Improving Data Quality While (Re)Onboarding for Meaningful Use Stage 2

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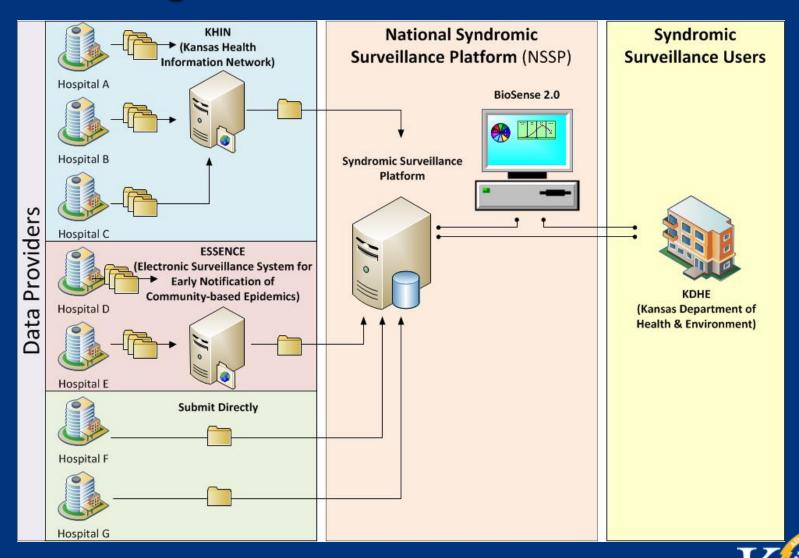
Bureau of Epidemiology and Public Health Informatics
Division of Public Health
Kansas Department of Health and Environment

Background

- NSSP/BioSense ONLY Jurisdiction
- Emergency Departments Only
 - 129 in State
 - Five-Year Average ~6 Million Annual Visits
- Started collecting Syndromic Surveillance (SyS) data in 2011/2012
- Meaningful Use Standards Used



Background: NSSP Connections



Department of Health and Environment

Meaningful Use Stage 1

- Optional participation; could claim exclusion
- 105 EDs connected for MU1
- Onboarding responsibility almost entirely outside of KDHE
- Focus on technical aspects
- Quality was low



Meaningful Use Stage 2

- January 2014 New Hire (Me!)
- April 2014 First MU2 Attesters
- Need to redo establish onboarding procedures
 - Constantly updating...



Onboarding Overview

- Very basic no specialized software
- All phone conversations must follow-up via email
- All emails follow naming convention:
 - "[Facility Name] [Onboarding Phase]"
- Standard email drafts to start each onboarding phase
- All tracking done with Excel documents

KDHE Onboarding: Tracking Tools

Pinned

- Master Kansas Facilities List
- CURRENT-KDHE-PH_MU_Registr...
- Direct Prioritization
- KHIN Prioritization
- BioSense Events
- Unofficial_MUB_to_HL7_Mappin...

Recent

- Hospital_Summary
- UPDATING_SyS SASDataValidati...
- Hospital_Summary
- Providence2_Readable
- Providence2
- Providence2_Summary
- Holton6_Summary
- Meade1_Summary
- Hospital1_Summary
- Meade2_Summary
- Microsoft Excel 2010
- 📌 Unpin this program from taskbar









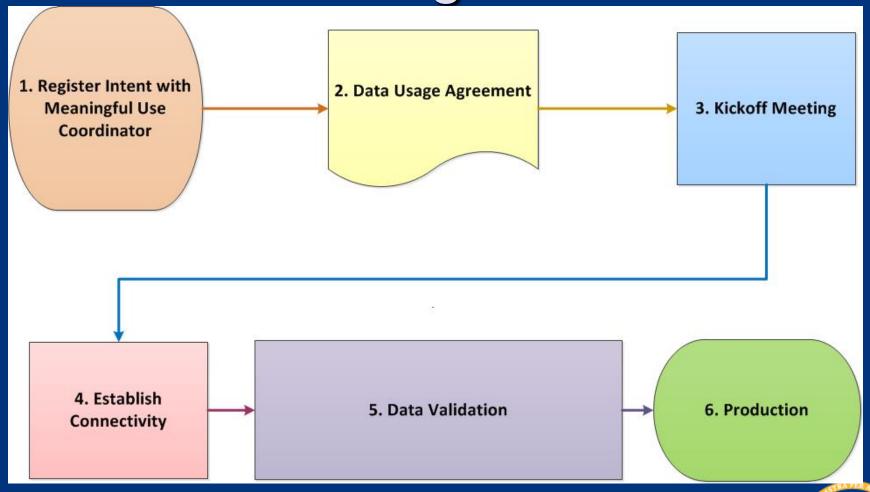


KDHE Onboarding: Tracking Tools

DBA	Data Quality Status	Regional Hosp Preparedness Groups	
Licensure Name	Data Quality Date Complete	Population of County	
Connection	Days Spent Data Quality	Licensed Acute Beds	
BioSense Facility Name	Production Date Complete	Staffed Beds	
FacilityID_UUID	Transmission Frequency	Visits 2009	
ILI Net ID	Daily Volume	Visits 2010	
Primary EHR Vendor	Data Flow	Visits 2011	
Reporting Period (CY)	Data Notes	Visits 2012	
Feed_Name	HospID	Visits 2013	
Prioritization	New Medicare No	Visits 5-year Total	
DUA Date	HospCo	Visits 5-year average	
Status Notes	Address	%Visits based on Total	
Pre-Testing Date Complete (Optional)	City	Calculated Daily Visits	OST
Connectivity Complete	Zip Code		
Data Quality	County		

County

Start Date



Department of Heal and Environment

1. Register Intent with Meaningful Use Coordinator

Facility Contacts MU
 Coordinator to register intent



Onboarding Process: Register Intent

Fill out very basic form:

- Applying for Medicaid/Medicare/Both?
- EP/EH
- Measures they intend to submit to
- HIO Affiliation (if any)
- Reporting Period
- Basic demographic/contact information
- EHR Vendor



KDHE Registration for Stage 2 Meaningful Use



REGISTRATION INFORMATION

Eligible Professionals and Eligible Hospitals planning to meet the Stage 2 public health measures in Kansas must register their intent to submit data the Kansas Department of Health and Environment (KDHE). This registration form must be submitted to KDHE within 60 days of the start of their Reporting Period.

This registration is for Stage 2 only. Stage 1 attestation information can be found at http://kdheks.gov/epi/meaningful-use.htm.

Stage 2 requires Electronic Health Record (EHR) systems be 2014 Certified EHR Technology (CEHRT). Information on certified health IT products is available on the Office of the National Coordinator (ONC) website at http://oncchpl.force.com/ehrcert/ehrproductsearch.

All required data (marked with *) must be entered and the form submitted. Incomplete forms will not be processed.

GENERAL QUESTIONS

*Are you applying for Medicaid, Medicare, or Both?	
☐ Medicaid ☐ Medicare ☐ Both	
*Are you registering as an Eligible Professional or Eligible Hospital?	
☐ Eligible Professional ☐ Eligible Hospital	
*For what KDHE public health measures are you registering your intent t	o submit to:
 KSWebIZ – Kansas statewide Immunization Information Syst 	tem
 EpiTrax – Electronic Lab Reporting (Eligible Hospitals only) 	
 Syndromic Surveillance Reporting 	
 Cancer Reporting (Eligible Providers only) 	
 Specialized Registry (Eligible Providers only – Infectious Dise 	ase Reporting)
*Are you a member of either the approved Kansas Health Information O	rganizations?
 Kansas Health Information Network (KHIN) 	
 Lewis and Clark Information Exchange (LACIE) 	
□ Neither	

ATTESTATION TIME PERIOD

*Attestation Start Date (format: mm/dd/yyyy):

*Attestation End Date (format: mm/dd/yyyy):

KDHE Registration for Stage 2 Meaningful Use



*Organization NPI: *Meaningful Use Contact Person: Name: Phone: Email: LO CATION *Name of Organization Location: *Location Address: Street: city: Zip Code: Phone Number: *Are you registering for more than one location? Yes No Eligible Hospital CCN: VENDOR INFORMATION *Name of Vendor: *Vendor's Primary Contact: *Vendor Phone Number:	Organization Nam	e:	
Name: Phone: Email: LOCATION *Name of Organization Location: *Location Address: Street: City: Zip Code: Phone Number: *Are you registering for more than one location? Yes No Eligible Hospital CCN: VENDOR INFORMATION *Name of Vendor: *Vendor's Primary Contact: *Vendor Contact Email:	Organization NPI:		
Phone: Email: LOCATION *Name of Organization Location: *Location Address: Street: City: Zip Code: Phone Number: *Are you registering for more than one location? Yes No Eligible Hospital CCN: VENDOR INFORMATION *Name of Vendor: *Vendor's Primary Contact: *Vendor Contact Email:	*Meaningful Use O	ontact Person:	
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Phone Number: *Are you registering for more than one location? Yes No No *Name of Vendor: *Vendor's Primary Contact: *Vendor Contact Email:	City:		
*Are you registering for more than one location? Yes No No VENDOR INFORMATION *Name of Vendor: *Vendor's Primary Contact: *Vendor Contact Email:	Zip Code:		
Yes No Eligible Hospital CCN: VENDOR INFORMATION *Name of Vendor: *Vendor's Primary Contact: *Vendor Contact Email:	Phone Nun	iber:	
Eligible Hospital CCN: VENDOR INFORMATION *Name of Vendor: *Vendor's Primary Contact: *Vendor Contact Email:	*Are you registerin	g for more than one location?	
*Name of Vendor: *Vendor's Primary Contact: *Vendor Contact Email:	Yes	□ No	
*Name of Vendor: *Vendor's Primary Contact: *Vendor Contact Email:	Eligible Hospital CC	N:	
*Vendor's Primary Contact: *Vendor Contact Email:	VENDOR INFORI	MATION	
*Vendor Contact Email:	Name of Vendor:		
	Vendor's Primary	Contact:	
*Vendor Phone Number:	Vendor Contact E	mail:	
	Vendor Phone Nu	mber:	

Page 1 of 2

- 1. Register Intent with Meaningful Use Coordinator
- Facility Contacts MU
 Coordinator to register intent

- 2. Data Usage Agreement
- SyS Coordinator sends DUA to Hospital Representatives
- Facility Reps will return signed DUA to SyS Coordinator



Onboarding Process: Data Usage Agreement (DUA)

- PDF of DUA (with instructions)
 - Standard ASTHO DUA for SyS
- Link to KDHE Meaningful Use Website : http://www.kdheks.gov/health/
 meaningful use/



Onboarding Process: Data Usage Agreement (DUA)

KDHE Meaningful Use Website :

Submission Requirements for Specific Public Health Objectives

- · Electronic Laboratory Reports
 - · On Boarding Process Reporting
 - · On Boarding Flowchart
 - · Implementation Guide
- · Immunization Reporting
 - KSWebIZ HL7 Interface Information
 - KSWebIZ Direct HL7 Interface Onboarding
- Syndromic Surveillance
 - Overview
 - On Boarding Process
 - Technical Specifications
 - PHIN Messaging Guide (v.2.0)
- Cancer Registry Case Reporting
- Specialized Registry Infectious Disease Registry



1. Register Intent with Meaningful Use Coordinator

Facility Contacts MU
 Coordinator to register intent

2. Data Usage Agreement

SyS Coordinator sends DUA
 to Hospital Representatives
 Facility Reps will return
 signed DUA to SyS Coordinator

2A. Hospital continues to Kickoff Meeting

2b. MU Coordinator facilitates signature from Secretary of Health

 MU Coordinator returns final signed copy to Facility, SyS Coordinator and files physical copy



1. Register Intent with Meaningful Use Coordinator

- Facility Contacts MU Coordinator to register intent 2. Data Usage Agreement

- SyS Coordinator sends DUA to Hospital Representatives - Facility Reps will return

 Facility Reps will return signed DUA to SyS Coordinator 2A. Hospital continues to Kickoff Meeting

2b. MU Coordinator facilitates signature from Secretary of Health

 MU Coordinator returns final signed copy to Facility, SyS Coordinator and files physical copy 3. Kickoff Meeting

- Standard Attendees List

- NSSP Support Site

Connectivity:

Technical Contact (KHIN or NSSP)

Data Validation: SyS
 Coordinator

- Establish Contact List



- SyS Coordinator schedules meeting
- 30-60 minutes
- Establish Primary Contacts for Each Phase



- Attendees:
 - KS Syndromic Surveillance Coordinator
 - Technical Team Representative (NSSP or HIO)
 - Hospital representatives
 - People responsible for DEVELOPINING, CHANGING, and MAINTAINING syndromic surveillance interface (ex: interface developer)
 - Representative familiar with ER Workflow
 - Any potential syndromic surveillance and/or meaningful use contact at facility (ex: Hospital administrator, hospital syndromic surveillance coordinator, etc)

- Connectivity:
 - Lead by Technical Team (NSSP or HIO)
 - Accepted transport types
 - MSH4.2 importance
 - Submission frequency
 - Key variables necessary for every message



- Data Validation
 - Links on Meaningful Use website (technical specs, onboarding overview, etc)
 - Overview of Data Validation Process
 - Key Variables
 - Message vs Visit-level validation
 - Validation Phase Timeline
 - Minimum 1 weeks' worth of clean data before moving to production



1. Register Intent with Meaningful Use Coordinator

Facility Contacts MU
 Coordinator to register intent

2. Data Usage Agreement

SyS Coordinator sends DUA
 to Hospital Representatives
 Facility Reps will return
 signed DUA to SyS Coordinator

2A. Hospital continues to Kickoff Meeting

2b. MU Coordinator facilitates signature from Secretary of Health

 MU Coordinator returns final signed copy to Facility, SyS Coordinator and files physical copy

3. Kickoff Meeting

- Standard Attendees List
- NSSP Support Site
- Connectivity:
 Technical Contact
 (KHIN or NSSP)
- Data Validation: SyS Coordinator
- Establish Contact List

4. Establish Connectivity

- Register MSH4.2 via NSSP Support site (tag SyS Coordinator)
- Facility works with
 Technical Reps to
 establish connectivity
- When connection established, set Data Validation Meeting 1 week later

Onboarding Process: Establishing Connectivity

- Facility Reps work with Technical Representative; SyS Coordinator in attendance
- Register MSH4.2 value by updating facility sheet with NSSP
- Facility reps will work with technical team to establish connectivity
- Once connection has been established, facility will submit data regularly (at least once, daily) for one week

1. Register Intent with Meaningful Use Coordinator

Facility Contacts MU
 Coordinator to register intent

2. Data Usage Agreement

SyS Coordinator sends DUA
 to Hospital Representatives
 Facility Reps will return
 signed DUA to SyS Coordinator

2A. Hospital continues to Kickoff Meeting

2b. MU Coordinator facilitates signature from Secretary of Health

 MU Coordinator returns final signed copy to Facility, SyS Coordinator and files physical copy

3. Kickoff Meeting

- Standard Attendees List
- NSSP Support Site
- Connectivity: Technical Contact (KHIN or NSSP)
- Data Validation: SyS Coordinator
- Establish Contact List

4. Establish Connectivity

- Register MSH4.2 via NSSP Support site (tag SyS Coordinator)
- Facility works with Technical Reps to establish connectivity
- When connection established, set Data Validation Meeting 1 week later

5. Data Validation

- Initial Meeting must include interface developer and workflow representative
- Prior to meeting, SyS Coordinator will send validation report
- Review validation report on call

Onboarding Process: Data Validation

- Download all data from a facility after a certain date (via phpMyAdmin access)
- Run through SAS Program
 - Outdated version available at:
 https://sites.google.com/site/
 biosenseusercommunity/home/workgroups/
 data-quality
 - Email me for new version: fnaz@kdheks.gov
- Translate results into an email



Onboarding Process: Data Validation

- SAS Program Example Outputs
 - Hospital_Summary
 - Hospital_RequiredFlaggedRecords
 - Hospital_OptionalFlaggedRecords
- SAS Program Documentation
 - Outdated



Onboarding Process: Data Validation

- "Translate" validation report
- Standard email template; updated with results



1. Register Intent with Meaningful Use Coordinator

 Facility Contacts MU Coordinator to register intent

2. Data Usage Agreement

 SyS Coordinator sends DUA to Hospital Representatives
 Facility Reps will return signed DUA to SyS Coordinator 2A. Hospital continues to Kickoff Meeting

2b. MU Coordinator facilitates signature from Secretary of Health

- MU Coordinator returns final signed copy to Facility, SyS Coordinator and files physical copy

3. Kickoff Meeting

- Standard Attendees List
- NSSP Support Site
- Connectivity: Technical Contact (KHIN or NSSP)
 - Data Validation: SyS Coordinator
 - Establish Contact List

4. Establish Connectivity

- Register MSH4.2 via NSSP Support site (tag SyS Coordinator)
- Facility works with Technical Reps to establish connectivity
- When connection established, set Data Validation Meeting 1 week later

5. Data Validation

- Initial Meeting must include interface developer and workflow representative
- Prior to meeting, SyS Coordinator will send validation report
- Review validation report on call

Schedule follow-up meeting

SyS Coordinator: New

Validation Report

1. Register Intent with Meaningful Use Coordinator

 Facility Contacts MU Coordinator to register intent

2. Data Usage Agreement

- SyS Coordinator sends DUA to Hospital Representatives
- Facility Reps will return signed DUA to SyS Coordinator

2A. Hospital continues to Kickoff Meeting

2b. MU Coordinator facilitates signature from Secretary of Health

 MU Coordinator returns final signed copy to Facility, SyS Coordinator and files physical copy

3. Kickoff Meeting

- Standard Attendees List
- NSSP Support Site
- Connectivity: Technical Contact (KHIN or NSSP)
- Data Validation: SyS Coordinator
- Establish Contact List

4. Establish Connectivity

- Register MSH4.2 via NSSP Support site (tag SyS Coordinator)
- Facility works with Technical Reps to establish connectivity
- When connection established, set Data Validation Meeting 1 week later

5. Data Validation

- Initial Meeting must include interface developer and workflow representative
- Prior to meeting, SyS Coordinator will send validation report
- Review validation report on call

Schedule follow-up meeting

Errors found 8

Facility: Changes made

SyS Coordinator: New Validation Report

6. Production

No

Errors!

- SyS Coordinator will send email to MU Coordinator,
 Technical Contacts, All Facility
 Contacts; will also submit
 NSSP ticket that hospital is ready to move to production
 - Technical Team will work with facility to establish connectivity to production environment

Onboarding Process: Disadvantages

- Time consuming!
- (Unnecessarily?) complicated process with basic procedures
- Data Validation
 - Need for MUB to HL7 translation
 - Facilities have difficulty finding trouble visits/ messages



Meaningful Use Stage 2: Current Onboarding Status

	Production				
	Hospitals	% Visits			
Direct	15	13%			
KHIN	6	2%			
ESSENCE	-	0%			
Total	21	15%			



Meaningful Use Stage 2: Current Onboarding Status

	Production		Test		
	Hospitals	% Visits	Hospitals	% Visits	
Direct	15	13%	19	45%	
KHIN	6	2%	40	22%	
ESSENCE	-	0%	3	6%	
Total	21	15%	62	72%	

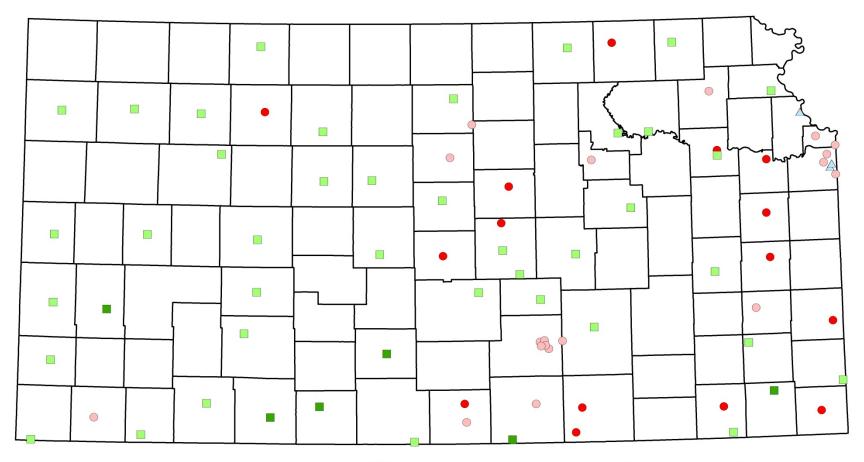


Meaningful Use Stage 2: Current Onboarding Status

	Produc	tion	Test		Total	
	Hospitals	% Visits	Hospitals	% Visits	Hospitals	% Visits
Direct	15	13%	19	45%	34	58%
KHIN	6	2%	40	22%	46	24%
ESSENCE	-	0%	3	6%	3	6%
Total	21	15%	62	73%	83	87%



Onboarding: Current Status



- Direct Production
- Direct Testing

- KHIN Production
- KHIN Testing
- ESSENCE Production
- ESSENCE Testing



Onboarding – Current Status

	MU1 Only		No Status	
	Hospitals	%Visits	Hospitals	%Visits
Total	27	3%	21	9%



Best Practices

- Schedule regular meetings (every 1-2 weeks) and set deadlines!
- One person dedicated to onboarding/DQ
- Lesson learned: For data quality, take your time to understand data early in the process
- Lesson learned: If you want usable data, you have to put in the time!

Changes in the Future?

- Create/use database for tracking
- HIO (KHIN) assuming larger role
- Purchase specialized software
 - Help with tracking status
 - Maintain documentation
 - Focus on data validation
- Decrease Onboarding Load = More time to add additional data sources



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