

The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

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PHDSC Project News

PHDSC 2012 Annual Business Meeting November 8-9, 2012

By Maiko Minami

The PHDSC [2012 Annual Business Meeting](#) was held on November 8-9, 2012 at the National Center for Health Statistics (NCHS) in Hyattsville, MD. The theme of the meeting was:

***Towards Public Health Sector Transformation and Sector Unity:
Maximize Health IT Standardization and Meaningful Use of Health
IT in Public Health.***

The meeting engaged attendees and the broader Public Health community in the PHDSC activities aimed to the PHDSC Strategic Plan 2012-2014 implementation.

Presentations and panel discussions included:

- Implementation of the PHDSC Strategic Plan 2012-2014
- Public Health in HIT standardization and strategic partnerships
- Achieving public health goals through IT Standardization
- Building interoperability standards for public health from the perspective of different domains and projects, including
 - Vital Records,
 - Early Hearing Detection and Intervention (EHDI),
 - Public Health Laboratories, and
 - CDA for Public Health Pilot Project for Communication Diseases
- Reports from various PHDSC Committees
- Discussion of next steps for PHDSC to further implement the Strategic Plan and towards public health sector transformation and sector unity.

Presentations from the meeting are available on the PHDSC website at: <http://phdsc.org/about/events.asp>

A **spotlight** of articles from **three panel participants** from the meeting are provided below.



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State of Delaware Participates in the PHDSC CDA for Public Health Pilot

By Kendall Patterson, State of Delaware Division of Public Health

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During the 2011-2012 Project Year, the State of Delaware participated in the Public Health Data Standards Consortium (PHDSC) Clinical Document Architecture (CDA) pilot project. The goals of the project were to build CDA model templates then transport them via a Health Information Exchange (HIE). Project partners could get involved by being an observer, template modeler or template transmitter. Delaware took on the dual responsibility of being a template modeler and transmitter. As the only State public health entity to take on both roles, Delaware was provided a unique perspective for end to end implementation of CDA.

As a dual participant, Delaware developed the template for Chlamydia and test the Tuberculosis (TB) template. Creating the model for Chlamydia was done over the course of several months. Samples of reportable condition forms were gathered from across the nation to ensure that the template could be used and modified no matter which jurisdiction was going to adopt its usage. The next step was to gather use case data from epidemiologists. After information gathering came learning the **Model Driven Health Tool (MDHT)**. In addition to learning a new tool, using the MDHT presented some technical issues. The issues were eventually worked out; however the time remaining on the project timeline was getting shorter. As a result, template development continued right up until it was time to start testing the template transport part of the project.

When it became time to test the TB template, Delaware gathered a team that consisted of State personnel and vendors. An initial plan was drafted and underwent a number of revisions until a proper execution plan was finalized that would test the CDA transmission process from beginning to end. As a way to fast track payment to the participating vendors, Delaware and PHDSC agreed that the vendors invoice PHDSC directly.

The following describes the final execution plan:

EMR (Electronic Medical Record) → HIE (Health Information Exchange) → PHS (Public Health System)

Lab results were manually entered into the EMR, the EMR transformed the lab results into a CDA formatted document and passed it to the HIE. The HIE could then present that data to any number of public or private health

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The Consortium continues to develop and expand its website.

Our website is one of our primary means to disseminate information on Health IT standardization activities to our members and the community at large.

Stay tuned for new content and some distinctive features in the near future!

Please send comments about our Website to
Alla Fridman at
afridman@phdsc.org

systems. Though this plan was simpler and more streamlined than what was originally proposed, it allowed for rapid testing at every step of the transmission process. This rapid testing was needed as we were up against a hard deadline and were making revisions at each step.

In conclusion, because Delaware was able to participate on both the template modeling and data transmission side, it opened the door to an entirely new way of thinking about public health data and the exchange of that data.

New York State Pilot Project Aims at Speeding Communicable Disease Reporting

By New York State Department of Health

Linking Electronic Health Records to Public Health Disease Reporting

Doctors are required to notify the department within 24 hours if they diagnose a case of pertussis, a highly communicable disease currently reaching record numbers in the U.S. and New York. Imagine if instead of taking 24 hours or more, the department could be notified at the same time the doctor records his/her diagnosis in the patient's electronic health record.

We're getting closer to a time when we won't have to imagine that scenario because it will become the norm with the help of a collaborative pilot project in which the New York State Department of Health (NYSDOH) participated led by IBM Research, the Centers for Disease Control and Prevention (CDC) and the Public Health Data Standards Consortium (PHDSC).

Currently there are 50 to 60 notifiable conditions in New York State and although the adoption of EHR systems has increased dramatically over the past few years, doctors still only have the option of manually notifying NYSDOH about these conditions.

Clinical Document Architecture

New York State was one of three states to volunteer to participate in the pilot demonstration to successfully implement the ability to receive a public health report using the CDA standard by May 2012.

NYSDOH selected pertussis case reporting to pilot this electronic data exchange. A case of pertussis has to be reported to NYSDOH within 24 hours of diagnosis by phone or mail as mandated under the NYS Sanitary Code using the Pertussis Report Form.

The New York State CDA Pilot Project was a collaborative effort, with members of NYSDOH's Office of Health Information Technology Transformation, Office of Public Health, and Bureau of Healthcom Network Systems Management forming the CDA Pilot Project Team. The department also partnered with Office Practicum, as EHR vendor, and with Oz Systems as Forms Manager.

PHDSC STRATEGIC PLAN

PHDSC has released its **2012-14 Strategic Plan: Towards Public Health Sector Transformation and Unity**

Read it [here](#)

Development/ Pilot Test

The Project Team developed a template for reporting pertussis cases, using the department's existing tuberculosis reporting template as a starting point. The team also used the existing department form that providers use to report a suspected or confirmed case of pertussis, as well as other supplemental department forms.

The team used interoperability standards specifications already implemented by participating vendors and a transport mechanism using the department's existing health information exchange technology known as the Universal Public Health Node (UPHN).

On June 8, 2012, following several rounds of testing, a pertussis CDA document was successfully received from an EHR into department systems via the UPHN.

Next Steps

NYSDOH has successfully demonstrated the ability to accept real-time reporting from EHR systems that can be acted upon immediately. Discussions are ongoing on how to leverage what we have achieved through this pilot project to improve public health reporting and better inform clinical decisions.

Communications and Outreach Committee Develops Outreach Plan

By Noam Arzt, Committee Co-Chair

This past Spring the Communications and Outreach Committee developed an outreach plan whose purpose is to market the [PHDSC 2012-14 Strategic Plan](#). Over a series of meetings, the Committee identified the messages to convey (which come from the Strategic Plan itself), the audiences (within public health and outside), the strategies and mechanisms to employ to deliver the message, the resources needed to carry out the Outreach Plan, and some metrics to help assess whether outreach would be successful. All the activities of the Committee can be followed on the Committee's [PHDSC Wiki page](#).

One of the most strategic resources the Consortium has is the set of public health organizations that makes up much of its membership. Moving forward, the Committee recommended significant additional leverage of the newsletters, webinars, and meetings of member organizations. Additional key proposed activities include continuing to leverage the Consortium [website](#), continuing use of the Consortium newsletter (supplemented by member organization newsletters), use of periodic webinars and podcasts to highlight important activities or developments, in-person appearances and key meetings and conferences, and increased use of social media.

The [Web-Resource Center on Public Health in HIT Standardization](#) is an important part of the products that PHDSC has developed which align with

	<p>our goal to educate the Public Health Community about health information standards. With this in mind, PHDSC has partnered with JD Power and Associates to conduct a "voice of the customer" assessment of Consortium web resources. The survey has just completed (many of you probably participated) and, once the analysis is complete, the Consortium will make improvements to the Resource Center and the PHDSC Website overall. Part of those enhancements will likely involve migration of the website to use a content management system which will make the maintenance and update much easier and faster for Consortium staff. Stay tuned!</p>
<p>Want to learn more about:</p> <ul style="list-style-type: none"> - HIT adoption and standards development in Public Health; - The national HIT standardization process; and - The current level of public health involvement? <p>Read PHDSC's Business Case: Role of Public Health in National HIT Standardization</p>	<p style="text-align: center;">Assuring Health IT Standards for Public Health <i>By Maiko Minami</i></p> <p>PHDSC has been working diligently on several projects under the Cooperative Agreement from the Centers for Disease Control and Prevention (CDC). These projects, organized under the umbrella project entitled <i>Assure Health IT Standards for Public Health</i>, include:</p> <p><i>Project 1: Implementing Business Case: Role of Public Health in National HIT Standardization</i></p> <p><i>Project 2: PHDSC Participation in Health Data Standards Development for Administrative Data Exchanges</i></p> <p><i>Project 3: Public Health Functional Requirements Project</i></p> <p><i>Project 4: Assure HIT Standards for Public Health: Early Hearing Detection and Intervention (EHDI) Program</i></p> <p><i>Project 5: Assure HIT Standards for Public Health Laboratory (PH-Lab) Data Exchange and Case Reporting</i></p> <p><i>Project 6: Assure HIT Standards for Occupational Health Data Exchanges</i></p> <p>Descriptions and updates of the project activities are provided below.</p>
<p style="text-align: center;">To Learn More about Health IT Standards and Standardization Process</p> <p style="text-align: center;">Visit the HIT Standards Module on our website</p>	<p style="text-align: center;">Project 1: Implementing Business Case: Role of Public Health in National HIT Standardization</p> <p style="text-align: center;"><i>PHDSC Web-Resource Center on Public Health in HIT Standardization</i> <i>By Maiko Minami</i></p> <p>PHSDC has continued to update and improve the content of the PHDSC Web-Resource Center on Public Health in HIT Standardization (Resource Center) which contains four Modules. The Resource Center was one of the first products to be implemented from the Business Case: Role of Public Health in National HIT Standardization and was created to support and encourage public health participation in HIT standardization activities.</p> <p style="text-align: center;">****</p> <p>Starting this Fall 2012, PHDSC began collaborating with J.D. Power and Associates to evaluate the effectiveness of the Resource Center in supporting participation of public health professionals in the national HIT</p>

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standardization process through J.D. Power and Associate's Voice-of-the-Customer (VOC) feedback. By utilizing VOC data gathered through survey responses, the importance of each aspect of the Resource Center will be determined relative to overall website satisfaction and usefulness.

We recently completed the survey period for members and non-members in the public health community to provide feedback on improvements to the Resource Center. J.D. Power and Associates are in the process of analyzing the survey data and will be providing a report of the analysis at the end of December.

In Spring 2013, PHDSC will incorporate the analysis from J.D. Power and Associates to make improvements to the Web Resource Center. In addition, the PHDSC website will be migrated into a **content management system** to improve efficiency in searching, maintaining and updating information. The transition of the Web Resource Center from static web-pages into a **database-driven system** will be further explored to enhance searching, relating, and maintaining information.

The [PHDSC Web-Resource Center](#) includes the following:

Module 1: [HIT Standards Resource](#) – Launched in June 2009 – an informational resource that describes HIT standardization phases, entities and their products.

Module 2: [HIT Adoption Stories](#) – Launched in April 2011 – a searchable database on the activities and varied uses of health information technology in public health. The stories cover local, state, federal and international public health agencies, public health research, public health interoperability and standards development, and HIT resources, as well as broader HIT activities that affect public health. We now have over **650 stories** since the Module was launched.

Module 3: [Public Health Participation in Health IT Standardization](#) – Launched in August 2011 – a resource for public health professionals to navigate through and participate in the national HIT standardization entities and their activities. The Module describes:

Why participate?

Where should public health participate?

What public health interests to bring to the HIT standardization table?

Who should participate?

How should public health participation be coordinated?

How much does participation cost and how can it be funded?

Module 4: [Functional Requirements for Information Exchanges](#) – an online survey to gather functional requirements for public health information systems. This Module is based on the Johns Hopkins (JH) Task Guide. The Task Guide Tool was tailored to collect information from users in order to build Functional Requirements Analysis Documents (FRAD) that specify user needs for HIT products (information systems). Specifications for this Module have been completed. The Module will be launched in May 2013.

Please send your feedback on the PHDSC Web-Resource Center on [Public Health in HIT Standardization](#) to Maiko Minami at maiko@hln.com.

For more information about the project, please visit the project wiki pages at <https://wiki.phdsc.org/index.php/CDC-CA>

This PHDSC project is supported through the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC).

Project 2: PHDSC Participation in Health Data Standards Development for Administrative Data Exchanges

By Maiko Minami

PHDSC continues to support participation of public health representatives at several development organizations including: **Accredited Standards Committee (ASC) X12**, **National Uniform Billing Committee (NUBC)** and **National Uniform Claim Committee (NUCC)**.

In addition, PHDSC has continued activities to maintain and update the **Health Care Service Data Reporting Guide** and the **Gap Assist Tool**.

The **Health Care Service Data Reporting Guide (HCSDRG)** is an ASC X12 specification based on the HIPAA adopted Health Care Claim: Institutional (837) that supports state and federal public health reporting requirements. The source of the data content is from the UB-04, the National Committee on Vital and Health Statistics core elements, as well as some state-specific public health reporting requirements. The **HDSDRG** has continued to be updated as part of the ongoing work at ASC X12 to align with the changes to the X12 standards.

The **Gap Assist Tool**, jointly developed with the Washington Publishing Company (WPC), is a visual tool that provides a meta data perspective on the format and content attributes of each data element supported by the HCSDRG. The Gap Assist tool also shows which data elements are supported in the HCSDRG across different versions of the X12 standards. As the HCSDRG is updated, the Gap Assist Tool is also updated.

Under this project, PHDSC continues to partner with CDC National Center for Health Statistics, Agency for Healthcare Research and Quality (AHRQ), All Payer Claims Database (APCD) Council and the Washington Publishing Company in building the [All Payer Claims Database Portal](#). APCDs are databases created by state mandate, that typically include data derived from medical, pharmacy, and dental claims with eligibility and provider files from private and public payers. The **APCD Portal** in United States Health Information Knowledgebase (USHIK) compares corresponding data elements of each state's APCD with the national standard for each data element.

Share Your Successes & Lessons Learned in the next PHDSC Newsletter!

Have an interesting news item on HIT adoption or HIT standardization activities? Share it with the Public Health Community in the **next PHDSC Newsletter!**

Send your news articles to Maiko Minami at maiko@hln.com

Events of Interest:

HL7 Workgroup Meetings

Jan 13-18, 2013
Phoenix, AZ

May 5-10, 2013
Atlanta, GA

X12 Meeting

Jan 20-24, 2013
Seattle, WA

June 2-6, 2013
Indianapolis, IN

NUBC/NUCC Meetings

March 6 - 7, 2013
Baltimore, MD

July 31 - August 1, 2013
Chicago, IL

IHE Meetings & Events

Jan 28 – Feb 2, 2013
N. American Connectathon
Chicago, IL

March 18-22, 2013
Treviso, Italy

April 29 - May 3, 2013
Oakbrook, IL

May 21-25, 2013
European Connectathon
Bern, Switzerland

July 22-26, 2013
Oakbrook, IL

Today, APCD Portal compares state APCD data and ASC X12 Data Standards. APCD Portal will eventually include data elements from:

- Each state's All-Payer Claims Database (APCD)
- ASC X12 5010 standard
- ASC X12 Post-Adjudicated Data Reporting Guides (published in August 2012)
- National Council for Prescription Drug Programs (NCPDP) Uniform Healthcare Payer Standard Implementation Guide Version 1.0.

PHDSC plans to work with 6 APCD states to solicit feedback about the portal over the next 9 months.

Report from the Payer Typology Subcommittee

By Bob Davis & Roxanne Andrews

A key milestone was reached recently with the effort to standardize payer coding in administrative data and electronic health records. The Source of Payment Typology, developed and maintained by the Public Health Data Standards Consortium beginning in 2000, has been designated as the value set for the required supplemental data element "payer" for the CMS 2014 Meaningful Use Clinical Quality Measures (CQM). In addition, the National Quality Forum's Measure Authoring Tool (developed for measure developers to submit their e-measures to NQF for endorsement) includes "payer" as default supplemental data, with the Source of Payment Typology as the value set. Roxanne Andrews, who chairs the subcommittee that maintains the Payer Typology, recently gave a presentation at the annual meeting of the Public Health Data Standards Consortium about these developments. In addition, she moderated a multi-stakeholder webinar on the Payer Typology, with Bob Davis (a consultant with NCHS and NAHDO) as the featured speaker; the webinar was attended by over 100 participants from standards organizations, state health data organizations, hospital associations and state cancer registries. A recording of the Payer Typology webinar can be accessed from the PHDSC website.

A direct result of all this recent activity has been a noticeable increase in the interest of the Source of Payment Typology. Most notably the Consortium's Payer Subcommittee was contacted by representatives from the ANSI X12 organization expressing interest in providing support for the Source of Payment Typology in HIPAA mandated transactions. This would require data maintenance to the ANSI X12 standards. This change to the ANSI X12 standards would make it possible for future HIPAA mandates to name the Source of Payment Typology to replace the current HIPAA code set. This is a noteworthy change because the current HIPAA payer codes have severe limitations for use in data analysis.

It is important to note that the Source of Payment Typology was specifically designed to replace the current code set for reporting the category of payer. The use of the Typology as a HIPAA mandated code set would greatly

Want to learn more about PHDSC Projects?

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or

the **PHDSC Project Wiki Pages:** at <https://wiki.phdsc.org/>

increase the use of this data element. Currently, the Source of Payment Typology is supported in the ANSI X12 claim standard as well as in the UB-04 claim content specifications for reporting only purposes. We are hoping this next round of maintenance to the ANSI X12 standards will also result in a change of usage for reporting AND claiming purposes.

If you have any questions, please contact Bob Davis (rdavis@nahdo.org) or Roxanne Andrews (roxanne.andrews@ahrq.hhs.gov).

For more information about the project, please visit the project wiki pages at <https://wiki.phdsc.org/index.php/HDSD>

This PHDSC project is supported through the Cooperative Agreement with the CDC National Center for Health Statistics and Agency for Healthcare Research and Quality

JOIN PHDSC INITIATIVES!

PHDSC EHR-PH TASK FORCE

Interested in Participating in building the Public Health Functional Profile of the HL7 EHR Functional Model?

Email Alla Fridman at afridman@phdsc.org

Project 3: Public Health Functional Requirements (PHFP) Project

By Hetty Khan and John Ritter

During the previous few years in the U.S., the health care industry has benefited from the advances made by the Office of the National Coordinator and the Centers for Medicare and Medicaid Services in incentivizing health care providers to purchase electronic health information systems – and to use them in a meaningful way. Public Health stakeholders have been eager to support the care giver’s mission by collecting, analyzing, and reporting on certain health care –related data. The movement from paper records to electronic records is viewed with anticipation by domain groups within the Public Health / Population Health arena, since information has the potential of being gathered more quickly and accurately, and in a standards-based manner.

The door is open!

A group of Public Health experts have been working diligently to construct a set of well-formed descriptions of their domain-specific requirements. These requirements can be used as input to the EHR Certification program in the U.S.

During July 2012, The PHDSC Electronic Health Records-Public Health (EHR-PH) Task Force in collaboration with the CDC/NCHS and the Health Level Seven (HL7) Electronic Health Record (EHR) Work Group published the **Public Health Functional Profile (PHFP), Release 1 Informational Level 1** of the HL7 Electronic Health Record Systems (EHR-S) Functional Model (FM) Release 1.1. A license for the Profile is available at no cost via the HL7 website (www.HL7.org); the Profile includes the functional requirements and conformance criteria for EHR-based information exchanges between clinical and public health information systems for the following three public health domains/programs:

- Vital Records
- Early Hearing Detection and Intervention (EHDI)
- Cancer

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to Share
**Your Successes &
Lessons Learned**
with the
Public Health Community
on HIT Adoption
and Participation in
HIT Standardization

During the May 2012 HL7 ballot cycle, the PHDSC Task Force members balloted and received approval for the **Public Health Functional Profile, Release 1 Informational Level 2**. This profile will be published by December 2012. The additional domains included in this second release are:

- Public Health Laboratory (PHL),
- Health Care Statistics (HCS),
- Occupational Disease, Injury and Fatality (ODIF),
- Birth Defects, and
- Deep Vein Thrombosis and Pulmonary Embolism (DVT/PE).

In addition, the **PHDSC Task Force has reconvened** in order to align all existing domains of the PHFP with the new HL7 EHR-S Functional Model Release 2.0. As an open standards development organization, HL7 (through its EHR Work Group) took input from a variety of sources as the EHR-S FM Release 2 (R2) was being developed in order to provide updated consensus-based guidance to the healthcare industry; keep up with current and anticipated needs of healthcare providers in hospitals, ambulatory care, long-term care, behavioral health and other care settings, both US and international; cover the needs of public health; provide updated guidance to vendors and EHRS developers; and provide benchmark requirements and criteria for EHR-S certification activities.

Overall Project Timeframe: September 2012 - May 2013. Volunteers have been participating in **2-hour conference calls** during **September, 2012 - February 2013**.

Following this alignment of the PHFP with the EHR-S FM R2, the PHDSC will analyze the PHFP R2 to determine the core set of functional requirements that are common to all public health domains included in the profile, identifying potential areas for harmonization. We hope to meet with public health and EHR certification experts to review and discuss the PHFP and to determine how it may serve as the infrastructure to support certification of EHR systems that meet PH requirements for the public health domains included in the PHFP.

If you would like to participate in the Public Health Functional Profile effort (or monitor the groups' activities), please contact Ms. Alla Fridman at afridman@phdsc.org.

For more information about the project, please visit project wiki pages at <https://wiki.phdsc.org/index.php/EHR-PH>

This PHDSC project is supported through the Cooperative Agreement with the CDC National Center for Health Statistics

(EHDl) Program

EHDl Interoperability using Clinical Document Architecture (CDA) Standard - CDA EHDl Pilot Project

By Maiko Minami

PHDSC, in partnership with the CDC Early Hearing Detection and Intervention (EHDl) Data Committee and with the support from CDC, is currently working with 3 candidate participant states and 10 observer states in the design and implementation of **two pilot projects** to demonstrate electronic data exchange between clinical Electronic Health Record (EHR) Systems and public health EHDl information systems using the Health Level Seven (HL7) Clinical Document Architecture (CDA) standard.

The HL7 CDA standard was specified for EHR Systems in the Meaningful Use of Health Information Technology (HIT) Stage I regulation. The HIT Standard Federal Advisory Committee has recommended the use of the HL7 CDA standard as a future direction for electronic data exchanges between clinical and public health information systems for public health reporting.

The pilot projects focuses on the reporting of newborn hearing screening results from the birthing facility's EHR to the State EHDl Program.

Over the past several months, PHDSC has been working with state participants and observers to design the pilot, gather state EHDl requirements, and to build the data model for sending data. In addition, PHDSC had been conducting technical assessments of the candidate participant states to understand each state's capabilities in conducting the pilot. States are in the process of recruiting EHR and HIE vendor partners to participate in the pilot.

PHDSC will select the pilot participants in early December with the target of conducting the pilot in early 2013. We are hoping that participant states and their vendors will participate in the ***IHE Connectathon and HIMSS Interoperability Showcase***.

Proposals for EHDl Standards: Cross-Enterprise Document Workflow (XDW-EHDl) & Changes to the Early Hearing Care Plan (EHCP)

By Maiko Minami and Lisa Nelson

In addition to the pilot project, PHDSC has recently submitted proposals to Integrating the Healthcare Enterprise (IHE) for two profiles: **Cross-Enterprise Document Workflow (XDW)-EHDl** and to remodel the **Early Hearing Care Plan (EHCP)**.

The **XDW-EHDl** profile is proposed to enable execution of a common workflow and data generation for public health reporting and information exchanges between clinical and program-specific public health information systems, with the focus on the workflow associated with EHDl. The

JOIN THE CDA EHDl PILOT PROJECT!

Are you interested in being an **Observer** for the CDA EHDl Pilot Project?

It's not too late to join and observe this exciting new project!

Contact Maiko Minami at maiko@hln.com

**JOIN PHDSC
INITIATIVES!**

Help Wanted!

**NEED DOCENTS FOR
HIMSS
INTEROPERABILITY
SHOWCASE**

We are looking for representatives from public health agencies to serve as docents for the public health demonstrations at the [HIMSS Interoperability Showcase](#) in New Orleans, March 3-7, 2013. Travel support for docents is available.

Reply to Lori Fourquet at fourquet@ehealthsign.com

workflow includes newborn hearing screening at the birthing facility that facilitates generation of the care plans on hearing monitoring throughout the routine well child care, as well as special care for children with or at risk for hearing-loss.

The **Early Hearing Care Plan (EHCP)** is used to coordinate pediatric care for routine well-child care and for the special care required by children with hearing loss. In the United States, the EHCP is administered by the State Early Hearing Detection and Intervention (EHDI) Programs - a mandatory state-level program that operates based on jurisdiction-specific regulation regarding hearing care for young children.

In 2012, the Quality, Research, and Public Health (QRPH) Committee developed the EHCP Content Profile to specify the CDA structure for the EHCP content as part of a broader Early Hearing-loss Detection and Intervention (EHDI) project. As a result of the ongoing developments in the larger EHDI project, it was proposed that the content modeling for the EHCP be revamped to incorporate advances in the data modeling to support hearing screening test results, care plan guidance, treatment documentation and other quality measure generation.

PHDSC at IHE Connectathon and HIMSS Interoperability Showcase

By Anna Orlova and Maiko Minami

To foster awareness, partnerships, and collaboration at the local, state, and national levels in developing HIT standards for EHDI information exchanges with clinical electronic health record systems; and to enable the integration of EHDI information systems to meet the health data needs of public and private organizations, agencies, and individuals, PHDSC continues to work with International Standards Organization (ISO) and the Integrating the Healthcare Enterprise (IHE) to develop and test interoperability standards for HIT products to support electronic health information exchanges in EHDI domain.

In January 2013, PHDSC will once again participate in the [IHE Connectathon](#) for Electronic Health Record System (EHR-S) and EHDI Information System (EHDI-IS) vendors to test their ability to exchange data using interoperability standards defined in the EHDI Profiles. In addition, PHDSC will recruit and train representatives from state EHDI programs, and EHR-S and EHDI-IS vendors to develop and deploy demonstrations as the [2013 HIMSS Interoperability Showcase](#) in March 2013.

For more information on the PHDSC EHDI project, please visit our project wiki: <https://wiki.phdsc.org/index.php/EHDI>

This PHDSC project is supported through the Cooperative Agreement with the CDC Center for Birth Defects and Developmental Disabilities

**Project 5: Standards for
Public Health Laboratory (PH-Lab) Data Exchange**

By Anna Orlova and Maiko Minami

Want to learn more about

**the current use of
HIT standards
in
electronic laboratory
data exchanges
related to
public health
preparedness?**

Read
PHDSC's
**White Paper: HIT
Standards for Public
Health:**

[Part 1: HIT Standards
in Public Health
Laboratory Domain](#)

[Part 2: A Roadmap on
HIT Standardization for
Public Health
Laboratories](#)

CDA Templates for Laboratory Reports

This project's goal is to enable real-time electronic information communication between laboratories, public health agencies and clinicians by operationalizing the HIT standards that already exist for laboratory information.

PHDSC has begun development of **CDA templates for laboratory reports** for 15 conditions. The conditions that are being considered for development are:

Influenza	Salmonella
Bordetella pertussis	Neisseria meningitidis
Mycobacterium tuberculosis	West Nile virus
Blood lead	Staphylococcus
Hepatitis (A, B, C)	Streptococcus pneumoniae
Chlamydia trachomatis	Neisseria gonorrhoeae
Haemophilus influenzae	Bacillus anthracis
	Francisella tularensis

PHDSC will eventually import the CDA templates for laboratory reports into the open source **Model Driven Health Tool (MDHT)**. The MDHT tool is an open source platform that promotes healthcare information exchange and interoperability by delivering a common modeling framework and tools to support consistent standards implementation. It allows the automated publication of Implementation Guides, automated generation of validation tools, delivery of a consistent format of published documents, and the reuse of existing templates to republish Implementation Guides for future initiatives.¹

Standards Development

PHDSC is focusing on incorporating **Public Health Laboratory (PH-Lab) perspectives** in ongoing activities to develop HIT standards for public health at **HL7**, by participating in the development of the PH-Lab component in the *HL7 Public Health Functional Profile (Project 3)*.

In addition, PHDSC is participating in the development of the **HL7 Public Health Requirements Standard**, which will define the machine-readable format for representation of public health reporting guidelines, i.e., what, when, whom and how to report data from clinical systems including laboratory information management systems (LIMSs) to public health information systems. The standard will be based on the existing HL7 standard

¹ S&I Framework. Model Driven Health Tools (MDHT).

<http://wiki.siframework.org/Model+Driven+Health+Tools+%28MDHT%29>

<p><u>Newsletter Feedback</u></p> <p>Do you have ideas on how to improve the PHDSC Quarterly Standard E-Newsletter?</p> <p>Email your suggestions, comments, and ideas to Maiko Minami at maiko@hln.com</p>	<p>on Healthcare Quality Measures Framework (HQMF).</p> <p>PHDSC is also incorporating PH-Lab perspectives in the Integrating the Healthcare Enterprise (IHE) development activities for HIT interoperability standards for public health. PHDSC has resumed the development of the IHE Public Health Case Reporting Integration Profile focusing on defining and executing PH-Lab triggers for reporting. This profile will also include the specification of the public health decision support for case identification that will trigger laboratory results reporting from LIMSs to the public health surveillance systems.</p> <p>For more information about this project, please visit project wiki pages at https://wiki.phdsc.org/index.php/PH-Lab</p> <p>This PHDSC project is supported through the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC)</p>
<p><u>PHDSC Committees</u></p> <p>Want to join a PHDSC Committee to contribute to the work that we do?</p> <p>Find out more about our Committees on the PHDSC Website at http://www.phdsc.org/</p> <p>or contact Alla Fridman at afridman@phdsc.org for more information.</p>	<p>Project 6: Assure HIT Standards for Occupational Health Data Exchanges <i>By Maiko Minami and Lisa Nelson</i></p> <p>In this new project, PHDSC is collaborating with the CDC National Institute for Occupational Safety and Health (NIOSH) to establish implementation standards that ensure consistent capture and use of occupation information.</p> <p>The activities for this project include:</p> <ul style="list-style-type: none"> • Conducting an analysis of current representation of Occupational Health (OH) data across existing interoperability standards. • Developing proposal(s) for the IHE 2012-2013 development cycle to assure consistent representation of OH data across IHE interoperability standards • Update existing IHE Profiles to enable consistent representation of OH data • Developing a template for representing occupational risk factors for utilizing occupation and industry demographic data within CDA documents. <p>PHDSC completed the analysis of current representation of occupational health data across existing interoperability standards. The analysis assessed the general use cases for including occupation health data in CDA document standards for clinical notes. It identified current templates defined within IHE profiles to represent the occupation health data and assessed the modeling to support the envisioned use cases for the information.</p> <p>Based on the assessment, a preferred modeling for the data was envisioned and a brief project proposal was developed to describe the changes needed to develop new CDA templates, which better addressed the data modeling requirements and allowed representation of occupation health data to be harmonized across all the IHE profiles. This approach developed a set of defined occupation health data templates which could be used within the</p>

industry and across various standards development initiatives to achieve a consistent and more complete representation of occupation health data.

From this analysis, a change proposal has been submitted to IHE proposing the need for and where representation of occupational health data can be improved so that it is consistently represented in interoperability standards, facilitating the structuring of OH data in EHRs and enabling clinicians and patients to use/re-use OH in their healthcare communications

More information about the project activities can be found at the project wiki pages at <https://wiki.phdsc.org/index.php/NIOSH>

This PHDSC project was supported through the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC)

HIT Standards and Systems Interoperability: Johns Hopkins Online Course for Public Health Professionals

By Anna Orlova

The PHDSC continues to work with Johns Hopkins Division of Health Sciences Informatics at the School of Medicine to hold an online public health informatics program under the [University-based HIT Training grant from the ONC](#). PHDSC members previously contributed in the development and delivery of the on-line course [HIT Standards and Systems Interoperability](#) - the required course for the Johns Hopkins Informatics Master Program and [Public Health Informatics Certificate Program](#).

The [HIT Standards and Systems Interoperability](#) course is designed for health professionals to help understand and navigate through the world of HIT standards and HIT standardization processes. The goal of this course is to provide students with methods and tools for participation as users in HIT standardization activities for the design and evaluation of integrated health data systems at the local, state, regional, national or international levels. The intended audience comprises of public health and medical professionals responsible, or advocating for information systems used in (1) providing services; (2) developing, implementing and evaluating policies; and (3) performing research. The faculty is comprised of the internationally acclaimed leaders in HIT standardization.

The course is available free of charge through the Johns Hopkins OpenCourseWare at <http://ocw.jhsph.edu/courses/infstandards/>

To apply to the **Johns Hopkins Public Health Informatics Program**, please visit: <http://www.jhsph.edu/dept/hpm/certificates/informatics>

This PHDSC project is supported through the University-based Training grant from the Office of National Coordinator of Health IT (ONC)

**FREE ONLINE COURSE
through Johns Hopkins
OpenCourseware:**

**[HIT Standards and
Systems Interoperability](#)**

Submit your [feedback](#) on
the course content and
organization

PHDSC Member News

OZ Systems partner with Texas hospitals to help newborns

By [Healthcare IT News About OZ Systems](#)

OZ Systems announced Friday that it has implemented a new platform at two Texas hospitals to speed birth notifications and follow-up care for newborns, while supporting meaningful use.

Texas-based University Health System in San Antonio and CHRISTUS Health, a health care system that includes 13 Texas birthing facilities, have deployed OZ Systems' electronic Newborn Admission Notification Information (NANI) messaging platform. OZ, a provider of public health information exchange, said the platform will provide a first step toward effective, secure and confidential communication among hospitals, pediatric primary care providers and public health.

Using demographics information collected in the hospital electronic health record system and the data from each baby's hearing screening test, the information is automatically and securely sent through OZ Systems' platform to the state's newborn hearing screening program, OZ officials announced in a written statement.

According to OZ, the new platform is the first of its kind in the public health domain and has the effect of establishing an electronic child health screening record that may grow with and serve babies from birth through childhood. It also supports a critical element for hospitals preparing for Stage 2 meaningful use certification for electronic health information exchange.

Terese Finitzo, OZ Systems CEO, explains that "hearing screening prior to discharge" is an approved Clinical Quality Measure (CQM) for Stage 2 meaningful use, a distinction, she says, that OZ Systems worked closely with the federal government to help to define. It also includes the second phase of the Centers for Medicare and Medicaid Services' (CMS) set of requirements for the use of electronic health record systems by hospitals and eligible health care providers.

Olga Haug, a registered nurse at University Health System in San Antonio, says using OZ NANI system is like having extra staff. "It's so easy, now," she says. "We don't have to manually re-enter the information needed to provide care. This eliminates errors and is clearly one of the values of effective health information technology. When you're ready to enter test information, the baby's record is already there. Parents can get a record of the results."

According to Finitzo, any birthing facility in Texas is eligible to participate in the NANI project. OZ Systems assists hospitals with implementation. To date, 63 additional Texas hospitals have taken initial steps and are testing for implementation. Nearly 50 percent of infants nationally in need of specialty healthcare following newborn hearing screening may not receive it.

National Library of Medicine Launches Value Set Authority Center (VSAC)

By [National Library of Medicine](#)

The National Library of Medicine (NLM), in collaboration with the Office of the National Coordinator for Health Information Technology (ONC) and Centers for Medicare & Medicaid Services (CMS), has launched the NLM [Value Set Authority Center \(VSAC\)](#). Initially the VSAC will provide downloadable access to all official versions of vocabulary value sets contained in the 2014 Clinical Quality Measures. The value sets provide lists of the numerical values and individual names from standard vocabularies used to define the clinical concepts (e.g. diabetes, clinical visit) used in the quality measures. The content of the VSAC will

gradually expand to incorporate value sets for other use cases, as well as for new measures and updates to existing measures.

Access to the Value Set Authority Center requires a free [Unified Medical Language System® Metathesaurus License](#). The NLM launch of the VSAC coincides with the CMS posting of the official [2014 Meaningful Use Clinical Quality Measures \(CQMs\)](#).

NLM also provides the [Data Element Catalog](#) that identifies data element names (value set names) required for capture in Electronic Health Record (EHR) technology certified under the 2014 Edition of the ONC Standards and Certification Criteria.

Wisconsin Immunization Registry Receives Excellence Award

By [Wisconsin Department of Health Services](#)

Data Management Process Helps Keep State Residents Current on Vaccine Records

Department of Health Services officials today announced that the Wisconsin Immunization Registry (WIR), a secure Internet data system that tracks the immunizations provided to Wisconsin residents, has received the 2012 American Immunization Registry Association (AIRA) Center for Excellence Award.

“Public and private health care providers have identified the WIR as a key tool in Wisconsin’s efforts to reach and maintain high immunization levels for children in the state,” said Dr. Henry Anderson, State Health Officer. “The WIR helps health care providers, individuals, parents and legal guardians stay up-to-date on immunizations and it plays a critical role in protecting against vaccine-preventable diseases.”

The AIRA awards are presented annually to programs that actively implement strategies to support immunization program goals. The award recognized Department of Health Services Division of Public Health’s efforts to ensure that immunization records for Wisconsin residents are complete and accurate so that individuals receive all needed immunizations. In the last 12 months, parents and legal guardians accessed the WIR more than 35,000 times per month, with a peak of 54,000 times in August, right before children returned to school.

To access the WIR: <http://www.dhs.wisconsin.gov/immunization/publicAccess.htm>

ISDS and HLN Consulting Release New Report on Architectures and Transport Mechanisms for Health Information Interchange of Syndromic Surveillance Data

By *International Society for Disease Surveillance (ISDS)*

Transport mechanisms for data exchange are a focus of national efforts to modernize and enhance health information system interoperability for public health purposes. [Architectures and Transport Mechanisms for Health Information Interchange of Clinical EHR Data for Syndromic Surveillance](#) is an ISDS report that assesses various interchange architectures and compares strengths and weaknesses of a range of transport mechanisms used by public health agencies.

Prepared for ISDS in 2012 by Dr. Noam Arzt, HLN Consulting, LLC, this report seeks to clarify electronic health information interchange requirements for public health syndromic surveillance by providing:

- An assessment of various health information interchange architectures for their ability to meet syndromic surveillance business requirements;
- A comparison of potential data transport mechanisms; and
- Recommendations for data transport to support Meaningful Use implementation

More information is available at: <http://www.syndromic.org/meaningfuluse/IData/Architecture>

CDC hosts Electronic Health Record Meaningful Use and Public Health Virtual Event By [Center for Disease Control and Prevention](#)

On Tuesday, December 18th 2012, the Centers for Disease Control & Prevention will welcome some of the leading minds in healthcare transformation to present in a highly anticipated virtual event, focused on meaningful use of data exchange specifically as it relates to public health. This is an opportunity to hear the experts as they provide a comprehensive overview of Electronic Health Records Meaningful Use & Public Health. This immersive, virtual event will feature sessions and other exclusive content that will concentrate on the following objectives:

- Define the role of Public Health in Meaningful Use
- Gain insight into Meaningful Use Lessons Learned from State and Local Health Departments
- Prepare for Stage 2 Meaningful Use
- Gain a broader understanding of the road ahead and the challenges for Meaningful Use and Public Health Data Exchange
-

Register [here](#) for FREE and log in before the start of the conference which will start on **Tuesday, December 18th, 2012 from 12:00 p.m. to 5:30 p.m.**

APHL Awarded Multi-million Dollar Cooperative Agreement for Newborn Screening Technical Assistance and Evaluation Program By [Association of Public Health Laboratories](#)

The [Association of Public Health Laboratories \(APHL\)](#) has been awarded a five-year cooperative agreement of up to \$4.1 million by the Genetics Services Branch of the U.S. Health and Human Services Health Resources and Services Administration (HRSA) to develop and manage the Newborn Screening Technical Assistance and Evaluation Program (NewSTEPS). NewSTEPS will provide quality improvement initiatives for newborn screening systems, a new data repository, and technical and educational resources to state newborn screening programs and stakeholders.

“Under NewSTEPS, APHL will build on current partnerships among governmental and non-governmental health organizations to protect the health of babies born in the U.S.,” said Scott J. Becker, executive director, APHL. “States will have access to a robust and dynamic database that will allow them to improve the efficiency of the services they provide to newborns. We are all excited to be a part of it.”

Part of the Newborn Screening Technical Assistance and Data Repository Program, NewSTEPS is designed to help facilitate newborn screening initiatives and improve programmatic outcomes and outcomes for newborns, thus improving the overall quality of the newborn screening system. State programs will benefit from the shared resources that NewSTEPS will offer, including data and technical assistance, education and training, policy guidance and program evaluation. NewSTEPS will serve as a central link for access to newborn screening information, data and resources for the country.

“Newborn screening is well recognized as one of our country’s largest preventive health systems,” said Jelili Ojodu, MPH, director of NewSTEPS and APHL’s director of newborn screening and genetics. “We are looking forward to working with state newborn screening programs, partner organizations and stakeholders on this important project. Newborn screening saves lives – that’s what it is all about.”

NCHS survey: Basic EHR adoption reaches nearly 40%

By [EHR Intelligence](#) about National Center for Health Statistics

A [new data brief](#) released by the National Center for Health Statistics (NCHS) at the CDC reveals that 39.6% of physicians are now using an EHR/EMR system that meets the “basic system” criteria, up from 22% in 2009. The state-by-state adoption rate varied significantly, ranging from 22.4% in the District of Columbia to the 70.6% rate boasted by Wisconsin.

A “basic” EHR is defined as a system that allows for the collection of patient demographic data, problem lists, physician clinical notes, comprehensive medication and allergy lists, computerized prescription orders, and the ability to view lab results and radiography images electronically. While the number of physicians using any EHR system, including partial or modular systems, reached 71.8%, only basic EHR systems have the potential to be certified by the Office of the National Coordinator (ONC), which allows adopters to apply for [meaningful use](#) incentives.

Of the more than ten thousand physicians contacted by the NCHS, two out of three reported that they planned to apply for meaningful use incentives from CMS. Only a quarter of those physicians, however, had electronic systems that were capable of supporting 13 of the Stage I core objectives required for a successful [attestation](#). To qualify for [Stage I Meaningful Use](#), providers must meet the 15 core objectives and 5 of 10 menu objectives. Midwestern states, such as South Dakota, Nebraska, and Kansas, reported as many as 82% of physicians interested in attesting to meaningful use, well above the national average. The annual survey excluded anesthesiologists, pathologists, and radiologists, and excluded some unreliable data from certain states.

National Health IT News

ISDS Releases New Guidance for Syndromic Surveillance Using EHR Data from Inpatient and Ambulatory Care Settings

By *Becky Zwickl, International Society for Disease Surveillance (ISDS)*

Among United States public health agencies and healthcare providers, surveillance using electronic syndromic surveillance data from hospital inpatient and ambulatory clinical care settings is gaining traction, largely as a result of Meaningful Use.

In response to a need for guidance for planning and establishing data use relationships between public health agencies and eligible hospitals or professionals, the International Society for Disease Surveillance (ISDS) recently released a report on [Electronic Syndromic Surveillance Using Hospital Inpatient and Ambulatory Clinical Care Electronic Health Record Data: Recommendations from the ISDS Meaningful Use Workgroup](#) (Recommendations).

The Recommendations were developed in collaboration with the Centers for Disease Control and Prevention (CDC) and HLN Consulting, LLC, by a multi-stakeholder ISDS Meaningful Use Workgroup composed of stakeholders involved in providing and using EHR data for public health surveillance purposes, including clinicians, medical informaticians, technologists, epidemiologists, and public health officials from local, state, and federal governmental levels. Input from this range of stakeholders helped to ensure the feasibility and utility of the Recommendations. In addition, substantial comments from the surveillance community were collected and incorporated into the Recommendations.

These new Recommendations build upon prior ISDS work on guidelines for using EHR data from emergency department and urgent care clinic settings by incorporating both lessons learned and broader stakeholder participation. In addition to general recommendations for policy, practice, and research, the recommendations provide: a snapshot of current public health use of inpatient and ambulatory clinical data using a syndromic surveillance approach; an assessment of additional feasible public health uses of these data; basic parameters that inform how these data should be provided by eligible hospitals and professionals; core clinical data elements to inform what certified EHR technology must support; and clinical data elements that support data uses that extend beyond current capabilities or may in the future inform practice, technology and policy planning.

To download the Recommendations or to get more information please visit www.syndromic.org or contact Charlie Ishikawa, ISDS Associate Director of Public Health Programs, at meaningfuluse@syndromic.org or (617) 779-0886.

Comment Period Now Open: Help Set the Stage for Meaningful Use Stage 3

By ONC Health Information Technology Policy Committee (HITPC)

Speak up now to help ONC's Health Information Technology Policy Committee (HITPC) develop Stage 3 meaningful use recommendations that will target a collaborative model of care with shared responsibility and accountability, building upon previous meaningful use objectives through the [Request for Comment](#).

The comment period is now open. Each item that the HITPC is requesting comment on has been given an identification number in order to streamline the accumulation of comments. Please use this ID number when submitting comments. [Submit a comment online](#).

The deadline for comments is **11:59p.m. ET on January 14, 2013**.

Following the analysis of the comments received throughout the comment period, the HITPC intends to revisit these recommendations in its public meetings in the first quarter of 2013.

HHS Office of Civil Rights Releases Guidance for De-Identification of Public Health Information

By Office of Civil Rights (OCR), U.S. Department of Health & Human Services

The Office of Civil Rights (OCR) has released "[Guidance Regarding Methods for De-Identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Rule](#)." This guidance fulfills the American Recovery and Reinvestment Act of 2009 (ARRA) mandate that HHS issue such guidance. In response to this mandate, OCR collected research and views regarding de-identification approaches, best practices for implementation and management of the current de-identification standard and potential changes to address policy concerns. OCR solicited stakeholder input from experts with practical technical and policy experience to inform the creation of guidance materials by organizing an in-person workshop consisting of multiple panel sessions, each addressing a specific topic related to de-identification methodologies and policies. The workshop was open to the public and was held March 8-9, 2010 in Washington, DC. More information is available at: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/De-identification/guidance.html>

Request for Comment: Public Health Reporting Initiative (PHRI) CDA Specification

By ONC Standards and Interoperability (S&I) Framework

Public Health Reporting Initiative ([PHRI](#))

Request for Comment

The Public Health Reporting Initiative is requesting comments on the [Public Health Reporting Specification – Clinical Document Architecture \(CDA\)](#) – a document describing implementation guidance for the core common data elements for public health reporting using CDA-based templates. The implementation guidance was created to support the PHRI Use Case, Functional Requirements, and Data Harmonization Profile which describe the sending of a provider-initiated report from an EHR system to a public health agency system while reducing variability for a variety of reporting scenarios. The document has been posted for review, along with instructions to provide comments, on our website, here:

<http://wiki.siframework.org/PHRI+Public+Comment>. **All comments should be provided by December 14, 2012.**

Background on the Public Health Reporting Initiative

The Public Health Reporting Initiative ([PHRI](#)), a community-led initiative out of the ONC Standards and Interoperability (S&I) Framework, is working steadily to demonstrate basic public health reporting standards that are broader than the current program-specific objectives found in Meaningful Use. One overarching goal of the S&I Framework PHRI is to lay the groundwork for a more general public health reporting structure in Stage 3 of Meaningful Use. To date, this initiative has solicited over 30 user stories specific to public health programs and worked to combine these stories into a [consolidated use case document](#). In conjunction with the Use Case, the PHRI has developed a set of functional requirements and harmonized core common data elements, described in the Data Harmonization Profile. Over the past several weeks, the Initiative has developed implementation guidance to support public health reporting. More information about the PHRI, including a project charter and membership list, can be found on our wiki page:

<http://wiki.siframework.org/Public+Health+Reporting+Initiative>

Thank you in advance for your review. Please contact Lindsay Brown (lrbrown@cdc.gov) with any questions.

HL7 to make standards available free for public good

By [Healthcare IT News](#) about HL7

Standards organization Health Level Seven International ([HL7](#)), will make much of its intellectual property (IP), including standards, available free under licensing terms.

HL7 officials call it a “landmark decision” that represents HL7’s commitment to the betterment of healthcare worldwide by ensuring that all stakeholders have equal access to its healthcare IT standards.

The new policy is slated to take effect in the first quarter of 2013.

"HL7’s vision is to make its collaborative, consensus-driven standards the best and most widely used in healthcare," said Charles Jaffe, MD, CEO of HL7. "By eliminating this barrier to implementation, we can come closer to realizing our goal, in which healthcare IT can reduce costs and improve the quality of care. Coupled with increasing government demand for standards that do not require a licensing fee, our decision to move toward free standards is perfectly aligned. To this end, we have already received enthusiastic support for this decision from key healthcare stakeholders."

The volunteer-created standards and other select pieces of intellectual property will be made available to the international healthcare community after a period of careful analysis and planning by HL7, expected to take several months.

In the interim, the traditional IP/membership model, which includes access to, and the right to use HL7 standards, will continue to be in effect. Following completion of the analysis, HL7 expects to transition directly to a model in which use of HL7 standards and select IP is independent of HL7 membership. HL7 will continue to consult with its members to make their investment more valuable, and will seek their input to make this transition seamless and reflective of member needs.