Public Comments for ICR 202101-0990-002

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Comments Received :

Direct reporting to Teletracking should be discontinued immediately. The data provided is highly inaccurate, widely dismissed as being of no value or importance on the local level, and does not conform to how information is collected by health systems. Entities should be able to report unmet needs to the state, to then report to the federal level if they cannot be met. This is the intended manner of federal support--that it step in only when resources are exceeded at the lower levels. HHS should request information from the States, and coordinate with the States to assess what information is operationally necessary to coordinate a national response.

Data collection is a valuable tool to maintain situational awareness, but after a hurricane you do not ask every homeowner to go out and read their electric meter. Data should be focused on escalating needs, especially when resources are scarce and the mandatory reporting draws away resources from the response itself. Many hospitals and health systems do not have dedicated reporting specialists, and the Teletracking data required does not come from a single system for easy extraction. If the reporting entity does not have any concerns, why should they devote time to telling HHS how many individual gloves they have? The Teletracking submissions represent a significant reporting burden which simply cannot be met (even with threats to revoke CMS approval) which will always lead to extremely poor data quality. Poor data is not about effort or intention--it is about the technical inability to supply the information which cannot be resolved to meet this requirement. Healthcare information is simply not tracked in the manner requested, and therefore automation is not generally going to be feasible. The HHS data requires information from the medical records system, lab reporting system, supply tracking spreadsheets/software, staffing records, pharmacy data, etc.

Recommendation: take this opportunity to refocus on how this data can be used to support at the State and local levels. Yes, it would be nice to know, but that alone is not a sufficient reason to place this burden on every health system in America. The data is so inaccurate, it has no strategic value and never will. How can federal data collection focus on supporting unmet needs and directing resources? Are there gaps in resource requests submitted in WebEOC that are not being filled and a backup method is needed? Before saying, "we need more data", please ask "Why?" first. It might be interesting to know if there are many influenza/COVID patients, but what operational value does that hold? How would it change anything locally or federally? Does HHS really need to know total inventory of PPE supplies, with a daily burn rate, and also ask if we have a 3-day supply? If federal support is not available unless the supply drops below 3-days, why does it matter if they have 900 or 60 days? If HHS is already asking for totals and burn rates, can the system not determine whether that makes 3 or more days worth?