NCVHS
Joint Hearing on Public Health Data Standards

John Roberts

Director, Interoperability and Standards

Information Technology Services Division

Tennessee Department of Health

Disclaimer

- The views expressed are my own, supplemented by others in state and local public health with whom I agree. These views are not necessarily those of my employer or any organization of which I am a member or in which I hold an office.

- Thanks for the opportunity to speak.

Main points:

- 1. State and Local Public Health should be **at the table** whenever data standards are discussed
- 2. We, all of us, should **commit to using standards**: balloted, consensus standards, especially vocabulary
- 3. **Thank you**! CDC and NCVHS for participating in SDO activities, and more importantly, reaching out to state and local public health and enabling their participation
- 3. **Challenge**: ONC and CDC could do even more to encourage, and provide resources to enable state and local Public Health participation in SDO activities
- 4. We should support **pilot/demonstration projects** that actually implement interoperability standards and have a business model that survives grant funding

Public Health and Data Standards

- Public Health, the bad apple in the barrel of Healthcare Data Standards
  - So many agencies, and so many of them small
  - With so much authority and responsibility
  - And so few resources
  - With so many ways to ignore standards
  - And such a need for them
  - Needing but not always using certification tools
  - The benefits of standards are elusive for Public Health

Public Health and Silos

- One person's specialized domain of skill and knowledge is another's protected empire.

- Success! Integrated Disease Surveillance now includes TB (in many states) – STD/HIV is next.

- The silos that remain: programs with significant opportunities to harmonize with other programs

- When we eliminate the last silo in Public Health will we find that we have one left? Is Public Health a silo in the healthcare domain?

The Bright Spots

- Balloted consensus standards for Vital Records
- Lab Reporting communities coming together
- Public Health Case Report
- Reportable Condition Knowledge Management System
- Nutrition Interoperability Standards
- Public Health presence in EHR-S System Functionality Standards

Main points:

- 1. State and Local Public Health should be **at the table** whenever data standards are discussed
- 2. We, all of us, should **commit to using standards**: balloted, consensus standards, especially vocabulary
- 3. **Thank you**! CDC and NCVHS for participating in SDO activities, and more importantly, reaching out to state and local public health and enabling their participation
- 3. **Challenge**: ONC and CDC could do even more to encourage, and provide resources to enable state and local Public Health participation in SDO activities
- 4. We should support **pilot/demonstration projects** that actually implement interoperability standards and have a business model that survives grant funding

Questions?

Thanks for the opportunity to speak.

NCVHS
Joint Hearing on Public Health Data Standards

Questions in the hearing invitation.

Questions from 9/30 email

- Current state of public health related standards; coordination of standards development activities; representation and participation by public health in standards activities; where is public health strongest and where is weakest
  - Use of standards:
  - Overall, the use of standards in public health is not as good as it should be
  - But improving rapidly over the past few years

  - Representation and participation of Public Health in standards activities:
  - Usually represented in standards activities by others
  - We should increase representation by state and local Public Health

  - Public Health is:
  - Strongest on national issues, where national voices are effective
  - Weakest on state and local issues, where a national voice is not aware of the issues

- What are the incentives and drivers for adopting and using public health data standards; what are the barriers and challenges
  - State and local Public Health has extraordinary incentives to adopt and use data standards! (We are the trading partner of virtually everyone; no other organization has the number or variety of potential trading partners!)
  - Barriers and challenges, unfortunately, are also plentiful: experience, trained personnel resources, resources to acquire or develop new application systems

- What is the state of information exchanges of public health data from EHR systems; what are the standards being used; what are the drivers, and incentives; what are the challenges and issues
  - Information to Public Health from EHR systems:
  - Current state: nascent, growing quickly and poised for explosive growth
  - Standards are mostly HL7 v2.x messages, HL7 CDA documents increasing, and the full range of data transport standards: web services, Direct, SFTP, etc.
  - Drivers are MU incentives, interoperable software at modest cost, PH readiness
  - Challenges are the usual: experience, trained personnel resources, resources to acquire or develop new application systems

- What are implementation challenges from the public health agency perspective; what are the needs (technical, resources, education, etc.) to advance adoption and use of standards by public health agencies
  - Significant implementation challenges include the cost of replacement systems that are interoperable and use current vocabulary standards
  - Another implementation challenge is the lack of appropriate standards that reflect the needs of state an local public health
  - The usual needs remain: experience, trained personnel resources, resources to acquire or develop new application systems

- How is privacy and security covered in public health data standards? Are there privacy and security elements embedded in the standards? Is privacy and security under a different workflow process?
  - The privacy and security needs for Public Health are frequently different from the rest of the healthcare marketplace, and not as well covered in the data standards.
  - Privacy and Security embedded in the standards: they ought to be but are not always.

Questions added 10/31

- What security standards should apply to what types of data possessed by public health?
  - (not really my field of expertise)
  - Clearly, we need to apply HIPAA-related standards where appropriate
  - Some data are subject to patient safety standards and we need to observe these also

- What interoperability standards are needed for transfer of data from electronic health records to public health?
  - We need targeted, well crafted, balloted, reviewed, and timely standards, created with the needs and capabilities of Public Health in mind as well as the needs and capabilities of EHR .
  - The need is especially acute for document (HL7 CDA) standards
  - Transport: we need to be comfortable using many of the transport standards, rather than attempting to limit it to a few.