



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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September 23, 2019

The Honorable Donald Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C Street SW, Floor 7
Washington, D.C. 20201

RE: Request for Comments, “2019 Interoperability Standards Advisory”

Dear Dr. Rucker:

The Washington State Department of Health (DOH) submits the following comments on the 2019 Interoperability Standards Advisory (ISA) Reference Edition. As a public health agency, DOH has many programs that receive and send data to clinical data partners through their health IT systems. DOH strives to make transacting data with public health information as seamless and efficient as possible for health care providers. Our agency has embraced the interoperability standards set forth by ONC for public health measures and believe this work has been essential to make public health reporting more efficient for both healthcare providers and public health agencies.

As part of the comment period ONC has requested feedback on several questions posted at: <https://www.healthit.gov/isa/questions-and-requests-stakeholder-feedback>. DOH has the following feedback for each question.

- 19-1: In what ways has the ISA been useful for you/your organization as a resource? ONC seeks to better understand how the ISA is being used, by whom, and the type of support it may be providing for implementers and policy-makers.
 - DOH has found ISA to be a valuable resource in helping us ensure our public health registries can send and receive data with our clinical partners in a consistent manner. Knowing these standards are a part of federally certified health record systems helps ensure DOH can be interoperable with these partners and allows for more seamless bidirectional exchange. ISA provides DOH an opportunity to review possible future standards to be ready for or to advocate for standards we believe are needed. ISA has greatly benefited DOH’s ability to offer registries for MU/PI (providing public health measures for clinical partners). ISA has allowed us to apply for HITECH funding to improve IT systems and onboard our clinical partners. ISA are a foundational part of ensuring interoperability and keeping costs manageable by limiting the number of ways DOH has to exchange data with clinical partners.

- 19-2: Are there additional features or functionality ONC could make to the ISA website that would enhance the user experience?
 - DOH recommends ONC update the Public Health reporting page - <https://www.healthit.gov/isa/public-health-reporting> to include additional transactions that are often at public health agencies. DOH recommends the addition of prescription drug monitoring programs (PDMP), referrals (for tobacco cessation, diabetes, etc...), emergency medical services, and child developmental health. To better keep this page updated, DOH respectfully requests that ONC directly engage with state health departments and our member associations.
- 19-3: The adoption level, along with other informative characteristics about standards/implementation specifications, was introduced to the ISA in August, 2015, and currently represents ONC's "best guess" at current adoption based on a number of factors. Is the adoption level characteristic as it stands valuable information for stakeholders, or should it be retired or replaced with other information?
 - DOH finds this information valuable. Greater transparency into how the level is determined would be appreciated. For example, could ONC publish a summary on each page to describe how the level for that standard was determined including what information was gathered and used for that determination?
- 19-4. The specialty care/settings pages were added in 2019, and represent a collection of related Interoperability Needs that pertain to a particular setting or type of specialty care (i.e., pediatrics, treatment for opioid use disorder). Are there additional specialty care/settings specific collections that would be beneficial for inclusion?
 - DOH values the specialty care/settings pages on immunizations, cancer, electronic lab reporting, PDMPs, electronic case reporting, and emergency medical services.
 - *Addition of Dental Care.* DOH recommends the specialty care section include dental care setting and consolidating the current dental standards listed under such a new heading. Interoperability with electronic dental record systems is important to continue to drive towards better coordinated care.
 - *Tobacco/Smoking/Vaping Specific Collections.* DOH recommends distinguishing e-cigarette use by nicotine concentration to more accurately assess nicotine intake and potential nicotine dependence among patients, instead of e-cigarette liquid with nicotine versus e-cigarette liquid without nicotine. In 2018, e-cigarette products with nicotine concentrations of five percent or greater comprised approximately two-thirds of the e-cigarette market, while zero-nicotine products accounted for less than one percent¹. [1] Additionally, DOH concurs with the

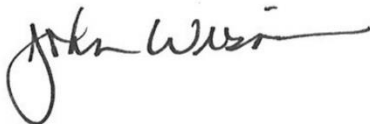
¹ Romberg AR, Miller Lo EJ, Cuccia AF, Willet JG, Xiao H, Hair EC . . . King BA (2019). Patterns of nicotine concentrations in electronic cigarettes sold in the United States, 2013-2018, Drug and Alcohol Dependence, 203, 1-7. doi:10.1016/j.drugalcdep.2019.05.029.

recommendation submitted on September 19, 2018 by Dr. Michael Fiore and Robert Adsit to implement non-overlapping values for smoking status.

- *Newborn Screening*. DOH recommends having a separate page for public health newborn screening test ordering and reporting with reference to the Newborn Dried Blood Spot (NDBS) component of HL7 v 2.5.1 implementation Guide: Laboratory Orders from EHR (LOI) Release 3 and Lab Results Interface (LRI) Release 3. The newest version of these standards have incorporated a component for the electronic ordering and reporting for use in newborn screening programs, these versions are not currently listed on the ISA. It is important to distinguish these efforts from those associated with Child Developmental Health as newborn screening is a laboratory test and public health program. DOH would recommend including the implementation guides for Critical Congenital Heart Defects (HL7 v 2.6 Implementation Guide: Critical Congenital Heart Defects (CCHD) pulse oximetry screening results, release 1) and Early Hearing Detection and Intervention (HL7 v 2.6 Implementation Guide: Early Hearing Detection and Intervention (EHDI) results Release 1) into a newborn screening page as many states programs include the point of care tests within their newborn screening programs. The Implementation guide for NANI could also be included with newborn screening as it serves as birth notification to newborn screening programs and is included in comprehensive newborn screening surveillance.
- *Child Developmental Health* – DOH recommends having a separate page for public health newborn screening (test orders and return of results) from birth defects registry reporting and universal developmental screening. While related, they serve a different function and may have different standards that make the most sense to use.

Thank you for the opportunity to provide comments on this edition.

Sincerely,

A handwritten signature in black ink, appearing to read "John Wiesman", with a stylized, flowing script.

John Wiesman, DrPH, MPH
Secretary of Health