March 3, 2014

Via email

To: Paul C. Tang, MD, MS, Health IT Policy Committee, Meaningful Use Workgroup Chair
George Hripcsak, Health IT Policy Committee, Meaningful Use Workgroup Co-Chair

cc: Jeff Benning, LIC
Michelle Consolazio, HIT Policy Committee
Laura Conn, CDC
Jeff Engel, CSTE
Paul Jarris, ASTHO
Karen B. DeSalvo, National Coordinator for HIT, DHHS

On behalf of the Association of Public Health Laboratories (APHL), I am writing to express our shock, disappointment and frustration with the recommendation of the Meaningful Use Workgroup of the Health IT Policy Committee to remove electronic laboratory reporting, syndromic surveillance, and case reporting for the Stage 3 Meaningful Use incentive program. APHL represents the state and local governmental laboratories that perform work of public health significance. Our member laboratories are critical components in the broader public health system and are absolutely essential to the core public health functions of disease surveillance, outbreak detection and response and emergency preparedness. As the principal infectious disease reference centers for their jurisdictions, our member laboratories provide a broad and advanced array of testing services. Thirty-eight of our member laboratories perform newborn screening tests which places on them the same business requirements as the private clinical laboratories.

APHL has been working in the informatics arena for nearly twenty years, from developing the business case for laboratory information management systems, to, over the past eight years, working to improve the informatics technical capabilities of our member laboratories to support Electronic Laboratory Reporting (ELR) and ensuring enhanced, standards based interoperability to support active surveillance. Under a cooperative agreement with CDC, we provide hands on technical assistance to both public health laboratories and agencies in the areas of standards based vocabulary, data transport and data translation services to support meaningful use activities and public health interoperability activities as a whole.

We completely agree with the analysis and sentiments expressed by the Laboratory Interoperability Collaborative in its letter to you dated February 26, 2014. As they note, and we can attest based on our experiences with our member laboratories, LIMS and EHR vendors have done much to assure their products will meet ELR meaningful use criteria, now and into the future. The current standards prescribed to support ELR under meaningful use, LOINC, SNOMED-CT and HL7 2.5.1, are quite mature and well accepted by the public health informatics community.

APHL hopes that our member laboratories and the public health community more broadly, will continue to allocate resources to advance ELR, even in the event that ELR and syndromic surveillance are not required under Meaningful Use stage 3. Unfortunately, that may well be extremely challenging because, as you know, public health agencies were not given any incentives to meet MU requirements, yet they

recognized that the system would not be completely functional unless they worked to meet Stage 2 requirements. Furthermore, they did so with a minimal amount of resources during a time when resources for public health were slashed at the state and federal levels by roughly one third. If these requirements are dropped in Stage 3, it will be seen that the public health interests, purportedly supported by the MU workgroup and Health IT Policy Committee, are in fact of little consequence or interest to them and, perhaps, to CMS as well. What little incentive there was for public health agencies in general, and our member laboratories in particular, to try and meet the standards and be full partners in moving laboratory and disease reporting electronically to health care providers and public health agencies will be eliminated. Without the ELR requirement, there is no compelling rationale for health agencies to continue supporting our members' development of this capability. Why use scarce dollars on having informatics systems that are MU compliant when there are no MU requirements for the basic building blocks of disease surveillance and case reporting which are laboratory reporting and syndromic surveillance? To us, this seems like many steps backwards for our country.

For these reasons, we ask that the MU Workgroup recommend to the HIT Policy Committee and that ELR, syndromic surveillance, and case reporting remain requirements in Stage 3 and the incentive program.

Thank you for your consideration. If you have any questions, please contact me at 240-485-2747 or via email at scott.becker@aphl.org.

Sincerely,

Scott J. Becker

Scott J. Becker, MS
Executive Director