March 3, 2014

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

Dear Meaningful Use Workgroup Members,

This letter contains recommendations from the Florida Department of Health (FDOH) on the February 19th Meaningful Use Workgroup vote to propose the removal of Electronic Laboratory Reporting (ELR) for eligible hospitals (EHs) and syndromic surveillance (SS) for EHs and eligible providers (EPs) from Meaningful Use (MU) Stage 3.

FDOH appreciates the efforts of the Office of the National Coordinator (ONC) Health Information Technology Policy Committee (HITPC) Meaningful Use Workgroup to ensure that Stage 3 is not immoderately more burdensome on healthcare providers than previous Stages. We have listened to the audio recording of the MU workgroup's February 19th meeting and concur with the decision to include Objectives supporting immunizations and registries. We strongly urge the Workgroup to reverse its draft recommendations on the ELR and SS Public Health Objectives. ONC's recognition of the importance of public health and population health is clear from the inclusion of relevant, high-impact objectives in Stages 1 and 2 of Meaningful Use. However, we are concerned by the large proportion of public health Objectives proposed for exclusion from Stage 3. We appreciate the Workgroups comments that exclusion as a Stage 3 Objective does not prevent or prohibit a vendor or a provider from developing functionality to submit data to public health in the areas of ELR and SS. We also recognize that at the critical point when expectations for electronic health record functionality are being defined, it is important that public health data needs are met.

FDOH respectfully yet strongly urges the HITPC Meaningful Use Workgroup to reverse its decision and include both ELR and Syndromic Surveillance Objectives in Stage 3.

1. ELR: FDOH strongly recommends the reversal of the Workgroup's vote to remove the ELR Objective. Retaining the ELR Objective is paramount. ELR has become a critical part of the reportable disease data submission process. ELR now accounts for the first identification for nearly 70% of reportable diseases. Electronic laboratory reporting provides substantial increases in efficiencies, completeness, and timeliness of reporting. Timely and complete electronic laboratory reports are an important source of information for the core public health functions of disease surveillance and responding to public health events in Florida. ELR in FL (while still incomplete) has reduced disease identification times from a median of 9 days to 5 days; thus enabling the state to

implement disease control measures 4 days sooner than previous to ELR. States have prioritized ELR and implemented the ability to accept HL7 v 2.5.1 ELR messages as specified in the Meaningful Use Objective. FDOH built a registration system in order to track the interest and progress of participating EHs. During Stage 1, low levels of EH participation reflected hospitals selection of other public health related Objectives. With the onset of Stage 2 many hospitals are now engaged and working collaboratively with public health to implement ELR. Inclusion as a Stage 3 Objective is crucial to continue this momentum.

Removing this Objective would be premature as described in the following:

i. Some facilities that establish transmission may redirect efforts toward implementing new required MU measures rather than maintaining ELR transmissions;
ii. As facilities purchase new EHRs or upgrade to new versions of EHRs, EHs must devote IT resources to re-test with FDOH in order to continue ongoing submission of ELRs; additional time is needed to ensure sustained engagement with FDOH following EHR upgrades and migrations that will occur over the next 3 years;
iii. The current Stage 2 language allows providers to remain in the testing queue as long as they are actively engaged and responsive to public health with the intention of moving to production, meaning some providers will remain in the queue and never achieve production data submission.

Given the large number of facilities to date that have not fully moved into production, stronger support and prioritization for inclusion of ELR in Stage 3 is needed to ensure that hospitals move into production transmission.

2. SS: FDOH also recommends the reversal of the Workgroup's vote to remove the Syndromic Surveillance (SS) Objective for **EHs only**. FDOH supports the removal of the Objective for EPs to participate in SS.

Retaining SS for EHs is important. Florida currently does not have laws or regulations in place requiring hospitals to participate in syndromic surveillance. Syndromic surveillance is a distinctly different activity from ELR. FDOH demonstrated success with hospitals implementing SS measures and utilize emergency department data to provide situation awareness as well as to identify cluster or outbreaks. Syndromic surveillance data from hospitals provides data to FDOH in near real time (in some situations every two hours) which makes it heavily relied on to characterize and anticipate emergent health threats such as monitoring of the severity of influenza, large scale events (as in the Republican National Convention) or natural disasters such as hurricanes, the Gulf oil spill Deep

Water Horizon response effort, and post Haiti earthquake when FDOH supported mass evacuation efforts.

Removal of this measure for EHs is premature for similar reasons as indicated for ELR (above).

Through Meaningful Use Stages 1 and 2, FDOH has engaged with healthcare facilities to develop, strengthen, and sustain ELR and SS relationships. The assumption of the Workgroup may be that facilities that participated in Stage 2 would be engaged in full on-going submission of ELR and SS by the time Stage 3 is scheduled to begin and thus not need to be mandated through Meaningful Use objectives. FDOH is concerned that, if these objectives are no longer required, rather than sustaining the momentum moving forward, these relationships will weaken and/or no longer continue. Furthermore, while FL has regulation requiring the reporting of electronic laboratory results, Meaningful Use has significantly improved provider response to engage with FDOH and stay engaged to resolve important data quality issues. Prior to Meaningful Use, EHs were often unable to devote internal IT resources to participate in data submission to FDOH often prioritizing internal resources to other projects. The Meaningful Use incentive program has strongly motivated participation in ELR and SS by providers.

3. Electronic Case Reporting in support of reportable disease surveillance is important to FDOH. FDOH recommends modifying the proposed Objective of participation in one registry to participation in two registries. Traditionally, public health reportable disease surveillance has depended largely on information arising from the use of healthcare services, healthcare providers, and interviews with individuals which are then hand keyed into our surveillance systems. These data are often used in combination with census or other data to determine event rates or in combination with other measures to provide further context for understanding patterns of health or disease. This Objective would substantially improve reportable disease case ascertainment and promises significant efficiencies for data submitters and public health. For example, in the current environment, FDOH must complete additional follow up with EHs and EPs following the receipt of an ELR to obtain additional necessary case specific information such as the medications given, relevant travel or exposure history collected during the patient encounter, and collection of information about any provider identified contacts in need of prophylactic treatment. This requires provider time and interaction in areas that could be eliminated if the information was to be sent electronically to public health. FDOH acknowledges that while case reporting utilizes the EHR functionality required in Stage 2, additional effort would be required for implementation. Public health has a long history of protecting and handling confidential data and doing so responsibly.

In closing, FDOH wishes to acknowledge the efforts and vision of ONC, the Health IT Policy Committee, and the Meaningful Use Workgroup to move Stage 3 forward. We are interested in

contributing to the overall process enacted by these groups and recognize their importance to improving clinical care and population health. Meaningful Use Stage 3 is an important opportunity to support the overarching goals of the Health Information Technology for Economic and Clinical Care (HITEC) Act of improving population health management to serve more than just those that seek care but make "meaningful use" of health data to improve health for all. Meaningful Use Stage 3 can further the ability for states to implement strong and reliable programs that will benefit hospitals and populations through more rapid reporting, which results in timelier follow-up and identification of problems in our communities.

Maintaining a focus on improving population health is critical to transforming healthcare and achieving the highest possible value from the public investment in the HITEC Act.

Thank you for your attention to our concerns. We would be happy to address any questions or concerns.

Sincerely,

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