STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

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Commissioner

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Director

December 10, 2010

Kathy A. Bizarro, MBA, FACHE
Executive Vice President
NH Hospital Association
125 Airport Road
Concord, NH 03301

Dear Ms. Bizzaro:

This letter is in reply to your inquiry dated October 26, 2010 as to the intentions of the Division of Public Health Services (DPHS) with respect to three public health-related objectives under the federal Meaningful Use (MU) requirements found at 42 CFR Parts 412, 413, 422 et al.

As you know, under Stage One of the Meaningful Use regulation cited above, hospitals wishing to participate are required to choose from a menu of options, with the proviso that one of the following public health menu objectives must be selected:

1. Capability to submit electronic data to immunization registries/systems
2. Capability to provide electronic submission of reportable lab results to public health agencies
3. Capability to provide electronic syndromic surveillance data to public health agencies

In the following paragraphs I provide guidance in response to the general questions raised in your letter and offer the association and its members the opportunity to work collaboratively with DPHS as we develop and implement our own MU data collection systems.

Immunization Registries

Question: The DPHS does not currently have a statewide immunization registry. Can you confirm this statement and also comment on the future availability of a statewide immunization registry?

Answer: While RSA 141-C:20-F requires the Department of Health and Human Services to create and maintain an immunization registry, this remains a work in progress.he goal of DPHS is to develop a cost-effective registry that meets the needs of the state without the cost, complexity, and overhead associated with traditional registry applications. Therefore, it is our plan to create, over the next 12-18 months, an immunization registry populated in part by a subset of data available through the Meaningful Use initiative. We estimate this system will not be available to accept MU data until at least July 1, 2012.

Laboratory Results Reporting to Public Health

Question: The DPHS is implementing a Public Health Laboratories Information Management System (PHL-LIMS), and currently does not have the capability of accepting electronic transmission of lab results from hospitals. Can you confirm this statement and comment on the future capability of the PHL-LIMS to carry out this type of functionality?

Answer: It is not our intention that the PHL-LIMS will ever be a consumer of clinical laboratory data generated by facilities other than the PHL. Such data, along with PHL clinical data, will be consumed by the NH Electronic Disease Surveillance System (NHEDSS).

At present NHEDSS accepts data from the PHL using an integration engine known as Rhapsody and a CDC developed and approved secure transport mechanism known as PHINMS. We are in the process developing data feeds with three national clinical laboratory organizations (LabCorp, Quest, and Mayo) also using Rhapsody and PHINMS to process and transport the data. Conservatively, we expect to have the capacity to accept clinical lab data from New Hampshire hospitals into NHEDSS within the next 12 months.

Hospital-Based Syndromic Surveillance

Question: The DPHS currently has a daily data collection system for emergency department visits under the "Automated Hospital Emergency Department (ED) Data" (AHEDD) system. The DPHS does not currently have an electronic syndromic surveillance system for inpatient hospitalizations or physician practices. Can you confirm these statements, and also comment on the future availability of syndromic surveillance for inpatient hospitalizations and physician practices?

Answer: AHEDD is the application that DPHS uses to conduct its emergency department syndromic surveillance. While further analysis is needed prior to estimating a time frame for accepting additional syndromic data, it is our present intention that the information now provided by data feeds over Virtual Private Network could be expanded to include information beyond the set for ED data submitted via a Rhapsody connection so that a single data exchange mechanism could be used.

Implementing enhanced connectivity

To expand upon the information provided above, the DPHS has been leveraging expertise and cost incentives offered by the CDC by deploying Rhapsody to manage the processing and routing of disease reporting messages to the CDC under the so-called PHIN (Public Health Information Network) initiative. As this capacity matured, it become apparent that this same functionality would allow the DPHS to efficiently and effectively receive MU data from New Hampshire providers. For this reason the DPHS has initiated a project to deploy a more robust Rhapsody solution that will allow for communication with any number of providers who wish to electronically exchange information with us.

The project timing and funding constraints are such that we must complete the work no later than June 30th of the coming year. Consequently, we see immediate value in collaborating with the state's hospitals to plan and implement such systems because 1) jointly beneficial solutions could potentially be designed and deployed in a coordinated fashion, 2) hospitals could begin reporting data earlier than might otherwise be the case, 3) hospital often operate sophisticated IT environments and are therefore well positioned to pilot systems that could be scaleable to smaller providers, and 4) hospital-based entities with disease reporting obligations under RSA 141-C would be able to do so do so rapidly and securely across the Rhapsody interface. This offer to coordinate efforts

is in no way a mandatory requirement, but rather an opportunity for the hospitals to directly participate, to the extent they deem appropriate, as the DPHS develops its own data exchange capacity.

It is our hope that you find the information contained this letter helpful to your members as they prepare for the January 1, 2011 start date for MU registration. As indicated above, we are very interested in working more closely with you and the association members on a voluntary basis to create a coordinated system, which maximizes efficiency and eliminates redundant or unnecessary collection and submittal of data. As you know, a teleconference was held with you and a number of the NHHA member hospitals on December 9th to share our planning process and offer an opportunity for collaboration.

In conclusion, while our ability to accept MU data may be 12 to 18 months in the future, please be assured that we are fully committed to the receipt of such data and we encourage providers to plan and act based upon this understanding.

Please feel free to contact Brook Dupee as my point of contact for this initiative with any questions you may have.

Sincerely,

José T. Montero, MD
Director

Cc: William Baggeroer, CIO, DHHS
Brook Dupee, DPHS, DHHS