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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May 23, 2011

Kathy Bizarro
New Hampshire Hospital Association
125 Airport Road
Concord, NH 03301

RE: Guidance Letter # 2 to Hospitals--Public Health & Meaningful Use

Dear Ms Bizarro:

Purpose

The purpose of this letter is to provide further guidance to hospitals as to the steps that the NH Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) is taking to implement the public health capabilities to support the Meaningful Use sections of the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record Incentive Program Rule (42 CFR Parts 412 et al).

Meaningful Use Background

Under the EHR Incentive Program Rule, certain hospitals are eligible to receive incentive payments from Medicaid and/or Medicare provided they meet, among other requirements, those for "meaningful use". According to CMS, "meaningful use" means providers need to show they're using certified electronic health record (EHR) technology in ways that can be measured significantly in quality and in quantity.

The 3 main components of Meaningful Use may be summarized as follows:

- The use of a certified EHR in a meaningful manner, such as e-prescribing.
- The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
- The use of certified EHR technology to submit clinical quality and other measures.

Demonstrating Meaningful Use requires meeting both a core set and a menu set of objectives that are specific to hospitals. For eligible hospitals there are a total of 24 meaningful use objectives. To qualify for an incentive payment, 19 of these 24 objectives must be met. There are 14 required core objectives. The remaining 5 objectives may be chosen from a list of 10 menu set objectives, and must include at least one of the three population health measures described below:

1. Immunization Registries -- Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with New Hampshire law and practice.

2. Clinical Lab Test Results -- Capability to submit electronic data on reportable (as required by New Hampshire law) lab results to DHHS and actual submission in accordance with New Hampshire law and practice.

3. Syndromic Surveillance -- Capability to submit electronic syndromic surveillance data to DHHS and actual submission, again in accordance with New Hampshire law and practice.

As mentioned in Hospital Guidacne Letter #1 dated December 10, 2011, it is the intention of the DPHS to pursue the receipt of MU data, including syndromic surveillance, clinical laboratory reports, and immunization reports. Accordingly, and is described further in the paragraphs below, we want hospitals who are planning to submit data under the MU Rule to be aware that DHHS is modifying its IT infrastructure in anticipation of receiving such data.

DHHS Prepares for Meaningful Use

DPHS has elected to expand upon its existing Rhapsody implementation in order to be able to receive as many different message types as possible. Rhapsody is a message broker, or integration engine, which can consume many different messaging formats received using many different transport technologies. Received messages can be processed by DHHS and then dispatched to a final consumer such as public health data systems.. It is DHHS' goal to eliminate the proliferation of new data connections between existing data partners by using (and consolidating where feasible) pre-existing data connections as much as possible.. In adopting such a system it is the intention of the DPHS to provide maximal flexibility to providers who wish to communicate with us.

The following paragraphs contain specific guidance for each of the 3 public health meaningful use objectives.
Syndromic Surveillance (AHEDD Solution)

In terms of timing, we anticipate that syndromic surveillance will be the first of the three public health objectives to be fully supported by DPHS for meaningful use. Currently 25 of the 26 hospitals are providing data feeds to AHEDD.

In terms of process, DPHS is working with a contractor to integrate the Rhapsody integration engine with AHEDD beginning early May through June, with expectations to continue the migration into the next state fiscal year beginning July 1, 2011. We will be changing the current AHEDD transmission IP address to a new Rhapsody IP address using the same port during the integration project period. We anticipate that this will involve minimal work for your hospital to configure.

Clinical Laboratory Records

We are also interested in receiving clinical laboratory data, and anticipate that we will be ready to accept such data from providers on or about January 1, 2012. Hospitals who are interested in directing clinical laboratory data to us are encouraged to make contact so that we can make the necessary arrangements. It is DHHS' vision that the same IP/Port used to supply AHEDD messages would be used to concurrently supply Clinical Laboratory Record Meaningful Use messages.

Immunization Records

Immunization data, the third public health data objective, will require more planning and development at the state immunization program level before we are able to accept and utilize immunization data. For planning purposes, hospitals can assume that the ability of DHHS to accept and utilize immunization data will occur no sooner than January 1, 2013.

Periodic Updates

It is our intention to provide you with periodic updates as our technical staff and the Orion Health consulting team work towards developing the necessary connectivity. We anticipate the first phase of their engagement to be completed by the end of June. Further configuration work will be contingent upon provider interest and available funding.

Programmatic Contacts

In New Hampshire the responsibility for the Medicaid Meaningful Use Program rests with the Office of Medicaid Budget and Policy (OMBP). Mr. Andrew Chalsma is the MU point of contact for OMBP. Mr. David Swenson is the point of contact for AHEDD. For all other public health questions please contact Mr. Christopher Taylor.

Closing Thoughts

Please note that participation by hospitals in the Meaningful Use Rule is optional and completely voluntary.

We recognize that hospitals that do choose to participate in the EHR Incentive Program Rule needn't commit to any more than one of the three public health data sets to meet Stage I requirements, but for those capable of doing so we encourage that you work with us to generate an integrated solution for all three data sets. By working with several pilot hospitals over the next two months, it is our hope that we can create and test the necessary infrastructure and connectivity so that additional providers can connect to a proven system as their interests, time and resources permit. This strategy places hospitals in a favorable position to meet what we anticipate will be Stage II and III Meaningful Use guidance from CMS, while providing DPHS with the benefit of having meaningful use information available to apply to public health programs sooner rather than later.

Thank you very much for this opportunity to share with you the state's ongoing response to the EHR Incentive Program Rule. Please feel free to contact Mr. Brook Dupee at 271 4483 should you have any questions or should you desire further information.

Sincerely,

José T. Montero, MD
Director

Pc: William Baggeroer, DHHS
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