

PUBLIC HEALTH DATA  
STANDARDS CONSORTIUM



Promoting Standards Through Partnerships

# The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

December 15, 2007, Issue #1

*Welcome to the first issue of **The PHDSC Quarterly Standard E-Newsletter**, the official newsletter of the Public Health Data Standards Consortium! The newsletter will be sent out on a quarterly basis to inform the healthcare and public health community about the activities of the Consortium & our members in health information technology adoption.*

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## **Become a Member**

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## **Facilitating Standardization of Health Information Exchanges Between Clinical Care and Public Health**

The Public Health Data Standards Consortium has been invited by the [Integrating the Healthcare Enterprise](#) (IHE) to start a Public Health Domain at IHE. IHE is a collaborative of clinicians, administrators,

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standard development organizations and health information technology (HIT) vendors that drives the adoption of standards to address specific clinical needs through the development of the technical specifications for the software applications. PHDSC and IHE will collaborate to enable interoperability across clinical and public health enterprises.

As the first activity at IHE, the PHDSC has formed a Task Force of public health, clinical and information technology experts to develop a White Paper:

[Building a Roadmap for Health Information Systems  
Interoperability for Public Health](#)

The objective of the White Paper is to engage the public health

## Member News

- **OZ Systems** recently introduced an integrated newborn screening application for Alaska. Alaska uses eSP™ for hearing and now has a newborn bloodspot screening module. Laboratory results come in daily from the Oregon State laboratory using HL7 messaging. Public health, hospitals, audiologists and pediatricians access eSP™ on babies in their care.
- **The Ohio Department of Health** and HealthBridge (an HIE) are currently undertaking a CDC funded initiative to enhance cancer reporting. The scope of this initiative includes defining a cancer standard for HIE consumption from disparate clinical management, billing, and registry software systems to report incident cancer cases to the state's central registry, and the electronic mapping of treatment codes (.cpt) to ACoS/ICD-0 codes.

## Join the PHDSC Listserv

To subscribe to the PH-CONSORTIUM-L listserv, please send an e-mail to [LISTSERV@LIST.NIH.GOV](mailto:LISTSERV@LIST.NIH.GOV) with the following text in the message body: *SUBSCRIBE PH-CONSORTIUM-L YOUR NAME*

community in a dialogue with HIT vendors to assure that the work processes and data needs of public health stakeholders are communicated to the developers of the interoperable clinical Electronic Health Record (EHR) systems and Public Health information systems (EHR-PH Systems). This White Paper may serve as a framing document for the creation of the Public Health Domain at IHE.

**The public review period for the White Paper is open through January 19, 2008.** To view the White Paper, please [click here](#). To submit comments, please post your reply on the ["Public Comments on PHDSC White Paper" thread](#).

For more information about the PHDSC-IHE Public Health Task Force, please contact Dr. Anna Orlova, PHDSC Executive Director at [aorlova@jhsph.edu](mailto:aorlova@jhsph.edu).

## **A Privacy Toolkit for Public Health Professionals (PRISM)**

The complexity of the Health Insurance Portability Act and Accountability Act (HIPAA) and its imperfect fit with public health sector functions have greatly hindered its understanding, application and compliance by local and state public health agencies around the country.

Developed by PHDSC Privacy and Data Sharing Committee, **PRISM** is an electronic web-based tool created to help public health professionals understand the legal privacy requirements for identifiable health information use and disclosure. **PRISM** identifies and defines the baseline conditions and requirements that public health or other government entities must follow when using and disclosing specific types of health information.

To view **PRISM** visit <http://www.phdsc.org/prism/prism.htm>. Any feedback or suggestions are appreciated: <http://www.phdsc.org/about/feedback.asp?cf=pr>.

## **Source of Payment Typology Classification System**

The PHDSC Payer Type Subcommittee has developed a **Source of Payment Typology Classification System** to enable public health agencies and researchers to compare payment data across jurisdictions, data collection initiatives and different types of providers. This classification system augments the internal code set maintained by the Accredited Standards Committee X12 ([ASC X12](#)).

The **Source of Payment Typology** has been approved by ASC X12 to be referenced as an external code source within the transaction standards. The typology has been included in the ASC X12 Standards Development Workbook as Code Source 944 – Source of Payment Typology.

To view **Source of Payment Typology**, visit [http://www.phdsc.org/about/committees/pmt\\_typology.htm](http://www.phdsc.org/about/committees/pmt_typology.htm).

### **Survey of State & Local Biosurveillance Systems**

In October, PHDSC conducted a survey of public health agencies' Biosurveillance systems in Indiana, Minnesota and Wisconsin under the Centers for Disease Control (CDC) grant to the Mayo Clinic in which the PHDSC serves as a sub-contractor. The interviews were conducted with epidemiologists, IT specialists, clinicians and case managers at various

Your comments on the content and the format of the

<p>Newsletter are greatly appreciated.</p> <p>Please submit comments &amp; suggestions to Megha Parikh at <a href="mailto:mparikh@jhsph.edu">mparikh@jhsph.edu</a>.</p>	<p>disease surveillance programs. These interviews will be used to share the experiences of conducting biosurveillance activities across jurisdictions and will be used to determine how to improve existing Biosurveillance systems.</p>
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