

February 22, 2021

Sherrette A. Funn  
Paperwork Reduction Act Reports Clearance Officer  
Office of the Secretary  
Department of Health and Human Services  
200 Independence Ave, S.W.  
Washington, DC 20201

***RE: TeleTracking COVID-19 Portal Information Collection Request (Reference Number 0990-New-30D)***

Dear Ms. Funn:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to comment on the Department of Health and Human Services' (HHS) information collection request (ICR) on the TeleTracking COVID-19 Portal.

From the outset of the COVID-19 pandemic, America's hospitals and health systems have worked hard to provide the federal government with key data to help inform our nation's response. These data, like intensive care unit (ICU) bed capacity, drug and personal protective equipment (PPE) inventory and acquisition issues, offer insight into how much strain the pandemic is placing on hospitals, and can help inform federal government decisions about how to mobilize resources to assist on the front lines of pandemic response. The TeleTracking platform has been in operation for hospitals since April 2020, and it has become one of the primary mechanisms by which hospitals submit their COVID-19 data to the federal government. This has given hospitals ample experience with this specific platform, and with the general process of reporting COVID-19-related data to the federal government.

**While the data reported into TeleTracking and other platforms are important to the nation's pandemic response, the AHA urges HHS to continue recognizing that the reporting of these data is resource intensive for hospitals and health systems.** Indeed, we believe the ICR's 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' daily reporting requirements are drawn from a wide range of hospital departments and systems, including (but not limited to) admission/discharge/transfer (ADT) systems, electronic health records (EHRs), pharmacy information systems, laboratory information systems, materials/supply management systems, occupational health, human resources and others. Each hospital's HHS COVID-19 reporting lead must consult and coordinate with staff from all of these areas – along with the hospital's central information technology department – to ensure the data coming from these sources are being aggregated correctly. This internal coordination is ongoing, as hospitals also must periodically maintain and upgrade the source systems for the data reported into TeleTracking, which can affect the data feeds for TeleTracking.

Furthermore, the data leads must work with the TeleTracking vendor itself to ensure the right people have access to the portal, to resolve any issues with uploading or entering data, and to monitor for any system upgrades or changes that affect the TeleTracking platform's availability. In short, while the process of assembling and submitting data into TeleTracking might take a single person 1.5 hours per day, many more people, systems and departments are involved in the process.

The level of effort notwithstanding, hospitals remain as committed as ever to ensuring the federal government has the data it needs to inform our nation's COVID-19 response. The AHA believes the hospital COVID-19 data reporting process has reached a modicum of stability after an initial rollout beset by sudden, significant and often confusing changes to reporting platforms, data elements and the enforcement process. **As the pandemic data collection efforts move into their second year, the AHA asks HHS to use the lessons learned to date to help make the reporting process data as efficient, transparent and valuable as possible.** To that end, we ask that HHS adhere to a number of operational practices, including the following.

- Add new data elements parsimoniously, and review existing data elements continuously to ensure they are still necessary for the federal response. Given the amount of resources needed to collect and report data, we encourage HHS to limit the addition of new data elements to only those that have a direct bearing on the federal government's pandemic response and that the agency cannot get using any other source than hospital reporting. Furthermore, to the extent HHS and other federal agencies are no longer using particular data elements in the COVID-19 response, they should be phased out of reporting.
- Announce changes to reporting requirements as far in advance as possible. We appreciate that HHS has begun to provide at least two weeks of advance notice before requiring or requesting new data fields. However, depending on the complexity of the data element, the agency may need to provide hospitals with

even more advance notice. HHS must be mindful that the departments and personnel supporting daily reporting are balancing not only other COVID-19-related obligations, but also routine hospital business.

- Add new data reporting platforms only if it is impossible to collect needed data using existing platforms. The AHA appreciates that the COVID-19 pandemic is highly dynamic and, at times, unpredictable, and that unanticipated new data needs could push existing platforms like TeleTracking to the limits of their capabilities. However, hospitals have now reported data into HHS' established platforms for nearly one year, and have aligned their internal systems and processes with those platforms. Changing to another platform midstream could prove enormously disruptive, and cause hospitals to spend time on the administrative tasks of setting up a new system rather than on using the data and systems we already have to fight the pandemic. For that reason, we urge HHS not to switch away from current data reporting platforms like TeleTracking unless it determines there is no other feasible way to obtain the data it needs than a new platform.
- Be as transparent as possible about how the collected data are informing the federal COVID-19 response. Hospitals want to know that the significant effort expended to report data is actually helping our nation respond more effectively to the pandemic. To that end, we encourage HHS to demonstrate the ways it is using the data in public forums.

The AHA thanks you for the opportunity to comment. We look forward to continuing to work with HHS and the entire Administration to ensure it has the data it needs to respond to the pandemic. Please contact me if you have questions or feel free to have a member of your team contact Akin Demehin, AHA director for policy, at 202-626-2365 or [ademehin@aha.org](mailto:ademehin@aha.org).

Sincerely,

/s/

Ashley B. Thompson  
Senior Vice President  
Public Policy Analysis and Development