



June 18, 2020

The Honorable Deborah Birx, M.D.  
Coronavirus Task Force Coordinator  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, DC 20500

***RE: Daily Data Collection on COVID-19 to Inform Critical Federal Decisions***

Dear Dr. Birx:

On behalf of the nation's hospitals and health systems, we want to thank you and your colleagues for your efforts to secure the resources needed for the treatment of COVID-19 patients and for the hard work of appropriately allocating those resources to hospitals throughout the United States. We know this is a challenging task and fully appreciate and support your desire to have the best possible information on which to make critical decisions on where, when and how much should be delivered to every hospital. In fact, we have strongly encouraged our members to provide the requested information on which to make these allocation decisions throughout the course of the nation's response to COVID 19. We stand ready to work with you and all involved in the federal response to COVID-19 to ensure data collection efforts are as effective, coordinated and efficient as possible going forward.

The Federal government's approach to collecting hospital data on COVID-19 has evolved significantly over the course of the pandemic. Our member hospitals and our associations have been responsive to each and every change in the method and strategy of data collection. For example, the White House Task Force first indicated that the states would be responsible for collecting data needed to understand the emerging pandemic, including data on emerging outbreaks and on the resources needed by hospitals, and that the governors would be responsible for communicating to the White House Task Force. In mid-March, that strategy shifted, and the White House Task Force sought its own data collection, turning to the American Hospital Association (AHA) to help. At the request of the White House Task Force and in collaboration with the Department of Health and Human Services (HHS), the AHA stood up a data collection system to collect the information sought at that time by the White House Task Force. The AHA worked with all of the hospitals, the state and local hospital associations, and our colleagues at the Association of American Medical Colleges, America's Essential Hospitals, and the Federation of American Hospitals to facilitate participation by every hospital in the country.

A week later, a shift in strategy occurred, and rather than having the AHA collect the data, the White House Task Force determined it would be better to have the data flow directly to federal databases and those of HHS' contractor. Vice President Pence sent a letter to hospitals on March 29 signaling this shift, and HHS Secretary Azar followed that up with an April 10 memorandum that described five different ways in which hospitals could comply with this request, including by sending the data to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN); through their state directly to HHS Protect; to HHS' contractor TeleTracking; posting it to their own website; or sending it through a "vendor," although this option is still not clear. Now it appears that a new methodology and collection effort will be launched.

As national hospital associations, we sent messages to hospitals urging compliance with the Vice President's request, re-shared the HHS Secretary's information on how to send the data, and worked with HHS staff to ensure that the many questions from hospitals were answered so they could report the data the White House Task Force sought. We continued communications to ensure all of our hospitals knew of the request and why it was so important that data be sent.

While only the federal government knows the specifics regarding which hospitals are routinely submitting daily data and which are not, we know the White House Task Force has raised concerns in the past about the need for more data to be submitted. That is why special data collection initiatives were announced for May 12, May 29, June 8 and June 15. For these special data collections, hospitals were asked to send in some of the same admission and intensive care unit (ICU) data that they normally supply through the daily data collection to TeleTracking, in addition to sending it to the normal place where they do their daily data reporting. Again, as hospital associations, we supported the government's request by sending notices to our members and urging compliance on conference calls. We worked with your staff and with the staff of TeleTracking to make sure hospitals that were not familiar with TeleTracking had the information they needed to submit the reports, that hospital systems could effectively submit data on behalf of all of their hospitals and that any other barriers to getting the data are addressed. From the reaction of HHS and White House Task Force staff, we believe these special data collections were viewed as successful, although we have not heard from the federal government exactly how many hospitals submitted data.

We have talked with many of our members, and universally they report that they are submitting daily data via one of the options offered in the HHS Secretary's memo. It is our understanding that NHSN is the most frequently used option, state submission the second most frequently used option and TeleTracking receives significant, but smaller number of daily reports. Staff familiar with the data suggest that through these three routes, HHS Protect is receiving more than 7,000 daily reports, although we realize that there likely is some duplicative reporting in this tally since 7,000 is roughly 1,000 more reports than the number of organizations from which data are being requested. This indicates to us that there is a great deal of compliance with your daily reporting request.

Regardless, we are prepared to assist in reaching 100% compliance with these efforts and can do so if provided specifics regarding performance compliance.

Per our conversation on Monday, we would like to make sure the government receives the data it needs on a daily basis. Further, we are aware that additional daily data may soon be needed to provide the Supply Chain Task Force (SCTF) the support they will need to track amounts of critical supplies, like personal protective equipment and drugs, and direct available resources where needed. This will be a more complex and extensive set of data to be reported, so getting this first data collection to work correctly is important – not only so that the government has these initial data that were requested, but also because it will create a strong foundation for reporting from which to build the SCTF's data collection effort. Our member hospitals and our associations remain fully committed to helping the government get the information it needs.

### **Actions for Consideration:**

We are eager to work with you to ensure the robust data collection the government seeks. In that regard, we suggest collaborating on the following steps forward:

- Review the submissions that have been received to learn which hospitals are not reporting data and contact them so that we can discover what the barriers are to their daily reporting and what resources are needed to resolve those barriers;
- Learn which hospitals are submitting data sporadically rather than daily, and work with them to enable daily data submissions;
- Review the list of organizations from which the government has requested data to learn if there are some that have merged, closed, changed names or otherwise experienced an organizational change that indicates they may no longer belong on the list, or that they may belong on the list, but different contact information is needed;
- Collaborate on ways to simplify and standardize the current data reporting process for hospitals;
- Define specific data standards needed to support the SCTF's planned data collection;
- Design supply chain data collection methodology options for our member hospitals and health systems;
- Create a mode to allow bi-directional information sharing regarding supply and equipment shortages, including that related to laboratory testing, and reporting in enough specificity to identify root causes and perform process improvement; and
- Identify the best point of contact to work with on your staff going forward.

We look forward to continuing to work with the federal government to resolve any issues with this data collection.

June 18, 2020  
The Honorable Dr. Birx  
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Sincerely,

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Cc: Seema Verma, Administrator, Centers for Medicare & Medicaid Services