



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4612 1-800-852-3345 Ext. 4612
Fax: 603-271-4827 TDD Access: 1-800-735-2964



August 4, 2011

Ms. Kathy Bizarro
Executive Vice-President
New Hampshire Hospital Association
125 Airport Road
Concord, NH 03301

Re: Hospital Guidance Letter #3

Dear Ms Bizarro:

Introduction

During the month of May you received a Public Health Meaningful Use (MU) guidance letter entitled: Guidance Letter #2 to Hospitals—Public Health & Meaningful Use. Today's letter is in follow-up to that guidance and is meant to describe in more detail how hospitals can partner, on a voluntary basis, with DHHS in implementing the public health MU portions of the Centers of Medicare and Medicaid Services Electronic Health Record Incentive Program. By doing so, over time hospitals can both increase revenue as well as assist the state in providing more targeted public health services.

Recent Progress and Future Plans

During the Month of June DHHS engaged the services of Orion Health and the NH Department of Information Technology to create the infrastructure for public health MU by developing a single Rhapsody portal connection to accept Automated Hospital Emergency Department Data (AHEDD) syndromic surveillance, Electronic Lab Reporting (ELR), and immunization data.

Status of Syndromic Surveillance Reporting

Unlike the other two public health reporting areas, there is a current legal requirement that hospitals report syndromic surveillance data electronically (He-P 301.02). Orion Health has created the routes, definition files, and mappers for the AHEDD data, and we are now working with several hospitals on a pilot basis to migrate the AHEDD syndromic surveillance data transmission to the Rhapsody portal.

In order to participate in this work, pilot hospitals undertook the following actions:

1. Referenced the Regional Extension Center (REC) website (reference Role Of REC below) to download the syndromic surveillance message implementation guidelines.
2. Made the arrangements necessary to allocate IT resources (such as networking, lab, and interface) to work with State of NH contacts in setting up and testing these transmissions. Specifically, the following tasks were addressed:
 - a. Implemented a new Virtual Private Network (VPN) connection to the Rhapsody portal for test data,
 - b. Implemented a new VPN connection to the Rhapsody portal for production data,
 - c. Redirected existing Health Level 7 (HL7) AHEDD syndromic surveillance feed to the Rhapsody portal,
 - d. Eliminated obsolete VPN connections between the hospital and AHEDD.

Our present plan is to build on the successes of the pilot project by migrating all hospital syndromic surveillance data to the Rhapsody portal by January 2012.

Status of ELR reporting

Hospitals can choose to submit electronically the ELR data that are required under the state's reportable conditions authorities (RSA 141-C and He-P 301) thus, in addition to satisfying MU eligibility criteria, participating hospitals will simultaneously satisfy disease reporting requirements. If submitted electronically, these data will automatically populate the state's communicable disease surveillance system in much the same way as electronic data received from the state public health laboratories. Exercising this electronic submission option should decrease your hospital laboratory staff reporting burden experienced when printing, mailing, faxing, and phoning these reports.

Status of Immunization Reporting

As suggested by the timeline for submittal of immunization data given below, the DHHS is still working internally to better define what information should be collected, and more specifically how the collection of MU immunization data may satisfy the provisions of RSA 141-C:20-a as well as other traditional registry functions such as the tracking of vaccine lots. We may need to readopt the registry rules, which have expired. Thus, while we wish to work with pilot hospitals to test routes, much work remains to be completed before the DHHS will be ready to accept immunization data on a production basis.

Timelines

We would like to continue to work with pilot hospitals, on a voluntary basis, to test the transmission and receipt of ELR and immunization data. Below are the beginning dates (released previously) and completion dates by which NH DHHS plans to be ready to receive such data, along with the relevant citation to the applicable administrative rule.

Data Type	Authority to collect	Beginning Date	Completion Date
Electronic Lab Reporting Data	He-P 301.02 (b)	1/1/2012	1/1/2013 (proposed)
Immunization Data	He-P 307* *expired	1/1/2013	1/1/2014 (proposed)

Additional Meaningful Use Certification Guidance

We worked with the Office of the National Coordinator (ONC) and with CMS to make the task of submitting meaningful use data less challenging for hospitals. Specifically, we have been advised by our federal partners that because the Orion Health Rhapsody integration engine 4.1 is an ONC-certified module, participating hospitals may select the Orion Health module in addition to their core EMR product when applying for a meaningful use certified EMR number. This combined certification number will allow hospitals to transmit data to the state portal in whatever format they choose, (although the suggested HL7 format is 2.3.1 or 2.5.1 for syndromic surveillance, and 2.5.1 for ELR and immunization data transmissions.) Because the state is licensed to use the Orion Health products, we at the state level will take care of creating a final message structure that complies with the CMS requirements. Please note that hospitals do not need to own or even use Rhapsody to take advantage of this opportunity. Secure transport of hospital data to the State of NH DHHS will be established via a secure VPN connection to the Rhapsody integration engine.

Role of Regional Extension Center

We are also working closely with the NH REC to make sure that all available guidance and supporting materials are available to eligible hospitals. Consequently, you will find copies of our guidance letters as well as a set of FAQs and related documentation (including implementation guidelines) posted on the REC website:

<http://healthinformationexchanges.org/category/health-information-exchanges/new-hampshire-health-information-exchange/new-hampshire-rec/>.

For the convenience of hospital MU workers, the REC also plans to post full copies of the administrative rules and state statutes that govern the exchange of information between DHHS and providers. Please check the REC website frequently as we will be updating information relevant to public health meaningful use as it becomes available to us.

State of NH Public Health MU Transmission Contacts

- For syndromic surveillance -- Dave Swenson, telephone (603) 271-7366, email dswenson@dhhs.state.nh.us.
- For electronic laboratory reporting – Mike Rogers, telephone (603) 271- 3910, email michael.rogers@dhhs.state.nh.us
- For immunization questions – Donna McKean, telephone (603) 271-4456, email donna.mckean@dhhs.state.nh.us
- For Rhapsody to Rhapsody connectivity – Chris Taylor, telephone (603) 271-6184, email ctaylor@dhhs.state.nh.us

Plans for Future Communication

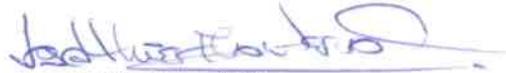
We recognize that hospital IT resources are normally fully engaged meeting other critical needs, so the guidance offered in this letter with respect to MU is strictly voluntary, and the timelines suggested above is for planning purposes only. There is no requirement that hospitals participate in the EHR Incentive Program (but please note that there are legal requirements for hospitals to submit electronic syndromic surveillance data and reportable disease conditions).

Hospital Guidance Letter #3
August 4, 2011

It is our intention to participate in upcoming Hospital CIO meetings as sponsored by the Hospital Association so as to better understand how the hospitals are approaching the EHR Incentive Program and how DHHS can assist in their endeavors.

Please feel free to contact Mr. Brook Dupee should you have any questions regarding the contents of this letter. Questions specific to syndromic surveillance, ELR and immunizations should be addressed to the appropriate technical contact listed above.

Sincerely,



Jose T. Montero, MD
Director

Cc: Brook Dupee
William Baggeroer
Andrew Chalsma
David Towne

Draft Hospital Guidance letter # 3 7 19 11r-1.doc