



The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

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[Register for the 2010 PHDSC Annual Business Meeting
Hyattsville, MD, November 3-4, 2010](#)

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Assuring HIT Standards for Public Health

By Anna Orlova

Participate in Testing of the PHDSC Web-based Tool on HIT Adoption

The Consortium has been working with local, state, and federal public health agencies, professional associations, academia, standards development, harmonization, testing and certification organizations, as well as others in the public and private sector, to establish a process of **Assuring Public Health a Strong, Coordinated, and Educated Voice in National Health Information Technology (HIT) standardization**. This has been done through the implementation of the Consortium's [Business Case on the Role of Public Health in HIT Standardization](#) which was released in early 2010.

The Consortium has been developing online tools and educational materials to support participation of public health representatives in HIT standardization activities. Our **Web-based Interactive Model on Business**

	<p>Case Implementation will serve as a web-based informational and educational resource for public health decision-makers and IT leaders, public health program leadership, public health practitioners, clinicians, and researchers. The Model is comprised of four Modules:</p> <ul style="list-style-type: none"> ▪ Module 1: HIT Adoption Stories ▪ Module 2: HIT Standards Resource Center ▪ Module 3: Public Health Needs for HIT Projects ▪ Module 4: Public Health Participation in HIT Standardization <p>The pilot testing of the Module 1: HIT Adoption Stories will begin on Monday, October 4, 2010. This Tool will give you the opportunity to search for public health IT products used to enable interoperability between clinical and public health information systems. Please look for our announcement to participate in the Module testing allowing us to better serve your needs in deploying standards-based interoperable health IT solutions.</p> <p>For more information about Assuring HIT Standards for Public Health project, please visit our project wiki: https://wiki.phdsc.org/index.php/CDC-CA_Project.</p> <p style="text-align: center;">Support for this project is provided by the CDC National Center for Health Marketing</p>
<p style="text-align: center;">Upcoming PHDSC Events</p> <p><u>September 29, 2010</u> 3-5pmET PHDSC EHR-PH Task Force meets to begin the Public Health Functional Profile Project</p> <p><u>October 4, 2010</u> PHDSC Members and Partners will speak at the HL7 Ambassador Program, 24th HL7 Plenary and Working Group Meeting, Cambridge, MA</p> <p><u>November 3-4, 2010</u> PHDSC Annual Business Meeting,</p>	<p style="text-align: center;">Public Health, HL7 and the Final Rule: Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology</p> <p>On Monday, October 4, 2010 the Health Level Seven (HL7) will present the HL7 Ambassador Program on how HL7 will be used to achieve Meaningful Use of Health IT for public health. The Program will also provide high-level tutorials on HL7's Clinical Document Architecture (CDA), Continuity of Care Document (CCD) and its Version 2 standards, which are named in the Final Rule.</p> <p>The program will be delivered by the panel of interoperability standard experts who has been PHDSC members or have been working in the various PHDSC projects. The topics will include:</p> <ul style="list-style-type: none"> ▪ HL7 and Meaningful Use, <i>Gora Datta, Chairman and CEO, CAL2CAL Corporation</i> ▪ HL7's CDA and CCD Standards, <i>Keith Boone, Lead Interoperability Systems Designer, GE Healthcare Integrated IT Solutions; Co-Chair, HL7 Clinical Document Architecture Work Group</i> ▪ HL7 Version 2 and Immunization, <i>Alean Kirnak, American Immunization Registry Association (AIRA); Co-Chair, HL7 Public Health and Emergency Response Work Group</i> ▪ HL7 Version 2 and Surveillance, <i>Anna Orlova, Executive Director, Public Health Data Standards Consortium and Lori Reed-Fourquet, e-HealthSign, LLC</i>

<p>Hyattsville, MD</p>	<ul style="list-style-type: none"> ▪ HL7 Version 2 and Electronic Lab Reporting, Austin Kreisler, HL7 Messaging Specialist, SAIC; Co-Chair, HL7 Orders & Observations Work Group; Co-Chair, HL7 Domain Experts Steering Division; Member, HL7 Technical Steering Committee. <p>Please join us at this session to discuss public health challenges and opportunities in adopting HIT standards.</p> <p>More information regarding this session can be found at http://www.hl7.org/events/boston102010/ambassador.asp</p>
<p style="text-align: center;">To Learn More about Health IT Standards and Standardization Process</p> <p style="text-align: center;">Visit HIT Standards pages on our website</p> <p style="text-align: center;">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.</p> <p style="text-align: center;">Send your stories to Susan Leslie at sleslie@phdsc.org for the next issue of our Quarterly Standard E-Newsletter</p>	<p style="text-align: center;">Health IT Testing Methods and Tools for Public Health</p> <p>The Consortium has been working at the Integrating the Healthcare Enterprise (IHE) to develop the Early Hearing Detection and Intervention (EHDI) Content Profile and the Maternal and Child Health (MCH) Content Profile. The EHDI Profile specifies work processes and data requirements for the early hearing screening and short-term care follow-up for children ages 0-3. The MCH Profile describes the content to populate state vital registration systems from the Electronic Health Record Systems (EHR-S) at the birthing facilities.</p> <p>We are currently in the process of recruiting EHR-S vendors, public health vendors and state public health agencies to participate in the testing of the interoperability standards described in the profiles at the major health IT industry testing forum - IHE Connectathon, Chicago IL, January 17-24, 2011. We anticipate demonstrating standards-based information exchanges for EHDI and MCH at the Health Information Management and Systems Society (HIMSS) Interoperability Showcase, Orlando FL, February 20-24, 2011.</p> <p>Based on the outcomes of testing our profiles at the IHE Connectathon and demonstrating these profiles at the HIMSS Interoperability Showcase we will develop a methodology for public health participation in testing and trial implementation of interoperable HIT standards. We believe that these efforts will assure the availability of robust HIT interoperability standards for these domains thus enabling both EHDI and MCH to become ready for the Stage 2 Meaningful Use of Health IT in 2013.</p> <p>Please register to test our profiles at the IHE Connectathon. The registration closes on October 8.</p> <p>For more information on the PHDSC-IHE EHDI Content Profile project, please visit our project wiki: https://wiki.phdsc.org/index.php/EHDI_Project.</p> <p>For more information on the PHDSC-IHE MCH Content Profile project, please visit our project wiki: https://wiki.phdsc.org/index.php/MCH</p> <p>Support for the EHDI project is provided by the CDC Centers for Birth Defects</p>

	<p style="text-align: center;">and Developmental Disabilities</p> <p style="text-align: center;">Support for MCH project is provided by the CDC National Center for Health Statistics</p>
<p>Visit our Web-site at www.phdsc.org</p> <p>The Consortium continues to develop and expand its website.</p> <p>We see our website as one of the primary means to disseminate information on Health IT standardization activities to our members and the community at large.</p> <p>Stay tuned for new content and some distinctive features in the near future.</p> <p>Please send comments about our Web-site to Susan Leslie at sleslie@phdsc.org</p>	<p style="text-align: center;">Towards HIT Certification for Public Health</p> <p>On September 29, 2010 the Consortium is launching a new initiative that will enable health IT certification for interoperability of EHR-S and public health information systems. The Public Health Functional Profile project will document public health functional requirements based on the HL7 EHR-S Functional Model Release 1.1.</p> <p>In May 2010, the Consortium's PHDSC Ad Hoc Task Force on Electronic Health Record - Public Health (EHR-PH) completed the re-evaluation of the HL7 EHR-S Functional Model Release 1.1 identifying two hundred ninety eight (298) revisions and addition to the Model from public health perspectives. The Final Report for this project is available at</p> <p>The new initiative is built upon the outcomes of the Model re-evaluation and will assist to begin harmonization of public health functional requirements across various public health programs (domains). One hundred eighteen (118) individuals are signed to date for participation in this effort. The project will be conducted through a series of the conference calls during September 2010 through may 2011 with the 1st call on September 29, 2010.</p> <p>In this project we will further work with the Early Hearing Detection and Intervention (EHDI) programs to develop a methodology for translating functional requirements into criteria for certifying EHR systems' interoperability with public health information systems. We believe that these efforts will enable certification process thus enabling EHDI as well as other public health programs readiness for the Stage 2 Meaningful Use of Health IT in 2013.</p> <p>Please join the PHDSC Task Force to develop Public Health Functional profile by sending e-mail to Alla Fridman at afidman@phdsc.org</p> <p>For more information, please visit project wiki pages at https://wiki.phdsc.org/index.php/EHR-PH_Project_Year3</p> <p style="text-align: center;">Support for this project is provided by the CDC National Center for Health Statistics</p>
<p style="text-align: center;">National Health IT News</p> <p style="text-align: center;">News from the National Uniform Billing Committee (NUBC), the National Uniform Claim Committee (NUCC) and ANSI X12 Committee</p> <p style="text-align: center;"><i>By Robert Davis</i></p>	

Public health representatives for both the NUBC and the NUCC continue to make their voices heard as evidenced by the UB-04 - a PUBLIC HEALTH FRIENDLY form. The UB-04 and the associated specifications document support many imperative data elements to public health reporting systems. Some of these include *Race & Ethnicity, Marital Status, Present on Admission Indicators, Payer Typology and Language Spoken.*

As part of the evolution of the UB-04 from previous UB's (UB-92 and UB-82) improvements have been made in the definition of terms. The work group in charge of developing changes to the *Source of Admission* variable to become the *Point of Origin* value set was chaired by Donna Pickett, National Center for Health Statistics, CDC. The new *Point of Origin* value set no longer has a category for a *Source of Admission* from the emergency department. This category was eliminated because it did not adequately categorize information about a patient's episode of care. There has been some conversation about the use of a new Condition Code, P7. This code is for a *Direct Inpatient Admission from Emergency Room.* This code was specifically approved by the NUBC for Public Health Reporting. This restriction on the use of the code has created some issues as reported from Arizona. The NUBC has discussed the implications of restricting the use of UB codes in their specification document. The fact that we have codes being assigned for public health purposes is a win for us. We have a lot of work ahead of us due to the fact that the use is restricted.

The Consortium members successfully participate in developing the American National Standards Institute (ANSI) X12 standard to support public health reporting needs. The two data elements named in the Meaningful Use of Health IT rule are *Race & Ethnicity* and *Language Spoken.* Both of those data elements are currently part of the ANSI X12 standard due to the efforts of the Consortium's public health representatives. To implement the Meaningful Use rules on healthcare quality measures will require changes to the ANSI X12 standard. The Consortium representatives will be working with ANSI X12 to add a reference to the International Classification of Functioning, Disability and Health (ICF), which is maintained by the World Health Organization (WHO). The Consortium representatives are also working with ANSI X12 to support the reporting of ICD-10-CM and ICD-10-PCS as well as the *Present on Admission Indicators.*

With the support from the CDC Cooperative Agreement, the Consortium's public health representatives will continue to inform public health community about the new developments at these standards development organizations. For example, the NUCC had preliminary discussions regarding how the next generation of professional claim forms should look like. Since there are state reporting systems being developed to ascertain information on the professional services being provided, changes to the professional services billing form is a topic of our interests. Stay tuned for more information on this NUCC initiative.

For more information about this project, please visit PHDSC wiki pages https://wiki.phdsc.org/index.php/HDS_D_Project_Year3.

Support for this project is provided by the CDC National Center for Health Statistics

Code Set Freeze for ICD-9-CM and ICD-10-CM/PCS Announced

By Lydia Washington

At the ICD-9-CM Coordination and Maintenance Committee meeting on September 15, the final decision for partially freezing the ICD-9-CM and ICD-10 (ICD-10-CM and ICD-10-PCS) code sets were announced. The partial freeze will be implemented as follows:

- The last regular, annual updates to both ICD-9-CM and ICD-10 code sets will be made on October 1, 2011.
- On October 1, 2012, there will be only limited code updates to both the ICD-9-CM and ICD-10 code sets to capture new technologies and diseases as required by section 503(a) of Pub. L. 108-173.
- On October 1, 2013, there will be only limited code updates to ICD-10 code sets to capture new technologies and diagnoses as required by section 503(a) of Pub. L. 108-173. There will be no updates to ICD-9-CM, as it will no longer be used for reporting.
- On October 1, 2014, regular updates to ICD-10 will begin.

The ICD-9-CM Coordination and Maintenance Committee will continue to meet twice a year during the partial freeze. During these meetings, the public will be asked to comment on whether or not requests for new diagnosis or procedure codes should be created based on the criteria of the need to capture a new technology or disease. Any code requests that do not meet the criteria will be evaluated for implementation on and after October 1, 2014, once the partial freeze has ended.

ONC presented the Standard and Interoperability Framework at the HIT Standards Committee

By Anna Orlova

The [Health IT Standards Committee](#) makes recommendations to the National Coordinator for HIT on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information.

On September 21, the Committee discussed the draft Standards and Interoperability (S&I) Framework developed by the Office of the National Coordinator for Health IT (ONC). The S&I Framework describes HIT standardization phases and entities that were contracted by ONC to carry out standardization activities. The S&I Framework had been first presented at the Committee meeting on August 30.

More information on the HIT Policy Committee Meetings can be found at

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1817&parentname=CommunityPage&parentid=28&mode=2&in_hi_userid=11673&cached=true

HIT Policy Committee began discussion on the Stage 2 and Stage 3 Meaningful Use of Health IT for Public Health

By Anna Orlova

The [Health IT Policy Committee](#) makes recommendations to the National Coordinator for Health IT on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information. The American Recovery and Reinvestment Act of 2009 (ARRA) provides that the HIT Policy Committee shall at least make recommendations on standards, implementation specifications, and certifications criteria for health IT

On September 22, the Committee's Meaningful Use Work Group discussed draft recommendations for Stage 2 Meaningful Use based on the CMS final rule; Work Group's public hearings, including the population health hearings held on July 29; Gretzky Group report; and public input. Recommendations will be presented on October 20 to the HIT Policy Committee. During November-December, the Committee will solicit public input through the Request for Information (RFI) followed by the Final Recommendations to be presented to the National Coordinator in the 2nd quarter of 2011.

More information on the HIT Policy Committee Meetings can be found at

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1814&parentname=CommunityPage&parentid=18&mode=2&in_hi_userid=11673&cached=true