

# The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

January 5, 2012, Issue #16

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**JOIN PHDSC  
INITIATIVES!**

**PHDSC News**

**Moving Towards Public Health Sector Transformation and**

Join us at [IHE CONNECTATHON](#)  
Chicago IL, Jan.9–13, 2012  
to observe the major HIT  
testing event!

**CALL FOR  
PARTICIPATION:**

**CDA FOR PUBLIC  
HEALTH PILOT**

We are looking for public health agencies to participate in 2 pilot projects to implement CDA standards for public health reporting. Funding and technical assistance are available. More information is available at <link here>

Reply to Lori Fourquet at [lfourquet@ehealthsign.com](mailto:lfourquet@ehealthsign.com)  
by January 13, 2012

**JOIN PHDSC  
INITIATIVES!**

**Sector Unity: Maximizing Health IT Standardization and Meaningful Use of Health IT in Public Health**

**From the 2011 PHDSC Annual Meeting (October 17-18, 2011)**

Convened in Partnership with the CDC National Center for Health Statistics  
By Anna Orlova

Over fifty PHDSC members from federal, state and local public health agencies, public health professional associations and health information technology (HIT) vendors gathered together at Hyattsville, MD in October at the 2011 PHDSC Annual Business Meeting. PHDSC members discussed the draft **PHDSC Strategic Plan for 2012-2014** that presented (1) the vision for migrating national public health policies from the current disease-based model to the future health-based model of operation; and (2) the PHDSC activities to support this migration with regards to health information technology standardization.

During the breakout sessions, PHDSC members discussed the needs for *Unifying Public Health as a Sector*, as well as the need for *Unifying Public Health Information Systems* to enable effective data utilization in public health practice. Participants discussed U.S. national and international initiatives where the PHDSC can play a leadership role to facilitate standardization of public health information systems to enable electronic data exchanges. Specifically, they include:

- Public Health Reporting Initiative, Office of National Coordinator for Health IT (ONC) Standards & Interoperability Framework, and
- HIT Standards for Public Health in Low Income Countries Initiative, International Organization of Standardization (ISO) and World Health Organization (WHO).

Participants also discussed various U.S. national initiatives where the PHDSC can play a catalyst role working with the PHDSC member organizations, the public health community at large and the HIT industry to support the healthcare community in its transformation.

In these efforts, the PHDSC will be using methodology for public health participation in HIT standardization activities developed under the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC) and outlined in the [Business Case: Role of Public Health in National HIT Standardization](#) (see briefs on specific projects below)

Please visit <http://www.phdsc.org/about/events.asp> for the meeting agenda, list of participants and presentations.

**Assuring Health IT Standards for Public Health**

By Anna Orlova

PHDSC received continued funding from Centers for Disease Control and Prevention (CDC) under the Cooperative Agreement for several projects organized under the umbrella project entitled *Assure Health IT Standards for*

**PHDSC EHR-PH  
TASK FORCE**

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

Contact  
Alla Fridman at  
[afridman@phdsc.org](mailto:afridman@phdsc.org)

Public Health. These projects include:

*Project 1: Assure HIT Standards for Public Health (Business Case: Role of Public Health in National HIT Standardization)*

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

*Project 3: Public Health Functional Requirements Project*

*Project 4: Assure HIT Standards for Public Health: Early Hearing Detection and Intervention (EHDI) Program*

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

*Project 6: Clinical Document Architecture (CDA) Standards for Public Health*

*Project 7: Public Health Reporting Resource Repository*

Updates on these project activities are provided below.

**Project 1: Implementing Business Case: Role of Public Health in National HIT Standardization**

PHDSC continues to implement the [Business Case: Role of Public Health in National HIT Standardization](#). The Business Case describes the role of public health in various phases of HIT standardization: → needs and priorities for standards→ standards development→ standards harmonization and testing→ certification of standards-based HIT products, and →deployment of certified HIT products. Our projects under the CDC Cooperative Agreement are aimed to develop methodology for public health participation in these HIT standardization phases. Briefs below describe project-related activities.

**The PHDSC Web-Resource Center on Public Health in HIT Standardization**

The [PHDSC Web-resource Center on Public Health in HIT Standardization](#) has been created to support public health participation in various HIT standardization activities. It consists of several Modules as follows:

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 400 stories since the Module was launched. Each story includes a short overview of the HIT example, activity, resource, or effort and a web link. Where available, stories also include the successful outcomes; barriers and challenges; lessons learned; and related web links and/ or journal citations.

**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 Las Vegas ND, February 20-24, 2012. Travel support for docents is available.

Reply to Lori Fourquet at  
[lfourquet@ehealthsign.com](mailto:lfourquet@ehealthsign.com)  
by January 20, 2012

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** – To be launched in 2012 – an online survey to gather functional requirements for public health information systems

The [PHDSC Web-resource Center](#) is targeted to:

- Public health professionals and clinicians participating in or planning to participate in HIT standardization activities
- Public health leadership planning to upgrade organizational systems to interoperable standards-based HIT solutions
- Researchers interested in using healthcare and public health data
- Academicians teaching public health and health sciences informatics
- HIT vendors, and
- Other stakeholders interested in HIT standardization activities in public health.

We continue developing, enhancing and maintaining the PHDSC Web-resource Center. We are also working on expanding and aligning the PHDSC Web-Resource Center with the [Public Health Reporting Resource Repository](#) – a new project (Project 7) to help public health professionals participate in HIT standardization by providing online access to web-based tools and services for standards development, testing and deployment. The Repository will include training modules to use those tools by public health practitioners. Look for news on upcoming developments about the Repository this Spring 2012!

### ***Publicizing the PHDSC Web-Resource Center at National Forums***

*By Anna Orlova*

The Consortium delivered a presentation about the [PHDSC Web-Resource Center on Public Health in HIT Standardization](#), as well as live demonstrations of it at the CDC Public Health Informatics Conference in August 2010. We also presented the Web Resource Center HIT Panel at the American Public Health Association Annual Conference in October 2011.

These presentations and other information about the project can be found at the project wiki pages at [https://wiki.phdsc.org/index.php/CDC-CA\\_Project\\_Year3](https://wiki.phdsc.org/index.php/CDC-CA_Project_Year3)

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

This PHDSC project is supported through the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC); Grant #5U38HM000455-04

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

*Anna Orlova*

PHDSC supports participation of public health representatives at the Accredited Standards Committee (ASC) X12, National Uniform Billing Committee (NUBC) and National Uniform Claim Committee (NUCC). We continue updating the Health Care Service Data Reporting Guide as part of our ongoing work at ASC X12 to align with the ongoing changes to the X12 standards.

PHDSC collaborates with the Washington Publishing Company (WPC) and National Association of Health Data Organizations (NAHDO) to develop a **web-based data entry tool** supporting linkage of the All Payer Claims Database (APCD) data elements to the ASC X12 Health Care Data Element Dictionary (HCDED). This includes (1) the linkage of individual state APCD data elements in United States Healthcare Knowledgebase (USHIK) with the X12 standard, such that common data elements among states can be easily ascertained; (2) the creation of a beta system to support linkage of APCD data items to the X12 standard; and (3) the provision of a pathway to a production version of the representation of APCD data in USHIK. Additionally, we will collaborate with WPC to build an interface to access linkages via the PHDSC Web-Resources Center on HIT Standardization.

### **Efforts to Establish a National Standard for Reporting Post-Adjudicated Claims Data**

*Amy Costello*

In Fall of 2011, members of PHDSC participated in a session at the ASC X12 Meeting in Pittsburgh, PA to discuss the strategy for developing a standard for the reporting of medical claims data. The meeting initiated a collaborative effort to determine the most efficient business model and develop related work products (e.g. Implementation Guide) to standardize reporting requirements for states that collect medical claims. Members of the APCD Council presented a review of the past and present landscape of all-payer claims database implementation efforts, with a specific focus on standardization efforts. A copy of the presentation is available at <http://apcdCouncil.org/sites/apcdCouncil.org/files/APCD%20X12.pdf>. The meeting also included an overview of other industry reporting needs related to claims for Medicaid, Medicare, and Patient Protection and Affordable Care Act (PPACA).

Meeting attendees voted to pursue this effort as an ASC X12 project. The meeting resulted in three project proposals to develop implementation guides

### **Share Your Successes & Lessons Learned**

with the Public Health Community on HIT Adoption and Participation in HIT Standardization Activities in the next PHDSC Standard E-Newsletter Issue.

**Send your briefs to**

**Alla Fridman** at [afridman@phdsc.org](mailto:afridman@phdsc.org) for the next issue of our Quarterly Standard E-Newsletter

to support the reporting of post-adjudicated claims data for institutional, professional, and dental claims. In a session later that day, the X12 Insurance (X12N) Subcommittee voted on and passed the project proposals. The work to develop the related Post-Adjudicated Claims Data Reporting guides will be coordinated by a Special Appointed Committee (SAC) of X12N over the next 9 to 12 months. *If you are interested in participating in the SAC, please contact [info@disa.org](mailto:info@disa.org) and include "PACDR" in the subject line.*

***White Paper on Pre-populating Administrative Data from Electronic Health Records***

*Anna Orlova*

In November 2011, the Quality, Research and Public Health (QRPH) Committee of the Integrating the Healthcare Enterprise (IHE) accepted the new White Paper for the IHE development cycle of 2011- 2012. The White Paper is aimed to describe the landscape of public health's interaction with healthcare regarding the collection and use of administrative data (claims data, quality measure reporting and others). It will serve as a roadmap for developing HIT interoperability standards for data exchanges between electronic health record systems (EHR-S) and public health information systems (PH-IS) for administrative purposes of various public health programs, payers information systems and health data organizations.

For more information, please visit the project wiki pages at [https://wiki.phdsc.org/index.php/HDSD\\_Project\\_Year3](https://wiki.phdsc.org/index.php/HDSD_Project_Year3)

This PHDSC project is supported through the Cooperative Agreement with the CDC National Center for Health Statistics; Grant #5U38HM000455-04

**Events of Interest:**

[IHE Connectathon](#)

Chicago IL,  
January 9 – 13, 2012

[HL7 Workgroup Meeting](#)

San-Antonio, TX  
January 15 – 20, 2012

[HIMSS Interoperability Showcase](#)

Las Vegas ND,  
February 20-24, 2012

**Project 3: Public Health Functional Requirements Project**

*By Anna Orlova*

The PHDSC Electronic Health Records-Public Health (EHR-PH) Task Force in collaboration with the CDC National Center for Health Statistics (NCHS) and the Health Level Seven (HL7) Electronic Health Record (EHR) Work Group successfully balloted the first publication of the **Public Health Functional Profile** of the HL7 Electronic Health Record Systems (EHR-S) Functional Model (FM) Release 1.1. The Profile includes the functional requirements and conformance criteria for EHR-based information exchanges between clinical and public health information systems for the following public health domains/programs:

- Vital Records
- Early Hearing Detection and Intervention
- Cancer

Since Summer 2011, the Task Force continued to further develop the **Public Health Functional Profile** to include other public health domains such as:

- Birth Defects
- Laboratory Data Exchanges, and

- Occupational Health

The Task Force volunteers review the Direct Care, Supportive and Infrastructure functions of the HL7 EHR-S FM to identify functional requirements and conformance criteria for public health-clinical information exchanges as they apply to their specific public health program (domain), e.g., birth defects and laboratory data exchanges. The **Public Health Functional Profile** will be used to specify certification criteria for interoperable public health-clinical information systems for the domains included in the Profile. The Profile will be balloted in March-April 2012.

**Interested in Participating? -- e-mail Alla Fridman  
[afridman@phdsc.org](mailto:afridman@phdsc.org)**

For more information, please visit project wiki pages at  
[https://wiki.phdsc.org/index.php/EHR-PH\\_Project\\_Year3](https://wiki.phdsc.org/index.php/EHR-PH_Project_Year3)

This PHDSC project is supported through the Cooperative Agreement with the CDC National Center for Health Statistics; Grant #5U38HM000455-04

**Project 4: Standards for Early Hearing Detection and Intervention (EHDI) Program**

*By Anna Orlova*

The PHDSC completed several content profiles that describe interoperability standards for **Early Hearing Detection and Intervention (EHDI)** domain at the Integrating the Healthcare Enterprise (IHE) as follows:

- [Early Hearing Care Plan \(EHCP\)](#)
- Quality Measure Definition - Early Hearing (QMD-EH)
- Quality Measure Execution - Early Hearing (QME-EH)

The EHCP Profile will be tested at the [IHE Connectathon](#) in Chicago IL, January 9 – 13, 2012 - the major health IT industry testing forum for interoperability standards. In addition to EHCP, public health will be testing [Maternal and Child Health – Birth and Fetal Death Reporting](#) Content Profile, [Cancer Registry Reporting](#) Content Profile, and Laboratory Reporting to Public Health Content Profiles under [IHE Laboratory Technical Framework](#).

**Join us at IHE Connectathon Conference on January 11, 2012 to observe the testing process!**

These Profiles will be also demonstrated at the Health Information Management and Systems Society ([HIMSS](#)) [Interoperability Showcase](#) in Las Vegas ND, February 20-24, 2012.

**We are looking for representatives from public health agencies to serve as docents for the public health demonstrations at the HIMSS Interoperability Showcase.**

Travel support for docents is available.

**To Learn More about Health IT Standards and Standardization Process**

**Visit [HIT Standards](#) pages on our website**

**Interested in being a Public Health Docent? -- e-mail Lori Fourquet at [lfourquet@ehealthsign.com](mailto:lfourquet@ehealthsign.com) by January 20, 2012**

For more information on the PHDSC-IHE EHDI project, please visit our project wiki: [https://wiki.phdsc.org/index.php/EHDI\\_Project\\_Year4](https://wiki.phdsc.org/index.php/EHDI_Project_Year4)

This PHDSC project is supported through the Cooperative Agreement with the CDC Center for Birth Defects and Developmental Disabilities; Grant #5U38HM000455-04

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

*By Anna Orlova*

The PHDSC has been working with the Association of Public Health Laboratories (APHL) on developing interoperability standards for electronic communication between laboratories, public health agencies and clinicians by **operationalizing** existing HIT standards for laboratory information exchanges. In this project, APHL and PHDSC developed a White Paper: HIT Standards for PH Laboratory Data Exchanges that describes the state of HIT standards for laboratory practices and information exchanges and serve as a guiding document (a roadmap) for HIT standardization of laboratory data exchanges to support public health preparedness activities. The White Paper documents the current use of HIT standards in electronic laboratory exchanges related to public health preparedness, and presents the approach (roadmap) by working with the stakeholders in various HIT standardization phases and entities to develop, harmonize, and test HIT interoperability standards; and certify and deploy standards-based HIT products. The White Paper will undergo public review during January - February 2012.

The PHDSC-APHL team brings public health laboratory domain expertise in the development of the interoperability standards at the Integrating the Healthcare Enterprise (IHE) and Health Level Seven (HL7) through their work on:

- [IHE Public Health Reporting Integration Profile](#); and
- HL7 Public Health Reporting Requirements Standard.

The [Laboratory Result Reporting to Public Health](#) for selected conditions (Tuberculosis, Influenza, Hepatitis B, Anthrax and Tularemia) will be tested at the [IHE Connectathon](#), 2012 and demonstrated at the [HIMSS Interoperability Showcase](#) in Las Vegas ND, February 20-24, 2012.

**Join us at IHE Connectathon Conference on January 11 to observe the testing process!**

**Interested in being a Public Health Docent at the HIMSS Interoperability Showcase? -- e-mail Lori Fourquet at [lfourquet@ehealthsign.com](mailto:lfourquet@ehealthsign.com) by January 20, 2011**

For more information, please visit project wiki pages at

[Submit A Story](#)

to our

New

[HIT Adoption Stories Module](#)

**to Share Your Successes &**

**Lessons Learned**

with the Public Health Community

on HIT Adoption and Participation

in HIT Standardization



<https://wiki.phdsc.org/index.php/PH-Lab>

This PHDSC project is supported through the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC); Grant #5U38HM000455-04

## **Project 6: Clinical Document Architecture (CDA) Standards for Public Health**

*By Anna Orlova*

### **Become a PHDSC Member**

Learn about the [benefits of joining](#) the PHDSC and [become our member](#)

**Visit our Website at [www.phdsc.org](http://www.phdsc.org)**

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](mailto:afridman@phdsc.org)**

The Council for State and Territorial Epidemiologists (CSTE) joined PHDSC-APHL team to work on implementing CDA standards for public health laboratory and case reporting. CDA standards were named in the Meaningful Use of HIT for clinical systems. In September 2011, the HIT Standards Federal Advisory Committee recommended CDA standards as a future direction for electronic data exchanges between clinical and public health information systems for public health reporting.<sup>1</sup>

CDA is an HL7 standard that allows representation of clinical information in a structured format (i.e., CDA templates) that is similar or identical to the paper forms formats.

In this project, the CSTE-APHL-PHDSC team has been using the open source Model Driven Health Tool (MDHT) to develop CDA templates for public health laboratory and case reports for 15 conditions identified by CSTE and APHL experts. The data content for the templates is defined based on CSTE Position Statements. MDHT is a tool used by ONC and other agencies, e.g., Centers for Medicaid and Medicare Services (CMS), to build CDA templates for medical information in EHR systems.

For laboratory reporting, the CDA templates for selected conditions (Tuberculosis, Influenza, Hepatitis B, Anthrax and Tularemia) will be tested at [IHE Connectathon](#), 2012 and demonstrated at the [HIMSS Interoperability Showcase](#) in Las Vegas ND, February 20-24, 2012.

We are currently seeking local and state health departments interested in participating in the design and implementation of **two pilot projects** to demonstrate electronic data exchanges between clinical EHR systems and public health agencies information systems using CDA standards. The pilot projects will be focused on communicable diseases reporting. We are looking for pilot project participants from public health agencies and HIT vendor community, both clinical EHR vendors and public health IT vendors. The PHDSC-CSTE-APHL team will provide technical assistance to implement the pilot projects.

Please join us to advance public health capabilities for electronic data exchanges using CDA standards and align state-based IT solutions with interoperability standards used by EHR vendors and Health Information

<sup>1</sup> Health IT Standards Federal Advisory Committee. Recommendations from the Public Health Surveillance Summer Camp. September 28, 2011. URL: [http://healthit.hhs.gov/portal/server.pt?open=512&objID=1817&parentname=CommunityPage&parentid=28&mode=2&in\\_hi\\_userid=11673&cached=true#092811](http://healthit.hhs.gov/portal/server.pt?open=512&objID=1817&parentname=CommunityPage&parentid=28&mode=2&in_hi_userid=11673&cached=true#092811)

Exchanges (HIEs). Become a national model for deploying interoperability standards in public health!

**Interested in being a national model for deploying interoperability standards in public health? --  
e-mail Lori Fourquet at [lfourquet@ehealthsign.com](mailto:lfourquet@ehealthsign.com)**

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

This PHDSC project is supported through the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC); Grant #5U38HM000455-04

**A New On-line Course:**

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

**in Johns Hopkins  
OpenCourseWare**

Send your comments or questions about this course to Mr. James Coates at [jwcoates7@hotmail.com](mailto:jwcoates7@hotmail.com)

Apply to  
**Johns Hopkins Public Health Informatics Program**

**[HERE](#)**

The application deadline is **March 15, 2012**

**A New Online Course:  
HIT Standards and Systems Interoperability**

*By Anna Orlova*

The PHDSC has been working with Johns Hopkins Division of Health Sciences Informatics at the School of Medicine to build an on-line public health informatics program under the [University-based HIT Training grant from the ONC](#). As a part of this effort, PHDSC members contributed in the development 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](#). This course is now available for free through the Johns Hopkins OpenCourseWare at <http://ocw.jhsph.edu/courses/infstandards/>

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.

**We invite you to help tailor this course to your needs!**

We are looking for your [feedback](#) on the course content and organization. We also invite public health professionals to develop Case Study modules for this course about your experience using HIT in public health. Please contact Mr. James Coates at [jwcoates7@hotmail.com](mailto:jwcoates7@hotmail.com) for any suggestions regarding this course.

**Let's build public health informatics training at Hopkins together!**

To apply to the **Johns Hopkins Public Health Informatics Program**,

please visit: <http://www.jhsph.edu/dept/hpm/certificates/informatics>.  
The application deadline is March 15, 2012.

## PHDSC Members News

### **A Useful Tool for ICD-10 Conversion in Public Health**

*By Lydia Washington, Director Practice Leadership, AHIMA*

On October 1, 2013, the U.S. will convert to the ICD-10 coding system. With less than two years to go, public health entities that have not yet started preparing for the conversion run a significant risk of not being able to use and compare health data for public health purposes after the implementation date. Among the many tools that have been developed to help with the conversion are GEMs or General Equivalency Mappings.

One of the purposes of having maps between the old and new code sets is to analyze and trend data pre- and post-implementation of ICD-10. GEMs can be used to convert multiple databases from ICD-9-CM to ICD-10-CM/PCS, including: payment systems; risk adjustment logic; quality measures; disease management programs; financial modeling; and a variety of research applications involving trended data. While it is impossible to produce a “one size fits all” map, GEMs are designed as a starting point and provide a foundation upon which applied mappings can be built. Use cases are required to ensure that maps will be consistent across the application of all the data. The map’s use case is the core upon which the guidelines and heuristics for creating a map are specified.

Although maps are helpful and frequently necessary, ICD-9-CM and ICD-10-CM/PCS are not a one-to-one match and there will still be challenges with converting data. Unless these challenges are overcome and differences between the two data sets are reconciled, flawed decisions may be made due to reliance on distorted, inaccurate, or misinterpreted data or comparability problems. For more information on preparing for the ICD-10 conversion, go to <http://ahima.org/ICD10>

### **Updated Minnesota e-Health Standards Guide Available**

*By Priya Rajamani, Minnesota Department of Health*

“Standards Recommended to Achieve Interoperability in Minnesota” is an annually updated guide developed to provide practical support for meeting Minnesota’s 2015 interoperable EHR mandate, as well as achieving the Minnesota e-Health Initiative’s goals of improving care and supporting healthier communities. The 2011 version includes information on standards related to meaningful use as well as a matrix that compares the various meaningful use criteria with their related standards and certification criteria [please refer to Table 3: Reference Grids to Navigating the Meaningful Use and Standards and Certification Criteria Final Rules in pages 23-33]. The updated version is available at <http://www.health.state.mn.us/e-health/standards/g2standards2011.pdf>. Suggestions for improving guide content and/or format are welcome and can be emailed to [Priya.Rajamani@state.mn.us](mailto:Priya.Rajamani@state.mn.us).

### **Standards for Newborn Dried Blood Screening**

*By Noam Arzt, HLN Consulting*

As with many aspects of healthcare, the organization and delivery of newborn care is information-intensive and can be facilitated by automating information management, usually in the form of electronic health

records (EHR), and health and laboratory information systems. Through a grant funded by HRSA, Public Health Informatics Institute (PHII) in collaboration with HLN Consulting, LLC, convened a workgroup to develop a message implementation guide for birthing centers/hospitals and laboratories for sending standardized messages of newborn dried blood screening (NDBS) laboratory orders and results. The workgroup members included representatives from public health laboratories, hospitals, public health agencies, an EHR vendor, and the U.S. National Library of Medicine. The NDBS Laboratory Orders and Results Implementation Guides are the collaborative effort of that workgroup and are based on Health Level Seven (HL7) version 2.5.1, as published by the HL7 organization ([www.hl7.org](http://www.hl7.org)). The NDBS Laboratory Implementation Guides can be downloaded at the PHII Website at:

[http://www.phii.org/resources/doc\\_details.asp?id=166](http://www.phii.org/resources/doc_details.asp?id=166) and

[http://www.phii.org/resources/doc\\_details.asp?id=167](http://www.phii.org/resources/doc_details.asp?id=167)

### **Health IT for HAIs Reporting and Analysis**

*By Mark Marostica, Atlas Public Health*

Atlas Public Health offers Guardian™, an infection prevention application uniquely designed to address the combined objectives of recognition and prevention, facility-wide analysis, and regulatory reporting of Healthcare-Associated Infections (HAIs). Guardian reduces manual entry and facilitates rapid recognition and actionable analysis of HAIs, as well as statutorily-mandated reporting to public health officials. Guardian is a flexible epidemiological solution comprehensive enough to address the needs of virtually any Infection Prevention program, enabling Infection Prevention (IP) units to respond to HAIs rapidly and effectively.

## **National Health IT News**

### **International Society for Disease Surveillance (ISDS) Awarded Contract to Further Clarify Syndromic Surveillance Meaningful Use**

*By Charlie Ishikawa, ISDS*

CDC's Division of Notifiable Diseases and Healthcare Information awarded a 12 month contract to the International Society for Disease Surveillance (ISDS), collaborating with HLN Consulting, LLC, to develop business and infrastructure requirements for syndromic surveillance using clinical data from health information exchanges. This will include syndromic surveillance using hospital inpatient and ambulatory care data from eligible professionals. In addition, health information exchange architecture will be assessed to support syndromic surveillance using clinical data. ISDS's Dr. Laura Streichert, Executive Director, and Mr. Charles Ishikawa, Associate Director of Public Health Programs, are directing and managing the project. CDC's project officer is Dr. Taha Kass-Hout, Deputy Director of Health Information Sciences and BioSense Program Manager. To receive project news and updates, send an email to [info@syndromic.org](mailto:info@syndromic.org), with "PHSS MUse News" in the subject line. Please include your name and contact information in the message body.

### **Syndromic Surveillance Implementation Guide Released**

*(October 2011)*

Public Health Syndromic Surveillance (PHSS) is a widely adopted and rapidly evolving approach for monitoring and assessing public health. PHSS leverages information technology to systematically collect large volumes of electronic health-related data from clinical and non-clinical service providers in near

"real-time" (e.g. hospital, school administrations). Epidemiologists then analyze PHSS data to monitor, assess or identify population health trends including infectious disease outbreaks, exacerbations of chronic disease conditions, and injuries. In conjunction with other surveillance and situation information, PHSS is used by public health authorities (PHA) to guide or evaluate response measures and public health interventions. The PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data Version 1.0 - HL7 Version 2.5.1 (Version 2.3.1 Compatible), translates the recommendations made by the ISDS and CDC to help realize the public health objective of the CMS EHR Incentive Programs (a.k.a., Meaningful Use Programs) authorized under the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of 2009 American Recovery and Reinvestment Act (Recovery Act) legislation.

A Frequently Asked Questions document accompanies this guide to assist implementations. Public comments were received on the earlier draft of this document and disposition of the comment received are available in the Public Comment Disposition worksheet. For access to documents online: All Syndromic Surveillance documents can be found online at the CDC's Meaningful Use website <http://www.cdc.gov/ehrmeaningfuluse/Syndromic.html>. For additional questions or support E-mail: [phintech@cdc.gov](mailto:phintech@cdc.gov)

## **Public Health Reporting Initiative, ONC Standards and Interoperability Framework**

By Anna Orlova

In September 2011, the public health community launched the **Public Health Reporting Initiative** under the ONC Standards & Interoperability (S&I) Framework with support from CDC. The *goal* of the Initiative is to harmonize the use of HIT standards and create reference implementation guides to support interoperable bi-directional communication between clinical care and public health agencies for selected information exchanges (use cases). The Initiative will strive to produce deliverables for timely consideration of the HIT standards Committee during FY 2013 and beyond.

In the first year, the **S&I Public Health Reporting Initiative** will be focused on individual-patient reporting from EHR systems and patients/consumers to public health agencies (local, state and federal). The Initiative will examine the *Initial Public Health Report Use Case* with multiple user stories from child health, communicable and chronic diseases and adverse event reporting to identify similar business processes, and data and information exchange requirements. Over 30 user stories submitted from the public health community has been reviewed and harmonized by the participants. The *Initial Public Health Report Use Case* will be published for public comments in mid-January 2012 and finalized based on the public comments by February. The Initiative's participants will conduct the functional requirements analysis of the Use Case and will select standards for the implementation guide that will be developed by September 2012. The Guide will be tested via reference implementation and presented to the HIT Standards Committee for consideration for Stage 3 of Meaningful Use adoption. The participants will also identify demonstration pilot projects and partners to help test artifacts from this Initiative, including the deployment of certified HIT products to enable information exchange and interoperability between EHRs and public health information systems. Lastly, participants will develop a *Roadmap for Public Health Reporting HIT Standardization* that will support the long term harmonization and alignment of public health information exchanges and systems with the recommendations and deliverables produced under this Initiative.

**Join this critical Public Health Initiative, so your voice can be heard!**

For more information, please visit <http://wiki.siframework.org/Public+Health+Reporting+Initiative>

*The Consortium's Staff Wishes our Members and Friends  
A Wonderful and Happy New Year 2012!*