

SUPPORT TO LOCAL HEALTH DEPARTMENTS FOR ACCESS TO PUBLIC HEALTH MEANINGFUL USE DATA



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Health Information and Strategic Planning

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Agenda

- 1) Overview of EHR Incentive Program
- 2) CDPH eHealth Website
- 3) Meaningful Use Timelines
- 4) Attestation to Demonstrate Meaningful Use
- 5) CDPH Activities for Immunization, Laboratory, and Syndromic Surveillance Reporting
- 6) Next Steps for LHDs

Federal Law and Regulations

American Recovery and Reinvestment Act of 2009 (ARRA),
Health Information Technology for Economic and Clinical
Health Act (HITECH)

- Centers for Medicare and Medicaid Services Final Rules for the Electronic Health Records (EHR) Incentive Program – July 2010
- Office of National Coordinator Final Rules for EHR Certification Standards and Specifications – July 2010



What is Meaningful Use (MU)?

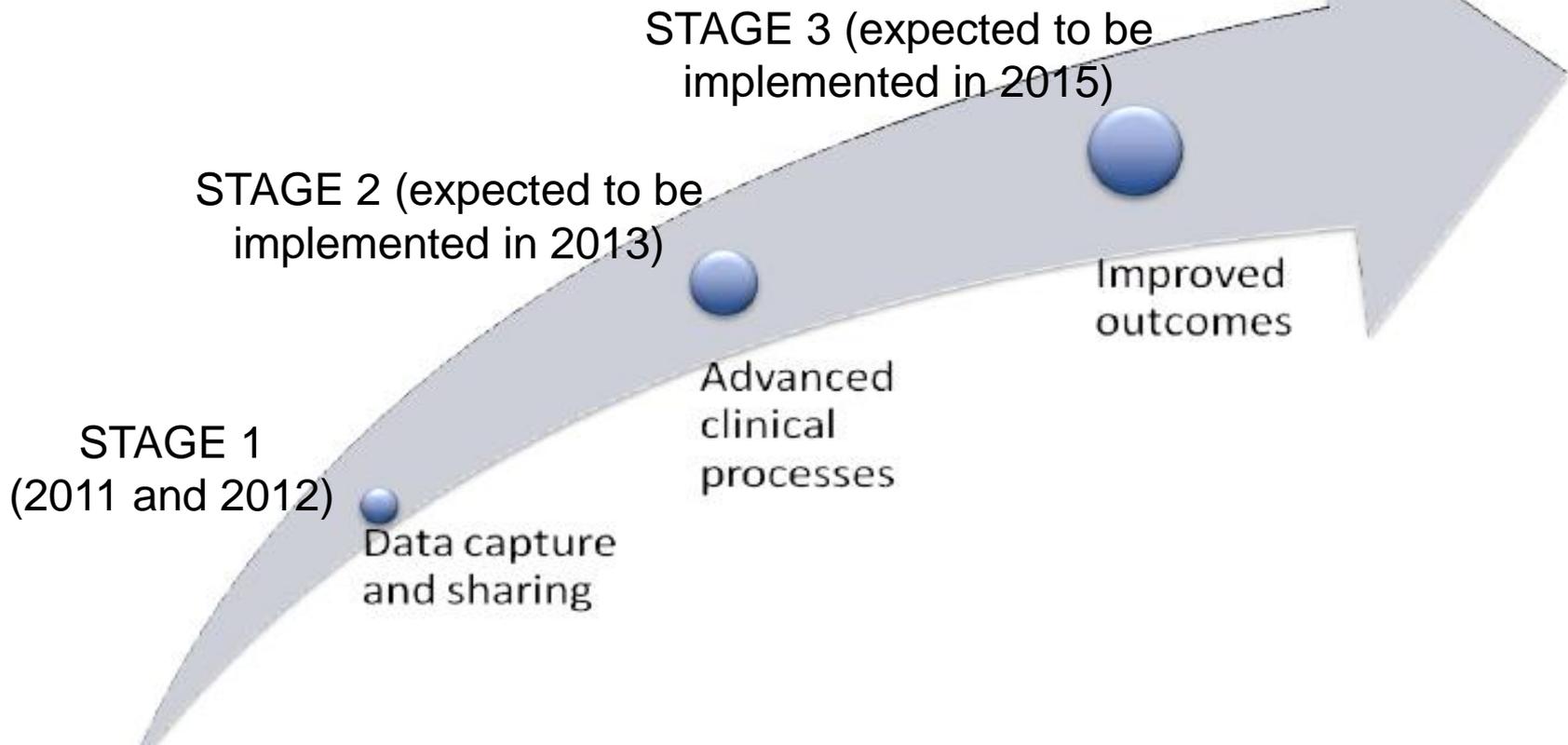
- Five Health Outcomes Priority and Policy Areas
- Meaningful Use is using certified EHR technology to:
 - Improve quality, safety, efficiency, and reduce health disparities
 - Engage patients and families in their health care
 - Improve care coordination
 - **Improve population and public health**
 - All the while maintaining privacy and security



EHR Incentive Program



A Conceptual Approach to Meaningful Use



Meaningful Use Timelines

- For Stage 1 First Year Meaningful Use
 - CMS important dates: <https://www.cms.gov/ehrincentiveprograms/>
- 90-day Reporting Period to Demonstrate Meaningful Use :
 - Oct. 1, 2010 – Sep. 30, 2011 Reporting year for eligible hospitals and critical access hospitals (CAHs).
 - Jan. 1, 2011 – Dec. 31, 2011 Reporting year begins for eligible professionals.
- Attestation Period:
 - Apr. 18, 2011 – Begins for the Medicare EHR Incentive Program.
 - Start date to be determined for Medical EHR Incentive Program.
 - Nov. 30, 2011 – Last day for hospitals to register and attest.
 - Feb. 29, 2012 – Last day for eligible professionals to register and attest.

Meaningful Use: Public Health Objectives

To improve public and population health:

- All EPs and hospitals must choose at least one of the population and public health measures to demonstrate as part of the Menu Set
- Eligible Providers – must choose reporting to immunization information systems or reporting syndromic surveillance to public health
- Eligible Hospitals and CAHs – must choose reporting to immunization information systems, reporting lab results to public health or reporting syndromic surveillance to public health



CDPH Efforts to Meet Meaningful Use

- Update stakeholders of public health readiness to meet MU
- Assess intradepartmental programs and local public health for MU capacity and impact
- Implement strategies to meet MU
- Participate in State HIE initiative
- Stay informed of federal HIE/MU initiatives (CDC, ONC, and CMS)
- Participate in national work groups and provide comments to new federal regulations that impact Public Health



CDPH eHealth Website

<http://www.cdph.ca.gov/data/informatics/Pages/eHealth.aspx>

- Represents CDPH response to request for information from stakeholders (providers, hospitals, vendors, etc...)
- Provides information about:
 - Meaningful Use Objectives
 - Public Health Capacity at CDPH and LHDs
 - California HIE landscape
- Meaningful Use Objectives posted to date:
 - Immunization
 - Laboratory Reporting
 - Syndromic Surveillance
- More web pages to be developed that will include objectives and clinical quality measures with public health impact

New Updates to CDPH eHealth Website

<http://www.cdph.ca.gov/data/informatics/Pages/eHealth.aspx>

- A list of each LHDs' capacity to receive electronic immunization, lab, and syndromic surveillance data
- A GIS mapping of LHD capacity for each public health objective
- Resource to test lab and immunization messages from the Center for Disease Control PHIN Message Quality Framework (MQF) <https://phinmqf.cdc.gov/>
- Attestation information for Medicare and Medi-Cal
- Additional links to resources and FAQs from CDC, CMS, ONC and ASTHO



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eHealth in Public Health

On July 28, 2010, the Centers for Medicare and Medicaid Services (CMS) released their final rule for the Electronic Health Record (EHR) Incentive Program as a complement to the final rule on standards and certification released by the Office of National Coordinator for Health Information Technology (ONC).

As part of the Health Information Technology for Economic and Clinical Health Act of 2009, or the "HITECH Act," these final rules provide authority to establish programs to improve health care quality, safety, and efficiency of patient care through the promotion and meaningful use of health information technology (HIT), including qualified electronic health records (EHRs) and private and secure electronic health information exchange.

Meaningful Use of Health Information Technology (HIT)

Under the EHR Incentive Program, eligible providers and hospitals receive incentive payments for Stage 1 (in years 2011 and 2012) when they have shown that they are able to implement certified EHR technology and/or have demonstrated "meaningful use."

ONC Standards and Certification

EHR technology adopted by eligible providers and hospitals will need to include the required standards, implementation specifications and certification criteria established by ONC to achieve meaningful use in Stage 1.

ONC Resources

- [The Office of National Coordinator for Health Information Technology](#)
- [Centers for Medicare and Medicaid- EHR Incentive Program](#)
- [Final Rule on Meaningful Use \(PDF\)](#)
- [Final Rule on Standards & Certification \(PDF\)](#)

Meaningful Use Objectives and Measures

On This Page[Meaningful Use of HIT](#)[ONC Standards & Cert](#)[Objectives & Measures](#)[Privacy & Security](#)[California eHealth Initia](#)[National eHealth Supp](#)[Grants & Funding](#)

Capability to Submit Electronic Laboratory Results to Public Health Agencies

Meaningful Use Requirements - Objectives and Measures

Eligible providers may choose at least one of two public health objectives and measures from a menu set to meet the meaningful use requirements in Stage 1. These objectives include submitting electronic immunization information to immunization registries or immunization information systems, and/or submitting electronic syndromic surveillance data to public health agencies. Eligible hospitals must also choose at least one public health objective from the menu set which includes the two objectives previously listed and/or submitting electronic laboratory results to public health agencies. See [eHealth in Public Health](#) for more information about meaningful use.

Stage 1 Menu Set Objective for Eligible Hospitals or Critical Access Hospitals (CAHs) to Submit Lab Results

Centers for Medicare and Medicaid Services Final Rules EHR Incentive 495.6(g)(9), Paragraph Citation 75 FR Page 44570 (Also see [CMS Final Rules for the EHR Incentive Program](#)).

Objective: Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission according to applicable law and practice.

Measure: Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information has the capacity to receive the information electronically).

Exclusion for Eligible Hospitals and CAHs: Exclusion in accordance with paragraph (b)(2) of this section. No public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically.

Office of National Coordinator Final Rules Health Information Technology Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology ([75 FR 44590](#))

Summary of Laboratory Reporting Standards, Implementation Specifications and Certification Criteria

| Certification Criterion | Electronic Health Record (EHR) Technology: | | |
|---|--|---|------------------------------------|
| | | Content Exchange Standards and Implementation Specifications | Message Vocabulary |
| Final Rule Text: § 170.306(g). Reportable lab results. Electronically record, modify, retrieve, and submit reportable clinical lab results in accordance with the standard (and applicable implementation specifications) specified in § 170.205(c) and, at a minimum, the version of the standard specified in § 170.207(c). | HL7 2.5.1 | HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (Available for purchase at www.HL7.org) | LOINC version 2.27 |

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» California Health and Human Services Agency

» Department of Health Care Services (includes Medi-Cal)

» State Agencies Directory

eHealth Links to Web Page for Lab Reporting Capacity

- List showing the capacity of each local health department to receive lab results
- Document available for download by EPs, EHs or CAHs for auditing purposes
- Will be updated continually as public health increases capacity



CALIFORNIA PUBLIC HEALTH CAPACITY TO RECEIVE REPORTABLE ELECTRONIC LAB RESULTS

APRIL 27, 2011



| # | Agency/Jurisdiction | Capacity to receive electronic lab results from hospital Electronic Health Records (EHR) systems* pursuant to the standards and certification criteria set by the Office of National Coordinator** (ONC) and Meaningful Use objectives and measures set by the Centers for Medicare and Medicaid Services EHR Incentive Program***: |
|----|--|---|
| 1 | California Department of Public Health | No |
| 2 | Alameda | No |
| 3 | Alpine | No |
| 4 | Amador | No |
| 5 | Berkeley City | No |
| 6 | Butte | No |
| 7 | Calaveras | No |
| 8 | Colusa | Please contact the Local Health Department in Colusa County. |
| 9 | Contra Costa | No |
| 10 | Del Norte | Please contact the Local Health Department in Del Norte County. |
| 11 | El Dorado | No |
| 12 | Fresno | No |
| 13 | Glenn | No |
| 14 | Humboldt | No |
| 15 | Imperial | Please contact the Local Health Department in Imperial County. |
| 16 | Inyo | Please contact the Local Health Department in Inyo County. |
| 17 | Kern | No |
| 18 | Kings | No |
| 19 | Lake | No |
| 20 | Lassen | Please contact the Local Health Department in Lassen County. |
| 21 | Long Beach City | No |
| 22 | Los Angeles | No |
| 23 | Madera | Please contact the Local Health Department in Madera County. |
| 24 | Marin | No |
| 25 | Mariposa | Please contact the Local Health Department in Mariposa County. |
| 26 | Mendocino | Please contact the Local Health Department in Mendocino County. |
| 27 | Merced | No |
| 28 | Modoc | Please contact the Local Health Department in Modoc County. |
| 29 | Mono | No |
| 30 | Monterey | No |
| 31 | Napa | No |
| 32 | Nevada | No |
| 33 | Orange | No |
| 34 | Pasadena City | Please contact the Local Health Department in Pasadena City. |
| 35 | Placer | No |
| 36 | Plumas | No |
| 37 | Riverside | Please contact the Local Health Department in Riverside County. |



eHealth Links to Web Page for Lab Reporting Capacity

- GIS map showing the capacity of each local health department to receive lab results
- Map provides visual presentation of the list (in previous slide)
- Map will be updated continually as public health capacity increases



CALIFORNIA PUBLIC HEALTH CAPACITY TO RECEIVE REPORTABLE ELECTRONIC LAB RESULTS

APRIL 27, 2011



EHR Incentive Program Attestation Process

- Medicare eligible professionals (EPs), hospitals and CAHs will have to demonstrate Meaningful Use through CMS' web-based [Registration and Attestation System](#)
- Attest by selecting the checkbox to the public health objective of choice
- Documentation needed for CMS audits:

“All providers attesting to receive an EHR incentive payment for either Medicare or Medicaid EHR Incentive Programs should retain ALL relevant supporting documentation (in either paper or electronic format used in the completion of the Attestation Module responses). Documentation to support the attestation should be retained for six years post-attestation.”

EHR Incentive Program Attestation Process Cont.

- CDPH eHealth Web Page provides lists with LHDs' capacity to accept electronic data which may be used as documentation for attestation
- EPs and hospitals may contact LHDs that do not have capacity represented on CDPH eHealth web site
- Please send updates to Van Vu at Van.Vu@cdph.ca.gov to represent the most current information
- For more info on CMS Medicare Attestation go to: http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp#TopOfPage

Public Health Objective: Immunization Reporting

| Public Health Menu Set Objective | Measure for Eligible Provider or Hospital to Receive Incentive | Electronic Health Record (EHR) Technology: | |
|--|--|--|--|
| | | Messaging Standard and Implementation Guide | Message Vocabulary |
| <p>Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice. (eligible providers and hospitals)</p> | <p>Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically)</p> | <p>HL7 2.3.1</p> | <p>Implementation Guide for Immunization Data Transactions using Version 2.3.1 of the Health Level Seven (HL7) Standard Protocol Implementation Guide Version 2.2</p> <p>http://www.cdc.gov/vaccines/programs/iis/stds/downloads/hl7guide.pdf</p> |
| | | <p>HL7 2.5.1</p> | <p>HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (CDC and AIRA)</p> <p>http://www.cdc.gov/vaccines/programs/iis/stds/downloads/hl7-guide2010-508.pdf</p> |
| | | <p>CVX (http://www.cdc.gov/vaccines/programs/iis/stds/downloads/hl7-cvx.pdf)</p> | |

Current Activities to Address Immunization Reporting Measure

- CDPH partnered with CCLHO, DHCS, CHHS and Cal eConnect to develop planning documents for state level immunization registry
- Solicited feedback for four alternatives to improve interoperability between all CAIR regions
- Next steps:
 - Planning documents must move through the state budget and approval processes
 - Earliest potential start date for state immunization registry project is Fall 2012
 - Continue to evaluate ways for EPs, EHs, and CAHs to deliver information to Public Health in the interim



Public Health Objective: Laboratory Reporting

| Public Health Menu Set Objective | Measure for Eligible Provider or Hospital to Receive Incentive | Electronic Health Record (EHR) Technology: | |
|---|--|---|--|
| | | Messaging Standard and Implementation Guide | Message Vocabulary |
| <p>Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission according to applicable law and practice. (hospitals only)</p> | <p>Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information has the capacity to receive the information electronically)</p> | <p>HL7 2.5.1</p> | <p>HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 1 (Available for purchase at www.HL7.org)</p> <p>LOINC version 2.27 (www.loinc.org)</p> |

Current Activities to Address Public Health Laboratory Reporting

- Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies
- CDPH established Public Health Lab Work Group (PHLWG) in Jan 2011 to improve interoperability between lab programs in public health and prepare to support Hospitals in achieving MU
- Programs participating in PHLWG:
 - Reportable Communicable Disease (H&SC 120130)
 - Cancer Registry (H&SC 103885)
 - Childhood Lead Lab Results (H&SC 124130)



Current Activities to Address Public Health Laboratory Reporting

Objectives of the PHLWG:

- Tracking federal activities and providing feedback to work groups that are establishing lab standards
- Assessing IT requirements for CalREDIE, Cancer Registry, and Childhood Lead Poison Prevention Program to receive, store and manage incoming Meaningful Use lab data submissions
- Explore NwHIN Direct and Connect options for health information exchange with public health

Federal Efforts on Electronic Laboratory Standards

- Reportable Condition Mapping Tables (RCMTs) – Draft developed by the Council of State and Territorial Epidemiologist (CSTE)-Center for Disease Control (CDC) Joint Task Force on Electronic Laboratory Reporting Standards Working Group (<http://www.phconnect.org/group/rcmt>)
- RCMTs will identify standard codes for laboratory tests and results for nationally notifiable conditions and jurisdiction reportable conditions
- Stakeholders are requested to comment on the RCMTs
- Having an accurate and complete set of standards for notifiable conditions will greatly *enhance* the ability of jurisdictions, CDC, health care providers and laboratories to implement electronic laboratory reporting (ELR) in the U.S.

Public Health Objective: Syndromic Surveillance Reporting

| Public Health Menu Set Objective | Measure for Eligible Provider or Hospital to Receive Incentive | Electronic Health Record (EHR) Technology: | | |
|---|--|---|--------------------------------|--------------------|
| | | Messaging Standard and Implementation Guide | | Message Vocabulary |
| Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice. (eligible providers and hospitals) | Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits information has the capacity to receive the information electronically). | HL7 2.3.1 | No implementation guide cited. | None cited. |
| | | HL7 2.5.1 | No implementation guide cited. | |

Syndromic Surveillance

- CDPH MU Assessment shows the following jurisdictions with the capacity to receive syndromic surveillance data in HL7 messaging: Monterey, San Diego, Stanislaus, and Tulare
- CID/CDER and HISP to partner in assessing LHDs for syndromic surveillance efforts. Launch date in following months
- CDC releases HL7 v. 2.5.1 Messaging Guide for Syndromic Surveillance. <http://www.regulations.gov/#!docketDetail;dct=FR+PR+N+O+SR;rpp=10;po=0;D=CDC-2011-0004>
- International Society for Syndromic Surveillance (ISDS) in conjunction with CDC provides recommendations for syndromic surveillance reporting from hospital ER and urgent care clinics to public health <http://www.syndromic.org/projects/meaningful-use>

CDC Answers Question on Syndromic Surveillance

HISP solicits answers from CDC regarding MU on bi-monthly national Meaningful Use calls:

Question:

A vendor software company receives data from hospital EHR systems, stores the data and allows public health users to access the data remotely over the internet via a web portal from a centralized system. It is software as a service. Can hospitals and providers using this software qualify as meeting Meaningful Use?

Answer: (CDC replied on 4/7/11 and 4/21/11)

Yes, if public health is acceptable with receiving the data via the web portal and if the provider/hospital submitting the data has a certified EHR.



FYI: HIE Question to CDC

Question: Can an HIE be used as an intermediary to assist in the transportation of data from hospitals/providers to public health to meet Meaningful Use. Does the HIE have to be certified?

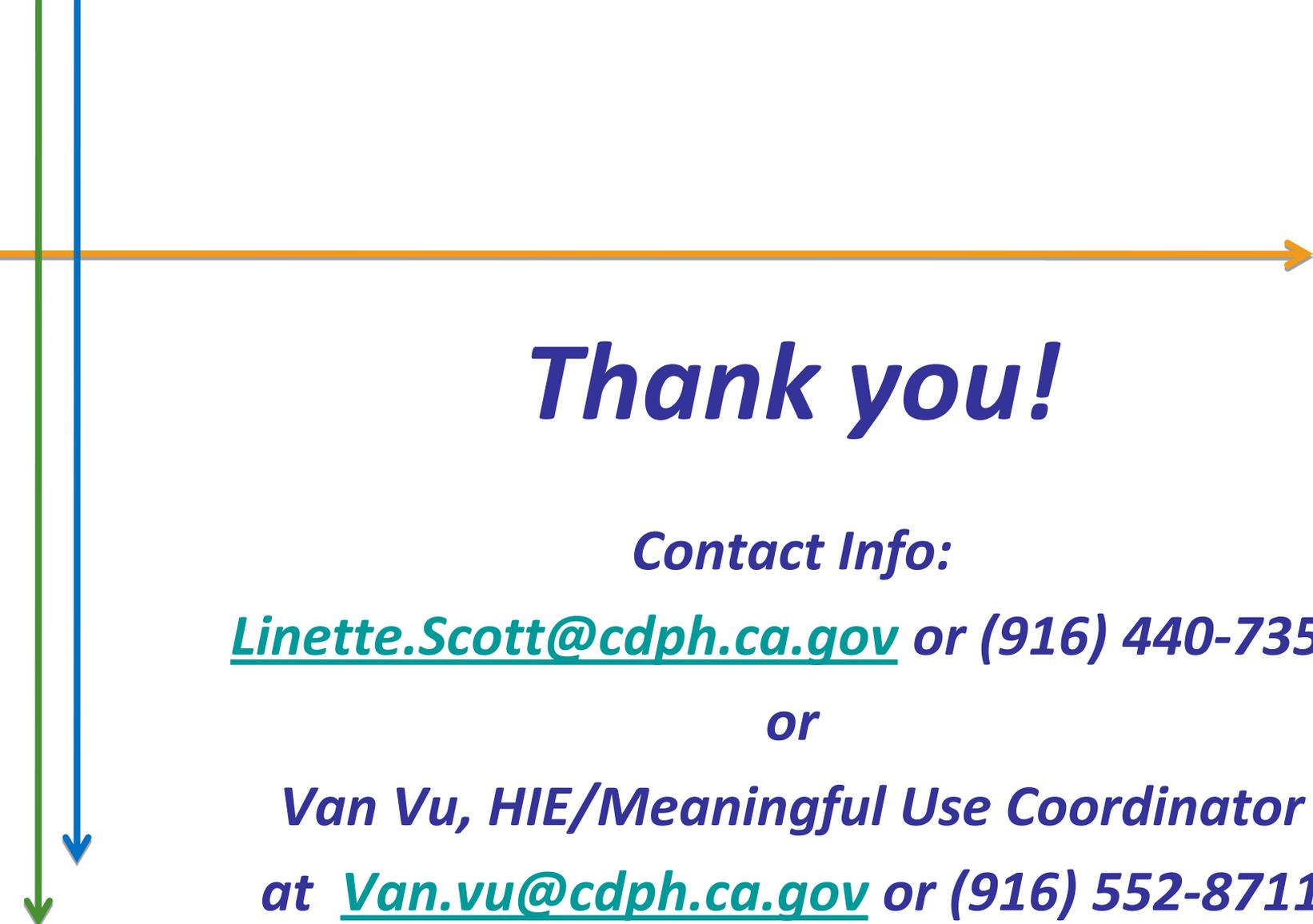
Answer: (CDC replied on their CDC national Meaningful Use call on 4/21/11)

- *Yes, similar to the syndromic surveillance scenario above, the HIE can exist as an interface if public health is acceptable with receiving the data from an HIE as an intermediary and if the provider/hospital submitting the data has a certified EHR.*
- *In regards to the certification of the HIE, if the HIE acts as interface to transport the data, then the HIE does not have to be certified. However, if the HIE acts as interface to upgrade the messaging to ONC certification standards within the EHR system or module, then it would need to be certified.*

• *Also see:* [ONC Regulations FAQs Question \[9-10-018-1\]](#)

Next Steps for LHDs

- Requirements for Stage 1 MU:
 - Provide information about capabilities to EPs, EHs and CAHs
 - If able to receive information in compliance with the EHR Incentive Program and Certification requirements, assist EPs, EHs and CAHs in performing tests and continue to receive data if test successful
- Requirements for Stage 2 MU and Beyond:
 - Consider EHR adoption for public health department
 - Work with RECs to support providers and LHDs in adoption of EHRs and transmittal of information to public health
 - Identify an HIE/HIT POC to work with CDPH in identifying capacity, requirements and gaps related to MU and future opportunities for MU expand



Thank you!

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or

Van Vu, HIE/Meaningful Use Coordinator
at Van.vu@cdph.ca.gov or (916) 552-8711



HIE Updates: Monthly Stakeholder Conference Calls

- For state HIE updates, please listen to the Monthly Stakeholder Conference calls
- Hosted by CHHS
- Thursday, June 9, 2011 from 1:00-2:00 pm
- Register for Webinar at:
<https://www1.gotomeeting.com/register/713855648>
- Information found at:
<http://www.ehealth.ca.gov>



Meaningful Use – Federal Updates

- Federal Health IT panel shaping measures for Stage 2 MU
 - Discussing delaying Stage 2 by one year until 2014 as an option to allow vendors and healthcare providers more time to update and roll out more advanced technology.
 - Stage 2 final rules are not expected to be released until mid-2012.
- Tiger Team completes its recommendations for Privacy and Security measures for Stage 2 MU. CMS will include in its interim rules. For more info, go to: <http://blog.himss.org/2011/05/05/stage-iiii-meaningful-use-privacysecurity-measures-%e2%80%93-your-opportunity-for-input/>
- ONC completed initiative to consolidate and harmonize required HIE specifications that support MU of EHR systems. Voting for the HL7/IHE Health Story Implementation Guide Consolidation Project ends May 9th. For more info, go to: <http://www.hl7.org/participate/onlineballoting.cfm?ref=nav>