Specialized Registries: New Opportunities for Public Health Agencies

Public Health - EHR Vendors Collaboration Initiative

February 16, 2016
CDC EHR Meaningful Use webpage - Public Health – EHR Vendors Collaboration Initiative

URL: http://www.cdc.gov/ehrmeaningfuluse/public-health-ehr-vendors-collaboration-initiative.html
Specialized Registries

New Opportunities for Public Health Agencies
### Specialized Registries Described (2015 – 2017)

#### Specialized Registries

**Case Reporting**
- “reportable conditions” as defined by the state, territorial, and local PHAs to monitor disease trends and support the *management of outbreaks*.

**Public Health Registry**
- A registry that is administered by, or on behalf of, a local, state, territorial or national public health agency and which collects data for public health purposes.

**Clinical Data Registry**
- Administered by, or on behalf of, other non-public health agency entities.
Specialized Registry Reporting 2015-2017*

- Eligible Professionals may select 2 different registries
- Hospitals may select 3 different registries
- Cancer reporting is an option for eligible professionals only
- Providers may use electronic submission methods beyond the functions of CEHRT to meet the requirements
  - However, if a standard is named in the ONC standards final rule, it must be used, i.e. cancer reporting, case reporting, antimicrobial use and resistance reporting, health care surveys.
- Clinical Data Registries included
  - Prescription Drug Monitoring Reporting Program
  - National Quality Registry Network inventory

*Alternate Specification: An EP scheduled to be in Stage 1 in 2015 may meet 1 measure and an eligible hospital or CAH scheduled to be in Stage 1 in 2015 may meet two measures.
Public Health Registries and Existing HL7 Standards (not named in final rules)

- Birth Defect Reporting for Eligible Professionals
- Critical Congenital Heart Disease (CCHD) Newborn Screening Reporting for Eligible Hospitals
- Early Hearing Detection and Intervention (EHDI) Reporting for Eligible Hospitals and Professionals
- Birth and Fetal Death Reporting for Eligible Hospitals
- Death Reporting for Eligible Professionals and Eligible Hospitals
One in every 33 babies in the United States is born with a birth defect. Birth defects are the leading cause of infant deaths.

Public health surveillance teams use this data to:
- Help children get the resources and support services they need
- Conduct research leading to the prevention and treatment of birth defects

Many states mandate birth defect reporting. The reporting process is often paper-based.

There is a HL7 electronic standard:
http://www.hl7.org/Special/committees/pher/projects.cfm?action=edit&ProjectNumber=1112
CCHD Pulse Oximetry Reporting: Why Support?

- Congenital heart disease is the most common group of birth defects, affecting 9 in 1,000 newborns. CCHDs remain one of the most significant causes of infant death in the United States.

- Public health surveillance teams use the pulse oximetry reports to:
  - Ensure necessary delivery of services and care take place in a timely manner
  - Evaluate guidelines and recommendations for newborn pulse oximetry screenings

- Many states mandate newborn screening for CCHD using pulse oximetry readings. The reporting process is often paper-based.

More than 12,000 babies are born each year with congenital hearing loss.

Public health surveillance teams use this data to:
- Ensure necessary delivery of services and care take place in a timely manner
- Develop guidelines and recommendations for newborn hearing screening and early hearing detection and intervention

There are 43 states with newborn hearing screening regulations.

There is a HL7 electronic standard: http://www.hl7.org/implement/standards/product_brief.cfm?product_id=344
Birth and Death Reporting: Why Support?

- Vital Records are used for legal purposes, as well as, providing statistics for clinical research and population health management.
- Public health surveillance teams use this data to:
  - Capture a complete set of demographic and clinical information on newborns
  - Capture a complete set of demographic and clinical information on the deceased
- Birth and Death reporting is required in every state and US territory
- There are electronic HL7 standards: http://www.hl7.org/Special/committees/phcr/proj projects.cfm
Declaring a Registry as “Specialized”

- The Receiving Entity (Public Health Agency) must:
  - Declare readiness to accept data as a specialized registry and be using the data to improve population health outcomes
  - Be able to receive electronic data generated from CEHRT (Manual data entry into a web portal does not count.)
  - Have a registration of intent process
  - Have a testing and validation process
  - Have a process for moving providers to production
  - Document the provider's Active Engagement status
  - Provide appropriate Active Engagement status documentation

FAQ 13653: [https://questions.cms.gov/faq.php?id=5005&faqId=13653](https://questions.cms.gov/faq.php?id=5005&faqId=13653)
Michigan’s Specialized Registries

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<thead>
<tr>
<th>Michigan’s Specialized Registries</th>
<th>EP</th>
<th>EH</th>
<th>Date Available</th>
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</thead>
<tbody>
<tr>
<td>Michigan Cancer Registry</td>
<td>Yes</td>
<td>No</td>
<td>March 2014</td>
</tr>
<tr>
<td>Michigan’s Dental Registry</td>
<td>Yes</td>
<td>No</td>
<td>Feb. 2016</td>
</tr>
<tr>
<td>CCHD Newborn Screening</td>
<td>No</td>
<td>Yes</td>
<td>Jan. 2015</td>
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Planned Registries for 2017

- Birth and Fetal Death Registry
- Death Registry
- Early Hearing Detection and Intervention
Meeting CMS’s Specialized Registry Requirement

- MichiganHealthIT.org
  - Declare Readiness
  - https://michiganhealthit.org/public-health/

- Michigan’s Health System Testing Repository
  - Registration of Intent
  - Tracking Active Engagement Status
  - Providing Active Engagement Status Documentation
  - https://mimu.michiganhealthit.org/
Testing and Validation Process for Data Quality

1. **Submit Messages to MDHHS Validator**
2. **Validator Edit Checks According to IG**
3. **Validator Generates Error Report**
4. **Provider Remediates Issues**
5. **Provider Generates Corrected Messages**
Able to Receive Data
Specialized Registry Challenges

- Short time frame to declare readiness with the October release of the modification rule and the 60 day registration period for 2016 calendar year
- Varying interpretations of “no certified technology needed” (including cancer)
- Vendor engagement in use cases not named in the final rule(s)
- Provider’s confusion over exclusion eligibility
Successes

• Leveraged systems already in place for:
  • Declaration
  • Registration and Active Engagement Tracking
  • MDHHS Validator
  • Health Information Exchange Infrastructure

• Collaborating with Medicaid EHR Incentive Program and Regional Extension Center (M-CEITA) to recruit

• Collaborating with M-CEITA to assist providers with Specialized Registry questions and concerns
# Contact Information

<table>
<thead>
<tr>
<th>Role</th>
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<tbody>
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**Michigan Department of Health & Human Services**

- **Michigan Caries Prevention Program**
- **Michigan Birth Defects Registry**
- **Michigan Cancer Surveillance Program**
- **Michigan Newborn Screening Program**