

Dear Colleagues,

They say a picture is worth a thousand words; I hope so since I woke up in the middle of the night to make you this picture! I am gravely concerned by HITSC's consideration of removing the requirement of HL7 query/response from the standards for Meaningful Use Stage 3. As the attached map shows, preliminary data from a survey still in-process at CDC demonstrates that thirteen state and urban Immunization Information Systems (14 if we include Puerto Rico) are currently accepting HL7 2.5.1 QBP queries and responding with RSP messages today – not at some unspecified time in the future, but right now, in their production IIS. An additional eight are actively engaged in testing this capacity, bringing the total to 21 states/cities and one territory who already have this capacity. There is no doubt in my mind that by 2017 this number will be even higher.

I would add that among the production states, every major vendor of IIS systems is represented at least once. The capacity has already been developed on the IIS side, to handle bidirectional messaging using HL7 2.5.1. To now reduce the expectation on EHR systems to comply with a capacity IIS already have demonstrated would be short-sighted in the extreme. Furthermore, to force states to adopt DIRECT messaging for IIS when this transport has been demonstrated to be incapable of supporting query/response (see the recommendation of CDC's expert panel, <http://www.cdc.gov/vaccines/programs/iis/interop-proj/downloads/ehr-interop-trans-layer-tech-recs.pdf>), would be to channel already-scarce resources into investing in technology that accrues no benefit to the immunization use case.

There is a silly proverb that says the one who says something can't be done, should stay out of the way of those who are doing it. I respectfully submit that this is one such case. I urge the committee to reconsider its stance and support the advancement, rather than regression, of immunization messaging in Meaningful Use.

Sincerely,

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