



A driving force for health equity

Submitted via email

October 7, 2024

Kenneth S. Fink
Director of Health
1250 Punchbowl St
Honolulu, HI 96813

Re: *State of Hawaii Electronic Disease Surveillance System - RFI – OCHIN*

Dear Director Fink,

On behalf of OCHIN, I appreciate the opportunity to respond to the State of Hawaii's Department of Health's (DOH) request for information (RFI) on effectively implementing an advanced Electronic Disease Surveillance System (EDSS). [OCHIN is a national nonprofit health information technology innovation and research network](#) comprised of over 2,000 community health care sites with more than 34,500 providers serving more than 6.3 million patients in 43 states. Our network includes federally qualified health centers (FQHCs), local public health agencies, rural and frontier health clinics and Critical Access Hospitals (CAHs). We support the State and the DOH's efforts to inform its approach to modernizing and enriching Hawaii's disease surveillance capabilities including aligning with federal standards for state-level reporting. OCHIN has substantial experience across state jurisdictions to advance public health surveillance and response capabilities and has worked closely with the Centers for Disease Control and Prevention (CDC).

OCHIN: 21ST CENTURY EQUITABLE ACCESS TO HEALTH IT

Since its inception in 2000, the OCHIN collaborative of community providers has focused on expanding access in underserved and rural communities to quality health care services through technology solutions, technical assistance, operational support, informatics, evidence-based research, workforce development and training, and policy. In the OCHIN network, over half of our members' patients are covered under Medicaid, 18 percent are uninsured, 53.6 percent live at or below the federal poverty level and one in three prefer a language other than English. OCHIN has driven health equity and public health by investing in core infrastructure essential to its achievement including health data interoperability, meaningful patient privacy and consent, and modernized health IT systems for providers and patients in underserved areas. Since 2010, we have securely exchanged more than 554 million clinical summaries in the OCHIN network, one of the largest health-center controlled networks in the country, providing capabilities to securely exchange patient information.

OCHIN has also partnered with OSIS, another non-profit technology services organization that is a network of health centers, and now collectively supports over 39,000 providers serving more than 9.3 million patients. By collaborating to develop affordable and tailored health information technology and services for providers in systemically underserved communities, our partnership with OSIS builds the resilience of both networks and will help transform care for roughly 30% of the estimated 31.5 million health center patients nationwide. Our partnership will also bring greater community healthcare center (CHC) representation to national health equity research and advocacy by augmenting the OCHIN-led

ADVANCE Clinical Research Network and voluntarily contributing to practice-based research and innovation powered by the largest collection of de-identified community health data in the country.

In the public health arena, OCHIN has played a national role and worked closely with states to address public health challenges including responding to the COVID-19 public health emergency (PHE). To that end, OCHIN played a central role in **co-developing, testing, and deploying** a key component of the national public health digital data surveillance and response mitigation system: the electronic case reporting system (**eCR Now**). Built to a national scale and deployed in partnership with the CDC, Association of Public Health Laboratories (APHL), the Council of State and Territorial Epidemiologists (CSTE), and other state and local public health agencies, **eCR Now** helps to close data reporting gaps and inform pandemic response. **Since April 2020, OCHIN members have delivered more than 4.62 million eCR messages triggered by COVID, Mpox, and Orthopoxvirus events.**

RECOMMENDATIONS

In order to drive interoperability with high quality data exchange in real-time which integrates public health and clinical care interfaces that dramatically improve sentinel and response capabilities, OCHIN offers the following recommendations:

- **Adopt hosted, certified, and maintained health IT systems.** We strongly recommend that the State adopt hosted, certified, and managed health IT systems to ensure interoperability, security, and alignment with federal standards. These systems can help streamline data exchange, reduce maintenance costs, and improve overall efficiency while ushering a new era of state and federal coordination using near real-time and dynamic data.
- **Utilize national uniform digital data and technical standards.** Leveraging federal standards established through the National Coordinator for Health Information Technology (ONC) through a stakeholder driven and informed process is crucial for seamless data exchange and integration with local providers (thereby increasing sentinel capabilities) and federal partners (ensuring better coordination and communication). By adopting these standards, Hawaii can ensure compatibility with national systems and facilitate data sharing that enables earlier detection and faster coordinated responses.
- **Prioritize electronic case reporting (eCR).** Hawaii's EDSS should be designed to integrate seamlessly with national public health digital data surveillance systems, such as eCR Now. This compatibility will enable automated and real-time state and federal data sharing and coordination, leading to a more effective response to public health emergencies. Electronic case reporting has reduced burden on providers in underserved and rural communities. eCR provides more detailed, accurate, and timely data than manual reports and those collected through Electronic Laboratory Reports (ELR). We strongly urge the State to ensure that its systems can filter, set custom notifications, and parse eCR data to be useful to the public health staff within the State and to roll-up automatically in a standardized manner at the federal level.

CASE STUDY IN PUBLIC HEALTH INNOVATION: eCR SCALING TIMELY DYNAMIC INTEROPERABILITY

In response to the COVID-19 pandemic, OCHIN quickly enabled eCR, which provides clinical and demographic data that is more detailed, accurate and timely than manual reports and those collected through ELR. This functionality was rolled out across the OCHIN collaborative and greatly contributed to contact tracing, identification of hotspots and understanding how COVID disproportionately impacted communities of color, unstably housed individuals and individuals with chronic health conditions and comorbidities. This work supports the CDC's ability to track national trends dynamically and offers a powerful solution for states as well while enabling automated and real-time state and federal data

sharing and coordination. This information was critical for a more effective COVID-19 pandemic response and continues to support additional state public health efforts. For example, as highlighted by the CDC, the California Department of Health investigators used eCR to effectively uncover previously undetected cases. Using eCR in identifying disease risks can better inform public health actions. See [eCR Identifies Overlooked Cases of Silicosis Among Workers](#). OCHIN has also supported the CDC to include Federally Qualified Health Centers in a study of several healthcare facilities seeking to understand how leveraging eCR contributes to burden reduction. To reduce staff burden, acceptance of eCR is crucial as well as ensuring health centers are not required to both complete eCR and manual care reporting. According to the CDC, states need to approve cessation of manual case reporting. Further, state regulations that separate case reporting and lab reporting are a barrier to adoption at the public health level.

We welcome providing additional information on our recommendations. Please contact me at stollj@ochin.org if we can provide any additional information to support your efforts.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Stoll". The signature is written in a cursive, flowing style.

Jennifer Stoll
Executive Vice President
External Affairs