

# Public Health & Meaningful Use: An Introduction

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# CMS Final Rule

- ***Policy Priority:***  
“Improve population and public health”
- **Three Stage 1 Objectives:**
  - 1) Submit data to Immunization Registries (P, H)
  - 2) Submit reportable lab results (H)
  - 3) Submit syndromic surveillance data (H, P)
- ***Proviso:*** Unless PH does not have the capacity to receive the data

# Immunization

- Immunization use case is a good one for HIE
- **Requirement:** “Performed at least one test of certified HER technology’s capacity to submit electronic data to immunization registries and follow-up submission if the test is successful”
- Standards are well-developed and harmonized for these transactions
  - HITSP IS10 (Immunization)
  - Direct Project User Story

# Technical Standards: ONC FR

- HL7 v2.3.1 or v2.5.1 using CDC/AIRA Implementation Guides
- ***Vocabulary:*** CVS – Vaccines Administered
- “We encourage migration to this newer implementation specification and believe that it will likely advance interoperability across the country and improve query capabilities.”

# Considerations for Immunization

- Menu set item (one of 3 PH items must be selected)
- Component of quality measures as well
- *Retrieval* of information from an IIS will likely come into play in Stage 3
- Generation of a clinical document (CCD, CCR) from an EHR-S *will not* satisfy MU
- Conversion of an HL7 v2 message generated from an EHR-S before it reaches PH *will* satisfy MU

# Submit Reportable Lab Results

- **Requirement:** “Performed at least one test of certified EHR technology’s capacity to submit electronic data on reportable lab results to public health agencies and follow-up submission if the test is successful”
- All states have reportable lab conditions but they are different state to state
- Disease surveillance is dependent on reliable, *early* reports of suspected and confirmed occurrences
- Standards are well-developed and harmonized for these transactions

HITSP IS11 (PH Case Reporting)  
Direct Project User Story

# Technical Standards: ONC FR

- HL7 v2.5 using CDC Implementation Guide
- **Vocabulary:** LOINC<sup>®</sup> version 2.27, when codes are received  
(note that CDC Implementation Guide requires LOINC coding where possible)

## Considerations for Lab Submission

- Menu set item (one of 3 PH items must be selected)
- Objective is for hospitals only in Stage 1
- Will probably be a menu set objective for EPs as well in Stage 2
- Submission of a lab result directly from a LIMS to PH will *not* satisfy MU unless the LIMS is a certified EHR module



# Syndromic Surveillance

- Fundamental building block is the use of data to identify and predict trends as they are occurring
- **Requirement:** “Performed at least one test of certified EHR technology’s capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful
- Often takes the form of analyzing patient chief complaints from hospital emergency rooms and other acute care settings
- Surveillance programs differ state to state
- Standards are just being finalized
  - HITSP IS02 (PH Case Reporting)
  - ISDS MU workgroup

# Technical Standards: ONC FR

- HL7 v2.3.1 or v2.5.1  
(draft Implementation Guide for v2.5.1 just released by CDC)

## Considerations for Syndromic Surveillance

- Menu set item (one of 3 PH items must be selected)
- Will probably move to core measure in Stage 2
- ISDS developed standard data set and uniform business process documentation for hospital submission (no equivalent for ambulatory settings)

# Summary: Issues for Public Health

- Stage 1 requirements relatively light, with a big “escape clause”
- Stage 2 (and 3) requirements likely to be more stringent
- NIST has established a guidance document and testing tools, as has CDC
- Many public health agencies under-funded to enable data exchange capacity in their systems or to refocus data exchange to an HIE, though CDC Interoperability Grants will help
- Good opportunity for PH to get exposure