Date: 28 February 2014

To: Michelle L. Consolazio

 Meredith Lichtenstein

From: Montana Department of Public Health and Human Services

Re: Input on CSTE Response to MU Workgroup

Thank you for soliciting comments regarding the Office of the National Coordinator (ONC) Health IT Policy Committee’s Meaningful Use Workgroup’s recent recommendations related to public health programs and meaningful use. On behalf of the Montana Department of Public Health and Human Services internal meaningful use working group, we wish to offer the comments below.

Our agency does not support the proposed decision to remove the continuation of Public Health Objectives for syndromic surveillance for eligible hospitals (EH), or Electronic Laboratory Reporting for EH, as part of Meaningful Use Stage 3. However, in the absence of sufficient guidance, we do support the exclusion of syndromic surveillance for Eligible Providers (EP).

Regarding syndromic surveillance, Montana has worked very hard to enroll EHs and we see tremendous value in the data transmitted to Biosense. At this time, 90% of inpatient prospective payment system hospitals and 13% of critical access hospitals in Montana are either live, testing, or onboarding with Biosense. We believe a lack of implementation guidance has hindered our ability to enroll other facilities (e.g. facilities without emergency departments). If this guidance were to be available, our success would be even greater.

Electronic Laboratory Reporting (ELR) has become a fundamental part of the disease reporting process in Montana. Sixty-five percent of all laboratory reports are now received electronically into our surveillance system and the overall timeliness of reporting to public health has improved. In addition to two reference laboratories and our public health laboratory, we have seven hospitals that send HL7 2.5.1 messages and are currently working with several hospitals using the same format. Although it is implied by Stage 2 guidance that ELR interfaces should be in production at that time, there is no guarantee that they will be continued. Our concern is that hospitals may decide to terminate the project if there is no requirement to continue or maintain ELR interfaces with public health after Stage 2. In addition, hospitals that are onboarding during Stage 2 will not have an incentive to complete the project if the objective is not continued in Stage 3.

Montana has several areas of the state where the population is classified as rural or frontier. These areas especially benefit from electronic reports of reportable diseases by facilitating more timely disease investigations. ELR also assists in the earlier detection of and timely response to outbreaks. This would not occur if disease reporting returns to a paper-driven system.

In addition, DPHHS has confirmed our readiness for Meaningful Use and has developed a registration process for EH and EP to register their intent.

We believe that discontinuing these objectives would be detrimental to public health surveillance in Montana. We ask that you reconsider this vote and keep both objectives in Stage 3.

Please feel free to make our response public with attribution.

Thank you,



Carol Ballew, PhD

Senior Public Health Epidemiologist

Montana Department of Public Health and Human Services

1400 Broadway, Cogswell-A113

Helena, MT 59620

cballew@mt.gov

406-444-6988