

Comments from ISDS on proposed rule for meaningful use

Medicare and Medicaid Programs; Electronic Health Record Incentive Program
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Secretary
45 CFR Part 170 RIN 0991-AB58

March 15, 2010

Introduction

The mission of the International Society for Disease Surveillance (ISDS) is to improve population health by advancing the field of disease surveillance. In support of this mission, the Society provides an educational and scientific forum where epidemiologists, informaticists, public health practitioners, health care providers, statisticians, and others can work together to explore and address population health monitoring across institutional and professional boundaries.

ISDS is currently working in partnership with State and Local public health departments, the Centers for Disease Control (CDC), and other stakeholders including the Public Health Informatics Institute (PHII), the Council of State and Territorial Epidemiologists (CSTE), and the National Association of County and City Health Officials (NACCHO) to improve surveillance for influenza-like illness. This initiative leverages the Distribute syndromic surveillance project (ISDSdistribute.org), developed and piloted by ISDS, to enhance and support Emergency Department (ED) surveillance by making aggregate level data available to experts in public health. Distribute complements existing surveillance methods by providing a more comprehensive and detailed situational awareness of geographic and age-specific patterns of influenza-like illness.

Structure of comments

ISDS makes comments from the perspective of public health professionals who develop, operate, evaluate, or utilize syndromic surveillance data on a daily basis.

Society members and Distribute project epidemiologists and technical staff were surveyed regarding the proposed measures for meaningful use of electronic health record (EHR) technology, particularly those measures that will affect the quality of automated public health surveillance using electronically-available clinical and laboratory data. Survey results inform the following comments made by the ISDS Board. Comments are organized in two sections: 1) General; 2) specific to section found in the 45 CFR Part 170 RIN 0991-AB58.

General Comments

- ISDS strongly supports improving population and public health as a policy priority for the Medicare and Medicaid EHR Incentive Programs. There is widespread support among ISDS members for EHR technology standards that enhance the ability of public health authorities to monitor community and population health.
- ISDS applauds data transmission to public health agencies under the proposed certification standards. Furthermore, strongly supports the specific consideration given to syndromic surveillance within these measures.
- Syndromic surveillance is widely practiced by public health authorities at local and state levels of government. Among its members and the Distribute Community of Practice, ISDS finds excitement that increasing the availability of electronic health data for public health authorities has tremendous potential to enhance surveillance for syndromes as well as other health indicators.
- Although beyond the scope of this proposed rule, ISDS emphasizes that without a concomitant investment to develop the information and workforce capabilities of public health agencies, the ambitious goals of this program to enhance population and public health are unlikely to be fully realized.

Specific Comments

Section I – Background

D. Future Updates to Standards, Implementation Specifications, and Certification Criteria

- ISDS is fully supportive of the staged, incremental approach adopted by this program. In future stages, ISDS looks forward to contributing to the development of more criteria relating to the link and bi-directional data flow between public health authorities and clinicians.
- ISDS applauds the effort to ensure interoperability among electronic immunization, syndromic, and laboratory patient records, because it is crucial for realizing the future potential of these data for improved public health surveillance.

Subpart B—Standards and Implementation Specifications for Health Information Technology

§ 170.205 Content exchange and vocabulary standards for exchanging electronic health information.

(f) Electronic submission of lab results to public health agencies.

(1) THE SECRETARY ADOPTS THE FOLLOWING CONTENT EXCHANGE STANDARD FOR THE ELECTRONIC SUBMISSION OF LAB RESULTS TO PUBLIC HEALTH AGENCIES: (i) STANDARD. HL7

2.5.1 (INCORPORATED BY REFERENCE IN § 170.299); (ii) [RESERVED]

(2) THE SECRETARY ADOPTS THE FOLLOWING VOCABULARY STANDARD FOR THE PURPOSES OF REPRESENTING LAB RESULTS IN AN ELECTRONIC SUBMISSION TO PUBLIC HEALTH AUTHORITIES: (i)

STANDARD. LOGICAL OBSERVATION IDENTIFIERS NAMES AND CODES (LOINC®), VERSION 2.27,

WHEN SUCH CODES WERE RECEIVED WITHIN AN ELECTRONIC TRANSACTION FROM A LABORATORY (INCORPORATED BY REFERENCE IN § 170.299); (ii) [RESERVED]

- ISDS is supportive of these content exchange and vocabulary standards.

(g) Electronic submission to public health agencies for surveillance or reporting. The Secretary adopts the following content exchange standards for electronic submission to public health agencies for surveillance or reporting:

(1) STANDARD. HL7 2.3.1 (INCORPORATED BY REFERENCE IN § 170.299); (2) ALTERNATIVE STANDARD. HL7 2.5.1 (INCORPORATED BY REFERENCE IN § 170.299).

- ISDS is supportive of these standards.
- ISDS finds that the public health infrastructure required to benefit from these standards is not in place and will require a substantial fiscal support from federal government to develop the technological and workforce capabilities in local and state public health agencies.

Subpart C—Certification Criteria for Health Information Technology

§ 170.302 General certification criteria for Complete EHRs or EHR Modules.

The Secretary adopts the following general certification criteria for Complete EHRs or EHR Modules. Complete EHRs or EHR Modules must include the capability to perform the following functions electronically and in accordance with all applicable standards and implementation specifications adopted in this part:

(n) Public health surveillance. Electronically record, retrieve, and transmit syndrome-based public health surveillance information to public health agencies in accordance with one of the standards specified in § 170.205(g).

- ISDS is supportive of this certification criterion.
- We note that existing systems either transmit individual-level records or daily batch files to public health agencies. The objective should clarify that both approaches are acceptable from a public health perspective. The proposed rule mentions GIPSE as a standard for batch (aggregate) data - WHO is developing SDMX-HD as the standard for aggregate data, and that should be included as an option for public health.
- ISDS recommends that syndrome-based public health surveillance information be defined under the Final Rule. A useful definition, and one that will best support improved public health surveillance, will include a minimum variable or data set.

§ 170.306 Specific certification criteria for Complete EHRs or EHR Modules designed for an inpatient setting.

The Secretary adopts the following certification criteria for Complete EHRs or EHR Modules designed to be used in an inpatient setting. Complete EHRs or EHR Modules must include the capability to perform the following functions electronically and in accordance with all applicable standards and implementation specifications adopted in this part:

(g) Reportable lab results. Electronically record, retrieve, and transmit reportable clinical lab results to public health agencies in accordance with the standard specified in § 170.205(f)(1) and, at a minimum, the version of the standard specified in § 170.205(f)(2).

- ISDS is supportive of this certification criterion.