



August 3, 2020

The Honorable Michael R. Pence
Vice President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

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

RE: Hospital Data Reporting on COVID-19

Dear Vice President Pence and Dr. Birx:

I am writing on behalf of the Heart Rhythm Society (HRS) to provide recommendations on how the White House can support healthcare professionals in reporting and receiving key data related to the COVID-19 pandemic. Our specialty organization represents more than 7,100 medical, allied health, and science professionals who specialize in cardiac rhythm disorders. Our mission is to improve the care of patients by promoting research, education, and optimal health care policies and standards.

HRS recognizes the critical importance of reliable, consistent and available coronavirus data during this historic pandemic. As heart rhythm specialists, we are concerned that myocardial injury has emerged as a known sequelae of COVID-19 infection. One study demonstrated that 17% of COVID-19 patients suffer from arrhythmias, and that the rate of arrhythmias increases to 44% when just looking at the patients admitted to the Intensive Care Unit (ICU).¹ In addition, an increase in out-of-hospital cardiac arrests this year has been linked to COVID-19 infection.² We are dedicated to taking care of all patients with arrhythmias, including those suffering from SARS-CoV-2 infection and we need accurate, timely data during this pandemic to understand the clinical impact.

Access to Data. Researchers and local health care experts need continued access to the latest COVID-19 data and rely on that data in order to provide ongoing updated information to the medical community. This data is a critical resource for peer-reviewed publications that provide expert guidance on how to treat and care for patients with COVID-19. We ask that the data continue to be made available to the

¹ Wang D, Hu B, Hu C, et al. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. *JAMA*. 2020;323(11):1061–1069. doi:10.1001/jama.2020.1585

² Baldi E, Sechi GM, Mare C, et al. Out-of-hospital cardiac arrest during the Covid-19 outbreak in Italy [published online ahead of print April 29, 2020]. *N Engl J Med*. <https://doi.org/10.1056/NEJMc2010418>.

public, and that the data reporting remain consistent. The previous data touchpoints are essential for ensuring data comparability and good science.

Data Completeness. We understand that the NHSN only included key data from approximately 3,000 hospitals, which, according to the American Hospital Association, is less than half of the total hospitals within the United States. We appreciate that the creation of the new data system is intended to not only collect the key data from all of the hospitals within the United States, but also be expanded to include other key metrics as the pandemic evolves (e.g., tracking of other treatments, vaccine supplies). As you continue to expand your data collection efforts, it is imperative that the data collected include demographic information, including race, ethnicity, age, geography, disability status, sex (including sexual orientation and gender identify) and socioeconomic status.

Transparency. With a new reporting system, we urge you to continue to ensure that the data collected through the new process is not only made available to hospitals and key Administration officials, but also to the public. Transparency and public accountability are key to ensuring continued trust in the Administration's response to the pandemic. The public website at <https://protect-public.hhs.gov> indicates a step to support transparency, and we recommend that you commit sufficient resources to maintain this website.

Reduced provider burden. We support efforts to help minimize the provider reporting burden and appreciate that the latest data reporting process should ensure that hospitals reporting the data will have access to critical PPE, drugs, and additional funding (e.g., CARES Act Provider Relief Fund). We urge you to continue discussions with the hospitals so that the promise of the new reporting system meets the realities of reporting during the pandemic.

In summary, as you continue to develop hospital data tracking systems for COVID-19 and change the reporting process, we ask you to safeguard transparency and ready data access, as well as promote consistent data reporting and flexibility, and reduce provider burden.

Should you wish to have a more detailed discussion with our members about the challenges they face and their data needs, please contact Laura Blum, Heart Rhythm Society's Vice President for Provider and Patient Advocacy at lblum@hrsonline.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimberly Selzman', written over a light grey circular watermark.

Kimberly Selzman, MD, MPH, FHRS
Chair, Heart Rhythm Society