



The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

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Assure Health Information Technology (HIT) Standards for Public Health

Business Case on the Role of Public Health in National HIT Standardization

By Anna Orlova, PhD

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The National health information technology (HIT) standardization process requires collective input from Public Health on what public health issues need to be addressed in national interoperable HIT standards. **Participation** in the HIT standardization process is becoming a key for assuring that public health needs are met in national HIT standards. While Public Health has been succeeding in advocating for its needs/interests in the national HIT agenda (e.g., several public health use cases were developed by American Health Information Community in 2005-2009; public health reporting capabilities are included in the criteria for meaningful use of HIT) its voice in the national HIT standards development, harmonization and certification activities continues to be weak and un-coordinated.

The Consortium recently finalized the ***Business Case on the Role of Public Health in National Health Information Technology Standardization***. The Business Case document describes the current state of HIT adoption and standards development in Public Health; the national HIT standardization process; and the current level of public health involvement in this process.

The Business Case document describes the roles of state and local Public Health in building an ***Organized Public Health Voice on HIT Standards***. It describes the barriers to participation for state and local Public Health in the national HIT standardization and presents the strategy to maximize this participation. It also describes the role of public health professional organizations, federal government, academia and private sector to assure participation of local and state public health agencies in the national HIT standardization process.

The Business Case is targeted at the public health leadership and decision makers at the local, State and Federal levels; the national HIT leadership; the leadership of public health professional associations and HIT standardization entities and professionals involved in these entities.

The Business Case document was developed with the support from the Cooperative Agreement to PHDSC from the National Center for Health Marketing, Centers for Disease Control and Prevention (CDC).

The Business Case was presented at the 2009 Public Health Information Network (PHIN) Conference on September 2, 2009 in Atlanta, Georgia.

Please visit the PHDSC web-site to download the Business Case document and presentation delivered at PHIN-09 at:
http://www.phdsc.org/standards/business_case.asp.

Standardizing Electronic Health Information Exchanges in Newborn Screening By Anna Orlova, PhD

With the support from the Health Resources and Services Administration (HRSA), the Consortium has developed the ***White Paper on Newborn Screening***. This White Paper was developed for the Integrating the Healthcare Enterprise (IHE) – an organization of HIT vendors and healthcare professional associations working on standardization of health information exchanges. The Consortium worked with four state newborn screening programs (Texas, Iowa, Alaska and Maryland) and several European countries (France, Germany and Austria) to describe workflows and data flows for newborn genetic screening (bloodspot screening) and newborn hearing screening.

The White Paper was developed under the IHE Quality, Research and Public Health Committee. To download the White Paper, please visit the IHE web-

site at the URL below. Use password ***ihe_user*** to open the document.
ftp://ftp.ihe.net/Quality/2009_2010_YR_3/Planning/White%20papers%20yr%203/Newborn%20Screening/IHE_QRPH_Newborn_Screening_WhitePaper_Final_2009-08-26.doc

Visit our Web-site
www.phdsc.org

The Consortium continues to develop and expand its website, which was re-launched last summer.

We see our web-site as one of the primary means to disseminate information on health information technology 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 your comments about our Web-site

to
Emily Van Oeveren
at
evanoeve@jhsph.edu

PHDSC at ASC X12 and National Unified Billing Committee

By Ginger Cox, RHIT, CCS

Ms. Ginger Cox, RHIT, CCS, from the California Office for Statewide Health Planning and Development, represents the Consortium at the National Uniform Billing Committee (NUBC) and American National Standard Institute (ANSI) Accredited Standards Committee (ASC) X12.

NUBC is aimed to standardize data elements that will meet the billing and public health research needs. NUBC provides three public forums for discussions on standardization of data elements for the UB-04 manual. "Race/Ethnicity", "Do Not Resuscitate", and "Present on Admission", were approved for the UB-04 manual as additional public health data elements in 2009. This will benefit state public health agencies that currently use UB dataset. NUBC is currently working on adding a "Language" data element to the UB dataset.

One of ASC subcommittees, X12, focuses on electronic data exchange standards. ASC X12 is recognized by Health Information Portability and Accountability Act (HIPAA) as one of the designated standard maintenance organizations. It provides three public forums for discussions on data elements for HIPAA electronic transactions. Within this subcommittee, one of the workgroups, ASC X12N, focuses on health care claims and reporting to the regulatory agencies. The workgroup's product is a standardized 837 Health Care Services Data Reporting Guide (Guide) supported by PHSDC. This Guide is geared toward public health agencies to support their data collection activities. This workgroup also works on standardizing the health-related data elements for the electronic healthcare data exchange including streamlining the use of ICD-9 and ICD-10 in the health care reporting implementation guides, including the 837 Health Care Services Reporting Guide.

The support for participation of PHDSC representative at ASC X12 and NUBC is provided through the Cooperative Agreement to PHDSC from the National Center for Health Statistics (NCHS), CDC.

Please go to the PHDSC Data Standards Committee web-pages at <http://www.phdsc.org/standards/default.asp> to learn more about PHDSC activities at X12 and NUBC.

<p style="text-align: center;">Visit our Educational Module on HIT Standards at http://www.phdsc.org/standards/health-information-tech-standards.asp</p>	<p style="text-align: center;">Standards for Hospital Discharge Data Reporting in New Jersey By Robert Davis, NAHDO and Missy Jamison, NCHS</p> <p>On July 21, 2009, the Consortium sponsored a webinar on the implementation of hospital discharge data standards in New Jersey. The State of New Jersey has required institutional providers, such as hospitals, to report their discharge data using the 5010 version of the 837 Health Care Services Data Reporting Guide (Guide) as the only acceptable format using the UB-04 data content.</p> <p>Because the 5010 version of ANSI X12 standards will be mandated for submitting claims for all institutional services in the next two years, there was much interest in the path blazing done in New Jersey. Over 100 participants - potential users of these content and format standards - attended the webinar to learn from the New Jersey "lessons." The State contracted with Quadra Med Corporation to implement the reporting system, so the vendor shared with the attendees the steps necessary to successfully implement such system.</p> <p>In the future, the Consortium will sponsor additional webinars on data content and messaging standards for state hospital discharge data reporting systems.</p> <p style="text-align: center;">For more information about this webinar, please go to http://www.phdsc.org/standards/health-care-data.asp.</p>
<p style="text-align: center;"><u>Share Your Successes & Lessons Learned</u> on Health Information Technology Adoption with the Public Health Community in the next PHDSC Standard E-Newsletter Issue.</p> <p>Send your stories to Emily Van Oeveren at evanoeve@jhsph.edu for the next issue of our Newsletter by December 1, 2009</p>	<p style="text-align: center;"><u>PHDSC Members and HIT Adoption</u></p> <p style="text-align: center;">OZ Systems Awarded 5 Year Contract for Early Hearing Detection Program in Texas By Terese Finitzo, MD, PhD, OZ Systems</p> <p>On a competitive renewal, OZ Systems has been awarded the <i>Texas Early Hearing Detection and Intervention (TEHDI) Program</i> Contract beginning September 2009. OZ Systems has provided the web-based eSP™ information system as well as case management, support and training to hospitals, audiologists and providers in Texas for the state's 420,000 births since 2000. OZ Systems' services include providing an electronic referral for a baby with hearing loss to the appropriate Part C agency; thus improving the State's ability to connect an infant to needed intervention services and assisting the State with data reporting to CDC and HRSA.</p> <p>In 2009, the company introduced a web-based <i>Provider Access Tool</i> to allow medical home providers to access an electronic hearing health record on an infant assigned to them by their attending hospitals. The TEHDI Program is arguably the second largest hearing screening program in the</p>

world. England's NHS Programme with 600,000 births is the largest. That Programme also uses OZ Systems' eSP™.

Health Information Exchanges in Vermont

In July 2009, **Dr. Noam Arzt**, president and founder of HLN Consulting, LLC and PHDSC Board of Directors Member, participated as a speaker in the **HITSP "Health Information Exchange (HIEs) in the Real World"** webinar discussing the Vermont HIE.

Check out the **July 2009 webinar** proceedings at:
http://www.hitsp.org/archived_webinars_09.aspx

Register for the **next HITSP webinar** in the series at:
<http://www.hitsp.org/webinars.aspx>

National Health IT News

News from HIT Policy Committee on HHS Certification for Meaningful Use of Health IT By Emily Van Oeveren, PHDSC

In August 2009, the **HIT Policy Committee** (a Federal Advisory Committee) endorsed recommendations that The federal H IT Policy Committee today endorsed recommendations that would leave the Certification Commission for Health IT (CCHIT) in the short term as the sole organization authorized to certify HIT systems that qualified for funding under the economic stimulus plan. Certification of Electronic Health Record Systems that met federal criteria for "meaningful use" of HIT could start in October of this year.

Under the plan, CCHIT would provide a preliminary stamp of approval that H IT systems were HHS-qualified or certified until a final meaningful use regulation is published at the end of the year. This precursor to certification is intended to give providers and vendors enough assurance to go forward with planning, designing and buying systems in the year 2010.

Once meaningful use is put into effect in December, the Office of National Coordinator for Health IT (ONC) will set up a certification process that may involve other certification groups. The ONC will work with the National Institute for Standards and Technology (NIST) to determine the process.

Source: Government Health IT Newsletter/ Friday, August 14, 2009/
<http://www.govhealthit.com/newsitem.aspx?nid=71973>

For more information about the HIT Policy Committee, please visit
<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1269&parentname=CommunityPage&parentid=5&mode=2>

For information about **Meaningful Use** from the Office of National Coordinator for HIT (ONC), please visit
<http://healthit.hhs.gov/portal/server.pt?open=512&objID=1325&parentname=CommunityPage&parentid=1&mode=2>

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News from HIT Standards Committee on Recommended HIT Standards

By Anna Orlova, PhD

On Tuesday, September 15, the Office of National Coordinator for HIT (ONC) published in the Federal Register a document officially announcing recommendations of the **HIT Standards Committee** (a Federal Advisory Committee) for standardized performance measures on clinical quality; quality data reporting; messaging formats; vocabularies for semantic interoperability; and privacy and security standards on authentication, authorization, auditing and secure data transmission. The vast majority of recommended standards is based on the recommendations from the Health Information Technology Standards Panel (HITSP).

For more information about the Federal Register Notice, please visit <http://edocket.access.gpo.gov/2009/pdf/E9-22062.pdf>

For more information about HIT Standards Committee meeting held September 15, please visit the blog of Dr. John Halamka, Chair HITSP at <http://geekdoctor.blogspot.com/2009/09/latest-deliverables-from-hit-standards.html>

For more information about HIT Standards Committee, please visit <http://healthit.hhs.gov/portal/server.pt?open=512&objID=1271&parentname=CommunityPage&parentid=6&mode=2>

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HITECH Grant Program

For information about **HITECH Grant Programs** from the Office of National Coordinator for HIT (ONC), please visit http://healthit.hhs.gov/portal/server.pt?open=512&objID=1310&parentname=CommunityPage&parentid=8&mode=2&in_hi_userid=11113&cached=true

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