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March 26, 2014

Dr. John Halamka
Chairman, Standards Task Force
Health Information Technology Standards Committee
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services

RE: Comments regarding Standards Task Force meaningful use stage 3 recommendations

Dear Dr. Halamka:

The Rhode Island Department of Health is in agreement with the comments submitted by the American Immunization Registry Association (AIRA) with regard to meaningful use stage 3 requirements as they relate to immunization registries. We share the concern that the proposed recommendations will slow progress towards bidirectional interoperability between Immunization Information Systems and Electronic Health Records. Specifically, we believe that:

1) Capacity to receive a patient's immunization history supplied by an immunization registry should be a core requirement for EPs, EHs, and CAHs

Immunization registries contain information regarding immunizations administered at various healthcare sites, including pharmacies, hospitals, and school and community clinics. Rapid inclusion of that information into an EHR facilitates the appropriate immunization of individuals by preventing duplicate vaccination and the associated waste. It also reduces the burden on health care providers of manually entering immunization found in the registry that is not in their EHR.

2) Capacity to receive and present the results of external clinical decision support (CDS) from and immunization registry should be a certification criteria

Clinical decision support regarding when doses of vaccine are due are based on many criteria including age, dates of administration, the product used, history of disease and other factors. The rules are complex and change frequently. The immunization registry community, in collaboration with CDC and other experts, works hard to maintain accurate clinical decision support. To the extent possible, EHRs should be encouraged to benefit from the work of experts, rather than relying on potentially outdated or less informed algorithms to generate clinical decision support in their systems.

3) SOAP web services should be the required recommended transport method, not Direct.

We feel most strongly about this requirement. An expert panel reviewed the immunization use case and found SOAP to be more appropriate than Direct for immunization. Much effort has been put into developing capacity for SOAP. A change to Direct would require simultaneous work with individual health care offices and their EHR vendor, putting a huge burden on health care providers, EHR vendors and public health and potentially disrupting the established flow of immunization data to registries.

Thank you for the opportunity to provide comments to the Standards Task Force on the HITSC Stage 3 recommendations. If you have any questions regarding our comments or need additional information, please contact Kim Salisbury-Keith at kim.salisburykeith@health.ri.gov.

Sincerely,



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