



February 22, 2021

Office of the Secretary  
Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C. 20201

Re: 0990-New-30D

Submitted electronically via <http://www.regulations.gov>

Dear Norris Cochran-

Trinity Health appreciates the opportunity to comment on the COVID-19 TeleTracking portal. Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a People-Centered Health System to put the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. Trinity Health includes 94 hospitals as well as 106 continuing care locations that include PACE, senior living facilities, and home care and hospice services. We employ approximately 123,000 colleagues, including more than 6,800 employed physicians and clinicians, and have more than 15,000 physicians and advanced practice professionals committed to 16 Clinically Integrated Networks (CINs).

While the data reported into TeleTracking and other platforms are important to the nation's pandemic response, Trinity Health urges HHS to continue recognizing that the reporting of these data is resource intensive for hospitals and health systems. In order to leverage the scale of Trinity Health and reduce the burden of reporting, Trinity Health collects data from each hospital and submits on behalf of the hospitals to TeleTracking. The Department of Health and Human Services' (HHS) information collection request (ICR) estimate of an average of 1.5 hours per day per hospital for reporting data into TeleTracking is conservative. The reporting process goes well beyond a single hospital staff member entering the data into the system on a daily basis. The data needed to fulfill HHS's daily reporting requirements are drawn from a wide range of hospital departments and systems and the internal coordination is ongoing, exceeding 4 hours per day per hospital for collecting and reporting data into TeleTracking.

The level of effort notwithstanding Trinity Health remains as committed as ever to ensuring the federal government has the data it needs to inform our nation's COVID-19 response. The initial roll-out had many sudden, significant and often confusing changes to reporting platforms, data elements and the enforcement process. As time has progressed, the hospital COVID-19 data reporting process with the current fields has stabilized. With the pandemic data collection efforts move into their second year, Trinity Health asks HHS to use the lessons learned to date to help make the reporting process data as efficient, transparent and valuable as possible. Examples of these efforts include: harmonize federal, state, and local reporting requirements and leverage existing diverse data sources making an intentional emphasis on the inclusion of race and ethnicity data, digital health technologies, and health information data technology infrastructure to automate data collection and reporting.

To that end, we recommend HHS add new data elements sparingly and only if there is a defined and achievable utility to the data. For example, the COVID-19 vaccination questions if changed to mandatory fields in HHS TeleTracking have raised great concerns across legal, compliance, and operational disciplines. The COVID-19 vaccine is optional for employees of Trinity Health. All vaccines are administered as part of patient care and the documentation is not maintained in employee health records. If a Trinity Health employee receives a COVID-19 vaccination at a site not aligned with a Trinity Health hospital, the employee is not required to share that information. The increased reporting specificity of healthcare personnel vaccines will create a new reporting burden for our health system and the time and resources needed for this reporting will be better utilized in other areas of pandemic response.

In addition, Trinity Health supports recommendations submitted by the American Hospital Association including recommendations that HHS:

- Routinely review existing data elements to ensure they are still necessary for the federal response given the resources that go into collecting and reporting data. In addition, HHS and other agencies should phase out reporting requirements for data elements that are no longer used or can be obtained from another source.
- Announce changes to reporting requirements as far in advance as possible. We are in the midst of responding to COVID-19, including meeting significant reporting requirements, and some data requests may require additional time given complexity and resources.
- Add new data reporting platforms only if it is impossible to collect needed data using existing platforms. Over the last year, we have worked to align our internal processes and platforms with those established by HHS. We urge HHS to maintain existing reporting platforms such as TeleTracking to avoid disruption and placing additional burden on providers.
- Provide transparency on how the collected data is informing the federal COVID-19 response and share examples on how data is used.

Trinity Health thanks you for the opportunity to comment and for the continued support of HHS as we respond to COVID-19 in our communities. We look forward to continuing to work with HHS. Feel free to contact me if you have questions at (404) 432-6371 or [murielle.beene@trinity-health.org](mailto:murielle.beene@trinity-health.org).

Sincerely,

A handwritten signature in cursive script that reads "Murielle Beene".

Murielle S. Beene, DNP, MBA, MPH, MS, RN-BC, PMP, FAAN  
Senior Vice President and Chief Health Informatics Officer  
Trinity Health