August 24, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: HHS COVID-19 guidance for hospital reporting

Dear Secretary Azar,

I write urging you to both ensure the integrity of and rebuild confidence in the COVID-19 hospital data following the July 10 HHS COVID-19 guidance for hospital reporting removing CDC as a direct recipient of such data. As the American Statistical Association (ASA) board of directors stated in a July 16 statement, "Removing the CDC from the reporting chain denies the country of the CDC's unrivaled expertise and experience, introduces the risk of data reporting discontinuities that could obscure the spread and containment of COVID-19, and removes these data from public view. The new reporting guidelines also sidestep the CDC transparency protocols that are critical to ensuring the data are impartial."

As you know, a vital role of the federal government is to provide timely, reliable, and objective data on important issues. The ASA has been a strong advocate for accurate and objective government statistics since its founding in 1839. For government data to be trusted, they should be collected, analyzed, and disseminated by recognized experts in a transparent fashion, including full visibility and documentation of procedures and development, and verification and validation thereof. Consistency in reporting, methods, and protocols is critical, so data can be compared over time. These data quality procedures and the processes in place to achieve them are especially urgent now, as the country deals with the COVID-19 pandemic.

Standards that govern new data collection systems require testing so inconsistencies and errors can be identified and corrected. The HHS TeleTracking system lacks the track record and transparency of the CDC's National Healthcare Safety Network (NHSN). Until its accuracy is

validated, the public and scientific community are likely to lack confidence in the new system, calling into question its existence. Further, the frequency of public availability of these hospitalized COVID-19 case numbers has decreased under the new system.

Because even the perception of improper outside influence can undermine trust in government data, we urge NHSN be restored as a direct recipient of the COVID-19 hospital reporting data concurrently with TeleTracking. This should be done in a way that does not newly burden the hospitals reporting the data. The subsequent dual post-analysis reporting of the data by CDC and TeleTracking would ultimately result in better data and build trust in the new system, and HHS could thereby demonstrate the accuracy and timeliness of the COVID-19 hospital reporting data in the HHS data ecosystem to which TeleTracking feeds—HHS Protect. The importance of the data and the major, mid-pandemic switch justify the dual approach. Trust in and accuracy of the data are paramount.

We request the opportunity to discuss this matter with a member of your staff.

Thank you for your consideration.

Sincerely,

Robert Santos
2021 ASA President

Cc: The Honorable Lamar Alexander, Chair, Health, Education, Labor, and Pensions Committee, US Senate
The Honorable Roy Blunt, Chair, Appropriations Subcommittee on Labor, Health and Human Service, Education, and Related Agencies, US Senate
The Honorable Patty Murray, Ranking Member, Health, Education, Labor, and Pensions Committee; Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, US Senate
The Honorable Frank Pallone, Chair, Energy and Commerce Committee, US House of Representatives
The Honorable Greg Walden, Ranking Member, Energy and Commerce Committee, US House of Representatives
The Honorable Rosa DeLauro, Chair, Appropriations Subcommittee on Labor, Health and Human Service, Education, and Related Agencies, US House of Representatives
The Honorable Tom Cole, Ranking Member, Appropriations Subcommittee on Labor, Health and Human Service, Education, and Related Agencies, US House of Representatives