North Carolina Department of Health and Human Services
Division of Public Health

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February 28, 2014

TO: Michelle Consolazio
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U.S. Department of Health and Human Services

FROM: Megan Davies, M.D. MDavies, MD
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SUBJECT: Response to the Meaningful Use Workgroup Vote on February 19, 2014

The North Carolina Division of Public Health (NC DPH) would like to express its concern regarding the February 19th vote by the Meaningful Use Workgroup to remove the Meaningful Use requirements for electronic laboratory reporting (ELR) and electronic syndromic surveillance reporting by eligible hospitals and eligible providers for Stage 3 of Meaningful Use. The expectation behind this vote is that most eligible hospitals and eligible providers will be in full on-going submission of these data elements by the time Stage 3 of Meaningful Use is scheduled to begin in 2017. Unfortunately, that is an unrealistic expectation for eligible hospitals and providers in North Carolina. **NC DPH urges the Meaningful Use Workgroup to reconsider the vote to remove the electronic reporting of laboratory data requirement from the Stage 3 guidelines. Electronic laboratory reporting should remain a requirement for Stage 3 of Meaningful Use.**

The time required to implement electronic reporting connections varies drastically between eligible hospitals across our state for three significant reasons:

- Dedication of resources devoted to the implementation project by the eligible hospital
- Availability of resources within the Public Health Agency
- The quality of the data available in the electronic health system

Many facilities in North Carolina are facing multiple simultaneous implementations of new electronic health records (EHRs) as well as upgrades to current EHRs required to meet the new 2014 certification criteria. As a result of these on-going implementation projects, facilities currently do not have the required resources needed to complete the development of an electronic public health reporting interface. Because Stage 2 attestation allows a provider to meet the public health reporting measures without on-going submission (by registering with a Public Health Agency and being in the queue), many facilities are not planning to initiate development of a public health interface until they have concluded their other implementations.

In the North Carolina Division of Public Health, we have three full-time employees devoted to the ELR project and a single environment of our surveillance system in which to test new ELR connections. Because of the

sometimes significant impact of electronic laboratory data on public health investigations and outcomes, testing to ensure the quality and accuracy of the data is paramount. In NC, the ELR on-boarding process consists of multiple rounds of testing, with the final phase of testing being a 30 day validation period where the electronic data is compared to the tradition paper-based reports. This test phase requires the devotion of the entire ELR Implementation Team, daily reviews by various Subject Matter Experts throughout the department, and the sole testing environment to evaluating that single connection. Since this final testing stage requires a minimum of 30 days, the maximum number of implementations that our current resources can support on an annual basis is 12 (one per month).

A third factor strongly affecting the ability of a facility or provider to implement an electronic reporting interface is the transition of data elements currently stored in the system to the standard vocabularies required for Meaningful Use Stage 2. This transition is extremely time consuming and labor intensive for facilities especially in light of the fact that the same resources responsible for implementing these vocabularies are also responsible preparations for the upcoming transition to ICD-10.

All of these factors are slowing the adoption of electronic public health reporting connections across North Carolina and nationally. NC DPH is currently in the on-boarding process to implement 39 connections (encompassing 75 eligible hospitals) with individual hospitals and health systems across the state. The earliest that all of these connections would be finalized is sometime in 2018. Obviously this timeline is expected to expand as additional facilities register with NC DPH.

Our experience has been that the majority of connections require a minimumof 18 to 24 months to complete the implementation process and be in on-going submission of electronic data**. In light of this, I would urge the Meaningful Use Workgroup to reconsider the vote to remove the electronic reporting of laboratory data requirement from the Stage 3 guidelines.**