

Local Health Departments, Electronic Health Records, Meaningful Use, and Health Information Exchange

While it may seem that meaningful use is something that local health departments don't have to worry about, nothing could be further from the truth.

As hospitals, private providers, community health centers and everyone else in the health system in the United States is moving forward to comply with meaningful use requirements, local health departments seem to be comfortable sitting on the sidelines as more or less interested observers.

It may be because local health departments feel that they don't need to worry about complying with meaningful use if they don't operate clinical programs.

It may be because even though other health providers have to comply with meaningful use requirements including the ability to transmit certain information to public health authorities, local health departments aren't, at this point, required to be able to receive that information.

Particularly in these difficult economic times local health departments are not looking for additional responsibilities.

However, it is important that local health departments take meaningful use seriously for some very important reasons;

1. Local health departments need to be able to get access to the information that will be contained in electronic health records and available through health information exchanges.
2. Local health departments could be left behind by the rest of the health system when local health departments are consistently technically unable to receive the electronic information required to be transmitted by those other health system participants.
3. Local health departments could be left out of future standards and requirements related to health information technology if they can be characterized as barriers to other members of the health system who are otherwise able to comply with meaningful use requirements.

In order to be relevant in the emerging world of health information technology, local health departments need to consider the following actions;

1. Identify and install an electronic health record that meets meaningful use requirements. Cal REDIE system for electronic disease reporting and the Immunization Registry are working on interfaces with electronic health records and health information exchanges but this will may not offer a complete solution. Even if your local health department isn't involved in the delivery of clinical services having an electronic health record will allow you to track contacts with people, who use, or come in contact with, your services, (during disasters or health emergencies, for instance), on a platform that meets industry standards and requirements. It is important to note that an electronic health record is your ticket to the health information exchange game.

2. Become listed in the states provider registry. This is another way to be part of the game. It will be important for local health department physicians to be listed in the states provider registry as a "trusted entity".
3. Attempt to "piggyback" with providers in your community who are receiving services from a Regional Extension Center, (REC). Although local health departments are not one of the targeted entities that REC's must support there is no harm in trying to "piggyback" with community clinics and other targeted providers to receive assistance from the REC in your area. The REC's are also negotiating favorable rates with HER vendors.
4. Get involved with your local/regional health information exchange. Currently most of the state of California has identified a local or regional health information exchange entity. If, you haven't already, now is the time to join and support your local health information exchange effort.
5. Develop collaborations on a regional and/or statewide basis to assert the needs of local health departments in California's health information technology initiatives.

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