



The Office of the National Coordinator for  
Health Information Technology

## Medicaid and Public Health Community of Practice

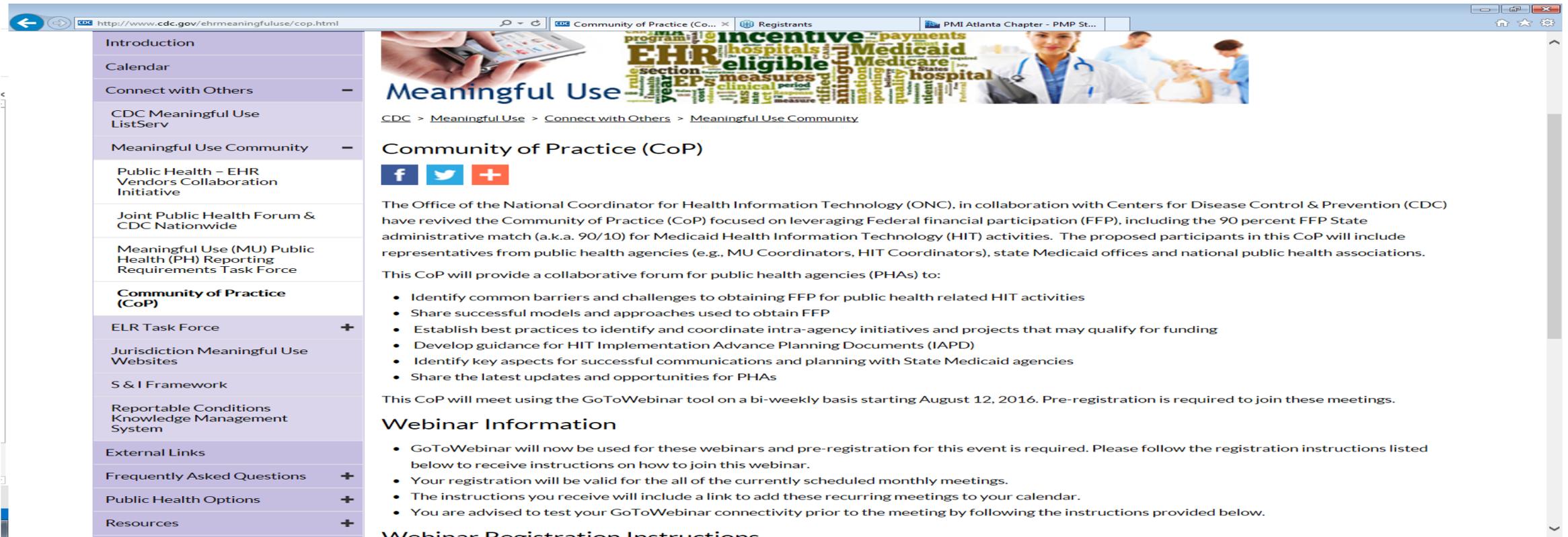
Jointly supported by the Centers for Disease Control and Prevention and the Office of the National Coordinator for Health IT

September 23, 2016



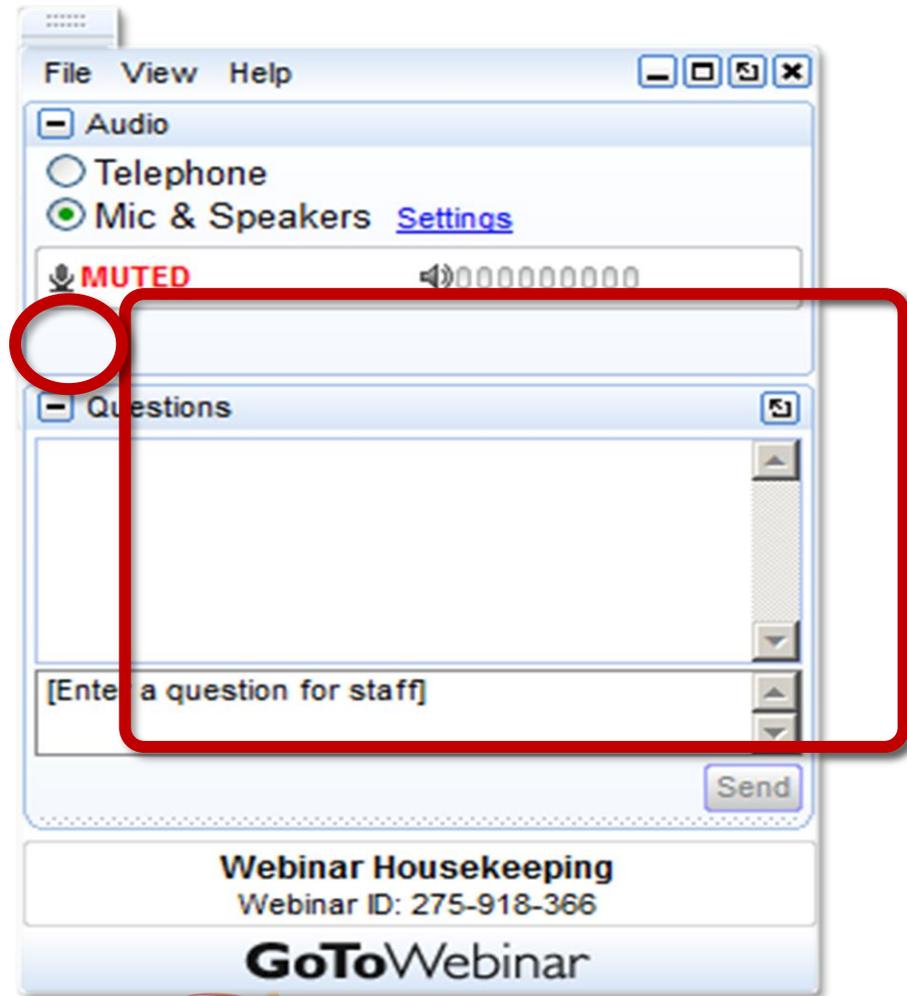
- The slides will be available after the webinar.
- Please submit questions during the presentation via the chat function.
- In addition, at the end of the presentation, we will provide an opportunity for participants to raise their hands to ask questions during the Q&A.

- <http://www.cdc.gov/ehrmeaningfuluse/cop.html>



The screenshot shows a web browser window displaying the CDC website for the Meaningful Use Community of Practice (CoP). The browser's address bar shows the URL <http://www.cdc.gov/ehrmeaningfuluse/cop.html>. The page has a navigation menu on the left with items like 'Introduction', 'Calendar', 'Connect with Others', 'CDC Meaningful Use ListServ', 'Meaningful Use Community', 'Public Health - EHR Vendors Collaboration Initiative', 'Joint Public Health Forum & CDC Nationwide', 'Meaningful Use (MU) Public Health (PH) Reporting Requirements Task Force', 'Community of Practice (CoP)', 'ELR Task Force', 'Jurisdiction Meaningful Use Websites', 'S & I Framework', 'Reportable Conditions Knowledge Management System', 'External Links', 'Frequently Asked Questions', 'Public Health Options', and 'Resources'. The main content area features a header with a word cloud containing terms like 'incentive', 'payments', 'hospitals', 'eligible', 'Medicaid', 'EHR', 'section', 'measures', 'clinical', 'year', 'EP', 'rule', 'health', 'cont', 'of', 'MS', 'site', 'let', 'measure', 'tified', 'aningful', 'mation', 'sporting', 'quality', 'ident', 'hospital', 'program', 'the', 'program', 'the', 'payments', 'hospitals', 'eligible', 'Medicaid', 'EHR', 'section', 'measures', 'clinical', 'year', 'EP', 'rule', 'health', 'cont', 'of', 'MS', 'site', 'let', 'measure', 'tified', 'aningful', 'mation', 'sporting', 'quality', 'ident', 'hospital'. Below the header, the page title is 'Meaningful Use' and the breadcrumb trail is 'CDC > Meaningful Use > Connect with Others > Meaningful Use Community'. The main heading is 'Community of Practice (CoP)' with social media icons for Facebook, Twitter, and a plus sign. The text describes the CoP's purpose: 'The Office of the National Coordinator for Health Information Technology (ONC), in collaboration with Centers for Disease Control & Prevention (CDC) have revived the Community of Practice (CoP) focused on leveraging Federal financial participation (FFP), including the 90 percent FFP State administrative match (a.k.a. 90/10) for Medicaid Health Information Technology (HIT) activities. The proposed participants in this CoP will include representatives from public health agencies (e.g., MU Coordinators, HIT Coordinators), state Medicaid offices and national public health associations. This CoP will provide a collaborative forum for public health agencies (PHAs) to:'. A bulleted list follows: 'Identify common barriers and challenges to obtaining FFP for public health related HIT activities', 'Share successful models and approaches used to obtain FFP', 'Establish best practices to identify and coordinate intra-agency initiatives and projects that may qualify for funding', 'Develop guidance for HIT Implementation Advance Planning Documents (IAPD)', 'Identify key aspects for successful communications and planning with State Medicaid agencies', and 'Share the latest updates and opportunities for PHAs'. Below this, it states: 'This CoP will meet using the GoToWebinar tool on a bi-weekly basis starting August 12, 2016. Pre-registration is required to join these meetings.' The next section is 'Webinar Information' with a bulleted list: 'GoToWebinar will now be used for these webinars and pre-registration for this event is required. Please follow the registration instructions listed below to receive instructions on how to join this webinar.', 'Your registration will be valid for the all of the currently scheduled monthly meetings.', 'The instructions you receive will include a link to add these recurring meetings to your calendar.', and 'You are advised to test your GoToWebinar connectivity prior to the meeting by following the instructions provided below.' The final section is 'Webinar Registration Instructions'.

# How to submit or ask questions for the panel members?



## Submit or Ask Questions

- Submit your text question and comments using the Question Panel
- Please raise your hand to be unmuted for verbal questions.

# Agenda

- Introductions/Announcements
- Leveraging 90/10 Medicaid Funding: New York Citywide Immunization Registry
  - » Angel Aponte, Division of Disease Control, New York City Department of Health and Mental Hygiene
  - » Brad Duerr, NYSTEC
  - » Jim Kirkwood, Office of Quality and Patient Safety, New York State Department of Health
  - » Amy Metroka, Citywide Immunization Registry
- Discussion/Q&A
- Proposed Next Steps

# Medicaid 90/10 Funding of the New York City Citywide Immunization Registry

**Angel Aponte**, Amy Metroka – New York City Department of Health and Mental  
Hygiene

Jim Kirkwood – New York State Department of Health

Brad Duerr – NYSTEC

September 23, 2016

# Outline

APPLICATION: State /City - Lead by Jim Kirkwood - Questions at end

AWARD: To New York City's Immunization Information System, the  
Citywide Immunization Registry (CIR)

## ACCOMPLISHMENTS:

- Onboarding by NYSTEC Staff – Brad Duerr – Questions at end
- Infrastructure Improvements

NEXT STEPS: Apply for 2018 Funding

# Application

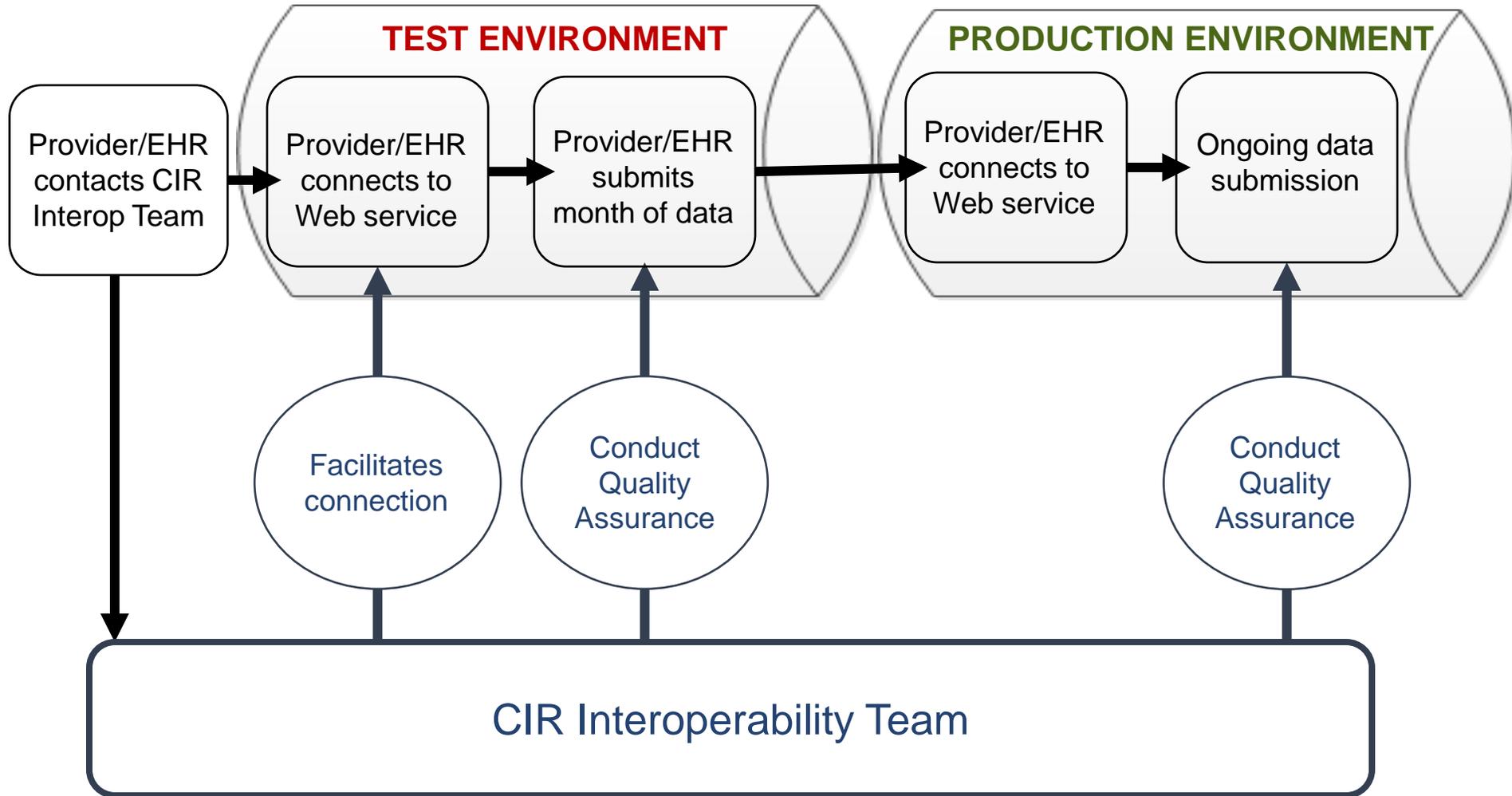
- Provider Onboarding
  - Requested full-time staff to assist providers to connect to the CIR for Meaningful Use (MU)
- Technology Infrastructure Improvements
  - Needed increased capacity to support large number of providers requesting to communicate with the CIR, including bi-directional data exchange
  - Requested new server and network hardware to support MU
  - Requested funds for software improvements to align with HL7 standards

# Award

- Onboarding Staff from NYSTEC – Brad to answer questions at end
  - 2 full-time positions initially awarded
  - 3 full-time positions added due to increased demand
  - Worked with NYSTEC to recruit, hire, and train staff
  - Staff started December 2014 and sit side-by-side with CIR staff
- Technology Infrastructure Improvements
  - \$660,000 for new servers and network hardware
  - \$165,000 for HL7 software improvements
  - Challenges in funding process – NYS able to overcome and set up contract with nonprofit agency for access to funds in 2016

Accomplishments:  
NYSTEC Onboarding Staff

# Provider Onboarding Process



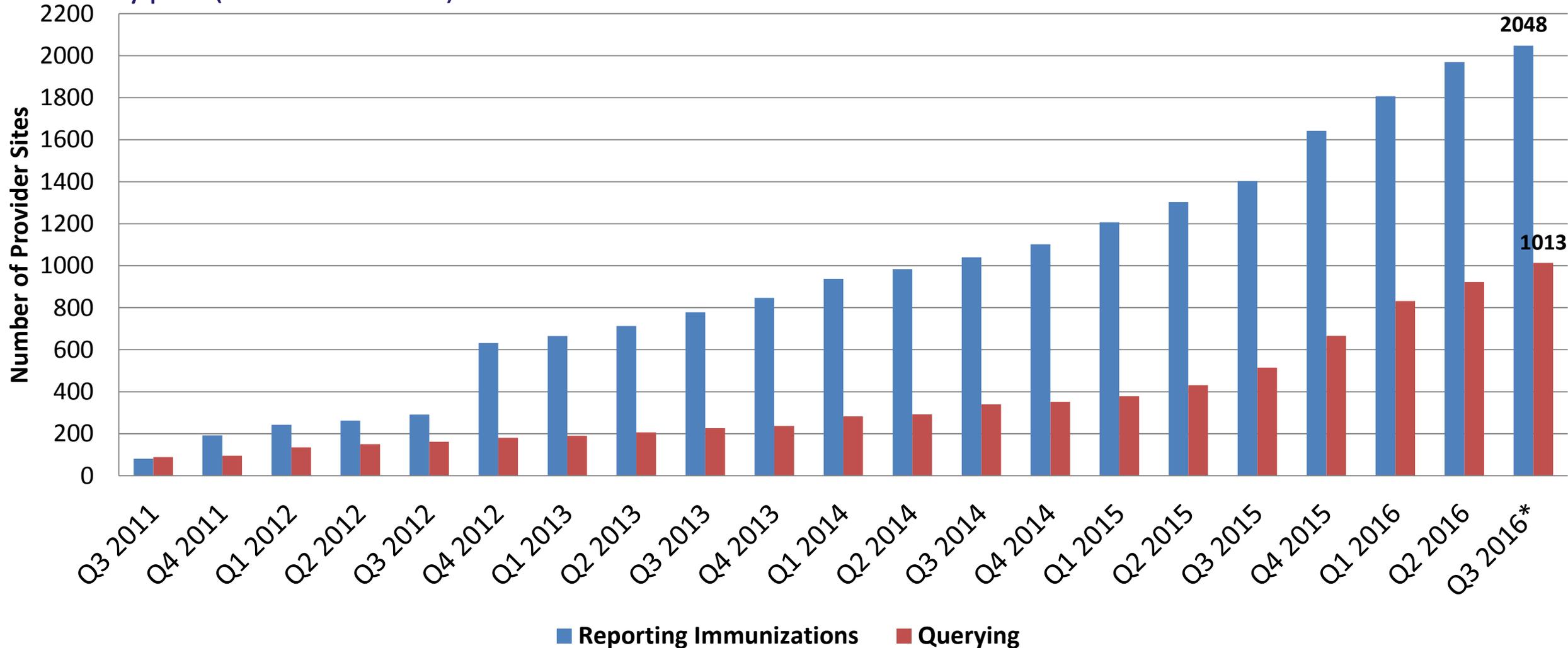
# NYSTEC's Value for NYC CIR Data Capture

- Help standardize onboarding process
  - Standardized communications (e.g., kickoff calls, questionnaires about technical specifications)
- Conduct QA during onboarding
  - Perform QA in test and production environments for immunization reporting and querying
  - Require EHR to demonstrate bidirectional interface before implementation
  - Create QA tools/reports
- Other onboarding related activities
  - Test enhancements to HL7 Web service
  - Identify gaps between local HL7 Web service implementation guide and current CDC guide

# NYSTEC's Value for MU Process

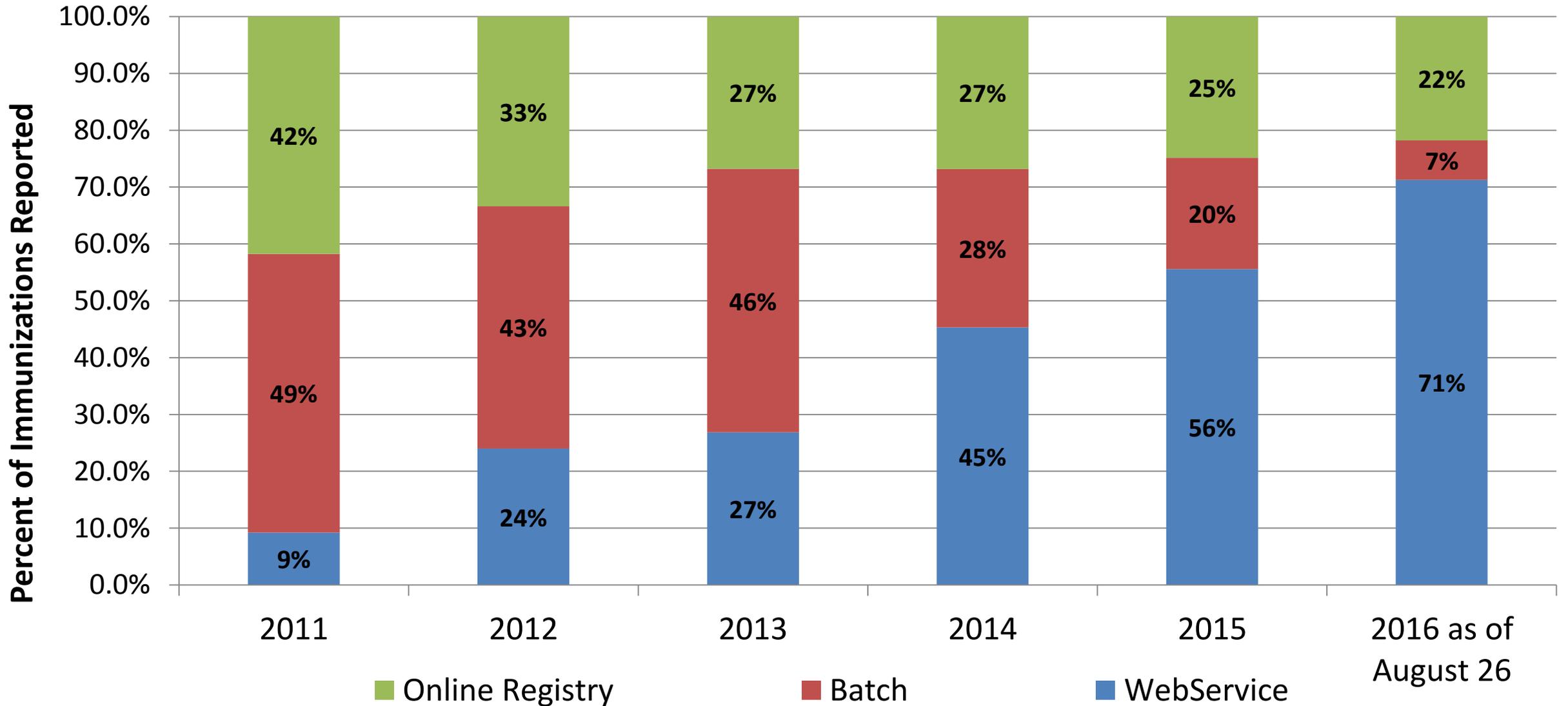
- Track MU statuses and communicate status to providers with standardized communications
- Fulfill requests for audits from the Office of Medicaid Inspector General (~195 audits to date)
- Advise on MU policy questions

# Provider Sites Connected to CIR's HL7 Web Service by Interface Type (2011-2016)



\* July and August only

# CIR reporting % by method



# Improvement in CIR Data Completeness/Timeliness New York City, 2014

	HL7 Web Service	Manual Entry	Non-standard flat file
<b>Completeness</b>			
Imms reported with Lot #	98%	50%	66%
Imms reported with Manuf.	93%	48%	47%
Imms reported with VFC elig.	95%	97%	87%
<b>Timeliness</b>			
Imms Reported in < 30 days	97%	93%	93%
Imms Reported in < 1 day	78%	54%	18%

Accomplishments: CIR  
Infrastructure Improvements

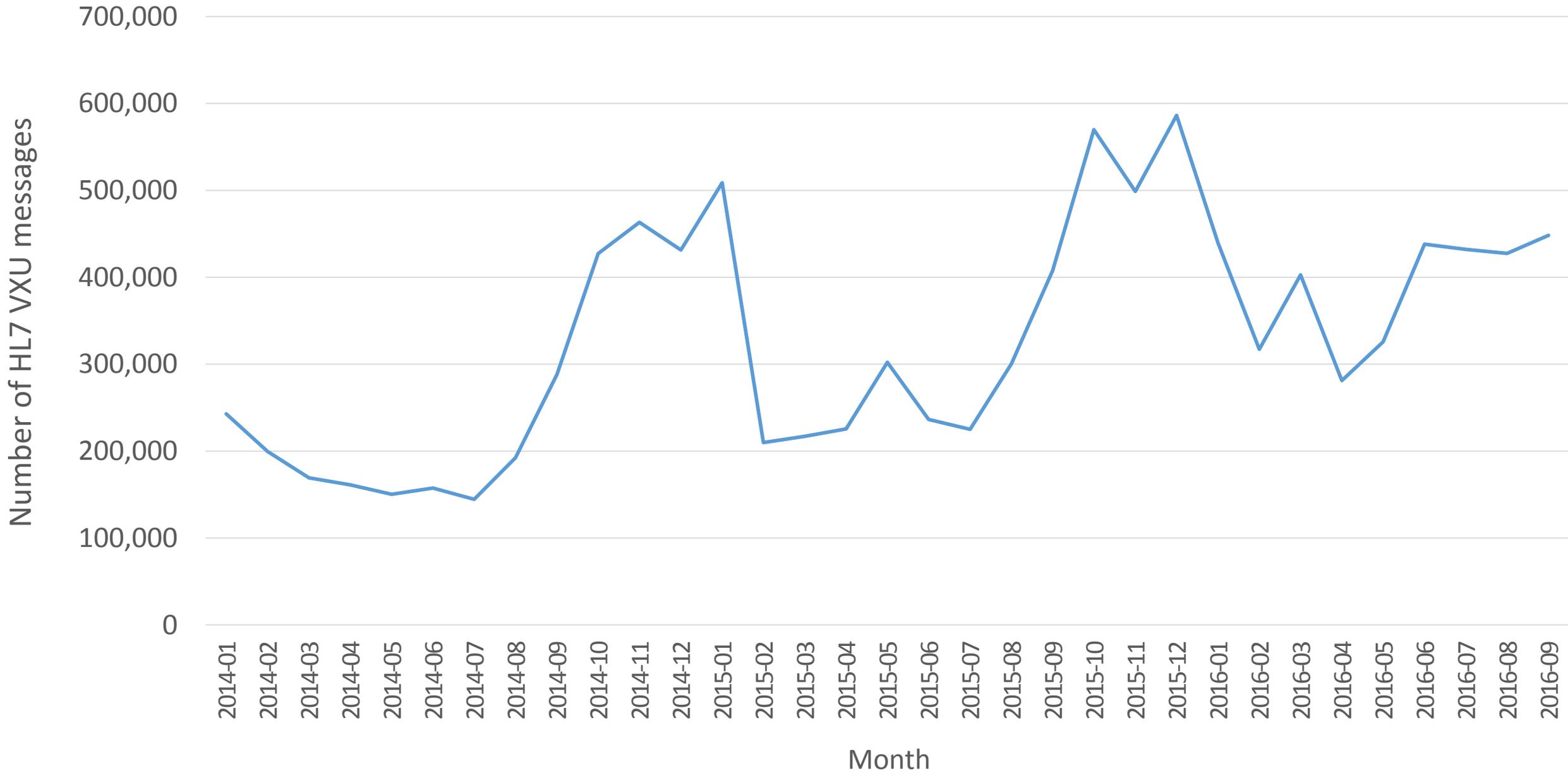
# EHR to CIR message and interface updates

- Improve CIR alignment with CDC HL7 Implementation Guide for Immunization Messaging, Addendum, and other MU requirements
- Immunization reporting (VXU) messages
  - National standard message acknowledgements
  - Support National Drug Code (NDC) number and translate to CVX code
  - Changes to required/optional data elements and standard error messages
  - History of disease as evidence of immunity (Varicella)
  - Serological evidence of immunity
- Immunization query (QBP) messages
  - Separation of immunization registry functionality
  - Addition of 6 query profiles for immunization history, clinical decision support for the vaccination schedule, and forecast for future shots

# NYC CIR Server and Network Infrastructure Improvements

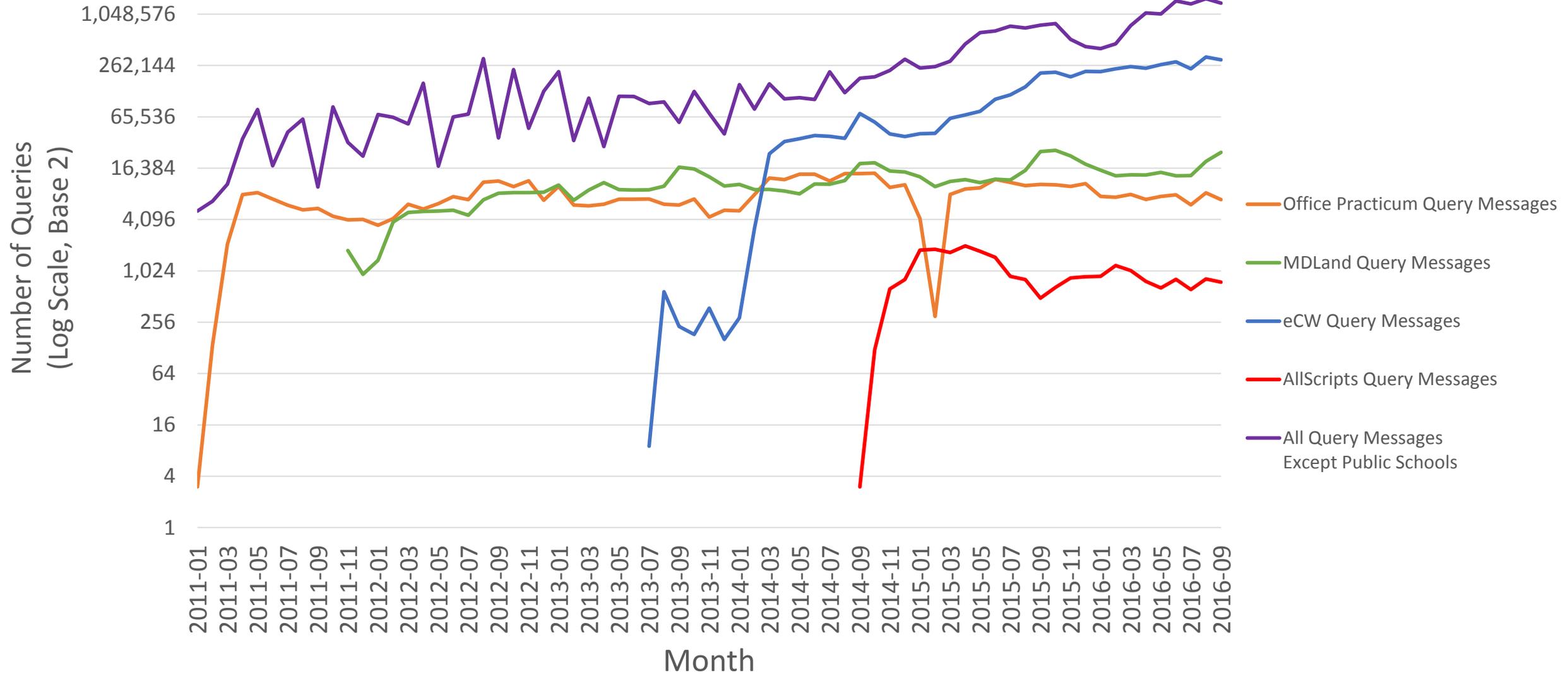
- New equipment used to keep up with increased MU demand:
  - Database servers
  - Application servers
  - Web servers
  - Network switches and firewalls
  - Virtual Private Network gateway
  - Increased provider onboarding capacity
- Store and back up full CIR audit trail of HL7 messages for MU
- Less than 2 second response time for EHR requests

Number of HL7 Web Service Reporting Messages CIR Data Exchange Partners  
January, 2011 to September 22, 2016



# Number of HL7 Web Service Queries Performed by CIR Data Exchange Partners

## January, 2011 to September 22, 2016



Next Steps: Apply for 90/10  
Funding for MU3

# MU3 Needs for Immunization Registry

- Continue to increase software and hardware capacity to meet EHR demand for immunization record query and clinical decision support
- Add Vaccine Adverse Event Reporting
- Continue to improve alignment with national HL7 message standards assessment
- Pilot Structured Data Capture for School Health, Child Care, Camp physical forms from EHRs
- NYSTEC partner performs onboarding

# MU3 Needs for Public Health Case Reporting

- Implement national standard (HL7 CDA R2) for case reporting messages and Web service interface for message delivery
- Perform proof of concept pilot(s) in 2017
- Prepare NYC case reporting software and hardware infrastructure for 3 reporting methods
  - EHRs
  - HIE/RHIO on behalf of provider/hospital
  - Public Health Community Platform on behalf of provider/hospital
- NYSTEC partner performs onboarding

# Questions

- Jim Kirkwood – New York State Department of Health
- Brad Duerr – NYSTEC
- Amy Metroka – CIR, New York City Department of Health and Mental Hygiene
- Angel Aponte – Division of Disease Control, New York City Department of Health and Mental Hygiene



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## Q&A/Discussion

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## Next Steps/Homework

- Next Call: October 7, 2016 2-3PM EST. Topic to be determined.
- Invitations from Basecamp—Please start discussions and post resources. All slides will be posted here as well as CDC's Meaningful use website (<https://www.cdc.gov/ehrmeaningfuluse/>)
- Send topics/ideas/questions for future CoP meetings to [meaningfuluse@cdc.gov](mailto:meaningfuluse@cdc.gov) or post them to Basecamp