An Open Letter from the American Medical Informatics Association and the American College of Medical Informatics Regarding Public Health Reporting Deficiencies During the COVID-19 Pandemic

July 19, 2020

As the number of Americans infected with the novel coronavirus edges closer to 100,000 per day, we must draw attention to a fundamental deficiency in our collective response to the outbreak of SARS-CoV-2: Policymakers at all levels of government – from local to state to federal – lack even the most basic up-to-date information to make informed decisions regarding our collective health. Uncoordinated reporting of public health data severely hampers our ability to manage the COVID-19 pandemic nationally and locally.

We write as the founders and stewards of the science and practice of health informatics, which is the systematic collection, integration, analysis, and application of data to improve health. We are the professionals who methodically and deliberately design systems and use data, information, and knowledge to advance health, including public health.

Recent actions taken by the Administration to "reduce duplication and minimize reporting burdens," related to "capacity and utilization data" are not likely to achieve this goal while worsening our ability to respond to the COVID-19 pandemic. We are deeply concerned that the Administration's July 10, 2020, memo, "COVID-19 Guidance for Hospital Reporting and FAQ," will worsen our ability to mitigate, suppress, and recover from our national public health emergency. We strongly recommend that the July 10 memo be rescinded, and hospitals continue reporting COVID-19 capacity and utilization data to the Centers for Disease Control and Prevention (CDC) through the National Healthcare Safety Network (NHSN).

We are dismayed that rather than improving the existing system managed by the CDC, the July 10 memo requires hospitals to collect and report daily more than 100 data elements about personal protective equipment (PPE), intensive care unit (ICU) beds, hospital admissions, emergency visits, and potential therapeutic aids, such as Remdesivir. The collection of these data is not the basic problem, but the decision to use a new, untested system rather the NHSN during a pandemic is highly problematic. The use of this new system – outside the current public health infrastructure – creates burden in collecting new and different data, invalidates existing tools for managing and reporting COVID-19 information, jeopardizes public trust, and creates obstacles to transparency, fundamentally undercutting the objectives of public health.

The NHSN is the nation's most widely used healthcare-associated infection tracking system, serving more than 25,000 medical facilities. Using NHSN to collect COVID-19-related capacity and utilization information makes sense, particularly given the system's widespread adoption and the need to respond rapidly to a global pandemic. We acknowledge that initial reporting efforts through NHSN were less than optimal and required manual data entry initially. However, concerted effort has been made since to automate the reporting of COVID-19 data elements in direct response to the request by the Administration in March 2020. Efforts to improve how data are collected through the NHSN should be the path forward, bolstered by suitable incremental investment.

Additionally, our concerns about shifting public health reporting away from the CDC, which has been a trusted public health resource for decades, are amplified when the data collected have unknown application, and undefined overarching governance policies. The July 10 memo requests more than 20 additional data elements from hospitals without discussing the rationale, including how those data will be used, how those data will benefit participating hospitals, or how other agencies with relevant responsibilities will have access to those data.

Further, we anticipate that this shift in reporting will create data gaps, hindering efforts to recognize, understand, and evaluate important trends related to COVID-19. While we understand this move is intended to improve precision, the way this transition has occurred will likely distort key metrics in tracking the spread of COVID-19. We fear that data submissions will be non-

standard, manual, inconsistent, and incomplete – diminishing the utility of these data for public health decision-making at the local and national levels.

In the Information Age, information is health. Our ability to care for individuals and populations depends on broad availability of timely, reliable, and complete data. When trusted scientific agencies like the CDC collect, analyze, and act on such data and information, we all benefit. Trust is based on widely shared core values of transparency, veracity, and accountability. If information is not complete, accurate, or open to review, the public health system is compromised and our ability to respond appropriately and rapidly is similarly damaged.

Rather than abandon the NHSN and exacerbate an already strained public health digital infrastructure, we call on the Administration to invest in the NHSN, addressing its limitations, while leveraging existing and emerging data standards and health information systems. This will better position policymakers and public health officials to improve the health of all Americans for the long-term and to be better prepared for the next pandemic.

AMIA, the leading professional association for informatics professionals, is the center of action for 5,400 informatics professionals from more than 65 countries. As the voice of the nation's top biomedical and health informatics professionals, AMIA and its members play a leading role in assessing the effect of health innovations on health policy and advancing the field of informatics. AMIA actively supports five domains in informatics: translational bioinformatics, clinical research informatics, clinical informatics, consumer health informatics, and public health informatics.

ACMI (the American College of Medical Informatics) is a college of elected fellows who have made significant and sustained contributions to the field of biomedical informatics. The College

is an elected body of fellows within AMIA, with its own bylaws and regulations that guide the organization, its activities, and its relationship with the parent organization.