(PHRI) Public Health Reporting Initiative

We have merged with the Public Health Tiger Team - please see this page for current activities related to public health topics in S&I Initiative

Background

On February 17, 2009, the President signed the American Recovery and Reinvestment Act of 2009 (ARRA). This statute includes the Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act) that set forth a plan for advancing the Meaningful Use (MU) of health information technology (HIT) to improve quality of care and establish a foundation for health care reform. Two Federal Advisory Committees, Health IT Policy and Health IT Standards have been established under this legislation. In 2010 these Committees identified three types of public health reporting that were adopted for MU Stage 1 of the HITECH-funded CMS Incentive Program:

1. Capability to submit electronic **syndromic surveillance** data to public health agencies and actual transmission according to applicable law and practice.
2. Capability to submit electronic data to **immunization** registries of Immunization Information Systems and actual submission in accordance with applicable law and practice.
3. Capability to submit **electronic data on reportable** (as required by state or local law) **lab results** to public health agencies and actual submission in accordance with applicable law and practice.

Since then both the HIT Policy Committee and HIT Standards Committee recognized that the three public health domains selected for MU State 1 represent just a few of several types of ongoing information exchange between clinical providers and public health agencies that occur on an ongoing basis, and that creating unique implementation guide for electronic data exchanges for each would impose long-term burdens on providers and agencies alike. Both suggested that simpler approaches to managing public health reporting be considered for future stages of Meaningful Use.[1]

The Office of the National Coordinator for Health IT (ONC) issued regulations codifying standards for electronic health record (EHR) certification and to measure compliant performance by providers.[2]ONC manages a Standards & Interoperability (S&I) Framework to leverage existing and new HIT standards and tools, and harmonization and implementation of standards specifications (implementation guides) to promote electronic health information exchange interoperability nationwide. In 2011, several S&I Framework Initiatives were established to address gaps in HIT standards selected for MU and guide standards-based products and certification including the Laboratory Results Interface (LRI) Workgroup and its Public Health Laboratory Reporting Workgroup.[3] These were formed to address inconsistencies in electronic laboratory reporting specifications.

The Public Health Laboratory Reporting Workgroup recognized that additional information is needed for prompt assessment and response to reportable diseases, beyond that contained in the MU Stage 1 implementation guide for laboratory result reporting. Similar types of information are needed for many different types of public health reports. During the ONC S&I Framework face-to-face meeting in Washington DC, June 14-15, 2011 the LRI Public Health Workgroup proposed establishing the Public Health Reporting Initiative within the ONC S&I Framework.

The S&I Public Health Reporting Initiative is aimed to harmonize HIT standards and implementation guides for interoperable bi-directional communication between clinical care and public health entities for many different types of public health reporting. We anticipate producing practical implementation guide (s) for public health reporting for a selected number of use cases that could be extensible to many other public health use cases. Specifically, we aimed to have these implementation guides be ready for Stage 3 of the Meaningful Use incentive program (i.e., ready for approval during Federal fiscal year 2013 for use by Federal FY 2015).

In the context of this Charter we use the term "**public health reporting**" to describe sending, receiving or retrieving patient-level or population level information for the purpose of public health interventions including surveillance and other legitimate functions. In addition to cases of infectious and chronic disease and poisoning this may include reports of newborn screening, effectiveness and safety reporting like adverse drug or device events, drug and biologics, registration of births and deaths, and exchanges with various public health registries (e.g., immunization registries, blood lead registries and others). Such reports should also be capable of being aggregated in the population-level reports (either prior to or after transmission as appropriate) and may contain de-identified information needed for communication between local, state and federal agencies.

An initial case report is defined as a type of public health reporting that contains initial notification of an occurrence or it may contain specific information about what occurred. A classic example of initial case report is a report about occurrence or suspected case of a "notifiable" disease by a practitioner to local, state or federal public health agencies.[4] In the context of this Initiative, we will use this term to describe initial reporting from clinical electronic health record (EHR)systems to public health agencies on a public health occurrence (event) for all use cases, e.g., maternal and child health, injuries, immunization, chronic diseases and other public health programs (domains).

Please note that a more concise definition of "public health reporting" including the types (classes) of the reports (e.g. initial case report *and others) and reporting processes used for public health reporting and bi-directional communication will be defined by the Public Health Reporting Initiative's Work Group when formed. Please see Appendix A for examples of individual- and population-level public health reports by programs/domains.*

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