June 12, 2014

Howard Shelanski
Administrator
Office of Information and Regulatory Affairs
Office of Management and Budget
725 17th Street, N.W.
Washington, DC  20503
Attention: CMS Desk Officer

Re: Information Collection by CMS on Public Health Agency/Registry Readiness to Support Meaningful Use (CMS-10499; OMB control number 0938)

Dear Mr. Shelanski:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the information collection planned by the Centers for Medicare & Medicaid Services (CMS) on public health agencies and registries’ readiness to support meaningful use.

The AHA greatly appreciates the planned data collection outlined by CMS. We urge the agency to promptly create its website to provide a centralized repository on public health readiness to electronically receive the data hospitals must submit under the meaningful use program.

The proposed information collection would decrease burden on providers, as well as often underfunded public health agencies and registries, by establishing a single, central repository of information and eliminating multiple individual inquiries to multiple public health agencies and registries. Currently, it is quite burdensome for hospitals and other providers to obtain this information, particularly given that the many public health agencies and registries vary in their capacity to:

- receive information in electronic formats consistent with the meaningful use requirements;
- sign up and conduct testing with entities that would like to report data electronically (known as “onboarding”); and
- process large volumes of electronic reporting on an ongoing basis.
The proposed information collection is also central to CMS’s work on meaningful use. Under the Medicare and Medicaid Electronic Health Record Incentive Programs, the meaningful use requirements for hospitals mandate that hospitals themselves determine the readiness of local public health agencies and registries to receive electronic submissions of public health data, and send data electronically to those agencies and registries that are ready. CMS, in turn, collects data from hospitals on their electronic public health reporting activities to verify that the hospitals have met meaningful use. In addition, CMS provides an exception to its requirements for hospitals and other providers when specific public health agencies are unable to receive the data. Therefore, it is crucial for both CMS and health care providers to have accurate information about the readiness of public health agencies to support meaningful use.

Time is of the essence, as some hospitals already are attempting to meet the Stage 2 meaningful use requirements to electronically send three types of data (immunizations, reportable labs and biosurveillance) to public health and registries on a continuous basis. Many more hospitals will be required to do so beginning Oct. 1. CMS confirmed its plans to create the website in the agency’s final rule on Stage 2 meaningful use, which was released September 2012, but has yet to follow through. The agency should expedite its website development to support the goals of efficient electronic reporting to public health agencies and registries.

In public testimony to the Meaningful Use Work Group of the Health Information Technology Policy Committee on May 27, the executive secretary of the Joint Public Health Informatics Taskforce (JPHIT) stated, “It is difficult for providers to acquire accurate public health readiness information. Knowing what health agencies to report to, their relative readiness and priorities for public health data, and how to get into an onboarding queue and anticipate wait times is a challenge. A national database that can be regularly updated by health agencies would ease this challenge…” JPHIT is a collaboration of nine national associations that help governmental agencies build and enhance their public health informatics infrastructure.

The AHA concurs with JPHIT’s comments, and we are hopeful that CMS’s planned data collection will support meaningful use and public health readiness.

Thank you for the opportunity to comment on this important issue. If you have questions about our comments or would like more information, please contact me or Chantal Worzala, director of policy, at cworzala@aha.org or (202) 626-2313.

Sincerely,

/s/

Linda E. Fishman
Senior Vice President
Public Policy Analysis & Development