



The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

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PHDSC News

Assuring Health IT Standards for Public Health

By Anna Orlova

PHDSC has continued to work 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 *Assure Health IT Standards for Public Health*, include:

Project 1: Assure HIT Standards for Public Health

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.

Become a PHDSC Member

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

Visit our Website at 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

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

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

Maiko Minami

The [PHDSC Web-Resource Center on Public Health in HIT Standardization](#) was one of the first products to be implemented from the [Business Case: Role of Public Health in National HIT Standardization](#). It was created to support and encourage public health participation in HIT standardization activities.

The PHDSC Web-Resource Center (Resource Center) is currently being redeveloped and enhanced to align 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.

We continue to update the content of the PHDSC Web-Resource Center, as well as to enhance and improve capacities to maintain it. Specifically, we are testing and implementing new analytic capabilities in every Module within the Resource Center to evaluate the usability of the Modules by the public health community. We anticipate these capabilities to be available for each of the

three Modules by May 2012.

We will also begin to migrate these Modules into a content management system to improve efficiency in searching, maintaining and updating information in these Modules. In addition, we are exploring the transition of the Modules from static web-pages into a database-driven system to further enhance searching, relating, and maintaining information. This is critical for the upgrade of the Resource Center, especially in the light of aligning our Modules with the new Public Health Reporting Resource Repository project objective. We are finalizing the Functional Requirement Analysis Document (FRAD) that specifies both enhanced analytic capabilities across Modules, as well as migration of the PHDSC Web-resource Center into the content management system.

The PHDSC Web-Resources 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 500 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.

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 May 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.

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

Please send your feedback on the PHDSC Web-Resource Center on [Public Health in HIT Standardization](#) to Maiko Minami at 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. In addition, under this project the PHDSC has been working with the Centers for Disease Control and Prevention/National Center for Health Statistics (CDC/NCHS) and the Agency for Healthcare Research and Quality (AHRQ) to help advance information and research about health care services in the United States through improved data quality and data collection techniques as described below.

New Portal Compares APCD, X12, and NCPDP Standard Data Elements

In partnership with the PHDSC and the Washington Publishing Company, CDC/NCHS and AHRQ provided support to add a portal in the [United States Health Information Knowledgebase \(USHIK\)](#), a metadata registry of healthcare-related data elements and their sources. The portal includes a core set of data elements from each state's All-Payer Claims Database (APCD); and the corresponding data elements in (1) the Accredited Standards Committee (ASC) X12 5010 standard, (2) the ASC X12 Post-Adjudicated Data Reporting Guides (in development), and (3) the National Council for Prescription Drug Programs (NCPDP) Uniform Healthcare Payer Standard Implementation Guide Version 1.0. The strength of the APCD portal in USHIK lies in its ability to facilitate a comparison among the corresponding data elements of each state's APCD with the national standard for each data element.

Update of Healthcare Service Data Reporting Guide

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
for the next issue of our Quarterly Standard E-Newsletter

Amy Costello

The proposed changes to the Healthcare Service Data Reporting Guide (6020 version) are big news for public health. During the last 18 months, the Public Health Data Standards Consortium has worked steadily through the X12 Data Maintenance process to add codes related to the patient/member's occupation, industry and functioning/disability status. These three data elements are recognized for their potential value to better understand the conditions for health, particularly, the social determinants of health. Occupation, industry and functioning/disability (ICF), and their associated code sets have been approved for addition to the standard and are proposed for inclusion in the implementation guides. We are hopeful that they will be included in 6020 versions of the Guide for use by state public health reporting agencies.

Most of the other updates to the Healthcare Service Data Reporting Guide were made to stay consistent with the institutional guide and industry practices. For example, the guides will now reflect the upcoming use of ICD-10 (instead of ICD-9) for diagnosis codes.

The proposed changes from 5010 to 6020 are available on the PHDSC project wiki: https://wiki.phdsc.org/index.php/HDSD_Project_Year3. These changes had been reviewed during the public comment period which closed on March 7, 2012. Comments are being reconciled by the X12 workgroup with the Guide authors. The final version of the Guides will be published in October 2012.

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

Maiko MInami

PHDSC has been facilitating the development of the ***White Paper on Populating Administrative Datasets from Electronic Health Record Systems***. Since September 2011, the White Paper has been under the development at the IHE Quality, Research and Public Health (QRPH) Committee during the 2011-2012 IHE development cycle (White Paper proposal – September 2011; proposal review by the QRPH committee by November 2011, White Paper development – December 2011 – April 2012; publishing White Paper for public comments – May 2012).

The White Paper defines the uses (use cases) for administrative data, datasets needed for these uses that will be pre-populated from the EHR systems, as well as a roadmap for developing HIT interoperability standards for data exchanges between clinical systems and public health administrative data systems.

Based on the information solicited from the IHE White Paper, we submitted the ***Administrative Data User Story*** for the Standard and Interoperability (S&I) Framework Public Health Reporting Initiative, Office of National Coordinator for Health IT (URL:

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

For more information, please visit the project wiki pages at 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 and Agency for Healthcare Research and Quality; Grant #5U38HM000455-04

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/NCHS and the Health Level Seven (HL7) Electronic Health Record (EHR) Work Group published the **Public Health Functional Profile, Release 1 Informational Level 1** of the HL7 Electronic Health Record Systems (EHR-S) Functional Model (FM) Release 1.1. This Profile balloted in May 2011 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
- Cancer.

Events of Interest:

[HL7 Workgroup Meeting](#)

Vancouver, BC, Canada
May 13-18, 2012

X12 Meeting

Indianapolis, IN
June 3-7, 2012

IHE Meetings

Oakbrook, IL
April 30-May 4, 2012
July 16-20, 2012

During August 2011 – February 2012, the PHDSC Task Force members have been working on the **Public Health Functional Profile, Release 1 Informational Level 2** by adding additional six public health domains to the Profile. The domains include:

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

The analysis of the EHR-based functional requirements and conformance criteria and their applicability for data exchanges with public health information systems for the new domains was completed and presented in the HL7 ballot. The [HL7 ballot process](#) of the **Public Health Functional Profile, Release 1 Informational Level 2** is open through April 2012. We will begin the ballot reconciliation process with the HL7 Public Health and Emergency Response (PHER) Workgroup at the HL7 Workgroup Meeting in May 2012. The PHFP will be used to guide certification criteria for EHR systems and public health information systems to support clinical – public health data exchanges.

For more information, please visit project wiki pages at 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:

PHDSC at IHE Connectathon and HIMSS Interoperability Showcase

By Anna Orlova

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 worked 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.

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 Early Hearing Care Plan (EHCP) Content Profile was successfully tested at the [IHE Connectathon](#) in January 2012 - the major health IT industry testing forum for interoperability standards. In addition, EHDI information exchanges were successfully demonstrated at the [2012 HIMSS Interoperability Showcase](#) in February 2012.

The QMD-EH and QME-EH content profiles that describe interoperability standards for EHDI quality measures will be published for public comments in early summer 2012. Please note that these profiles will specify standards for data exchanges between clinical and public health EHDI systems to support EHDI quality measure reporting included in the proposed rules for [Meaningful Use of Health IT \(MU\) Stage 2](#) (Table 9: page 13763).

For more information on the PHDSC-IHE EHDI project, please visit our project wiki: 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

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

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

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

By Anna Orlova

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 PH
Laboratory Data
Exchanges](#)**

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. As an initial consensus-building activity between two organizations and other CDC projects related to standardization of laboratory data exchanges, APHL and PHDSC developed a **White Paper: Assure Health IT Standards for Public Health** that includes two documents as follows:

Part 1: HIT Standards in Public Health Laboratory Domain – an overview of HIT standards and their implementation efforts by public health laboratories and national organizations to date, *i.e.*, *Where Are We Now*, and

Part 2: A Roadmap on HIT Standardization for Public Health Laboratories – a proposed implementation strategy and a roadmap to improve laboratory information management systems (LIMS) interoperability with all its partners and suggestions for future PHDSC-APHL projects, *i.e.*, *Where Are We Going*.

The White Paper will serve as an informational resource to support APHL-PHDSC partnership in working with various HIT standardization entities to develop, harmonize, and test HIT interoperability standards for public health laboratories; and certify and deploy standards-based HIT products for Laboratory Information Management Systems (LIMSs).

The White Paper was published for public comments in early January 2012. We completed comment reconciliation and will publish the White Paper by April 2012.

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

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

By Maiko Minami

The PHDSC and the Council for State and Territorial Epidemiologists (CSTE) in collaboration with the APHL are conducting a pilot project to use **HL7 Clinical Document Architecture (CDA)** standards for public health case reporting. CDA is an HL7 standard that allows representation of clinical or public health information in a structured format (*i.e.*, CDA templates) that is similar or identical to the paper forms formats.

The CDA standard has been named in the Meaningful Use of Health IT Stage

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New

**HIT Adoption Stories
Module**

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

I for information exchanges between Electronic Health Record (EHR) systems. In September 2011, the Health IT Standards Federal Advisory Committee recommended the CDA standard as a future direction for electronic data exchanges between clinical and public health information systems. The CDA standard was selected in the proposed rules for the MU Stage 2 for Cancer reporting and quality measure reporting for Early Hearing Detection and Intervention programs.

Our project is focused on the following two objectives described in the briefs below:

1. Develop CDA Templates for Public Health Case Reporting
2. Design and Implement CDA for Public Health Pilot Project

Develop CDA Templates for Public Health Case Reporting

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

CSTE had recruited state epidemiologists – subject matter experts (SMEs) - to work with CDA template developers to inform the development of the templates for the selected conditions explaining the content of the CSTE Position statements and jurisdiction-specific data reporting needs. In addition, we are working with CDC subject matter experts for selected conditions to contribute in the development of the templates from the CDC perspectives as well.

Design and Implement CDA for Public Health State Pilot Projects

We will use the CDA templates developed in this project to test feasibility of CDA-based data exchanges between clinicians and public health through CDA pilot projects in two jurisdictions. In January 2012, we published a [Call for Participation](#) and solicited participation from 3 jurisdictions (State of Delaware, San Diego County and State of New York) in the pilot project. Health departments in the six jurisdictions (MI, CT, MA, OK, SC and WA) are interested to participate as observers helping to guide the pilot project design and implementation.

In this effort, we are also working with APHL to learn from the experience of the APHL Technical Assistance teams to deploy standards-based solutions in the public health setting. APHL teams currently provide assistance to the public health laboratories under the [Public Health Laboratory Interoperability Project \(PHLIP\)](#) to deploy HL7 2.5.1 standards for laboratory data exchanges on influenza. In our project, we anticipate building upon their experience with delivering technical assistance regarding deployment of standards-based solutions in the health departments.

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

Project 7: Public Health Reporting Resource Repository Project

By Anna Orlova

The goal of the Public Health Reporting Resource Repository Project (Repository) is to help public health professionals participate in HIT standardization by providing online access to web-based tools and services for standards development, testing, certification and deployment via the Public Health Informatics Network (PHIN) web-resources. Specifically, this Repository will be focused on supporting the Public Health Reporting Initiative - a community-driven initiative under the [Standards and Interoperability \(S&I\) Framework of the Office of National Coordinator \(ONC\)](#). In collaboration with CDC PHIN team, we identified the target audience for the repository. It includes the following four stakeholder groups:

- Public Health Practitioners (epidemiologists, case managers, health educators, programs' directors and agency's leadership);
- Public Health Informaticians;
- Standards Developers; and
- HIT Vendors

The Web-based Repository will consist of dashboard views for each of the four stakeholder groups providing access to resources, such as the national and jurisdiction-specific rules and regulations for public health reporting; standards specifications defining workflow and data content for public health reporting as well as particular standards; tools to development standards, e.g., open source [Model Driven Health Tool \(MDHT\)](#) for developing CDA-based templates for exchange exchanges; tools for testing HIT standards and certification of standards-based solutions; and services and the technical assistance materials to support the deployment of the certified HIT products. The Repository will also include training modules on HIT standards and systems interoperability.

This year, we are focusing on designing the model dashboard views for a Public Health Practitioner and a Public Health Informatician. We are collaborating with the National Association of City and County Health Officials (NACCHO) to develop the model dashboard view for the Public Health Practitioner. The PHDSC proposes the use of the [PHDSC Web-Resource Center Public Health in HIT Standardization](#) as a model for the Public Health Informatician dashboard view.

We developed the Functional Requirement Analysis Document (FRAD) for the Repository that describes its purpose, target stakeholder groups and the high level architecture for the Repository. The FRAD also include the analysis of resources currently available on the CDC PHIN web-site as well as other

Want to learn more about:

- HIT adoption and standards development in Public Health;

- The national HIT standardization process;

and

- The current level of public health involvement?

Read PHDSC's [Business Case: Role of Public Health in National HIT Standardization](#)

resources that we intend to use in the Repository. We are currently developing the examples of the web screens (Factsheets) under each of the two views.

More information about the project activities can be found at the project wiki pages at https://wiki.phdsc.org/index.php/CDC-CA_Project_Year3

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

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

CALL FOR FACULTY AND REVIEW OF THE COURSE CONTENT

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 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.

This online course has been offered at Johns Hopkins for the second year in the 3rd academic term during January-March 2012. Seventy two (72) students took the course working on 14 group projects to develop Functional Requirements Analysis Document (FRAD) for electronic information exchanges between clinical and public health information systems. The course is available free of charge through the Johns Hopkins OpenCourseWare at <http://ocw.jhsph.edu/courses/infstandards/>

**WE INVITE YOU TO
HELP TAILOR THIS COURSE TO YOUR NEEDS!**

CALL FOR FACULTY

We invite public health professionals to develop 20-minutes presentations for

ON-LINE COURSE

[HIT Standards and
Systems Interoperability](#)

**in Johns Hopkins
OpenCourseware**

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

CALL FOR FACULTY

Interested in developing
**Case Study:
Use of HIT Standards in
Public Health**

Reply to Dr. Anna Orlova at
aorlova@jhsph.edu
by May 15, 2012

this course - **Case Studies about your/your organization experience using HIT standards in public health**. The Case Studies will be added as new online modules in the course. You will be asked to audio record your presentation at the Johns Hopkins recording studio or other studio in your jurisdiction. If interested, please reply to Dr. Anna Orlova at aorlova@jhsph.edu by May 15, 2012.

CALL TO REVIEW THE COURSE CONTENT

We developed brief on-line survey to solicit feedback from public health professionals regarding the course content and organization. We are looking for your [feedback](#) !

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>.

This PHDSC project is supported through the University-based Training grant from the Office of National Coordinator of Health IT (ONC); Grant #IT15 OC000048-01

PHDSC Members News

National Library of Medicine and Bethesda Hospital Wins HHSinnovates Award for Patient Tracking and Locating System By [National Library of Medicine](#)

Disaster Management Tool is Third NLM Effort to Receive *HHSinnovates* Honor

The National Library of Medicine (NLM) and its partners in the [Bethesda Hospitals' Emergency Preparedness Partnership \(BHEPP\)](#) won a coveted [HHSinnovates](#) award for developing a tool to help hospitals handle the surge of patients during a disaster. The portable, electronic system provides real-time information on the number of incoming patients, the severity of their injuries, and their location within the hospital so key personnel can quickly make strategic decisions about patient care and safely share patient information when victims are moved from one hospital to another.

US Health and Human Services Secretary Kathleen Sebelius named The Patient Tracking and Locating System as a "Secretary's Pick" in the latest [HHSinnovates](#) awards announced March 30, 2012. The system was developed and tested during disaster drills by NLM and the three nearby hospitals that form the public-private BHEPP: the [National Institutes of Health \(NIH\) Clinical Center](#), which like NLM is part of the National Institutes of Health; the [Walter Reed National Military Medical Center](#), also part of the federal government; and [Suburban Hospital Johns Hopkins Medicine](#), a community-based hospital in Bethesda, MD.

BHEPP's mission is to develop a coordinated response to disasters that could serve as a model for hospitals in communities across the country. The Patient Tracking and Locating System is one of several disaster management tools developed and studied as part of BHEPP. The Patient Tracking and Location System includes:

- an existing, commercial digital pen that captures patient information on paper and electronically
- an application developed by NLM to securely transfer parts of a patient's record from one hospital to another
- a real-time location system that uses infrared and radio-frequency to track the locations of patients

- from the time they arrive at a hospital until the time they leave the facility
- software developed by NLM that allows data from the pen and tracking system to be collected, stored, and shared electronically.

This is the third time NLM has been recognized with an HHS Innovates award. The awards ceremony can be viewed on the [HHS YouTube channel](#).

National Library of Medicine Awards \$67 Million for Informatics Research Training By [National Library of Medicine](#)

Donald A.B. Lindberg, MD, Director of the National Library of Medicine (NLM), a part of the National Institutes of Health (NIH), announced on April 10th that the NLM is awarding 14 five-year grants, totaling more than \$67 million, for research training in biomedical informatics, the discipline that seeks to apply computer and communications technology to improve health. For more than 35 years, NLM has been the primary sponsor of biomedical informatics research training in the United States.

"NLM's informatics training programs produce investigators trained in applying biomedical computing to improve clinical medicine, basic biomedical research, clinical and translational research, public health, and other health-related areas," said Dr. Lindberg. "In this era of the 1,000 Genomes Project, regional health data repositories, virtual clinical trials and real-time tracking of disease outbreaks, the need for trained scientists who understand the complex health information landscape and can render it more tractable is greater than ever."

At its current set of informatics training programs, NLM supports more than 200 pre-doctoral and post-doctoral trainees each year. Biomedical informatics requires knowledge of biology and medicine as well as of computer and information sciences, engineering, quantitative sciences and human behavior. Because informatics is interdisciplinary, some NLM trainees have mentors from two or more fields guiding their research. Trainees come to these programs with a range of educational and professional backgrounds; the group includes physicians, nurses, biologists, computer scientists, librarians, statisticians and engineers. "Many of today's informatics leaders in the public and private sectors received their graduate or post-graduate informatics training at one of NLM's training programs" noted Valerie Florance, PhD., NLM's Associate Director for Extramural Programs.

Distributed geographically around the country, NLM's informatics training programs provide graduate degrees and in-depth research experience in one or more of following areas:

- Health care/clinical informatics: Applications of informatics principles and methods to direct patient care, such as advanced clinical decision support systems and multimedia electronic health records; design and provision of informational support to health care consumers.
- Translational bioinformatics: Applications of informatics principles and methods to support 'bench to bedside to practice' translational research, such as genome-phenome relationships, pharmacogenomics, or personalized medicine; health effects of environmental factors, genome-wide association studies (GWAS) and other similar areas.
- Clinical research informatics: Applications of informatics principles and methods to support basic clinical trials and comparative effectiveness research; biostatistics; in-silico clinical research trials; merging and mining large disparate data sets that mix images, text and data.
- Public health informatics: Applications of informatics principles and methods to build integrated resources for health services research, for decision support in public health agencies, to support regional or global health research, or syndromic surveillance; health literacy, health effects of climate change.

For general information about NLM's University-based Research Training Programs in Biomedical

Informatics, contact Dr. Valerie Florance, florancev@mail.nih.gov.

Ohio Department of Health and Governor's Office Partners to Expand Patient-Centered Primary Care Initiative
By [Ohio Department of Health](#)

The Ohio Department of Health (ODH), in partnership with the Governor's Office of Health Transformation (OHT) announced on January 18, that Ohio will invest \$1 million to assist primary health-care practices around the state transition to a patient-centered medical home (PCMH) model of care and expand the number of PCMH practice sites in Ohio.

The PCMH model of care promotes partnerships between patients and their primary health-care providers to improve care coordination and bolster individuals' health outcomes. Patient care is coordinated using state-of-the-art tools such as registries, information technology, health information exchange and other means to assure that individuals get appropriate care when and where they need it.

"Ohioans spend more per person on health care than residents in all but 13 states, but we rank 42 among states in positive health outcomes," said Greg Moody, director of the Office of Health Transformation. "Today's announcement represents a commitment to reversing that trend and acts on Governor Kasich's instructions to engage private-sector partners to improve overall health-system performance."

Substitute House Bill 198 of the 128th General Assembly, sponsored by state Sen. (then-Rep.) Peggy Lehner (R-Kettering), paved the way for the Ohio PCMH Education Pilot Project to be developed in 44 primary-care practices throughout the state. The legislation was designed around national standards for PCMHs and provides training for health-care providers in this enhanced model of primary care.

"I am pleased to announce that we will not only implement the PCMH program envisioned in HB 198 but expand it to include a total of 50 practices throughout the state," said ODH Director Ted Wymyslo, M.D. "In addition, we will give priority to practices that serve underserved or minority populations, and at least 15 percent of every practice that receives training dollars must support either uninsured or Medicaid-eligible Ohioans."

Minnesota Department of Health and Partners Launch New Early Hearing Detection and Intervention Website to Provides Tools to Help Improve Outcomes for Children
By [Minnesota Department of Health](#)

The Minnesota Department of Health (MDH) has launched a new website that provides resources for parents, providers and other professionals about Early Hearing Detection and Intervention (EHDI) for infants and children. The site is <http://www.improveehdi.org/mn/>.

Parents of children who may develop hearing loss or who have confirmed hearing loss will be able to learn about the EHDI process, find materials that will guide them through identification and intervention, and find hearing specialists and education resources in their area. In addition, the site contains information to help link parents with family and community resources available locally.

Providers will find materials about best practices, tips to improve screening processes, supports for children with hearing loss, and training materials. Community support networks will find materials to help link families to providers, specialists, and resources.

The site is a joint venture of the National Center for Hearing Assessment and Management, MDH's Newborn Screening Program and Children and Youth with Special Health Needs program and the Wisconsin Department of Health Services EHDl program. One aim of this collaborative effort is to provide a central website for all state EHDl programs, although currently only Minnesota and Wisconsin have active improveehdi.org websites.

Minnesota's EHDl website, <http://www.improveehdi.org/mn/>, was presented with the 2012 EHDl Website of the Year award at the Eleventh Annual EHDl Meeting in St. Louis, Missouri. All state EHDl websites were reviewed by a panel of parents, EHDl coordinators, chapter champions, and others to select the best website based on quality content, user friendliness, and accessibility. Check the site often as MDH will continue to add materials to make the site more useful for parents, providers, and educators working in Early Hearing Detection and Intervention.

Spring Newsletter from OZ Systems Highlights Successes

By Maiko Minami

OZ Systems recently circulated their new [Spring newsletter](#), which highlights:

- Their celebration of the [Week of the Young Child](#), to focus public attention on the needs of young children and their families and to recognize the early childhood education (ECE) programs and services that meet those needs;
- Their presentation at the Early Education and Technology for Children (EETC) of a unique Kindergarten Readiness System which uses the [eREADI School+™](#) online application to collect kindergarten beginning of the year assessments as outcome measures of children's preschool experiences
- Their success at the 2012 Association of Maternal and Child Health Programs Annual Conference where they led a parent portal discussion on the current tools available to parents in newborn screening, and presented on [Health Care Information Technology Reform and the Challenge for Maternal and Child Health Programs](#)
- An announcement that OZ Systems' health information management solutions will be used by State of Guanajuato, Mexico to support newborn hearing screening

Congratulations on your successes, OZ Systems!

National Health IT News

ISDS Syndromic Surveillance for Meaningful Use Guidelines Update

By Amanda Schulte, ISDS

On March 6, 2012, the International Society for Disease Surveillance (ISDS) released the [Draft Guidelines for Syndromic Surveillance Using Inpatient and Ambulatory Clinical Care EHR Data](#) (Draft Guidelines) for a public comment period that ended on April 2nd. The Draft Guidelines were developed by the ISDS Meaningful Use Workgroup in collaboration with the Centers for Disease Control and Prevention and HLN Consulting, LLC. During the comment period, ISDS received a wealth of thoughtful and informed commentary from key stakeholder groups that will be used to inform the next iteration of these guidelines. This feedback is a source of valuable insight that will allow the ISDS Meaningful Use Workgroup to better reflect the needs of the surveillance community. ISDS greatly appreciates the time and effort of the stakeholder respondents for providing their comments.

By the end of the comment period, ISDS heard from 73 interested stakeholders in the form of survey

responses, email communication, and phone interviews. Out of the 73 respondents, 78% (57) provided comments using the Draft [Guidelines Stakeholder Comment Form](#) via SurveyMonkey; 19% (14) respondents provided comment via e-mail communication; and 3% (2) provided feedback during a phone interview.

The survey responses included information about the professional background of the respondents which help inform the commentary's perspective. The majority of comments were provided by public health stakeholders (42) followed by researchers (8). ISDS also received feedback from EHR/HIE technology vendors and one eligible healthcare professional or hospital.

Over the course of the next month, the ISDS Meaningful Use Workgroup and staff will continue to analyze the comments received and work to incorporate the responses and develop the Revised Guidelines. The Revised Guidelines will be released in June for a second round of public comment, which will inform the release of the Recommended Guidelines due in September.

Until then, you can learn more information about the development of these guidelines by visiting the [Meaningful Use webpage](#) on the ISDS website.

If you have any questions, you may contact Charlie Ishikawa, ISDS Associate Director of Public Health Programs, at meaningfuluse@syndromic.org or (617) 779-0886.

CMS Proposes Definition of Stage 2 Meaningful Use of Certified Electronic Health Records Technology

By Maiko Minami

On February 23rd, the Centers for Medicare & Medicaid Services (CMS) announced that the [Notice of Proposed Rulemaking \(NPRM\) for Stage 2 meaningful use](#) was posted to the Office of the Federal Register. The proposed rule outlines the next stage of meaningful use requirements for the Electronic Health Record (EHR) Incentive Programs, which are administered by CMS. Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of American Recovery and Reinvestment Act of 2009, eligible health care professionals (EPs), eligible hospitals and Critical Access Hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR technology and use it to demonstrate “meaningful use” of that technology by achieving objectives set by CMS.

CMS has developed a fact sheet to give providers an overview of the rule and how Stage 2 expands upon Stage I of meaningful use. The fact sheet can be found on the [CMS Newsroom website](#).

The Office of the National Coordinator for Health Information Technology's (ONC's) NPRM was delivered to the Office of the Federal Register on February 22, and the policy is finalized. Additional news about the ONC proposed rule will be released once it is published.

More information about meaningful use is available at the CMS EHR Meaningful Use Overview [web page](#).

Office of the National Coordinator (ONC) Announces Meaningful Use Stage 2 Notice of Proposed Rule-Making

By Office of the National Coordinator

The U.S. Department of Health and Human Services announced the release of the [notices of proposed rule-](#)

[making \(NPRMs\) for Stage 2 of meaningful use](#) and updated certification criteria.

The ONC rule proposes the capabilities and related standards and implementation specifications that Certified EHR Technology will need to include to, at a minimum, support the achievement of "meaningful use" by eligible health care providers beginning with the EHR reporting periods in FY/CY 2014. The rule also proposes revisions to the permanent certification program for health information technology, which include changing the name of the program to the "ONC HIT Certification Program."

ONC's rule complements the newly released [Centers for Medicare & Medicaid Services proposed rule for Stage 2](#) of the Medicare and Medicaid Incentive Programs, clarifying the specifications necessary to meet the criteria for these programs.

ONC is seeking feedback through the Stage 2 rule on how to increase patient safety through updated certification criteria, how to improve data portability, and how to increase price transparency with regard to certified Complete EHRs or EHR Modules.