



# The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

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## In this Issue:

1. Important Public Health Issues from the June ANSI ASC X12 Meeting
  - 1) Impact of Health Care Reform Bill on X12 Approved Implementation Guides
  - 2) Maintenance of X12 Standards and Implementation Guides
  - 3) Professional Services Reporting to Public Health Agencies
2. Assuring HIT Standards for Public Health
3. PHDSC Activities at Integrating the Healthcare Enterprise (IHE)
  - 1) Early Hearing Detection & Intervention Content Profile
  - 2) Diabetes Care Management and Surveillance White Paper
4. Re-Evaluation of HL7 EHR-S Functional Model from Public Health Perspectives
5. University-based Training in Health IT and Informatics: Serving Public Health Community
6. Member News:
  - 1) Minnesota Guide to Standards Recommended to Achieve Interoperability
  - 2) Atlas Public Health Demonstrates EMR-to-Public Health Automated Disease Reporting Solution Coast to Coast in June 2010
  - 3) Patient Immunization Discussion Tool in Google Health
7. National Health IT News:
  - 1) ONC Launches Health IT Certification Program
  - 2) CMS Launches EHR Incentive Program Website
  - 3) Enrollment Workgroup of the Health IT Policy and Standards Committees

**The Consortium  
welcomes our new  
member:**

**Greenway Medical  
Technologies**

## **Important Public Health Issues from the June ANSI ASC X12 Meeting**

*By Robert Davis*

### **Impact of Health Care Reform Bill on X12 Approved Implementation Guides**

There is language in the Health Care Reform bill that is intended to further define and refine health care transactions. X12 management is assessing whether this would impact the next Health Information Portability and Accountability Act (HIPAA) version (5010) or any future versions of X12 implementation guides. Since it is a long standing belief that developing reporting mechanisms which are compatible with HIPAA mandated transactions reduces data collection burdens on the provider communities, any changes in HIPAA mandated implementation guides are closely monitored for impacts in the Health Care Service Data Reporting

	<p>Guide (HCSDRG). The HCSDRG is an ANSI ASC X12 approved implementation guide designed to support some of the basic public health reporting needs. We will keep you posted on X12's assessment.</p>
<p><b>Upcoming PHDSC Events</b></p> <p><u>July 8, 2010</u> Data Standards Committee Conference Call</p> <p><u>July 13, 2010</u> "Service Oriented Architecture (SOA) for Public Health"</p> <p>PHDSC and NAPHIT session at the "SOA in Healthcare: Improving Health through Technology" Conference, July 12-14, 2010 Westin Arlington Gateway, in Arlington, VA USA.</p>	<p><b>Maintenance of X12 Standards and Implementation Guides</b></p> <p>There has been a discussion to make the implementation guides named in the HIPAA legislation ready for adoption in 2012. This includes fixing typographical errors and making necessary clarifications in the X12 approved implementation guides that will become the next HIPAA version in two years. Consortium members should be proud that many enhancements added for public health reporting purposes are now important components of the HIPAA requirements. Below are the changes to be included in the HIPAA compatible version of the Health Care Service Data Reporting Guide (HCSDRG, the 5010 Version) as well as what is being worked on for the next iteration of the HCSDRG (the 6020 Version).</p> <p><u>Reporting Guide Changes in 5010</u></p> <ul style="list-style-type: none"> <li>- Support for reporting ICD-10-CM and ICD-10-PCS</li> <li>- Support for reporting "Present on Admission" Indicator</li> <li>- Support for reporting up to "12 External Cause of Injury Codes"</li> <li>- Support for reporting "Race and Ethnicity Codes"</li> </ul> <p><u>Reporting Guide Changes in 6020</u></p> <ul style="list-style-type: none"> <li>- The "Source of Payment Typology" will be supported</li> <li>- The "Present on Admission" Indicator will be improved</li> <li>- The Patient's "Preferred Language" will be supported</li> </ul> <p>We would like to acknowledge <b>Ginger Cox</b> from <i>California's Office of Statewide Health Planning and Development</i> for her tireless contributions in maintaining and enhancing the Health Care Service Data Reporting Guide as well as her work on the National Uniform Billing Committee.</p> <p>Public health input and support for including the necessary data elements to meet the needs of public health reporting is critical. We would like to thank Consortium members for their help in maintaining X12 standards necessary for more accurate public health reporting. We also look forward for the broader public health participation in the future PHDSC work on maintaining the Health Care Service Data Reporting Guide.</p>
<p><b>To Learn More about Health IT Standards and Standardization Process</b></p> <p><b>Visit</b></p>	<p><b>Professional Services Reporting to Public Health Agencies</b></p> <p>There was also discussion on ways to improve the standards for reporting professional services. There are currently no approved X12 standards for reporting professional services to public health agencies. The advent of All Payer Claims Databases is providing a structure for obtaining this data, but there is still a need to develop appropriate standards that would be acceptable across the country. Public health input and support for this next</p>

<p><b><a href="#">HIT Standards</a> pages on our website</b></p>	<p>enhancement will be critical for future progress made in this area.</p>
<p><b>Share Your Successes &amp; Lessons Learned</b> with the Public Health Community on Health Information Technology Adoption and Participation in Health Information Technology Standardization Activities in the next PHDSC Standard E-Newsletter Issue.</p> <p><b>Send your stories</b> to <b>Karina Mandell</b> at <a href="mailto:kmandell@jhsph.edu">kmandell@jhsph.edu</a> for the next issue of our Quarterly Standard E-Newsletter</p>	<p style="text-align: center;"><b>Assuring HIT Standards for Public Health</b> <i>By Anna Orlova</i></p> <p>The Consortium has been working with local, state, and federal public health agencies, professional associations, academia, standards development, harmonization and certification organizations, as well as others in the public and private sector, to establish a process of <b>Assuring Public Health a Strong, Coordinated, and Educated Voice in National Health Information Technology (HIT) standardization</b>. This has been done through the implementation of the Consortium's <a href="#">Business Case on the Role of Public Health in HIT Standardization</a> released in early 2010.</p> <p>The Consortium has been developing online tools and educational materials to support participation of public health representatives in HIT standardization activities. Our <b>Web-based Interactive Model on Business Case Implementation</b> 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"> <li>▪ <b>Module 1:</b> HIT Adoption Stories</li> <li>▪ <b>Module 2:</b> <a href="#">HIT Standards Resource Center</a></li> <li>▪ <b>Module 3:</b> Public Health Needs for HIT Projects</li> <li>▪ <b>Module 4:</b> Public Health Participation in HIT Standardization</li> </ul> <p>For more information about Assuring HIT Standards for Public Health project, please visit our project wiki: <a href="https://wiki.phdsc.org/index.php/CDC-CA_Project">https://wiki.phdsc.org/index.php/CDC-CA_Project</a>.</p> <p>Support for the project is provided by the CDC Center for Health Marketing.</p>
<p><b>Visit our Web-site at <a href="http://www.phdsc.org">www.phdsc.org</a></b></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</p>	<p style="text-align: center;"><b>PHDSC Activities at IHE:</b> <b>Early Hearing Detection &amp; Intervention Content Profile</b> <i>By Anna Orlova</i></p> <p>On June 6, the Consortium had published for public comments, a new Content Profile entitled <b>Early Hearing Detection and Intervention (EHDI)</b> at the Integrating the Healthcare Enterprise (<a href="#">IHE</a>). This Profile specifies work processes and data requirements for the early hearing screening and short-term care follow-up for children ages 0-3. It is built upon the 2009 <a href="#">IHE Newborn Screening White Paper</a> developed by the Consortium with the support from the Health Resources and Services Administration (HRSA).</p> <p>The Consortium project team participated in the webinar <b>Health IT Interoperability Standards for EHDI: Addressing State EHDI Program Needs</b> on May 27, 2010 organized by the Centers for Disease Control and</p>

content and some distinctive features in the near future.

**Please send comments about our Web-site to Karina Mandell at [kmandell@jhsph.edu](mailto:kmandell@jhsph.edu)**

Preventions (CDC) to present the Profile to the state EHDl program representatives and invite them to participate in the public review of the Profile.

The Profile has been also presented at the *International Hearing Screening Conference* in Como, Italy, June 7-10, 2010.

This Profile will serve as a basis for the development of tools and methods for testing interoperability between clinical Electronic Health Record Systems (EHR-S) and public health EHDl systems. We anticipate demonstrating electronic health information exchanges for EHDl at the IHE Connectathon in January 2011 and Health Information Management and Systems Society (HIMSS) Interoperability Showcase in March 2011.

***Please participate in the public review of the EHDl profile.*** The comment period closes **July 6**.

The document is available at:

[http://www.ihe.net/Technical\\_Framework/upload/IHE\\_QRPH\\_TF\\_Supplement\\_EHDl\\_Profile\\_PC\\_2010\\_06\\_04.pdf](http://www.ihe.net/Technical_Framework/upload/IHE_QRPH_TF_Supplement_EHDl_Profile_PC_2010_06_04.pdf) . Comments should be submitted to the online forums at <http://forums.rsna.org/forumdisplay.php?f=371>.

For more information on the IHE EHDl Content Profile project, please visit our project wiki: [https://wiki.phdsc.org/index.php/EHDl\\_Project](https://wiki.phdsc.org/index.php/EHDl_Project).

Support for this project is provided by the CDC Centers for Birth Defects and Developmental Disabilities.

### **Diabetes Care Management and Surveillance White Paper**

*By Anna Orlova*

On June 11, the Consortium had published for public comments, a new white paper entitled *Knowledge Representation in Chronic Care Management: Diabetes Care and Surveillance* at Integrating the Healthcare Enterprise (IHE). This White Paper describes an approach of using standardized queries to define data sets and value sets to support care management, disease surveillance and quality reporting using examples of diabetes care (glycemic control and cholesterol control use cases).

***Please participate in the public review of the Diabetes White Paper.*** The comment period closes **July 11**.

The document is available at:

[http://www.ihe.net/Technical\\_Framework/public\\_comment.cfm](http://www.ihe.net/Technical_Framework/public_comment.cfm). Comments should be submitted to the online forums at <http://forums.rsna.org/forumdisplay.php?f=371>.

Support for this project was provided by the Health Resources and Services Administration (HRSA).

## Re-Evaluation of HL7 EHR-S Functional Model from Public Health Perspectives

*By Anna Orlova*

In 2003-2004, the Consortium participated in the validation of the original Health Level Seven (HL7) Electronic Health Record Systems (EHR-S) Functional Model. This validation was conducted by members of the [PHDSC Ad Hoc Task Force on Electronic Health Record - Public Health \(EHR-PH\)](#). Since 2004, there have been enhancements to the Functional Model and thus, the PHDSC Ad Hoc Task Force on EHR-PH was re-launched in January 2010 with the ***goal of re-evaluating the ISO-approved HL7 EHR-S Functional Model Release 1.1*** to assure public health perspectives from the federal, state, and local agencies, and public health research community are met in the Model.

Ninety two (92) individuals ranging from local, state and federal public health agencies, healthcare organizations, professional associations, schools of public health, HIT vendors, private sector, and individuals interested in public health, have volunteered to participate on the Task Force.

The Task Force participants suggested 284 revisions and additions to the Model that has been included by the HL7 EHR Working Group in the Model Release 2.0 Ballot.

On May 26, the Consortium organized a webinar to describe the re-evaluation outcomes to the broader public health community.

This work serves as a basis for a new Consortium project on developing a methodology for defining certification criteria for interoperable clinical EHR-Ss and public health information systems.

For more information on the Re-Evaluation of HL7 EHR-S Functional Model from Public Health Perspectives, please visit:

[http://www.phdsc.org/health\\_info/ehr-task-force.asp](http://www.phdsc.org/health_info/ehr-task-force.asp)

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

## University-Based Training in Health IT and Informatics: Serving Public Health Community

By Anna Orlova

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The *Johns Hopkins Division of Health Sciences Informatics (DHSI)* was awarded the three-year grant from the Office of National Coordinator for Health IT (ONC) to develop university-based training program to rapidly and sustainably increase the availability of individuals qualified to serve in specific health IT professional roles. The Johns Hopkins DHSI will expand existing informatics training programs to provide training for the following six roles:

1. Clinician/Public Health Leader
2. Health Information Management and Exchange Specialist
3. Health Information Privacy and Security Specialist
4. Research and Development Scientist
5. Programmers and Software Engineer
6. Health IT Sub-specialist

The Consortium is partnering with the Johns Hopkins to develop the public health informatics component of the training. Please look for our future announcements about the program.

### Member News:

#### Minnesota Guide to Standards Recommended to Achieve Interoperability: Updated for 2010

By Priya Rajamani and Marty LaVenture

The *Minnesota e-Health Standards Guide* is updated for 2010. It was developed to provide practical support to those having to meet requirements on standards related to meaningful use and Minnesota's 2015 interoperable EHR mandate, as well as to achieve the Minnesota e-Health Initiative goals of improving care and supporting healthier communities.

The Minnesota Department of Health coordinates the Minnesota e-Health Initiative Standards Workgroup, which is charged with identifying, monitoring and recommending specific standards for sharing and synchronizing patient data across interoperable electronic health record systems and across the continuum of care. The workgroup consists of industry experts who follow a detailed process for recommending statewide adoption and use of specific types and versions of standards based on Minnesota needs and industry readiness which are outlined in the Guide.

The Initiative has defined interoperability for purposes of Minnesota's 2015 mandate as follows: Interoperability of Electronic Health Records Systems in Minnesota means the ability of two or more EHR-Ss or components of EHR-S to exchange information electronically, securely, accurately and verifiably, when and where needed. It is comprised of "technical," "semantic" and "process" interoperability: and the information exchanged includes transactions and standards as defined by the Minnesota Commissioner of Health.

The guide has been updated recently and the current version (2010 update) will be available online

from June 18<sup>th</sup> at MN e-Health web site at <http://www.health.state.mn.us/e-health/standards/index.html> . For more information and/or to provide feedback, please contact Priya Rajamani at [Priya.rajamani@state.mn.us](mailto:Priya.rajamani@state.mn.us)

### **Atlas Public Health Demonstrates EMR-to-Public Health Automated Disease Reporting Solution Coast to Coast in June 2010**

*By Mark Marostica*

**Atlas Public Health** generated a lot of excitement at the recent Council of State and Territorial Epidemiologists (CSTE) Annual Conference (held June 6-10 in Portland, OR). During the conference, Atlas Public Health highlighted the Company's solution that enables state and local public health departments to receive reportable and syndrome data directly from a hospital's EMR/EHR systems. Atlas technology makes it easier for public health officials to receive crucial disease data, while allowing the hospitals to comply with "Meaningful Use" requirements so that they may be eligible to receive federal funds. In addition, Atlas' software enables health departments to establish an Electronic Laboratory Reporting Network, and the Atlas Guardian application facilitates surveillance and reporting of Hospital-Associated Infections (HAI). For more information and/or to provide feedback, please contact Mark Marostica at [mmarostica@atlasph.com](mailto:mmarostica@atlasph.com)

### **Patient Immunization Decision Support Tool in Google Health**

*By Alean Kirnak*

A patient version of the immunization decision functionality supported by immunization registries is now available via **Google Health**. Immunization registries typically include a "vaccine forecast", which considers the patient immunization history and suggests next due vaccines. Vaccine forecasts are used in generating lists of patients that public health can send vaccine reminders to.

With the Google Health version, patients can now remind themselves of when their vaccines might be due. Additionally the service is able to take into consideration all elements of the Personal Health Record. For example, if the patient is taking a medication such as Prednisone that could lead to a weakened immune system – an important consideration when taking vaccines - the service will flag this for the user.

The service makes use of the Continuity of Care Record data standard. To view the patient-available version of the vaccine forecast, go to "Explore Health Services" then "Explore Personalized Tools", or to [www.izaware.com](http://www.izaware.com).

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## **National Health IT News**

### **ONC Launches Health IT Certification Program**

*By Mary Mosquera*

The Office of the National Coordinator will be launching soon its Health IT certification program to make available applications for organizations that want to apply to become testers and certifiers of electronic health records.

ONC released its final rule last week for its "temporary" certification program, which lays out steps

organizations must take to be authorized by ONC to test and certify EHRs. The temporary program is designed to enable health IT vendors to have the products and services certified in time for providers to meet looming 2011 deadlines for qualifying for first stage meaningful use requirements.

Source: Government Health IT. URL: <http://www.govhealthit.com/newsitem.aspx?nid=74033>

### **CMS Launches EHR Incentive Program Website**

The Centers for Medicare & Medicaid Services (CMS) has launched the official website for the Medicare & Medicaid Electronic Health Record incentive programs. This website provides the most up-to-date, detailed information about the EHR incentive programs.

The Medicare & Medicaid EHR incentive programs will provide incentive payments to eligible professionals and hospitals as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. Visit the CMS EHR incentive program [website](#) to learn about eligibility for the programs, how to register, meaningful use, upcoming EHR training and events, and much more.

### **Enrollment Workgroup of the Health IT Policy and Standards Committees**

The newly formed *Enrollment Workgroup of the Health IT Policy and Standards Committees* has begun the discussion of how to bring eligibility determination and enrollment in health and human services programs into the 21<sup>st</sup> century.

The eligibility and enrollment system will make applying for health insurance and other human service programs as easy as using the Internet to pay bills or file income taxes. It should be possible to apply for programs online, easily obtain the documents and information needed to confirm eligibility, re-use this information to apply for a variety of other programs, and re-certify eligibility when the time comes. The Workgroup is looking for the examples, insights and best practices that will make this effort successful.

As background, the *Enrollment Workgroup*, authorized by the Affordable Care Act (ACA), has been tasked to recommend a set of standards to facilitate enrollment in federal and state health and human services programs, including standards for:

- Electronic matching across state and federal data
- Retrieval and submission of electronic documentation for verification
- Re-use of eligibility information
- Capability for individuals to maintain eligibility information online
- Notification of eligibility

The Workgroup is eliciting public comments via the Federal Advisory Committee Act (FACA) Blog below or via e-mail to [judy.sparrow@hhs.gov](mailto:judy.sparrow@hhs.gov) (use “enrollment workgroup” in header) until **July 1<sup>st</sup>**. More information about the Workgroup meeting is available at [June 14<sup>th</sup> Enrollment Workgroup’s first meeting and public hearing](#).

Source: Federal Advisory Committee Act Blog. URL: <http://healthit.hhs.gov/blog/faca/index.php/2010/06/21/enrollment-workgroup-solicits-your-help-with-information-on-moving-government-into-the-21st-century/>