

11-05

STATEMENT OF POLICY

Standards-Based Data Exchange Between Public Health and Healthcare

Policy

Electronic Health Record (EHR) data transmitted to public health entities will be used to identify and respond to disease patterns, contain the spread of infectious disease, and prevent threats to the health of the public. Throughout much of the United States, these activities will be performed by local health departments (LHDs). It is important that these LHDs exchange EHR data with the timeliness and granularity necessary to effectively perform these activities. Therefore, the National Association of County and City Health Officials (NACCHO) urges the following to ensure the successful and meaningful use of EHR data for public health action:

- LHDs should be included throughout the development of public health-related standards and use cases of EHR information and exchange.
- LHDs should be provided with resources including training, staffing, software, and IT infrastructure support to participate in data exchange with healthcare providers, including support to manage and use this information for protecting and improving population health.
- NACCHO encourages the related efforts of the Office of the National Coordinator (ONC) for Health Information Technology (HIT) to ensure that public health use cases are included in the certification of HIT and EHRs; and,
- NACCHO encourages the increasing collaboration between national, state, and local partners involved in the exchange of data between healthcare and public health entities and intends to be both an active participant in this collaboration and an ally in effective facilitation on behalf of local health departments.

Justification

NACCHO recognizes and supports ongoing federal and state efforts to support the use of HIT and EHRs for better healthcare and public health outcomes. A much-needed EHR incentive program for Medicare and Medicaid eligible professionals and hospitals began under the ‘meaningful use’ provisions in the Health Information Technology for Economic and Clinical Health Act (the HITECH Act) of the American Recovery and Reinvestment Act (ARRA) of 2009. The 21st Century Cures Act of 2016 boosted standardization and interoperability of HIT by disincentivizing blocking of information exchange and developing successor programs to meaningful use (currently the Medicare Promoting Interoperability Program).

Public health has been a consideration from the initial implementation of meaningful use under the HITECH Act, but the ability of LHDs to participate was hampered by a lack of resources. The COVID-19 pandemic highlighted the importance of standards-based electronic data



exchange between healthcare and public health, both at the patient level and systematically, for example in terms of hospital bed capacity.

Significant funds and resources are being used to implement collection and exchange tools nationally. These sweeping measures are redefining the healthcare information landscape and improving healthcare delivery in the nation. Increased attention, and some accompanying resources, are now being directed towards improving the exchange of public health data at the state and local levels; however, the need is greater than the current funding and more must be done to ensure that all LHDs and the communities they serve benefit from these investments. NACCHO is encouraged by the collaboration between ONC, the Centers for Medicaid and Medicare Services, and the Centers for Disease Control and Prevention. NACCHO welcomes ongoing partnership and feedback opportunities to ensure that public health is an important part of HIT use and local public health partners can adopt consistent models, practices and/or related initiatives or programs to fully participate in the data exchange ecosystem.

LHDs increasingly recognize the need for greater investment in HIT to make electronic exchange of laboratory reporting, syndromic surveillance, immunization, and healthcare data more widespread. However, NACCHO anticipates insufficient readiness at many LHDs, including larger LHDs with significant prior HIT infrastructure, to accept and use these data and to participate in national conversations about exchange standards. LHDs will require dedicated resources to participate in data exchange with healthcare providers, including adding capacity to manage and use this information for protecting and improving population health.

NACCHO's expertise in representing LHDs on a variety of issues is vital to ensure that national policies are successfully implemented on the local level. NACCHO will continue to partner with the necessary organizations to identify and address the specific needs of LHDs to exchange healthcare and public health data. Funding and resources commensurate with those focused on EHR implementation in addition to state investments will be necessary to design, upgrade, and/or implement appropriate HIT technologies in LHDs. Therefore, there is a need to continue to strengthen the presence and input of LHDs on national and state work and advisory groups that discuss implementation of EHRs/HIT and public health readiness for exchanging data. This collaboration will result in successful incorporation of LHDs in the national HIT effort, leading to improved health and wellbeing nationwide.

Record of Action

Approved by NACCHO Board of Directors July 2011

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