August 20, 2015

Thomas Frieden, MD, MPH
Director, U.S. Centers for Disease Control and Prevention
Tomfrieden@cdc.gov

RE: National capability and capacity for electronic case reporting

Dear Dr. Frieden,

As CMS and ONC consider changes in federal health information technology (Health IT) policy, we are writing on behalf of the Joint Public Health Informatics Taskforce (JPHIT)* to seek your assistance in increasing CDC resources for electronic case reporting, and request your continued leadership role in championing electronic case reporting.

Under-reporting of reportable conditions is a long-standing challenge leading to a gap in our ability to protect our nation’s health. Under-reporting blinds public health agencies to emerging threats, delays investigations and interventions, and ultimately enables the spread of organisms and agents leading to serious illnesses in vulnerable populations. The problem, essentially, is an information exchange challenge caused by incomplete knowledge of current reportable conditions, complexities in jurisdictional reporting procedures, or an absence of public health data standards.

Electronic case reporting (eCR) can dramatically boost reporting and public health surveillance capabilities by automating case information submission and exchange. Using an interoperable set of information technologies, eCR can ensure critical case communications among patients, healthcare providers, public health authorities, and those at risk of illness. If fully developed and properly used, the eCR infrastructure would help state, tribal, local, and territorial (STLT) public health agencies:

1. Detect public health threats with greater sensitivity and positive predictive value;

* JPHIT is a coalition of nine national public health associations that help U.S. governmental public health agencies build modern information systems across a spectrum of public health programs. Together and with our partners, JPHIT identifies and strengthens synergies, builds consensus, and facilitates action nationwide for a public health system that optimizes health promotion and protection for residents through public health informatics.
2. Trace, characterize, and protect contacts or vulnerable populations with greater effectiveness;

3. Manage and investigate potential cases and outbreaks with greater speed and timeliness;
   a. Distribute emergency medical countermeasures with greater timeliness;
   b. Create and distribute guidelines for exposure, testing, and risk factor assessment to clinicians with greater fidelity and timeliness; and
   c. Improve clinical efficiency and reduce the burden of reporting and follow-up investigational work for clinicians, infection control practitioners, and their staff.

For the CDC, eCR can significantly advance Surveillance Strategy goals. Modernization in STLT processes to receive or access better reportable disease and condition data will consequently improve downstream notifications from STLT agencies to the CDC. The result will be more complete, accurate, and timely information for the National Notifiable Disease Surveillance System, more robust national surveillance, and an acceleration of disease prevention.

As you know, CMS recently proposed to make electronic public health case reporting a Meaningful Use measure by 2018, and ONC proposed to begin health IT certification for eCR in 2016. JPHIT believes that an inclusion of eCR in Meaningful Use programs will address the need for market and national incentives and thereby drive eCR tool development for electronic health record (EHR) data. The proposal alone has already galvanized the public health community to enhance the value of current CDC investments in case reporting technology development; e.g., CSTE’s Reportable Conditions Knowledge Management System and ASTHO’s Public Health Community Platform projects. This change in federal HIT policy, however, will not address the need to develop other eCR technologies and build the necessary capacity in public health agencies nationwide. For the nation to see meaningful change in public health, federal resources must be coordinated and focused on a long-term vision for systemic change in how all conditions of public health interest, from birth to death, are reported to and among public health agencies.

Dr. Frieden, to set a firm foundation for this national change in public health’s shared infrastructure, JPHIT believes that there are several immediate and short-term actions that your agency can take. Within the next 12 - 15 months, we urge you to please direct centers, offices and programs to:
A. Expand and coordinate financial resources from the CDC to states and local health departments. Potential approaches include:

i. Use the Epidemiology and Laboratory Capacity Cooperative Agreement grants for eCR technical and workforce development work (e.g., build new eCR data connections, and re-design reportable conditions surveillance and investigation processes);

ii. Use the Public Health Emergency Preparedness Cooperative Agreement grant to recondition response plans, procedures, and exercise and training programs for the effective use of eCR intelligence; and

iii. Use categorical funding mechanisms (e.g., grants for TB, STD, and HIV control and prevention) to support electronic submission/transfer of case data with eCR technologies.

B. Revise the CDC Surveillance Strategy and initiate an incident command management system to ramp-up CDC’s capacity for public health agencies to address the challenges of building an electronic case reporting surveillance information ecosystem;

C. Prioritize and fund APHL, ASTHO, and CSTE to build the nationwide technical infrastructure for complete eCR through continued development of the Public Health Community Platform and the Reportable Conditions Knowledge Management System (RCKMS). Complete eCR encompasses all steps of case reporting from initial detection of a possible case within an EHR through electronic completion of a case report form within an EHR and submission of the report to the appropriate jurisdiction;

D. Prioritize and fund cooperative work through CSTE to complete and maintain RCKMS, support a CSTE led effort to build a national consensus on the desired gains in sensitivity and positive predictive value for every reportable or nationally notifiable condition with a standardized case definition, and develop and maintain eCR standards.

Furthermore, given the gravity and scope of this issue, JPHIT believes the public health community needs your leadership to make eCR a reality. The vision and benefits of eCR must be championed from the the highest levels of government to build awareness and belief in the significance and benefits of eCR. Only your leadership can prioritize resource coordination for
technology development and capacity building across the CDC and within HHS, champion calls for additional public and philanthropic funds, and inspire long and lasting change.

Our nation is at a critical juncture for eCR. The availability of resources and strong support from public health leadership will determine whether or not the nation’s health will fully realize benefit from Health IT and EHR adoption. The information technologies to enable more intelligent, responsive, and effective public health action are within our reach, but public health agencies need the resources to develop and implement these tools to truly accelerate disease prevention.

The time is now to invest in eCR. JPHIT is committed to this issue and will work with all parties to make eCR a reality. With the expertise and resources of member, affiliate and partner associations, we will continue to facilitate the national synergies and policies for eCR, as well as marshal the public health community for action. We look forward to continuing and deepening our partnership with your agency and we are amenable to further discussion either by an in-person visit or teleconference. Please feel free to contact the Co-Chairs or Charlie Ishikawa, JPHIT Executive Secretary, with any questions or additional follow-up.

Sincerely,

Marcus Cheatham, PhD
JPHIT Co-Chair, NACCHO representative

Stephanie Mayfield Gibson, MD, FCAP
JPHIT Co-Chair, ASTHO Representative

JPHIT Partner organizations in support of this letter
- The Public Health Informatics Institute
Cc/

- Charlie Ishikawa, JPHIT Executive Secretary
- Chesley Richards, Office of Public Health Scientific Services
- Michael Iademarco, Center for Surveillance, Epidemiology and Laboratory Services
- Nedra Garrett, DHIS/CSELS
- Charles Rothwell, National Center for Health Statistics
- Walter Suarez, Chair, National Committee on Vital and Health Statistics
- Robin Ikeda, Office of Noncommunicable Diseases, Injury and Environmental Health
- Patrick Breysse, National Center for Environmental Health / ATSDR
- Rima Khabbaz, Office of Infectious Diseases
- Anne Schuchat, National Center for Immunization and Respiratory Diseases
- Beth Bell, National Center for Emerging and Zoonotic Infectious Diseases
- Jonathan Mermin, National Center for HIV, Viral Hepatitis, STD, and TB Prevention
- Judith Monroe, Office of State, Tribal, Local and Territorial Support
- Stephen Redd, Office of Public Health Preparedness and Response
- John Howard, National Institute for Occupational Safety and Health
- Karen DeSalvo, National Coordinator of Health Information Technology
- Bill Brand, Public Health Informatics Institute