NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

May 16, 2013

The Honorable John Thune
The Honorable Lamar Alexander
The Honorable Pat Roberts
The Honorable Richard Burr
The Honorable Tom Coburn M.D.
The Honorable Michael Enzi
U.S. Senate
Washington, DC 20510

Dear Senators Thune, Alexander, Roberts, Burr, Coburn and Enzi:

On behalf of the National Association of County and City Health Officials (NACCHO), I appreciate the opportunity to comment on your report *Reboot: Re-examining the Strategies to Successfully Adopt Health IT*. The National Association of County and City Health Officials is the voice of the approximately 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to ensure the safety of the water we drink, the food we eat, and the air we breathe.

NACCHO is very supportive of adoption of electronic health records (EHR) and investments in the nation's health information technology (HIT) capacity, including development of health information exchanges (HIEs). We applaud the federal government's efforts to establish a strong foundation of electronic health information, to provide a basis for improved decision-making through rapid, efficient information exchange. Many other countries have achieved comprehensive integration of clinical information for better healthcare and improved population health by leveraging strong, central government involvement. The incentive approach used in the HITECH Act is much more appropriate to the U.S.'s open market principles, and has been very effective in accelerating the implementation of electronic health records throughout the country.

This information can substantially improve efforts to protect the public's health, but only if public health departments have the resources and ability to leverage the data. Unfortunately, the HITECH Act does not include funding for public health departments to develop the capacity to receive and analyze the data provided through EHRs. Local health departments across the country have raised concerns about this disparity and the potential lost opportunity to improve the public's health if data generated from health care providers is not accessible to state and local health departments with appropriate safeguards. Local health departments require resources to participate in health information exchange. They have experienced substantial reductions in both workforce and funding that will be exacerbated by recent cuts to federal

funding for discretionary public health programs. Fifty-one percent of local health departments experienced a reduction in workforce capacity between 2010 and 2011. Twenty-one percent of the workforce, or 39,600 jobs, has been lost in local health departments from 2008 – 2011.[1]

As you know, the criteria for "meaningful use" of an EHR in stage 1 requires eligible providers and hospitals to pick one of three public health measures to send to local health departments, particularly as it relates to immunizations, reportable diseases, and laboratory results. In stage 2, all three public health measures become mandatory. However, syndromic surveillance for ambulatory care is recommended as a menu option, and cancer registry reporting and specialized disease registry reporting are proposed. In stage 3, proposed criteria are yet to be determined, however one common public health framework for reporting to public health is recommended. If local health departments cannot support the implementation of informatics systems capable of these activities, many healthcare providers will be limited in their ability to become meaningful users, and the drive for widespread adoption of HIT will be undermined.

Interoperability is almost certainly the greatest challenge in changing our health care system so that the right information gets to the right person at the right time. With stages 1 and 2 of meaningful use having stimulated the use of EHRs throughout the country, we look forward to stage 3, which will require more exchange of data between the systems. The interoperable exchange of data is critical to the ability of local health departments to monitor surveillance of health trends, administer preventive health services, respond to disasters, engage in clinical care, and identify health hazards. Disease reporting for both communicable and non-communicable conditions, response methods, and community health indicators translate to efficient service delivery, funding support, and identification of resources to promote health initiatives. Some early successes have demonstrated that the sharing of data between the health care and public health sectors can slow and prevent the spread of disease. For example, a recent example in Sedgwick County, Kansas, showed how data exchanged helped to stem the progress of an epidemic of pertussis, or whooping cough, which can be fatal to infants under six months who are too young to be immunized.[2] However, up to this point, the engagement of local health departments in HIE efforts has been limited because of budgetary challenges keeping the public health sector from fully participating in the electronic exchange of information.

In order that the full potential of interoperability and sharing of health data can be realized, NACCHO encourages Congress to provide the Centers for Medicare and Medicaid Services (CMS), the Office of the National Coordinator for Health Information Technology (ONC), and other federal partners such as the Centers for Disease Control and Prevention (CDC) with the authority and resources to expand grant funding, training and technical assistance

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[1] National Association of County and City Health Officials. Local Health Department Job Losses and Program Cuts: Findings from January 2012 Survey

[2] Ryan, Kelsey. (2013, January 28.) Health department used network in recent whooping cough case. *Wichita Eagle.* Accessed May 16, 2013 from http://www.kansas.com/2013/01/28/2654278/health-department-used-network.html.

opportunities to advance local health departments' use of HIT towards improving population health and eliminating health disparities.

As the process of implementation continues, it may be too early for a full assessment of meaningful use stage 2. There are concerns however, that there is a real need for sustainable models that are not totally government funded, but instead bring with them a public private partnership that supports the changes. Examples include: EHR/HIE Interoperability Workgroup, an alliance of 19 states, 20 EHR vendors, and 22 HIE suppliers spearheaded by the New York eHealth Collaborative (NYeC); and Healtheway. There have also been examples of significant cost savings and quality improvements from the longest standing regional health information organizations (RHIOs) and HIEs that existed before the HITECH Act.[3] These examples show a path forward that can be replicated across the country with the appropriate resources and investment.

One reason for the low level of interoperability may be the lack of widely adopted standards, failure to use existing standards, and flexibility in the way that standards are implemented.[4] An increase standardization of health information exchange would reduce the cost and complexity for providers, vendors, and health information exchange organizations. The input of local health departments in developing standards is necessary to make sure the system's infrastructure supports the types of information gathered by local health departments and is relevant to the communities they serve. This input also institutes safe and appropriate use of collected patient information, because health departments have statutory requirements and responsibilities with regard to this information. Standards should improve the quality and performance of public health activities, such as surveillance, treatment follow-up, preventive services, clinical care, and response measures, across all levels of government. NACCHO will continue to weigh in as standards for interoperability are developed to ensure that a system is not created that leaves out surveillance, tracking of health trends and other uses of data that examine geographic or demographic populations as a whole, beyond the level of an individual medical practice or hospital. NACCHO has urged the ONC to include public health-related standards and data exchange criteria in their requirements and for all Certificating bodies to adapt their EHR certification criteria to include them.

When systems change, a period of adjustment is to be expected as people, processes, and policies adjust to leverage the new systems, and to address abuses. We support the continued monitoring of implementation of the HITECH Act, and adjustment of policies and processes to address findings, to assure that our country's developing clinical information network is as effective as possible in improving our citizens' health. More focus should be put on innovations and requirements and use case development (like the examples generated by the successful

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[3] Social Security Administration (SSA) Specialized Advisory and Assistance Services (SAAS). Using the Nationwide Health Information Network to Deliver Value to Disability Claimants. Accessed May 16, 2013 from http://www.connectopensource.org/sites/connectopensource.org/files/CaseStudy_MedVA_SSA.pdf.

[4] Certification Commission for Health Information Technology. Interoperability Testing, Where the Rubber Hits the Road (White Paper). Accessed May 16, 2013 from https://hiecertified.cchit.org/documents/255969/86df4671-0e39-494f-af59-1dcc9e4a09f2

Beacon Communities Program). There is a real need to promote public-private collaboration and innovation that will make it more profitable to meaningfully use data than to abuse the system.

In conclusion, thank you for raising the important issues highlighted in your report. The opportunity of HIT to connect health care providers, public health professionals and the public in order to improve and protect health is too important to be squandered. Searching for medical information online, checking drug interactions, emailing doctors, accessing records across boundaries and institutions, improving efficiency, reducing mistakes, and for the first time from a population health standpoint, being able to aggregate and analyze data to improve the larger community's health will have benefits for every American. NACCHO stands ready to work with you and your colleagues to achieve these ambitious but achievable goals.

Sincerely,

Robert M. Pestronk, MPH
Executive Director