



February 27, 2014

Office of the National Coordinator (ONC)
Health IT Policy Committee's Meaningful Use Workgroup

On February 19th the Office of the National Coordinator (ONC) Health IT Policy Committee Meaningful Use workgroup voted to recommend the removal of Syndromic Surveillance (SS), Electronic Laboratory Reporting (ELR) and Electronic Case Reporting from Meaningful Use (MU) Stage 3 Public Health Objective requirements for hospitals and eligible providers. This recommendation is based on the assumption that these objectives will be initiated, completed, and maintained without the need for a mandate via Meaningful Use objectives.. The North Dakota Department of Health (NDDoH) Division of Disease Control Meaningful Use Program believes this move may be premature. North Dakota opened up onboarding for Stage 2 ELR and SS on October 1, 2013. While we expect interest to increase as we get further into 2014, we continue to experience delays related to the lack of readiness on the part of facilities, vendors, and the North Dakota Health Information Network. However, because it is a requirement of MU, these parties continue to work on these issues.

While we agree that NDDoH is responsible for maintaining ELR and SS relationships with our facilities, these MU Stage 3 objectives help us solidify these connections. Additionally, MU Stage 3 would give us a chance to develop programs where data collected via these data streams can be used to provide feedback to hospitals, highlight areas for prevention efforts and provide data on performance or characteristics of their market. These continued relationships require ongoing maintenance and it is unlikely that many hospitals will continue to devote the time, funding and personnel resources necessary to these projects if they are no longer required. Prior to MU, North Dakota attempted to initiate ELR for more than two years with many hospitals in the state but was unable to encourage development because hospitals did not perceive an immediate benefit. Additionally, those hospitals that had implemented SS following the 9-11 terrorist attacks did not re-initiate SS feeds with the state when they moved to a new medical record system. This lack of participation robs states and local jurisdictions of the chance to demonstrate to hospitals that providing data to us can, in fact, be meaningful to all parties involved—the entire foundation of MU incentives. In a state where ELR and SS are not mandated by state law, MU Stage 3 is an important opportunity for North Dakota to initiate better, more consistent programs that will benefit hospitals and our communities by quicker reporting which results in timelier follow-up and identifying problems in communities which can be relayed to hospitals and providers.

In a time when prevention efforts and clinical medicine must work together to reduce health burdens in our nation's communities, the North Dakota Department of Health is asking that you reconsider your recommendation and keep electronic laboratory reporting and syndromic surveillance in Meaningful Use Stage 3.

Kind regards,

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