

# Meaningful Use Health Information Exchange & Public Health




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**NEBRASKA**

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DEPT. OF HEALTH AND HUMAN SERVICES



# Today's Topics

- ▶ What are the MU Public Health reporting requirements?
  - ▶ Why is health information exchange important for Public Health?
  - ▶ How do MIPS and MU interact?
  - ▶ How do I exchange my Public Health data?
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# Health Information Exchange:

- ▶ NDHHS has been conducting HIE for nearly 20 years
- ▶ These include (but are not limited to):
  - ▶ Electronic Laboratory Reporting
  - ▶ Syndromic Surveillance
  - ▶ Immunization Registry
  - ▶ Cancer Registry



# Why is Health Information Exchange Important for Public Health?

- ▶ Allows Public Health to create and strengthen cross-jurisdictional public health programs and collaborations.
- ▶ Gives State and Local Health Departments a better understanding of the communities' health needs.
- ▶ Better health promotion, prevention, and treatment programs.
- ▶ Near real time data provides immediate analysis and feedback to public health officials.
- ▶ Improved detection of syndromes, diagnoses, and outbreaks.



# How NDHHS uses public health data:

- ▶ Immunization, ELR and Syndromic data exchange provides immediate analyses and feedback to public health officials
  - ▶ Epidemiologists are able to analyze data near real time instead of waiting a year or more to receive data.
  - ▶ NDHHS is able to detect syndromes as well as specific diagnoses.
  - ▶ NDHHS is able to detect and/or monitor outbreaks
  - ▶ NDHHS is able to quickly communicate findings to appropriate programs (within NDHHS) and health officials (local health departments) for follow up and prevention measures.



# Syndromic Surveillance Purpose:

- Originally established to track influenza like illness (ILI)
- Now used for many different health outcomes including:
  - Sexual Assault
  - Heat Related Injuries
  - Acute Cardiovascular Events
  - Diarrheal Diseases
  - Gastrointestinal Disease Outbreaks
  - Drug overdose monitoring
  - Etc.



# Syndromic Data Types:


- ▶ Emergency Department and Inpatient data:
  - ▶ NDHHS is currently able to receive in HL7 2.5.1 format
  - ▶ Received near real time to allow for quick analysis and determination of syndromic events.
  - ▶ Contains about 20 data elements used to identify syndromes or trends of illnesses and injuries in a geographical area.
  - ▶ NDHHS uses ICD-10 diagnostic codes and algorithms to scan free text for key words



# Syndromic Data Types (cont'd):

- ▶ The health information collected for SS includes a patient visit identifier, age, gender, race, zip code, reason for visit (chief complaint), diagnostic codes, etc.
  - ▶ However, no personal identifiers such as patient name, address of residence, social security number, etc., are included
- ▶ The health data collected by a SS system can then be analyzed to find various syndromes such as influenza-like illness, food-borne illness, heart disease, cancer, etc.
- ▶ Results from these analyses can be used to determine if there is a significant impact on public health in a specific area or region





# Electronic Surveillance System for Early Notification of Community based Epidemics (ESSENCE):

- ▶ Syndromic Surveillance system
  - ▶ Captures and analyzes indicators to detect syndromes
  - ▶ Creates charts, tables, graphs, and time series reports
  - ▶ Combines temporal and spatial anomaly detection
  - ▶ Provides web-based information distribution back to DHHS, local health departments, and providers.
  - ▶ Provides interactive, user-friendly access to customized, user defined data analysis via secure, web based remote access.




# Electronic Laboratory Results (ELR):

- ▶ NDHHS is able to accept HL7 2.5.1 formatted data
- ▶ Data is received near real time to allow for timely analysis
- ▶ Epidemiologic staff (state and Local Health Departments) have direct access to monitor and analyze the data in their jurisdictions and to identify specific diagnoses of communicable and chronic diseases
- ▶ Epidemiologic staff provide immediate follow-up, education, prevention, and outbreak control



# Immunization Registry:

- ▶ Web based system that's able to accept 2.5.1 formatted data.
- ▶ Allows for bi-directional data exchange/query
- ▶ Used to provide access (to authorized users) to complete immunization records across the State of Nebraska.
- ▶ Contains over 17 million immunizations on over 2 million clients/people
- ▶ System uses data to determine validity of doses administered and recommend future vaccinations.
- ▶ Public access portal available for immunization record search.



# MU Public Health Reporting for Eligible Hospitals

Updated: November 2016

- ▶ The EHR Incentive Programs in 2015 through 2017 (modified Stage 2) includes a consolidated public health reporting objective for eligible hospitals.
- ▶ Objective: Eligible Providers, Hospitals or CAHs are in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.
- ▶ In 2017, eligible providers, hospitals and CAHs must attest to at least 3 PH reporting measures.



# PH Reporting Measures for EHs & CAHS in 2017

Measure Name and #	Measure Specification
Measure 1—Immunization Registry Reporting	The provider, eligible hospital or CAH is in active engagement with a public health agency to submit immunization data
Measure 2—Syndromic Surveillance Reporting	The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data
Measure 3—Specialized Registry Reporting	The provider, eligible hospital or CAH is in active engagement with a public health agency to submit data to a specialized registry
Measure 4—Electronic Reportable Laboratory (ELR) Results Reporting	The eligible hospital or CAH is in active engagement to submit ELR results
<i>*An eligible hospital or CAH may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.</i>	



# Exclusions:

- ▶ There are multiple exclusions for each measure (see CMS site for complete list)
- ▶ For Providers/EHs/CAHs-exclusion does not count toward the total of 3 measures
  - ▶ Need to meet 3 of the total available to them
  - ▶ If total # left is less than 3, must meet all remaining and claim applicable exclusions
  - ▶ If no measures remain available – can meet by claiming applicable exclusions for all measures




# Active Engagement:

- ▶ Active engagement means provider is in the process of moving toward sending “production data”
  - ▶ “production data” means data generated through clinical process involving patient care
    - ▶ Option 1: completed registration to submit data within 60 days after start of reporting period and waiting for invitation to begin testing
    - ▶ Option 2: In the process of testing and validation (must response to requests within 30 days, failure twice would result in not meeting the measure)
    - ▶ Option 3: testing complete & sending production data



# Additional Notes:

- ▶ Providers only need to register once with PH
  - ▶ Providers can register before the reporting period begins
  - ▶ Previous registrations that occurred in previous stages can count toward Option 1
  - ▶ Registration with PH is required when seeking to meet a measure not previously attested to
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# Specialized Registries:

- ▶ Check with State to determine if any available
  - ▶ Cancer – not yet ready in NE
  - ▶ Parkinson's – coming in 2018
- ▶ Do not need to explore every specialty society you may be affiliated with
- ▶ If no registries exist, claim exemption from the measure
- ▶ Not required to report to a specialized registry on a national level – but it is an option



# MIPS:

- ▶ MIPS: Merit-Based Incentive Payment System
  - ▶ New payment mechanism that will provide annual updates to physicians in 2018
  - ▶ Adjusts payment based on individual performance – does not set an arbitrary aggregate spending target
  - ▶ Based on 4 categories:
    - ▶ Quality
    - ▶ Resource use
    - ▶ Clinical practice improvement activities
    - ▶ Meaningful Use (MU) of an EHR system

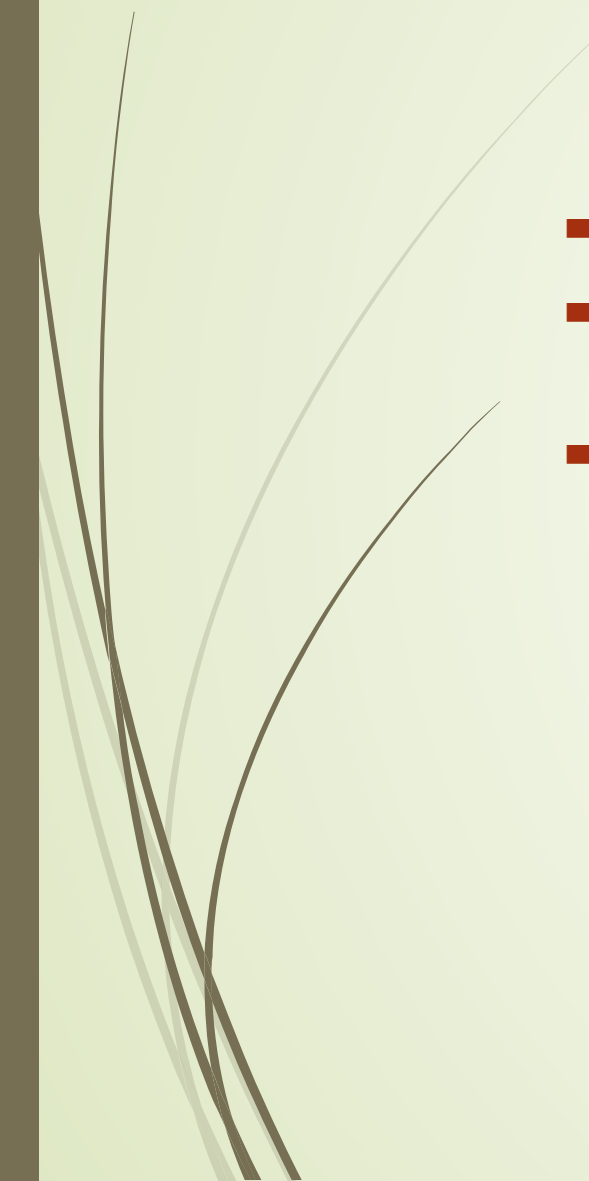


# How is MIPS different from current law:

- ▶ Beginning this year the existing programs (Physician Quality Reporting, EHR MU, and Value-based Modifier) penalize for non-compliance (will grow to 7% or more of annual Medicare Revenue)
- ▶ Under MIPS: 3 programs are combined and associated penalties eliminated
- ▶ Single composite score will be determined
  - ▶ Score above baseline = eligible for positive incentive payments
  - ▶ Potential risk = similar penalties (up to 9% for 2022) as existing programs
  - ▶ Highest achievers could be eligible for updates 3 times larger than potential negative updates

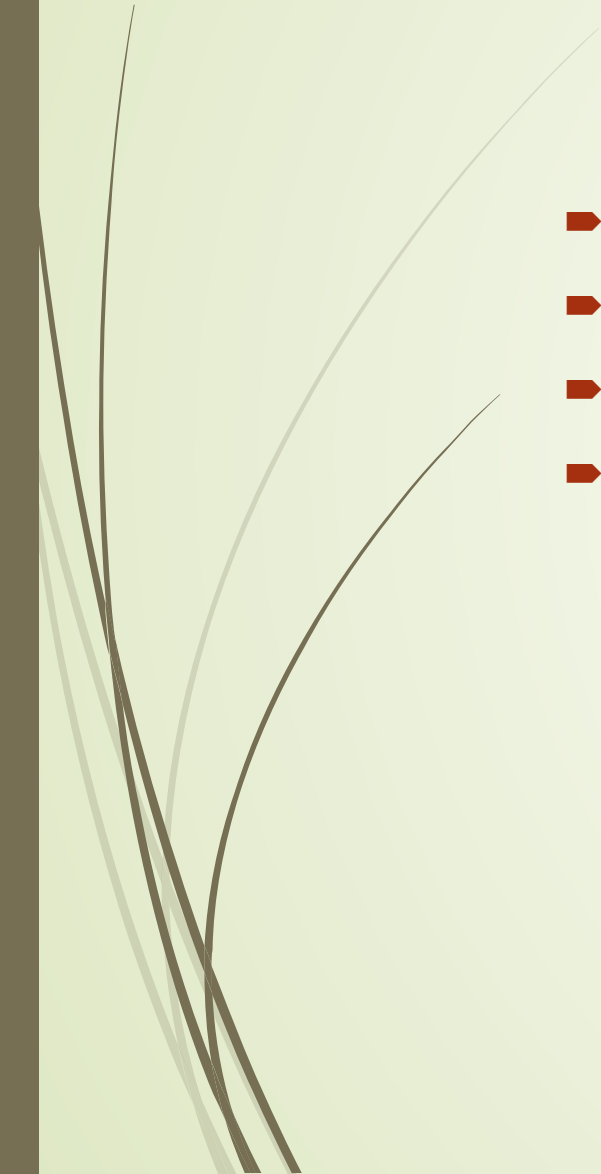


# MIPS and MU:

- ▶ MIPS Program will begin in 2019
  - ▶ Current EHR MU requirements will continue to apply to the MIPS assessment and composite score
  - ▶ Organizations continue to advocate for changes to the MU program – which may lead to further changes
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# How Can I Make My Data Available?

- ▶ Immunizations
  - ▶ Reportable Labs (ELR)
  - ▶ Syndromic Surveillance
  - ▶ Other Specialized Disease Registries
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# Immunizations

- ▶ Things to Consider

- ▶ Is your EMR certified to send immunization data out of your system?
- ▶ Do you have staff trained to administer ongoing interface connections?
- ▶ What role will your EHR vendor play to address issues and/or updates? Check your contracts.

- ▶ Connection Options

- ▶ Direct Connections with NESIIS
- ▶ NeHII Immunization Gateway



# Electronic Lab Reporting (ELR)

- ▶ Things to Consider

- ▶ Are you currently using a reference lab for testing?
  - ▶ Confirm if your lab is already submitting ELR data to the NDHHS
- ▶ What is your volume of reportable disease findings?
  - ▶ Will help determine appropriate method to report results to NDHHS
    - ▶ NDHHS capable of accepting 2.5.1 formatted data (required by MU)
    - ▶ NDHHS transport method is PHINMS (free software package)
- ▶ Are you capturing your ELR as discrete data and are LOINC codes mapped?



# Syndromic Surveillance

- ▶ How is the data sent?
  - ▶ Admission/Discharge/Transfer (ADT) data messages are the primary data
    - ▶ ADT structure provides more flexibility for message exchange that captures data from emergency department (ED) and urgent care (UC) patient visits
    - ▶ EHRs transmit ADT messages as part of their normal operation and configuration
  - ▶ Delivered through an HL7 interface with NDHHS
    - ▶ NDHHS accept HL7 2.5.1
    - ▶ Transport method is PHINMS






# Additional Information:

- ▶ Additional information on exchanging Immunization, ELR and Syndromic data with NDHHS can be found at:
- ▶ <http://dhhs.ne.gov/publichealth/epi/pages/MeaningfulUse.aspx>



# Specialized Registries:

- ▶ NDHHS continues to review and determine the addition of specialized registries to MU reporting
- ▶ No specialized registries added at this time:
  - ▶ Parkinson's to begin in 2018
  - ▶ Cancer to begin in 2018
- ▶ Additional registries yet to be determined



# DHHS Mission: Helping people live better lives

- ▶ Health Information Exchange:
  - ▶ Is a dynamic and evolving landscape
  - ▶ Is critical for successful healthcare reform
  - ▶ Enables interoperability and meaningful use of Health Information and technology
- ▶ VALUE rests in the promise that more efficient and effective access to clinical data will improve patient and public health outcomes.
- ▶ Together we can help people live better lives!!



# THANK YOU!

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