CSTE COVID-19 Consultancy Project:

Date:	**Wednesday April 20, 2022**
Start/End Time:	1-2:30p

CSTE-CDC Core Epi COVID-19 Meeting Minutes

#	Topic	Items
1.	Introductions	• Open and Welcome – **Katie Brown (MA)**

2.	HHS Protect and NHSN	• Joined by **Seth Kroop, Abbigail Viall, CDC; Scott Cooper, CMS**
		  • HHS Protect is large data system through which unified hospital dataset and nursing home and other data streams gathered or purchased by HHS reside. Management and operations recently transferred from HHS to CDC, but still same large, data-aggregation platform so no real changes besides management.
		  • CDC and ASPR work together to analyze data and post in different forums.
		  • NHSN core functions for HAI and nursing home reporting required by CMS all still happening the same with no changes.
		  • New CMS Proposed Rule (https://www.federalregister.gov/public-inspection/2022-08268/medicare-program-hospital-inpatient-prospective-payment-systems-quality-programs-and-medicare) contains proposed hospital data reporting provisions at end of current public health emergency and for future emergencies (*relevant section starts on p. 1395*). No immediate changes to current COVID-119 reporting requirements for cadence or data elements for facilities. Rule does two things. Seeks to extend current reporting requirements beyond current emergency through 4/30/24 and seeks to extend reporting requirements to cover future "pathogen-agnostic" emergencies. Open for 60-day public comment until 6/17/22. Included in payment rule which was quickest pathway and would take effect in October 2022.
		  ▪ How does CDC/CMS envision this will dovetail with reporting requirements for these same diseases to STLTs? Most reporting has previously been at the State and local level.
		  • CSTE input is crucial and it's important to highlight this issue as part of public comment to help avoid unintended consequences. Data reported from hospitals not intended to supplant, but rather complement what is reported to States.
		  ▪ Clarify intent for individual-level data and how states can access.
		  • Intent is for States to access data as they currently access NHSN data.
		  • Two lists of data; one for COVID-19 which is aggregate data, and the individual-level data (zip code, race, ethnicity, underlying conditions, age, sex, county, and medical record number) would first be required for future PHE.
		  ▪ Consider impact to facilities of having what can be duplicative reporting requirements for meeting federal and state requirements. How can get data to states and still prevent duplicate reporting?
		  • Plan is to talk to wide group of stakeholders. Facilities will be engaged and have an opportunity for comment. Some elements of proposal intend to provide more flexibility.
		  ▪ Consider potential for this to be duplicative of Labor-OSHA required reporting.
		  ▪ In the past, states have been asked to help train NHSN users and validate the data -would need resources to accomplish this, if needed.

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		▪ Concerns with sharing identifiable data and need to assure protections of confidentiality. ▪ Any thought of making this a more automated data reporting system for facilities to reduce the burden on what has often been a manual, resource-intensive process. • Helpful to get input from CSTE and States on how to make this data flow workable. Want to reduce burden and make this so it is not duplicative. ▪ What is mechanism to entice or require facilities to report? • Enforced through infection control Conditions of Participation surveys performed by states and accrediting organizations. Facilities need to meet requirements or complete plans of corrections. • CSTE may consider creating forum for interaction with facility stakeholders to discuss impact of rule. • CSTE interested in engaging with CMS on other public health issues like improved data quality for race/ethnicity and other data. ▪ CDC and CMS are both looking at this and would be very interested in continuing this conversation.
3.	CSTE COVID-19 Death Classification Guidance	• Discussion Led by **Annie Fine, CDC** • CSTE published interim definition for deaths associated with COVID-19 in December 2021. • Survey of members to determine plans for implementing revised definition – close to 30 responses • 4 already using definition • 6 planning to fully adopt • 6 planning to partially adopt • 6 not planning to adopt • 7 delaying decisions to adopt • CSTE now revisiting next steps based on mixed plans by states; could redo the survey, proceed to finalize definition, or consider revisions before finalizing the definition. • Resource concerns contributed to plans. If not planning to adopt, ask what are plans or concerns. • Should this be a consensus position statement or guidance for states. Changing definition may be politically challenging for STLTs. What is the goal? Try not to change definitions so quickly, but maybe less concerning since not many states are using it. • Not a consensus position statement - more of an ad hoc document. • A few members with interest in this issue are not present on today's call. • It would be helpful to get more data and/or hear presentation from both "sides" of the argument. • Consider precedent this could establish for other definitions or position statements in the future. • Would be good to discuss this more broadly in the future – maybe State Epi Forum.
4.	Jurisdictional Experience Sharing & Open Forum Discussion	• **Marci Layton** shared update from CDC about questions sent in follow-up to last week's discussion on CCLs. • In response to concern that the State Epi is not always looped in if local DOHs call CDC with concerns about their country metrics, CDC confirmed it is their protocol to loop in their State DOH POC, which is often state epi or SHO.

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		• Greta willing to come back to future Core Epi WG discussion to share more info on why and how the three CCL metrics were selected.

Action Items

#	Activities/ Deliverables	Action Item/Responsible	Due Date	Status
1.	New CMS Proposed Rule	☐ CSTE will coordinate preparation of written comments on Rule with member input.	6/17/22	Pending
2.	Next week's call	☐ CSTE will shorten next week's call to be one hour from 1-2pm Eastern due to a conflict.	4/27/22	Pending
3.	Future meetings	☐ April 27th – Ben Silk/Heather Scobie and someone from Vaccine TF to discuss impact of additional booters on vaccine breakthroughs with newer variants. ☐ Tentative May 18th/25th – CORHA Revised Outbreak Guidance ☐ Future topic - Vaccine planning and operations for the fall	4/27/22	Pending
Next meeting: Wednesday 4/27/22 1-2:00p Eastern (NOTE SHORTENED FOR NEXT WEEK)				