



**HIT Policy Committee
Meaningful Use Workgroup
Public Hearing on Population Health**

July 29, 2010

Panel 1: Achieving population health through meaningful use: How do governmental public health agencies view the process to date?

Peter Briss, Centers for Disease Control & Prevention

- CDC uses surveillance data to identify underserved population to trigger actions to reduce disparities
- State capacities are still variable
- There are a number of barriers to building state systems:
 - Funding constraints
 - Workforce needs
 - Lack of best practices
- CDC is working hard to build bridges between investments and ongoing public health investments to leverage funding streams and to maximize public health
- Need to broaden public health connections
- Although public health surveillance has been going on for decades, there are improvements to be made. EHRs provide a lot of opportunities for public health

Guthrie Birkhead, New York State Department of Health

- Recognize the tremendous opportunity EHRs can bring to public opportunity purposes
- New York has made \$1 billion investment in EHRs
- Barriers to achieving public health Meaningful Use:
 - Broaden thinking about new uses of the data that will be a result of health information exchanges with EHRs
 - Collecting more information that will help track public health goals such as obesity
 - Lack of public health data systems funding
 - Existing public health reporting systems will need to be maintained until replacement systems are available
- Must continue to actively engage public health agencies and communities
- Need to develop and promote national standards for health information exchange
- Data standards need to take into account public health standards, which require individual and aggregate data

Seth Foldy, Wisconsin State Health Officer

- Many ways to incorporate population health into Meaningful Use
 - Decreasing the overall cost of labor
 - Increase the productivity of the public health workforce
- Critical Barriers:
 - Absence of clear information architecture for public health
 - JPHIT is creating a common vision and roadmap for getting there
 - Cost
 - Workforce
 - Increase productivity, agility, and effectiveness of the workforce
 - need an informatics interoperability full time staffer in every state and territorial health office

Marcus Cheatham, Ingham County Health Department, Michigan

- Estimates show that only half of local public health departments have access to immunization registries
- Only a quarter report participating in their states' HIE plan
- Need a strategic plan for moving local public health forward
- Public health needs a reference model to guide developer
- What does it mean for public health to be a meaningful user?
- We are going to require physicians to release personal health records. Can we consider requiring the release of community health records?

Perry Smith, Council of State and Territorial Epidemiologists

- From a national perspective, most states have made considerable progress in implementing electronic lab reporting to public health
- Barriers:
 - Workforce
 - Funding
 - Competing information technology priorities for laboratories
 - Variable systems and standards among states
- Public health already has the capacity to use data under stage 1 of Meaningful Use. However, implementation is only partial at this time. There is no uniformity of systems across the state. The systems are not easy to build or adapt.

Panel 2: Experiences and current status of MU-like projects: How do governmental public health agencies use MU-like criteria or measures to achieve population health?

Nedra Garrett, Centers for Disease Control & Prevention

- Goal is to improve health outcomes
- Bidirectional information exchange is critical for care coordination
- Opportunity to use support that is embedded in the EHR

- Ex. automated electronic reminders
- Important to examine new and novel ways to examine data
- CDC is working with a number of nation partner organization such as JPHIT

Amanda Parsons, New York City Department of Health

- Want to evaluate the impact of EHRs on public health
- New York City has several public health projects under way
- Ex. Health Quality Information Network (HQIN)
- Barriers that could be addressed by HIT policy development:
 - Incentives for laboratory companies to provide at least one bidirectional interface to all practices that need them
 - The ability for patients to easily move their data from personal health records (PHR) tethered to EHRs to other patient platforms of their choice
 - An understanding of the workflow challenges providers face
 - Keeping external stakeholders informed

Virginia Caine, Marion County Health Department, Indiana

- Public health EHR projects:
 - Determining the source of food-borne illness outbreaks
 - Immunization data
 - Situational awareness for reporting on H1N1 epidemic
 - Information about the patient social determinants and the environment he or she lives in

Dr. David Gifford, Rhode Island Health Department

- Need to have and EHR to move forward
- KIDS Net – more than just an immunization registry
 - At the point of being able to populate EHRs with this information
 - Efforts to use EHRs to track influenza
- Greatest barriers:
 - Meaningful Use definitions are tending to emphasize HIE as the verb and not the noun. The registry that you hear about is the noun. The problem is that the noun component is expensive. The real value is having the noun component.

Steven Hinrichs, Nebraska Health Department

- Tests require interpretation. We need national and international standards for lab recording and reporting
- The laboratory community has learned from disasters such as Hurricane Katrina
 - The ability of the state laboratory in Iowa to come to the aid of Louisiana was made possible through establishing a web based system for receiving test orders and submitting results.
- For purposes of public health, the ability to transmit, acknowledge and respond to test orders is crucial

Panel 3: Potential areas for HIT Policy Committee consideration: Where should the committee focus its attention to support MU measures and criteria that complement the public health mission?

Martin LaVenture, Minnesota Office for Health Information Technology

- Meaningful Use will have a significant impact on helping achieve the vision for both healthier individuals and communities
- New types of requirements should be associated with Meaningful Use – gaps in public health
 - Will impact the broad agenda at state and local agencies

James Buehler, Centers for Disease Control & Prevention

- Meaningful Use is a concern across CDC
- Public health surveillance is embedded in the practice of public health
- Integral to surveillance is the concept of feedback – feedback needed to improve ongoing problem
- Surveillance challenges:
 - Timeliness of needs
 - Level of specificity
 - Level of states' interest
 - Privacy and security – confidentiality
- Policy issue boils down to answering the question “who needs what?”
- Variability in the pathways different federal agencies are asking hospitals to take in taking advantage of electronic information
- Public health surveillance is a learning system

Eileen Storey, National Institute for Occupational Safety & Health

- Occupation health has several opportunities in the EHR world
- Work should be added to height, weight, BMI, etc in Phase 2
 - occupational diseases, such as lung disease, is preventable
 - a number of states report systems for occupational lung disease
 - another example of an occupational disease is adult asthma

David Ross, Public Health Informatics Institute

- We have not done a good enough job of defining population health (for the purpose of Meaningful Use)
- ONC will help in the role to promote the growth of an enterprise architecture that for most standards, public health can build upon
- Barriers:
 - We need to invest in population health
 - Investment in people - need a more informatics-savvy workforce

R. Gibson Parrish

- Population health is a conceptual approach to measure the aggregates of a community with a collective goal of improving measurements and reducing health inequities
- Despite this, health related perceptions, policies, and programs in the US are overwhelmingly directed towards individual healthcare.
- Most of the information needed for measuring population health come from population surveys.
 - Innovative approaches are needed to improve survey response rates
- Pop HR – Population Health Record – would address current lack of a single common source for population health data across regions and states
 - The National Coordinator could be a powerful force to facilitate the development of the Pop HR

***Agenda and written testimony can be found at:**

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1472&&PageID=17094&mode=2&in_hi_userid=11673&cached=true#072910