufficient to meet its needs. They discussed differences between public health and healthcare data exchange needs (including specialists' needs – out of scope for current TF).

- Bryant commented that the public health use case of ongoing situational awareness and its impact on hospitals, noting that it is different than the first published definition of syndromic surveillance.
- Steven discussed the longer-term view of standardizing outflows from provider organizations so that they do not need multiple outflows to support different use cases. This view would look more like a single feed from providers that can also be sorted by use cases. Ike and Arien discussed the different viewpoints on the topic that were noted in the comments on the tracker worksheet. Arien represented Hans' comments that syndromic surveillance data should not be used for case investigation.
- The TF discussed and agreed on a recommendation that the ONC review the named version of the standard and to carry forward HITAC recommendations in this area. Ike asked that the recommendation recognize that it is a separate channel and that the use of syndromic surveillance is not reduced (e.g., use cases of how it worked well without special effort during the pandemic).
- Arien reviewed Vivian's recommendations on the (f)(5) Criteria: Electronic Case Reporting (eCR) and electronic Initial Case Reporting (eICR).
 - Arien commented that they were consistent with recommendations that were already added to the transmittal. The TF reviewed the recommendation to certify to the latest implementation guide (IG) that is working its way through the HL7 process. Members worked to clarify the language around the version of the HL7 release, and the transmittal was updated.
- TF members reviewed Vivian's observations on the (f)(5) Criteria: Electronic Case Reporting (eCR) that there should be a base set of capabilities and tools for reporting ECR. They determined that there were duplicate/related recommendations in the transmittal around the knowledge distribution and the maintenance of the trigger codes.
- TF members discussed a recommendation that would ask the HITAC/ONC to coordinate and advance the standards of the Situation Awareness for Novel Epidemic Response Project (the SANER Project).
 - Ike asked that the TF adequately address several potential provider concerns around data formatting in the electronic health record (EHR).
 - Arien reviewed the recommendation that ONC work with public health authorities and their partner organizations and developers in order to create and pilot test a situational awareness standard and then contemplate it for future certification. TF members discussed potential additions to this recommendation, and Ike discussed a proof of concept that has been completed as an early step in Texas. Arien suggested that the TF should not try to broaden the certification criteria in this area at this point.
- TF members reviewed and removed several duplicative recommendations that had already been incorporated elsewhere in the transmittal.
- TF members discussed and revised a recommendation that ONC coordinate with public health authorities and their partners, as well as the CDC and others, to define and promulgate standard best practice policies that maximally enable interoperability to serve the public health mission.
 - Following a discussion, they highlighted the need to consider unintended policy barriers.
 - Arien commented that he would edit the language further during offline work.
- The TF determined that the correct phrasing to be used throughout the documentation should be "public health authorities and their partner organizations." This is meant to be inclusive of states, localities, tribal organizations, and territories (STLTs).



- Arien reviewed observations and gaps Hans submitted on the (f)(1) Criteria that there are data reporting and compliance expectations that differ across settings of care. The recommendation indicated that it would be nice to have common compliance expectations (reporting and compliance expectations are set by public health authorities).
 - Gillian suggested naming AIRA in the recommendation.
 - Arien discussed whether to carry the recommendation forward or not.
 - Abby agreed that there are difficulties related to the different reporting requirements across public health and federal agencies. She and Arien noted that the TF has not named a mechanism that can be used or who should create the common compliance expectations.
 - Bryant suggested focusing on the compliance guidance and described challenges getting compliance and good data from pharmacies, who are not subject to Meaningful Use. He suggested that the TF make recommendations that ONC work with CMS or other federal agencies to establish common best practices for timeliness and accuracy of immunization data that is reported to public health authorities. Bryant commented that they should also investigate payment levers, and Arien agreed that mentioning policy levers and programmatic is useful. However, he noted that the recommendations should be less prescriptive/specific.
- Arien reviewed the three sets of observations and gaps Hans submitted on the (f)(1) Criteria: Immunization Registries. Erin and Aaron added suggestions, and Arien invited TF members to submit feedback on recommendations for all three.
 - Gillian suggested mentioning AIRA in the recommendations. TF members discussed whether they should recommend the AIRA Test Method or if ONC should help operate that process. They discussed how the ONC test program allows for multiple accreditors, and TF members decided to recommend the use of only one test method but not specifically name the accrediting body.
 - The TF determined that one of the recommendations should have included the wording “Reportability Response” and included in the eCR section of recommendations. TF members agreed on the value of the Reportability Response and to move the recommendation that ONC work to advance standardization and use of this item to the transmittal.
 - The TF discussed the recommendation that there should be a certification program for eCR and that it should be strengthened and promoted to complement immunization reporting. Gillian noted that this recommendation also includes enhancing the test cases to improve the data quality so that paper-based case reporting can be reduced. She also recommended adding wording about the use of more standardized data sets.
- Gillian shared a recommendation she suggested adding to a preamble section. It stated the TF’s recommendations are intended to recognize that they should be agnostic of funding; however, the TF assumes that funding will be available in order to implement these recommendations and move them forward.
 - Arien agreed, noting that similar language was in a preamble that recommended that certification be phased and progressive and that certification is intended to provide a floor, though the floor will not constrain public health authorities from raising the ceiling or using that floor.
 - The TF is not recommending that ONC establish a functional certification program for public health or IIS; rather, the TF is recommending that ONC establish certification programs for interoperability of public health data (e.g., an eICR standard) that is important to address the public health mission.
 - Arien commented that certification criteria would be attached to programmatic associated with funding, including new funding for modernization. However, the TF should not make recommendations about specific programmatic. This topic would be added to the preamble.
 - Joe commented that systems/agencies that are starting from paper will have greater needs



and will take longer to achieve certification. He asked about the consequences of not being certified.

- Erin requested that, in the remaining time, the TF should focus on the (f)(3) Criteria: Reportable Lab Tests & Values/Results, including electronic laboratory reporting and eCR-related recommendations.
 - Arien reviewed the recommendations he submitted that the PHDS TF 2022 follow the relevant guidance related to public health and case reporting that were provided by the Interoperability Standards Workgroup. These were presented to and approved by the full HITAC. He shared an overview of recommendation from that transmittal. The TF agreed with Arien's suggestions and to move them to the transmittal.
 - Erin submitted a series of recommendations that ONC adopt a certification program for technologies used by Clinical Laboratory Improvement Amendments (CLIA) -certified labs, but Gillian asked the TF to consider how to address CLIA-waived labs. Arien described the history behind this set of recommendations and noted that CLIA is the subsection of CMS that could have the ability to attach programmatic to a certification program. He asked the TF to consider that ONC create a certification program for labs. Ike suggested including language that both CLIA-certified and CLIA-waived labs would be included and discussed several nuances; TF members specific use cases to determine what should be included in the recommendation. The TF previously called for and discussed this list of recommendations. Bryant commented that the TF could include a separate recommendation that ONC provide technical assistance or regional extension centers the non-CLIA labs, but Arien commented that the TF should focus on certification, not programmatic.
 - The TF discussed the recommendation to certify pop-up labs and that ONC establish a certification partner for lab inclusive of ordering, resulting, and ELR. The TF noted that the version number of the STU should be updated throughout the document.
 - The TF discussed the need for a pathway for self-certification in areas where the existing technology is being retrofitted to address certification. Ike suggested calling out certification at the interface level and adding this language to the preamble of the transmittal.
 - TF members discussed the definition of modular certification used in the potential recommendations.
- The TF reviewed recommendations Hans submitted related to the (f)(1) Criteria: Immunization Registries that ONC work with public health to streamline privacy policies and establish a privacy/consent management infrastructure.
 - Arien commented that this recommendation/topic may be out-of-scope for the TF, but several members disagreed. Bryant stated that the TF is charged with making recommendations that advance public health's capacity to be better during the next pandemic/endemic. It should be up to ONC to determine whether items are in or out-of-scope.
 - The TF discussed a recommendation to define technical standards, and Steven discussed how a patient's privacy practices should be interoperable across state lines. Bryant suggested that the recommendation should be that ONC advances future capabilities. TF members agreed to move it to the overarching section of the transmittal.
- The TF reviewed comments and recommendations that Joe submitted related to the (f)(1) Criteria: Immunization Registries that ONC work with the CDC and others to develop and test standards and IGs for the use of immunization data.
 - TF members agreed to include this recommendation in the transmittal, pending updates to the language/wordsmithing.
- TF members removed several recommendations they determined were duplicative or out-of-scope.
- TF members discussed a recommendation Erin submitted related to the (f)(5) Criteria: eCR that proposed adding a certification program where there is none, currently.
 - Erin explained the reasoning behind her suggestion, noting that there may be differences between what is sent to AIMS and what is sent downstream to public health agencies. TF



members discussed which STU version to call out in the recommendation, and Arien proposed that the TF adopt version 3.1 (most used floor and no certification program in place). Erin asked to confirm details before choosing the version (legacy certification for 1.1?).

- TF members discussed how the versioning is connected to the ONC Standards Version Advancement Process (SVAP). The floor level is in the certification program with another version in the SVAP.
- Gillian commented that multiple TF recommendations have been called out by public health members of the TF, who noted that optional data elements must be included in the floor to be sent. Then, public health can opt in as to whether they use them. TF members discussed the wording and intent of the phrase “optional.” (Does it just mean that jurisdictions can opt out? They determined that it is more nuanced.) Bryant described the situation and suggested making the optional fields included in the IG required for testing in the certification program. Gillian commented that this will help public health get rid of paper. Arien suggested adding this to the preamble text, and Gillian suggested adding definitions of “optional” and “required.”
- TF members discussed a recommendation Erin submitted related to the (f)(5) Criteria: eCR that proposed replying to eICR and also certifying to the Reportability Response sub-component of eCR for both sender and receiver.
 - Steven asked about the role and requirements for the receiver (e.g., what must they do with the data?). TF members discussed the definition of incorporation with regard to interoperability. They determined that they would reference related recommendations made by a previous workgroup.
- The TF decided to wait until Hans was in attendance before making final determinations on the recommendations and the comments that he submitted to the tracker document.
- Bryant commented that there are two certification programs: one is a legacy immunization certification program and the other is the optional AIRA-HIMSS program. They apply to different organizations (one to EHRs and the other to IISs), so the TF discussed using the AIRA method as the default. Bryant explained that there is also a separate process for certification.

Next Steps

Homework for November 2, 2022, Meeting – due by Tuesday, November 1:

- Please stop adding draft recommendations in the Draft Disposition Working Document. These recommendations are being transferred from the Task Force Topics worksheet to the transmittal.
- The Task Force Topics worksheet is provided for reference, and it is set to View only.
- Please feel free to review the attached letter from APHL, ASTHO, and CSTE.

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

Public Comment

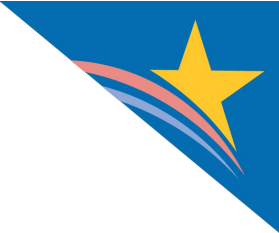
Mike Berry opened the meeting for public comments:

QUESTIONS AND COMMENTS RECEIVED VERBALLY

There were no public comments received verbally.

QUESTIONS AND COMMENTS RECEIVED VIA ZOOM WEBINAR CHAT

Mike Berry (ONC): Welcome to the Public Health Data Systems Task Force. Thank you for joining. We will be starting soon. Please tag "Everyone" when communicating via Zoom chat.



Jennifer Layden: Fire alarm going off in my building. will be still on by phone, but have to go off video.

Arien Malec: Stay safe.

Jim Jirjis: Jim Jirjis had to join late

Erin Holt: Reposting for everyone- We recommend that certification programs developed by ONC support of/allow for a combination of technology solutions internal to an organization (including but not limited to EDI engines), as well as externally supported intermediaries and HIE's, and does not require usage of a singular solution or product in order to achieve adoption of sufficient certified technology for business/exchange purpose.

Steven Lane: <https://www.healthit.gov/isa/case-reporting-public-health-agencies>

Jim Jirjis: Punt means you were not able to score a 7 point field goal. When you cannot do that in 3-4 plays then you have to punt the football to the other team so that they have possession. it means you have to give up on the plan for a bit

Jim Jirjis: I mean 7 point touchdown

Jim Jirjis: Obviously you are not a golfer... (clever Big Lebowski quote)

Steven Lane: In the final transmittal from the ONC's Interop Standards WG (https://www.healthit.gov/sites/default/files/page/2022-07/2022-06-16_IS_WG_Phase%202_Interoperability%20Standards%20Advisory%20%28ISA%29_Transmittal%20Letter_508_0.pdf) we included IS-WG-2022-Phase 2_Recommendation 13 – Electronic Case Reporting (eCR) Standards including: Recommend that ONC include in the ISA references to the latest

- CDA-based Electronic Initial Case Report (eICR R1.1 in operations, R 3.1 to be published 7/2022), - CDA Reportability Response (RR R1.0 in operations, R1.1 to be published 7/2022), and
- FHIR-based eCR suite (R2.0 – eRSD in operations, R2.1 to be published 7/2022).

Abby Sears: Agree completely John K. Great suggestion

Bryant Karras: we need to add two Ms to CMS

Jim Jirjis: there are strengths and weaknesses to each type, depending on how humbly self-reflecting one is

Jim Jirjis: usually people are unaware of their weaknesses early in life but some are able to self reflect and realize how their personality type is experienced by others in a negative way

Jim Jirjis: he is too young to be at that level.

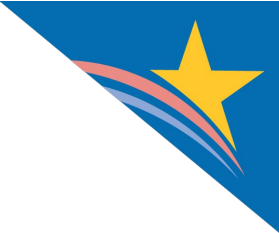
Jim Jirjis: unfortunately this is the hand we are dealt

Jim Jirjis: but good thing Jackie has all of us

Jim Jirjis: I think that some of the problems you and I had together in our relationship was fueled by our types (this is what the "love languages" book addresses). You being a 1 and me being a seven...and immature versions of that especially when we were younger

Jim Jirjis: oops sorry

Erin Holt: NEW funding.



Abby Sears: I am curious how this recommendation acknowledges the money that already distributed for modernizing the HIT of public health that happened out of the pandemic money

Abby Sears: We need to recognize that people are going to think that they have funded this given the dollars that have been released.

Liz Turi: Please note that today's call had been extended to go from 10-12:30

Erin Holt: Thank you Liz!

Arien Malec: @liz — see Steve's note above on eCR — need to harmonize that text in the transmittal

Liz Turi: 👍

Steven Lane: - Support Arien's recommendation re 3.1

Kathleen Tully: clarification Bryant, is that something that needs to be updated in the standard and then having the most recent version advanced in the criteria?

Erin Holt: unfortunately, many also consider RE as optional as well

Erin Holt: This is where profiling comes in to play.

QUESTIONS AND COMMENTS RECEIVED VIA EMAIL

There was one public comment received via email:

Good afternoon ONC HITAC Public Health Data Systems Task Force Chairpersons,

I am transmitting this letter on behalf of the leadership of APHL, ASTHO and CSTE for your consideration. We look forward to collaborating with ONC and CDC on this important initiative to advance the public health data infrastructure.

Thank you for your kind attention,

Annie Fine, MD (*she, her, hers*)

Chief Science and Surveillance Officer, Senior Advisor to Data Modernization Initiative



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Please see letter that is appended to these meeting notes.

Resources

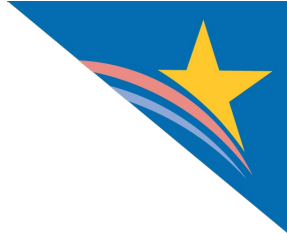
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[PHDS TF – October 26, 2022 Meeting Agenda](#)

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[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 November 2, 2022, from 10 AM to 12:30 PM (extended). The meeting was adjourned at 12:21 PM ET.

Appendix:



PH Systems
Certification Letter -Pt