



March 15, 2010

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0033-P
P.O. Box 8013
Baltimore, MD 21244-8013.

Re: File code CMS-0033-P

Dear Centers for Medicare & Medicaid Services:

This letter contains recommendations from the Joint Public Health Informatics Taskforce (JPHIT), a consortium of seven public health associations (see below) created to improve population health through informatics. These recommendations are coordinated and harmonized from across the seven associations, and represent a unified voice from the public health perspective on meaningful use objectives and measures.

JPHIT first wishes to acknowledge the vision of CMS and the Office of the National Coordinator in placing such a strong emphasis on population health improvement throughout HITECH programs, including the EHR incentive program. We believe maintaining a focus on improving population health is critical to transforming healthcare and achieving the highest value possible from the public investment through HITECH.

JPHIT has two overall recommendations to CMS:

1. **Fully retain the proposed objectives and measures around reporting to public health agencies** under the Improve Population and Public Health policy priority area. JPHIT believes that the areas chosen, and measures used, generally strike the correct balance between advancing the use of data for population health improvement and recognizing the limitations that exist with the current technology. We believe it is necessary, reasonable and justified to not reduce or in any way diminish these objectives and measures, such as offering the option for EPs and hospitals to defer until 2013, because:

JPHIT develops and implements a shared informatics framework and action agenda for public health agencies and their partners. Members of JPHIT include: ASTHO - Association of State and Territorial Health Officials; APHL - Association of Public Health Laboratories; CSTE - Council of State and Territorial Epidemiologists; NACCHO - National Association of County and City Health Officials; NAHDO - National Association of Health Data Organizations; NAPHSIS - National Association of Public Health Statistics and Information Systems; and PHDSC - Public Health Data Standards Consortium. The Public Health Informatics Institute serves as secretariat for JPHIT through a cooperative agreement from the Centers for Disease Control and Prevention.

- The three objectives related to public health are already very limited in scope, requiring eligible providers and hospitals to only test the capability of their systems to report uni-directionally with public health. Actual reporting is already occurring across much the country for lab and immunization data, and is growing in terms of syndromic surveillance data.
- Many states currently have requirements for immunization and electronic laboratory reporting. Deferring and making objectives optional could simply generate confusion among providers.
- Both lab and immunization reporting are key areas not only for population health improvement but also to support improvements in clinical care outcomes, coordination of care and other areas of interest to CMS and ONC. Experience during the recent H1N1 pandemic has shown the utility of real-time syndromic surveillance information to support public health, clinical decision-making and emergency response in communities.
- Although deferment/optionality may provide relief to some providers, public health agencies will still need to be prepared to accept data for all three policy objectives, so the burden is not diminished for them.

2. **Authorize States to specify the test methods for EHR capability testing, particularly around immunization, lab and syndromic surveillance reporting.** States have extensive experience—and in most cases available help desk resources—in testing file submissions from providers and hospitals, and such experience and resources should be leveraged and continued. This will be particularly useful for providers and hospitals that are already accustomed to the procedures used in submitting test files to public health. To allow EPs and hospitals to self-attest, without a documented and supported validation by the agency receiving the test file, is clearly not an adequate demonstration of EHR capability, nor does it prepare EPs and hospitals for actual, ongoing submission of data to public health agencies.

In addition, JPHIT submits the following specific recommendations.

Citation	Proposed change	Rationale
495.6 (c) (7) (i) and (ii) (p. 470 of PDF version) Record smoking status	Objective: Record smoking status for patients 13 <u>12</u> years old or older. Measure. At least 80 percent of all unique patients 13 <u>12</u> years old or older seen by the EP or admitted to the eligible hospital or CAH have "smoking status" recorded.	Reducing the age to 12 years of age aligns the CMS measure with tobacco use statistics collected by other federal agencies, such as the Substance Abuse and Mental Health Services Administration and the National Cancer Institute.

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<p>495.6 (c) (15) (i) (p. 472)</p> <p>EP and hospital reporting to immunization registries</p>	<p>Objective: Capability to submit electronic data to immunization registries and actual submission where required and accepted, <u>according to applicable law and practice</u> .</p>	<p>JPHIT recommends using the same language (“according to applicable law and practice”) as for reporting of syndromic surveillance data. States have extensive experience in supporting test file submissions from providers and hospitals, based in part of state data sharing laws. Such experience and resources should be leveraged and continued by specifying that those current practices are the ones used for test files validation. This will be particularly useful for providers and hospitals that are already accustomed to the procedures used in submitting test files to public health.</p> <p>Issues with the word “required” that justify striking it in favor of the new phrase include: (1) it was not defined as to whether it referred to state law or policy or both; (2) most state immunization data sharing laws allow sharing of immunization data (either with or without consent) but do not require it; and (3) a large proportion of primary care providers and hospitals already participate in immunization registries, again, most often voluntarily.</p>
<p>495.6 (c) (16) (ii) (p.474)</p> <p>Eligible hospital and CAH reporting of syndromic surveillance data to public health</p>	<p>Measure: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically).</p>	<p>JPHIT recommends deleting the deferment clause because it will be confusing for all parties: it may undermine the sense of urgency for public health agencies to be ready for the 2011 objectives, and potentially undermine EP/hospital commitment to public health reporting through this incentive program. <i>The public health enterprise – local, state and federal – is committed to being ready for the 2011 objectives.</i></p>

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<p>495.6 (e) (6) (ii) (p.475)</p> <p>Eligible hospital and CAH reportable lab results lab to public health</p>	<p>Measure: Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which the eligible hospital submits such information have the capacity to receive the information electronically).</p>	<p>(See previous rationale)</p>
<p>Request for comments on linkage between EHR and birth and death records.</p> <p>(p. 55)</p>	<p>“Record the following demographics: ... date and cause of death in the event of mortality. We are interested in public comments on how States and hospitals could work together to facilitate linkage between the EHR and the full birth and death certificate information that States currently require hospitals to collect. We note that race and ethnicity codes should follow current federal standards published by the OMB.”</p>	<p>While EHR technology can be an important source of clinical information to populate the confidential medical portion of the birth certificate (the portion used for public health and other purposes but not included when a certified birth record is issued). However, we believe do not believe data from an EHR is appropriate to use as the basis for the civil registration, which is the fundamental legal purpose of birth and death certificates. And, the "full birth and death certificate information" referenced in the proposed regulation cannot be satisfied by hospital EHR systems due to federal and jurisdictional legal and regulatory requirements as well as data quality, completeness, timeliness and logical considerations.</p>
<p>Insurance Type as a demographic data element</p>	<p>Adopt the Source of Payment Typology as the standard for codifying Insurance Type.</p> <p>http://www.phdsc.org/standards/payer-typology.asp</p>	<p>The Public Health Data Standards Consortium created the Source of Payment Typology value set that has been recognized as an approved externally maintained standard by HL7 and ANSI X12. There is also ongoing work to incorporate this value set in any future version of ANSI X12 implementation guides. Several state data organizations (Georgia, Oregon, and New York) have</p>

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		already implemented the PHDSC Source of Payment Typology because of its hierarchical structure of the relationship among payer categories. These relationships provide the basis for states to use the typology and to add lower levels of granularity for state-specific purposes while still maintaining a standard that can be used to compare data across states or for combining states' data to make national data sets. Another significant advantage of the PHDSC typology over existing value sets is the comprehensive definition of terms that do not exist in any other existing value set.

Thank you for considering these recommendations.

Sincerely,



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