

The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

August 31, 2012, Issue #18

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PHDSC Project News

<p style="text-align: center;"><u>Become a PHDSC Member</u></p> <p style="text-align: center;">Learn about the benefits of joining the PHDSC and become our member</p>	<p style="text-align: center;">Assuring Health IT Standards for Public Health <i>By Maiko Minami</i></p> <p>In the 2011-12 project year, PHDSC completed 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>, included:</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</i></p> <p><i>Project 6: Clinical Document Architecture (CDA) Standards for Public Health</i></p> <p><i>Project 7: Public Health Reporting Resource Repository</i></p> <p style="text-align: center;">****</p> <p>In the 2012-13 project year, for Projects 1 through 5, PHDSC will maintain some existing activities as well as conduct new activities as described in the following sections.</p> <p>A brand-new project has also been added:</p> <p><i>New Project: 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;">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></p>

By Maiko Minami

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

In the 2011-12 project year, activities focused on **updating the content and improving the capacities** of the [PHDSC Web-Resource Center on Public Health in HIT Standardization](#) (Resource Center) which contain 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.

Functional requirements were developed to enhance the Resource Center to align with the [Public Health Reporting Resource Repository](#) (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.

In addition, a pilot was implemented for **new analytic capabilities** in the HIT Adoption Stories Module within the Web-Resource Center to evaluate the usability of the Module by the public health community. A **User Feedback Tool** for all of the Modules was also developed in order to provide users an opportunity to provide input into improving the Modules.

In the **2012-13 project year**, PHSDC will continue to maintain and improve the Web-Resource Center content.

Starting this Fall 2012, PHDSC will collaborate with **J.D. Power and Associates** to evaluate the effectiveness of the Web-Resource Center in supporting participation of public health professionals in the national HIT standardization process through J.D. Power and Associate's Voice-of-the-Customer (VOC) feedback. By utilizing VOC data, the importance of each aspect will be determined relative to overall website satisfaction and usefulness.

By Winter 2013, incorporating the analysis of J.D. Power and Associates, the Web Resource Center 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

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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 **600 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 (see article below). 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). In Fall 2012, a pilot test of this tool will be conducted by populating information from specific domains. It is anticipated that these FRADs will be used to guide the development of interoperability standards at the Integrating the Healthcare Enterprise (IHE).

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

Novel Assistance for Writing Functional Requirements Analysis Document

By Harold Lehmann and Anna Orlova

Functional Requirements Analysis Documents (FRAD) are the heart of making a system specification explicit and are key to establishing the context and need for standards in particular use cases. In teaching public health informatics, we find that students' writing coherent FRADs is a key competency. Knowing how to write a FRAD means that students can focus productively on aspects of the problem needed to build a useful system and the discipline of coherence gives them an important tool for finding gaps and inconsistent redundancies in their specifications.

We have also found that students have a difficult time writing FRADs, because there are few tools, tutorials, resources, or examples. To meet this need, PHDSC is partnering with Johns Hopkins University in extending a generic tool of theirs---the Task Guide---to help public health informatics students. Task Guides take users through a prescribed series of steps to complete a task. At each step, there is a canonical set of resources the faculty have specified as useful (or even required) by users to complete the task. At the completion of using a Task Guide, a user gets a document that shows the

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Who, and How
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path taken by the user through Task Guide.

We will spend the next few months creating and testing the FRAD Task Guide. This tool will view the completion of a FRAD as the task, and the 10 components of a FRAD as the steps to completion. The resources may be example text, may be sites to search, or may be source of evidence that a user should consider in completing each step of the FRAD. After going through the Task Guide, the user will receive a completed FRAD document that can be further edited in a word processor or emailed on to a colleague.

The Task Guide will be made freely available on the PHDSC Website, as well as be used as part of the Standards and Interoperability course taught at Johns Hopkins.

***PHDSC Participation in the
2012 National Conference on Health Statistics***

By Maiko Minami

PHDSC participated in the [2012 National Conference on Health Statistics](#) in August 2012 as an Exhibitor, and outreached to the Conference attendees about the organization, our project activities, and showcased the [PHDSC Web-Resource Center on Public Health in HIT Standardization](#) and the [Business Case: Role of Public Health in National HIT Standardization](#). PHDSC was also mentioned in at least one presentation regarding the work that we are doing related to data standards. Thank you to NCHS for allowing us to participate in the conference!

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)

**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 news articles
to
Maiko Minami at
maiko@hln.com**

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

By Maiko Minami

In the **2011-12 project year**, PHDSC supported participation of public health representatives at the **Accredited Standards Committee (ASC) X12, National Uniform Billing Committee (NUBC) and National Uniform Claim Committee (NUCC).**

The **Health Care Service Data Reporting Guide** continued to be updated as part of the ongoing work at ASC X12 to align with the changes to the X12 standards, as well as the maintenance of the [Gap Assist Tool](#). Under this project, the PHDSC worked 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.

In the **2012-13 project year**, PHDSC will continue to support participation of public health representatives in data standards development activities. PHDSC will also support the maintaining and update of 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 **Gap Assist Tool**, jointly developed with the Washington Publishing Company, provides a meta data perspective on the format and content attributes of each data element supported by the HCSDRG. The Gap Assist tool also provides a view across multiple versions of the X12 standards.

Revision of Health Care Service Data Reporting Guide

By Amy Costello

Representatives from PHDSC were involved in the X12 June 2012 meeting that resulted in the approval of the next version of the **Healthcare Service Reporting Guide (6020)**, as well as final revisions and approval of the first versions of the Professional, Institutional and Dental Post-Adjudicated Claims Data Reporting Guides.

There are some significant additions to the 6020 guides in terms of public health data, and opportunities for state public health reporting systems. During the last 18 months, PHDSC members have worked through the X12 Data Maintenance process to add codes related to the patient/member's occupation and industries. These two data elements are recognized for their potential value to better understand the conditions for health, particularly, the social determinants of health. Occupation and industry, and their associated code sets¹ have been approved for inclusion in the 6020 versions of the Reporting Guide for use by state public health reporting agencies. It should be noted that on the "to do list" for the next version is to add support for the International Classification of Functioning, Disability, and Health (ICF). The necessary ANSI X12 data maintenance to support the reporting of the ICF data was not approved in time to be included in the 6020 version.

A summary of the major changes from 5010 to 6020 is available on the PHDSC project wiki: <https://wiki.phdsc.org/index.php/HDSD>. The final version of the Guide will be published in October 2012.

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

¹ Occupation code set is the Standardized Occupation Codes for Bureau of Labor Statistics. Industry code set is the North American Industry Classification System. ICF is International Classification of Functioning and Disability, a World Health Organization (WHO).

PHDSC STRATEGIC PLAN

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

Read it [here](#)

Post-Adjudicated Claims Data Reporting Guides

By Amy Costello

During the X12 June 2012 meeting, the **Post-Adjudicated Claims Data Reporting Guide (PACDR)** Special Appointed Committee worked on adjudicating the comments from the Architecture work group, and prepared final versions of the Guides for approval for publication of the Guides in October.

This is milestone for states with all-payer claims database (APCD) legislation that have been waiting for a national standard to guide the submission of paid claims data from the insurance carriers to the APCD. The PACDR Guides will provide the direction on implementation of the standard for purposes of reporting all payer claims data to state and federal reporting agencies. The reporting of paid health care claims data will be important for the evaluation of health reform efforts. Many states are engaged in evaluation of Accountable Care Organizations and medical homes; some states are leveraging their APCDs to evaluate these models of care. The PACDR Guides will bring us one step closer to standardizing the collection of the data that we will need to understand our collective impact on quality and cost of care.

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

By Maiko Minami

During the 2011-2012 Project Year, PHDSC facilitated 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.

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.

The White Paper is in the process of being finalized with the goal of submitting to QRPH within the few weeks for review. After review and updates, the White Paper will be submitted for publication.

PHDSC Appointment to NUBC and NUCC

By Laura K. Dellehunt

The Public Health Data Standards Consortium has appointed **Laura K. Dellehunt** to a two year term as the PHDSC representative on the National Uniform Bill Committee (NUBC) and National Uniform Claim Committee (NUCC) in April, 2012. Ms. Dellehunt works for the NYS Department of Health, Office of Quality and Patient Safety. She leads the Statewide Planning

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and Research Cooperative System (SPARCS) data collection for all inpatient, and outpatient data from health care facilities in NYS. She replaces Amy Costello who recently filled the role. Robert Davis, who filled this PHDSC roll for many years prior to Ms. Costello, will be the Alternate member. On behalf of the PHDSC and its members, we would like to thank Ms. Costello and Mr. Davis for serving in this role as great public health champions. We are indebted to their devotion and would like to recognize them for their work in maintaining the public health standards and developing many initiatives with new data elements and data definitions.

New Voice on NUBC and NUCC

By Laura K. Dellehunt

Thank you to the PHDSC and its members for giving me the opportunity to serve on the **NUBC and NUCC** committees. As a data collector from a large state who worked in the insurance industry and has an understanding of the claim process and balance that is needed between the submitters and users of meaningful data, I look forward to bringing my experience to the NUBC and NUCC to improve public health reporting as a voting member.

As many of you know, these committees operated with monthly conference calls run by the American Medical Association staff. As a newcomer, I found the staff at the American Medical Association very helpful, informative and able to bring cohesiveness to the membership.

Each committee has a defined agenda, orderly business and a process for review and approval of items to improve their claim form. Respective to this process, any items that the PHDSC and its membership would like to discuss can be brought to these committees. Please feel free to discuss this with me at 518-473-8144 or lkd08@health.state.ny.us

NUBC

During the past four monthly meetings, the NUBC highlights are:

- Hospital Readmissions and how to improve the reporting of this event in response to the Hospital Readmissions Reduction Program under the Affordable Care Act. A sub-committee was created to examine the definition of “planned readmission”. To date, the subcommittee is suggesting new values to be added to Patient Discharge Status codes. Discussion will continue on this issue.
- A change to the designation of Special Facility with Bill type ‘089x’ from “IP or OP” to “OP” effective 7/1/13.
- The addition of two new value codes effective 1/1/13:
 - 84 Lifetime Reserve Amount in 3rd or greater Calendar year
 - 85 Coinsurance Amount in the 3rd or greater Calendar year
- A discussion on how to report Alternative Care sites (ACS) when a State declares Disaster events.

NUCC

During the past four monthly meetings, the NUCC highlights are:

- The revisions made to the CMS-1500 Claim form to align it with the

changes made in the electronic Health Care Claim for Professionals. Only minor changes to the current form were made. There were several additions to clarify the instructions. The Federal Register (Vol. 77, #103) requested comments by July 30, 2012.

- The creation of an NUCC letter to CMS to seek clarity regarding the “Other Entity Identifier (OEID)” portion of NPRM for a non-individual atypical provider and if they qualify to obtain an OEID.
- The NUCC Taxonomy subcommittee reported the addition of two taxonomy codes for: Dental Therapist and Advanced Practice Dental Therapist.
- The NUCC also received and reviewed Designated Standards Maintenance Organization (DSMO) requests for changing the wording on instructions to align with usage notes in the X12 Guides.

Again, thank you for the opportunity and I will continue to keep you posted on the NUBC/NUCC activities.

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 Anna Orlova and Maiko Minami

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. This Profile balloted by HL7 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 (EHDI)
- Cancer

During August 2011 – February 2012, the PHDSC Task Force members worked on the **Public Health Functional Profile, Release 1 Informational Level 2** by adding additional six public health domains to the Profile. This profile was balloted by HL7 in May 2012. The domains include:

- 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 the **2012-13 project year**, PHDSC has been working with the HL7 EHR and Public Health and Emergency Response (PHER) Work Groups to **reconcile ballot comments** received on the *Public Health Functional Profile, Release 1 Informational Level 2* during the May ballot cycle.

In addition, the **PHDSC Task Force is being reconvened** in order to align the PHFP with the new HL7 EHR-S Functional Model Release 2.0 (see next article). In addition to the existing domains, PHDSC will be reaching out to new domains to expand the scope of the PHFP.

**Join us at the
2012 PHDSC ANNUAL
BUSINESS MEETING**

November 8-9, 2012

Hyattsville, MD

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

Email
Alla Fridman at
afidman@phdsc.org
for more information

Call for Participation: PHDSC Ad Hoc Task Force on Electronic Health Record-Public Health (EHR-PH)

By Alla Fridman

The Centers for Disease Control and Prevention/National Center for Health Statistics (CDC/NCHS) and the Health Level Seven International (HL7) Electronic Health Record Work Group through the support of the Public Health Data Standards Consortium (PHDSC) continues to work on health information technology standards for public health.

We are re-convening the Task Force and invite other participants from local, state and federal public health agencies, healthcare organizations, public health professional associations, schools of public health, health IT vendor organizations, private sector and individuals interested in public health to join PHDSC in aligning the **Public Health Functional Profile (PHFP)** with the HL7 EHR-S Functional Model Release 2.0.

Overall Project Timeframe: September 2012 - May 2013. Volunteers will participate in **seven (7) 2-hour conference calls** during **September - November 2012**.

For more information, please contact Ms. Alla Fridman at afidman@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

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

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

**CDA EHDl PILOT
PROJECT:
CALL FOR
PARTICIPATION**

We are looking for public health agencies to participate in 2 pilot projects to implement EHDl CDA standards for public health reporting. Funding and technical assistance are available.

Reply to Maiko Minami at maiko@hln.com by September 15, 2012

with clinical electronic health record systems; and to enable the integration of EHDl 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 EHDl domain.

During the **2011-12 Project Year**, PHDSC completed several content profiles that describe interoperability standards for **Early Hearing Detection and Intervention (EHDl)** 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, EHDl information exchanges were successfully demonstrated at the [2012 HIMSS Interoperability Showcase](#) in February 2012.

In the **2012-13 Project Year**, the **Quality Measure Execution - Early Hearing (QME-EH)** content profile that describes interoperability standards for EHDl quality measures was published for public comment in June 2012. This profile specifies standards for data exchanges between clinical and public health EHDl systems to support EHDl quality measure reporting included in the proposed rules for [Meaningful Use of Health IT \(MU\) Stage 2](#) (Table 9: page 13763). PHDSC will reconcile public comments and finalize the EHDl content profile in Fall 2012.

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

Call for Participation: Early Hearing Detection and Intervention (EHDI) Interoperability using Clinical Document Architecture (CDA) Standard - CDA EHDI Pilot Project

By Anna Orlova

Newsletter Feedback

Do you have ideas on how to improve the **PHDSC Quarterly Standard E-Newsletter?**

Email your suggestions, comments, and ideas to

Maiko Minami at maiko@hln.com

For the **2012-13 Project Year**, PHDSC in partnership with the CDC Early Hearing Detection and Intervention (EHDI) Data Committee and with the support from CDC are seeking state health departments interested in participating in the design and implementation of **two pilot projects** to demonstrate electronic data exchange between clinical Electronic Health Record (EHR) Systems and public health EHDI 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 will focus on reporting of:

- Newborn hearing screening results from the birthing facility's EHR to the State EHDI Program, or
- EHDI quality measure from EHR to Public Health.

Roles & Responsibilities: States can participate in either of the two roles:

- **Participant:** Two (2) State EHDI programs and their EHR and public health IT vendors interested in demonstrating electronic EHDI data reporting from a birthing facility to a State EHDI Program using the CDA standard. The pilot demonstration includes implementation within the public health department to receive EHDI data using the CDA standard by March 2013.
- **Observer:** State EHDI programs and their EHR and public health IT vendors interested in contributing to the design and implementation of the pilot project at the participating sites.

Resources: Technical assistance to implement the pilot project will be provided to the **Participants** by the PHDSC TAG. Funding is available for **Participants** to support the implementation of the pilot project.

For more information or to request an application, please contact Ms. Maiko Minami at maiko@hln.com by September 15, 2012.

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

During the **2011-12 Project Year**, PHDSC collaborated with the Association of Public Health Laboratories (APHL) to develop 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 the 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*.

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](#)**

The White Paper serves 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 (LIMS).

For the **2012-13 Project Year**, 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 will focus 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 will participate 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 on Healthcare Quality Measures Framework (HQMF).

PHDSC will also incorporate PH-Lab perspectives in the **Integrating the Healthcare Enterprise (IHE)** development activities for HIT interoperability standards for public health. PHDSC will resume 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.

For this project year, PHDSC will develop **CDA templates for laboratory reports** for 15 conditions using 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.²

For more information about this project, 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)

[Submit A Story](#)
to our
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to Share
Your Successes & Lessons Learned
with the
Public Health Community
on
HIT Adoption
and
Participation
in
HIT Standardization

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 Association of Public Health Laboratories (APHL) completed a pilot project that used **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 that is similar or identical to the paper forms formats.

The project 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 used 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 was defined based on CSTE Position Statements.

² S&I Framework. Model Driven Health Tools (MDHT).

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

CSTE 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, CDC subject matter experts were consulted for selected conditions to contribute in the development of the templates from the national perspective.

Design and Implement CDA for Public Health State Pilot Projects

PHDSC used 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 three jurisdictions. State of Delaware, San Diego County and State of New York were selected to participate in the pilot project. Health departments from six other jurisdictions (CT, MA, MI, OH, OK, SC and WA) participated as observers to help guide the pilot project design and implementation.

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

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

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](#)

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 focus 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 \(ONC\)](#). The Repository will consist of dashboard views, providing access to resources for each of 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

During the **2011-12 Project Year**, we focused on designing the model dashboard views for a Public Health Practitioner and a Public Health Informatician. We collaborated with the National Association of City and County Health Officials (NACCHO) to develop the model dashboard view for the Public Health Practitioner. The PHDSC proposed the use of the [PHDSC Web-Resource Center Public Health in HIT Standardization](#) as a model for the Public Health Informatician dashboard view.

	<p>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 included the analysis of resources currently available on the CDC PHIN web-site as well as other resources that we intend to use in the Repository.</p> <p>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</p> <p>This PHDSC project was supported through the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC); Grant #5U38HM000455-04</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 style="text-align: center;">New Project: Assure HIT Standards for Occupational Health Data Exchanges <i>By Maiko Minami</i></p> <p>For the 2012-13 Project Year, PHDSC is starting a new project in collaboration with the CDC National Institute for Occupational Safety and Health (NIOSH). The focus of the project is 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>More information about the project activities can be found at the project wiki pages at https://wiki.phdsc.org/index.php/NIOSH</p> <p>This PHDSC project was supported through the Cooperative Agreement with the Centers for Disease Control and Prevention (CDC)</p>
<p>ON-LINE COURSE</p> <p><u>HIT Standards and Systems Interoperability</u></p> <p>in Johns Hopkins OpenCourseware</p>	<p style="text-align: center;">HIT Standards and Systems Interoperability: Johns Hopkins Online Course for Public Health Professionals <i>By Anna Orlova</i></p> <p>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</p>

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

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)

Other PHDSC News

PHDSC 2012 Annual Business Meeting November 8-9, 2012

By Maiko Minami

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

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

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

A limited number of grants are available for travel support for representatives from state and local health agencies to attend the 2012 PHDSC Annual Business Meeting.

Please submit questions or travel requests to **Alla Fridman** at afridman@phdsc.org.

2012 PHDSC Board Officers Election Results

By Anna Orlova

Following the **2012 PHDSC Election of the Officers of the Boards** during June 11 through June 22, 2012, the following PHDSC members have been elected to serve as the **PHDSC Officers** for the term of **July 1, 2012 through June 30, 2014**:

- **Dr. Don Mon** re-elected as President
- **Dr. Eileen Storey** re-elected as Vice-President (liaison) for Federal Agencies

- **Ms. Kathleen Cook** re-elected as Vice-President (liaison) for State and Local Agencies
- **Dr. Ken Pool** elected as Treasurer
- **Mr. John Odden** elected as Secretary

On behalf of the members of the Board, I would like to congratulate the re-elected and newly elected officers of the PHDSC Board, as well as to thank **Dr. Noam Arzt** who served for several terms as PHDSC Treasurer and **Ms. Susan Salkowitz** who serve in the previous term as Secretary, for their service for the PHDSC.

Public Health Data Standards Consortium's Ambitious New Strategic Plan-2012-2014

By Susan M. Salkowitz, AIRA representative to PHDSC Board

American Immunization Registry Association (AIRA) has been a long time member of the Public Health Data Standards Consortium (PHDSC), represented on their Board and by extensive IIS vendor participation. PHDSC is a major presence at the Interoperability Showcase at HIMSS and always includes the immunization use cases. During 2011, PHDSC focused on developing a new strategic plan at its annual meeting in November, followed by extensive Board deliberation, and as an organization of organizations, reviews by constituent members. The draft plan, Towards Public Health Sector Transformation and Unity-Strategic Plan 2012-2014, was sent to the AIRA Board for review and was approved by them and by all PHDSC constituents and their Board in March 2012.

What is new, important and different in this plan? PHDSC envisions a transformation in the United States over the next 10 to 15 years, from today's disease-based model to a health-based model of care (HBM) committed to continuous learning from data generated in the course of practice, i.e. an integrated Learning Health System (LHS), originally proposed by the Institute of Medicine, and embraced by the National Committee on Health and Vital Statistics and the Office of the National Coordinator. PHDSC's Mission is, to build a Coordinated Voice from Public Health for HIT Standards, and to bring this Voice to national and international HIT standardizations efforts to attain consensus within Public Health and to achieve full functionality and interoperability of information systems within the healthcare-public health-population health enterprise.

What does this mean in practice? PHDSC's four strategic initiatives set a broad and ambitious agenda: **Unify Public Health in support of a health-based model/ learning health system; Unify Public Health Information Systems; Align / Integrate Public Health with Other Sectors in Healthcare, Including Administrative Data Systems; Align/Integrate the Healthcare-Public Health-Population Health Enterprise with Consumers and Other Stakeholders According to the Vision of the HBM/LHS.**

PHDSC's strategic direction is in the forefront of much needed change in public health and public health data standards. AIRA continues to be a strong supporter of PHDSC.

PHDSC Member News

The State of Guanajuato, Mexico Goes Live with Hyper-Connected Health IT Solution to Support Newborn Hearing Screening – OZ Systems

By [RushPR News About OZ Systems](#)

Groundbreaking Data Reporting System Promotes Interoperability and Ensures Timely Intervention for Newborns -- The Ministry of Health, and hospitals throughout the state of Guanajuato, Mexico, have gone live with OZ Systems' health information management solutions to provide secure, cloud-based data

administration and case management support for the government's newborn hearing screening program.

The Guanajuato project is a key milestone advancing Mexico's Universal Newborn Hearing Screening Program. It is also a tremendous advance in data systems interoperability. Even in the United States, many Early Hearing Detection and Intervention (EHDI) programs are not connected to birth registry databases. With the landmark Guanajuato project, when a baby is registered in their National Database, OZ Systems' e-Screener Plus II™ (eSP II™) application receives important demographic information from hospitals - avoiding manual entry of information, creating efficiencies, and reducing opportunities for human error or missed information. Most importantly, it allows hospital coordinators to keep track of every baby with hearing loss so they can be rescreened or referred to a specialist for early intervention, treatment and follow-up.

Guanajuato has been screening their newborns through the Ministry of Health since 2009 and the project continues to be championed by CONADIS (National Council for Development and Inclusion of People with Disabilities) and the Ministry of Health of Guanajuato. Now, with the OZ Systems' platform in place, the entire newborn screening process is electronically connecting the public health with 15 hospitals with a total of 50,000 annual births.

Among the advantages of the new system:

- Direct reporting from hospitals to the State will be minimal - the new paperless, web based system allows simple, secure online status checks for each hospitals and its newborns;
- Earlier identification of babies with potential hearing problems - hospital coordinators, state coordinators, and national hearing screening coordinators all have access, opening communications and improving early patient intervention and follow-up;
- Contact information comes directly from the National Birth Registry system - avoiding manual errors and duplication of information and improving prompt patient care coordination and follow-up;
- Easy access to population health information - State and Federal. Simple, secure, real-time online results and analyses replace the former paper-based, monthly methods of State results reporting.

New App is Authoritative Guide to NLM Mobile Resources

By [National Library of Medicine](#)

The National Library of Medicine, the world's largest medical library and a component of the National Institutes of Health, recently released a mobile app that is intended to serve as the authoritative guide to NLM mobile resources. The app was created as an HTML 5 mobile Web site in support of the Library's ongoing efforts to make our information broadly available. Learn more about this new resource via the [NLM Technical Bulletin article](#) or explore the app on your mobile device at: <http://www.nlm.nih.gov/mobile-app/>.

The Library welcomes your feedback about this new app via its [Contact Us](#) link.

Ohio Department of Health Teams with WebMD to Enhance Public Health Alerting System

By [Ohio Department of Health](#)

The Ohio Department of Health (ODH) today announced it has teamed with Medscape of WebMD, a leading online-source of information for healthcare professionals, to communicate urgent public health messages to its physicians, pharmacists and nurse members in Ohio. "We are constantly exploring new and innovative ways to reach more Ohioans with critical health news and information," said Dr. Ted Wymyslo, ODH director. "This unique public-private partnership gives us another important tool in that effort,"

Wymyslo said.

The Ohio Department of Health is part of the Centers for Disease Control and Prevention (CDC) national Health Alert Network (HAN) system. The infrastructure of the HAN system supports the immediate dissemination of vital health information at the state and local levels. The messaging system directly transmits health alerts, advisories, and updates to local health departments, hospitals and public health partners.

Medscape will support these efforts by directly distributing health information including infectious disease outbreaks, environmental and product safety advisories, preparedness planning and response information, and public health developments among other alerts, to its network of registered clinical members throughout Ohio.

Upon receipt of medical alerts and updates, the Ohio Department of Health will supply information to Medscape for distribution to its local network of Ohio-based healthcare providers. Registered Medscape members will receive the latest information via email alert.

Note: According to data provided by Medscape, approximately 50 percent of Physicians, 75 percent of physician assistants, 30 percent of Pharmacists and 25 percent of Nurses licensed to practice in Ohio are members of Medscape.

For additional information about the CDC national Health Alert Network visit www.bt.cdc.gov/han

HANDI: A Handy App for Public Health – Denver Public Health

By [Melissa McClung, Denver Public Health](#)

The next person in line hands me their driver's license. I scan it with a device docked with my iPod touch, ask some questions, print a barcoded sticker, and direct them to where they need to go. Are we at the airport? Car rental? Sports venue? None of the above! We are at a mass vaccination clinic administering flu shots during a hospital employee flu campaign. This handy tool is appropriately named HANDI (Hand-held Automated Notification for Drugs and Immunizations); it's a mobile app being developed by Denver Public Health (DPH). HANDI helps health care workers collect data to register individuals, monitor contraindications (reasons to withhold a treatment) and track immunizations and treatment plans administered during mass intervention events. Using commonly available mobile devices (e.g., iPhone, iPod touch), HANDI is a prime example of how we can use mobile technology in public health and emergency preparedness.

After years of emergency response planning and experience with mass H1N1 vaccination clinics, DPH wanted to improve the process. A mobile application such as HANDI, adaptable to a variety of clinic formats and environments, significantly reduces the time needed to serve the population and considerably enhances our ability to monitor these efforts to protect the public's health. From our prior experience, patient registration and data entry were time consuming steps. A mobile application addresses both issues by using scanning technology to capture standardized patient data and inputting it directly into a database or registry. Rapid electronic data storage allows for real-time data analysis (e.g., number of people served, demographic characteristics, risk factors and geo-locatable information). The main of HANDI is to support efficient public health immunization and treatment activities through rapid collection and transfer of standardized data.

Minnesota Named Top State for E-Prescribing

By [Minnesota Department of Health](#)

Minnesota's strategy to promote electronic-prescribing has resulted in a No. 1 ranking on a national survey.

"E-prescribing has been a collaborative effort in Minnesota, and we want to congratulate the providers, pharmacists, health plans, patient groups, and public health professionals who have all joined together to improve the safety and efficiency of prescribing medicine in Minnesota," said Minnesota Commissioner of Health Dr. Ed Ehlinger.

Surescripts announced today that Minnesota achieved the highest rate of e-prescribing use in the nation during 2011 to capture the No. 1 ranking in its 7th annual Safe-Rx Awards. The rankings are determined by an analysis of data that measures electronic prescribing use by physicians, pharmacies and payers in each state.

E-prescribing is an important quality of care issue. It enables a provider to electronically send an accurate and understandable prescription directly from the clinic or hospital to a pharmacy. Research has shown that e-prescribing reduces medication error rates by almost sevenfold in community-based office practices, including near elimination of errors due to illegible handwriting.

Minnesota's success is due to its collaborative approach, which is led by the Minnesota e-Health Initiative, a public-private collaborative established in 2004 that is guided by a 25-member advisory committee appointed by the commissioner of health to provide advice and feedback on policy making related to health information technology (HIT) in Minnesota. In 2008, the Minnesota Legislature enacted an e-prescribing mandate. The mandate required prescribers, pharmacists and pharmacies, and pharmacy benefit managers to be e-prescribing by January 1, 2011. In June 2009, the Minnesota e-Health Initiative released A Practical Guide to Electronic Prescribing. In 2011 and again in 2012, the Minnesota Department of Health (MDH) launched the Minnesota e-Health Connectivity Grant Program for Health Information Exchange to provide financial support. Minnesota has made significant progress, yet gaps remain. In 2011, 91 percent of pharmacies, 68 percent of clinics, 39 percent of hospitals, and 3 percent of nursing homes were e-prescribing.

John Hopkins New Information Technology Center Established to Benefit Population Health

By [Johns Hopkins Bloomberg School of Public Health](#)

Johns Hopkins University is establishing a new center aimed at improving and expanding the use of electronic health record systems, e-health and information technology. The [Johns Hopkins Center for Population Health IT](#)— known as CPHIT (or "see-fit")—will draw on faculty skilled in public health, medicine, informatics, computer science, business and systems engineering and will focus on helping public health agencies and private health care organizations utilize e-health tools to increase the efficiency and equity of health care delivery.

"We are currently witnessing the most expansive digitalization of health care in history," said Jonathan Weiner, DrPH, professor in the [Department of Health Policy and Management](#) at the Johns Hopkins Bloomberg School of Public Health and director of CPHIT. "Over the coming decade, electronic health records, personal health records and other e-health applications will completely transform health care in the U.S. and around the world. Today the focus is clinicians using these systems to treat the individual patient. Our Center wants to extend this focus to enable public health agencies and accountable provider or payer organizations to also harness these health IT systems to create solutions for the many population health

issues facing our nation.”

CPHIT will be based within the Bloomberg School of Public Health’s Department of Health, Policy and Management but will involve faculty from the School of Medicine, Whiting School of Engineering, Carey Business School at Johns Hopkins University, as well as the Johns Hopkins Health System.

CPHIT is also launching the Johns Hopkins CPHIT Industry Partners Program to develop alliances with private companies interested in using information technology to support population health. DST Health Solutions, LLC, is the first founding member of this partners program. In addition to providing an important source of financial support for CPHIT, an executive from DST will serve on CPHIT's advisory board. Members of the program will have access to CPHIT’s research and development, including research findings and newly developed technologies.

National Health IT News

ISDS Syndromic Surveillance for Meaningful Use Guidelines

By Becky Zwickl, ISDS

The International Society for Disease Surveillance (ISDS) is nearing completion on their [Guidelines for Syndromic Surveillance Using Inpatient and Ambulatory EHR Data](#). These Guidelines are being developed by the ISDS Meaningful Use Workgroup, in collaboration with the Centers for Disease Control and Prevention and HLN Consulting, LLC.

Starting with input from the public health community, the Workgroup identified priority surveillance purposes for both the inpatient and ambulatory EHR data. These purposes define uses for data retrieved from inpatient and ambulatory settings. For example, EHR data from hospital inpatient settings contribute to monitoring population health by: describing the real-time impact of disease outbreaks; informing provision of public health services by detecting, gauging, monitoring and assessing morbidity and mortality of incidents or events; and informing the evaluation of interventions and development of health education and policy by describing the burden of chronic disease conditions and by identifying and characterizing health disparities. One of the purposes for ambulatory data is monitoring population health by characterizing the volume of outpatient visits for high volume, non-reportable health events. The Workgroup then proceeded to identify the data elements that support these identified purposes.

Since March, there have been two public comment periods to solicit input about the feasibility and relevance of the surveillance uses and data elements. The goal was to provide an opportunity for multiple stakeholder groups--from public health practitioners to EHR vendors and patient privacy advocates—to be engaged in the Guidelines development process. The latest feedback was analyzed and incorporated into the finalized Guidelines, which are set to be released in September 2012. Plans are also underway to develop a PHIN Messaging Guide to provide the technical specifications for implementing the Guidelines.

For more information on Meaningful Use and the development of these Guidelines please visit 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.

Electronic Health Record (EHR) Stage 2 Rules Released

By ONC Health IT

The Office of the National Coordinator for Health IT (ONC) and The Centers for Medicare & Medicaid Services (CMS) today released final requirements for Stage 2 Electronic Health Records Incentive programs. The regulations can be found at:

- CMS - http://www.ofr.gov/OFRUpload/OFRData/2012-21050_PI.pdf
- ONC - http://www.ofr.gov/OFRUpload/OFRData/2012-20982_PI.pdf

A fact sheet on CMS's final rule is available at http://www.cms.gov/apps/media/fact_sheets.asp.

A fact sheet on ONC's standards and certification criteria final rule is available at <http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2-0>.

White House Releases National Strategy for Biosurveillance

By Association of State and Territorial Health Officials (ASTHO)

Biosurveillance is the process of gathering, integrating, interpreting, and communicating essential information related to all-hazards threats or disease activity. Biosurveillance efforts aim to achieve early detection and warning, contribute to overall situational awareness of the health aspects of an incident, and enable better decision making at all levels.

The Federal government has had a number of different biosurveillance programs in place for over a decade, including those that allow public health the ability to detect potential threats to the health of the public and provide integrated surveillance capabilities. However, these various efforts have been cited as having a lack of coordination and oversight. This new National Strategy for Biosurveillance aims to bring coordination and oversight to the National biosurveillance effort by:

- Leveraging all existing capabilities that can aid the biosurveillance enterprise
- Embracing an all-of-Nation approach, reaching out for participation of groups beyond the traditional governmental entities
- Adding value for others, developing ways that information gathered by biosurveillance can also be safely shared with all stakeholders in the biosurveillance enterprise (health providers, public health, law enforcement, etc.)
- Maintaining a global health perspective, ensuring any biosurveillance effort can be coordinated with similar international efforts

The released plan can be found [here](#).