

The Office of the National Coordinator for
Health Information Technology



**PRESENTATION 1:
THE TRANSITION TO MEANINGFUL USE STAGE 3 FOR IMMUNIZATION INFORMATION
SYSTEMS (IIS)**

**PUBLIC HEALTH - EHR VENDORS COLLABORATION INITIATIVE
DECEMBER 20, 2016**

Putting the **I** in Health **IT**
www.HealthIT.gov

PUBLIC HEALTH – EHR VENDORS COLLABORATION INITIATIVE

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

Meaningful Use

- Meaningful Use
- 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

Meaningful Use

Public Health – EHR Vendors Collaboration Initiative

[f](#) [t](#) [+](#)

In Focus

Special Session # 7-Zika Virus Disease Update

Coming Up! Special Session # 7: Zika Virus Disease Update for Electronic Health Record (EHR) Vendors, Health Information Technology Developers, Public Health, and Clinical Healthcare Partners on Nov 2, 2016 1:00 PM- 2:00 PM EDT

Please pre-register for the webinar by clicking the link below:

<https://attendee.gotowebinar.com/register/3504905897385264131>

Abstract

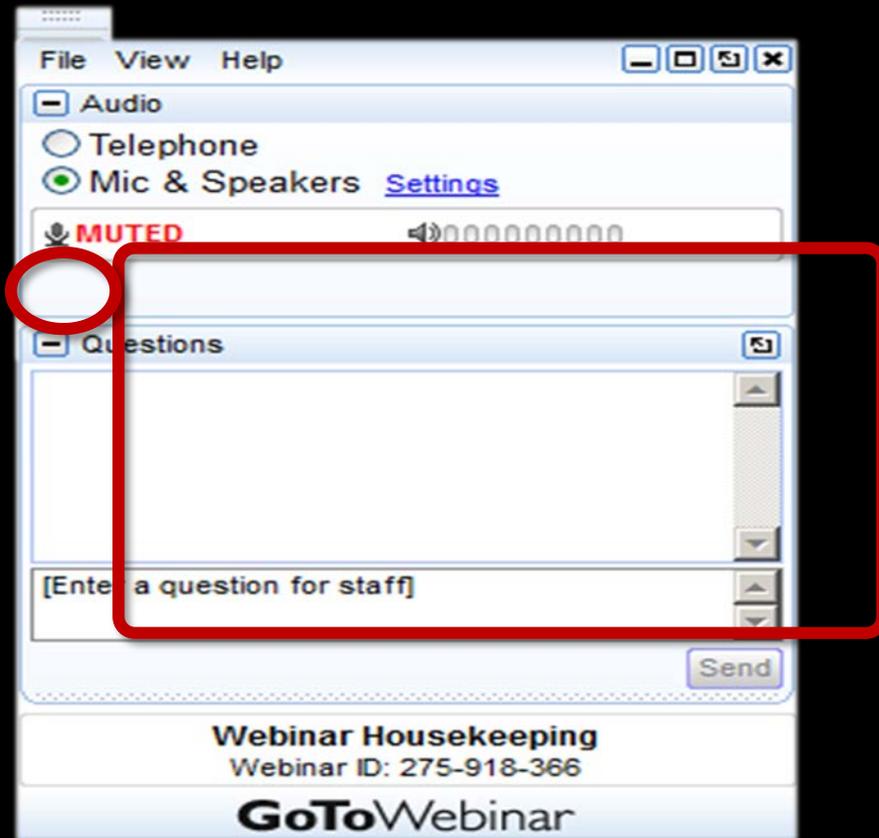
This webinar will be focused on the recommendations around Ask at Order Entry (AOE)* for pregnancy status in Zika virus (ZIKV) laboratory test orders with the possibility of a broader discussion on the capture of pregnancy status in electronic health records, per the clinical workflow and an update on the algorithm for ZIKV risk assessment in pregnant women, based on the latest Centers for Disease Control and Prevention (CDC) guidelines.

Terms explained-

* Ask at Order Entry (AOE)-Some tests, such as microbiology cultures and those that determine heavy metal ion concentration, require additional

QUESTION AND ANSWER SESSION

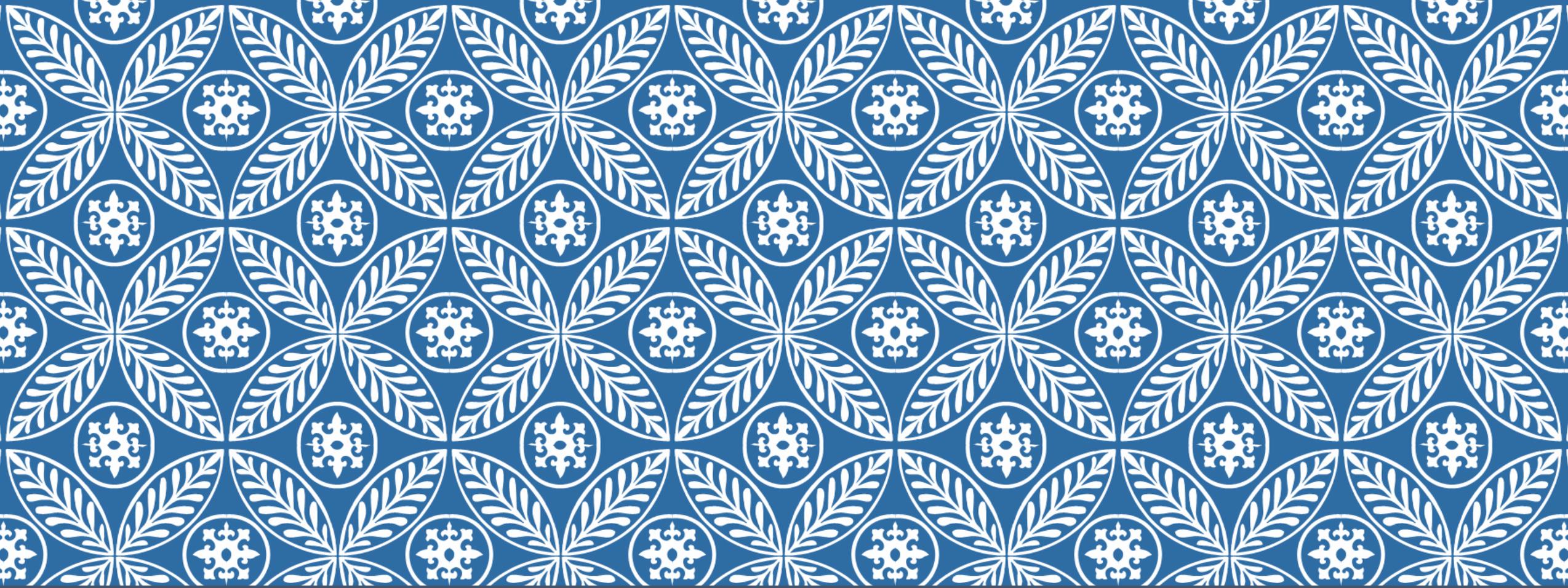
*HOW TO SUBMIT OR ASK QUESTIONS FOR THE PANEL
MEMBERS?*



Submit or Ask Questions

Submit your text question and comments using the Question Panel

Please raise your hand to be unmuted for verbal questions.



THE TRANSITION TO MEANINGFUL USE STAGE 3 FOR EHR SYSTEMS

PH/EHR Vendor Collaboration Call
December 20, 2016

OVERVIEW

What does Meaningful Use (MU) Stage 3 mean for Immunization Information Systems (IIS) and Electronic Health Record (EHR) vendors, and the providers who use them?

How are EHR vendors preparing for the transition?

ANTICIPATED SCENARIOS FOR MU3

New Eligible Providers (EPs), Eligible Hospitals (EHs), or Critical Access Hospitals (CAHs) will initiate testing (aka be in active engagement) to interoperate with an IIS using 2015 Certified EHR Technology (CEHRT)

- This should include registration of intent to submit to/query an IIS

Existing EPs, EHs, or CAHs will enhance their current interfaces to meet 2015 CEHRT

- This will likely take place while IIS are actively rolling out enhancements to meet HL7 2.5.1 Release 1.5 functionality
- It will be important to limit disruption to current interfaces in production

EHR CERTIFICATION REQUIREMENTS

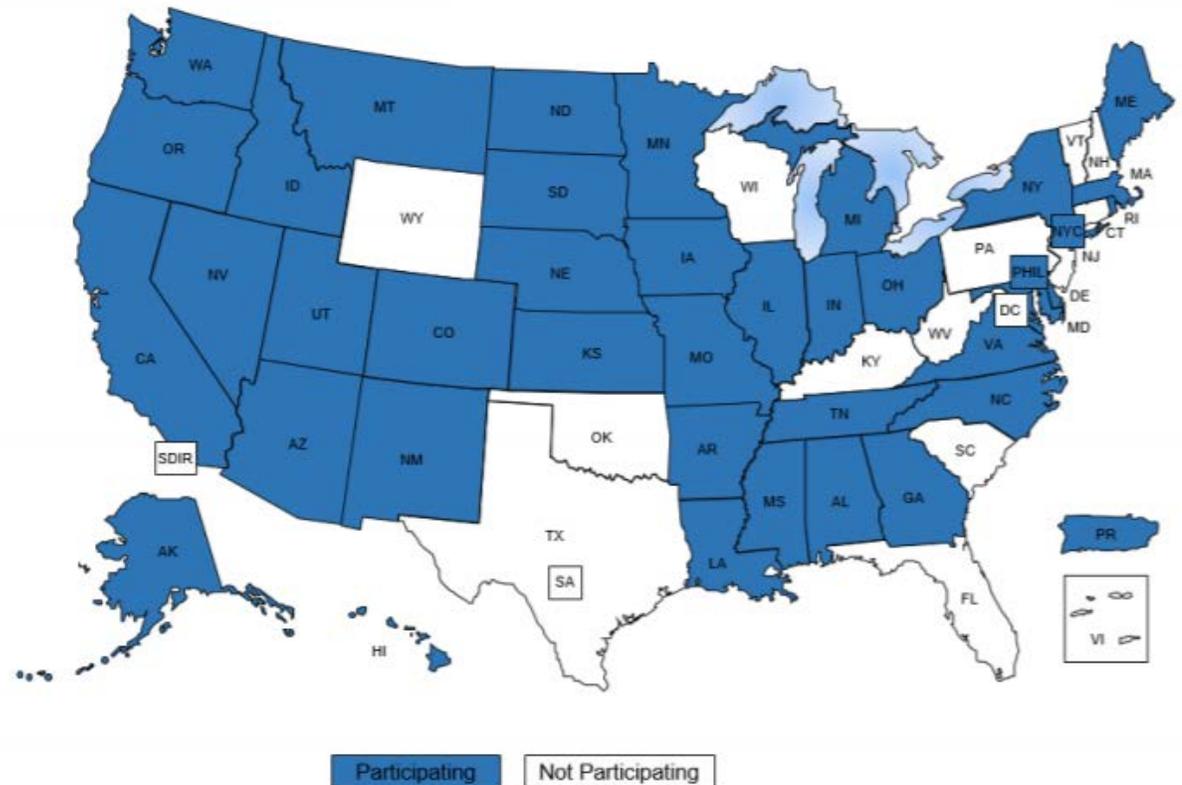
EHRs are required to generate multiple VXU message test cases to meet 2015 Certified EHR Technology (CEHRT) criteria. As well as generate QBP evaluated history and forecast query messages and accept the cognate RSP response messages.

Must support NDC for new administrations

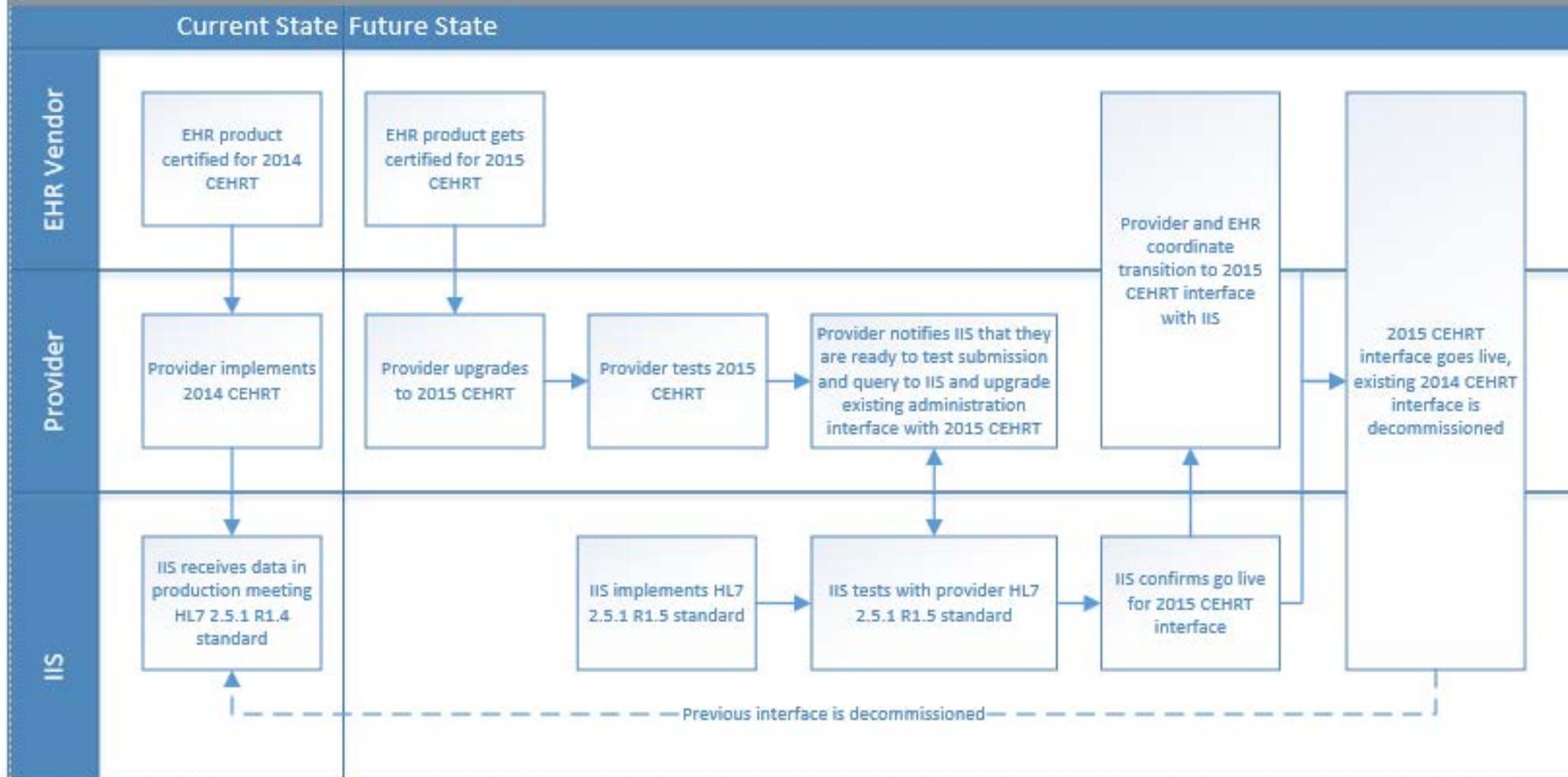
CDC WSDL

While not required for MU3, it is an IIS community-selected standard for transport. It is also being measured as the first phase of IIS Assessment.

Quarter 3 2016 Transport Assessment Baseline Participation



Transition to MU3, EHR-IIS Interfaces, V3



Note: Current state should remain active state until all parties are ready to transition to new interface



EPIC

Greg Faber

- Integration Engineer

STATUS OF EPIC INTEGRATION WITH IMMUNIZATION REGISTRIES

340 Organizations Live on Epic Software

- Organizations in all 50 states

Epic waives interface licensing fees for vaccination interfaces

First Vaccination Interface Go-Live Dates:

- Vaccination Administration – December 21, 2005
- Vaccination Query – October 1, 2009

STRUCTURE OF EPIC CUSTOMERS

Organizations that can encompass many hospitals and clinics

Organizations that operate across multiple states

Organizations that provide hosting for smaller community organizations

- These may or may not be part of the parent company

INTERFACE STATISTICS — VACCINATION ADMINISTRATION

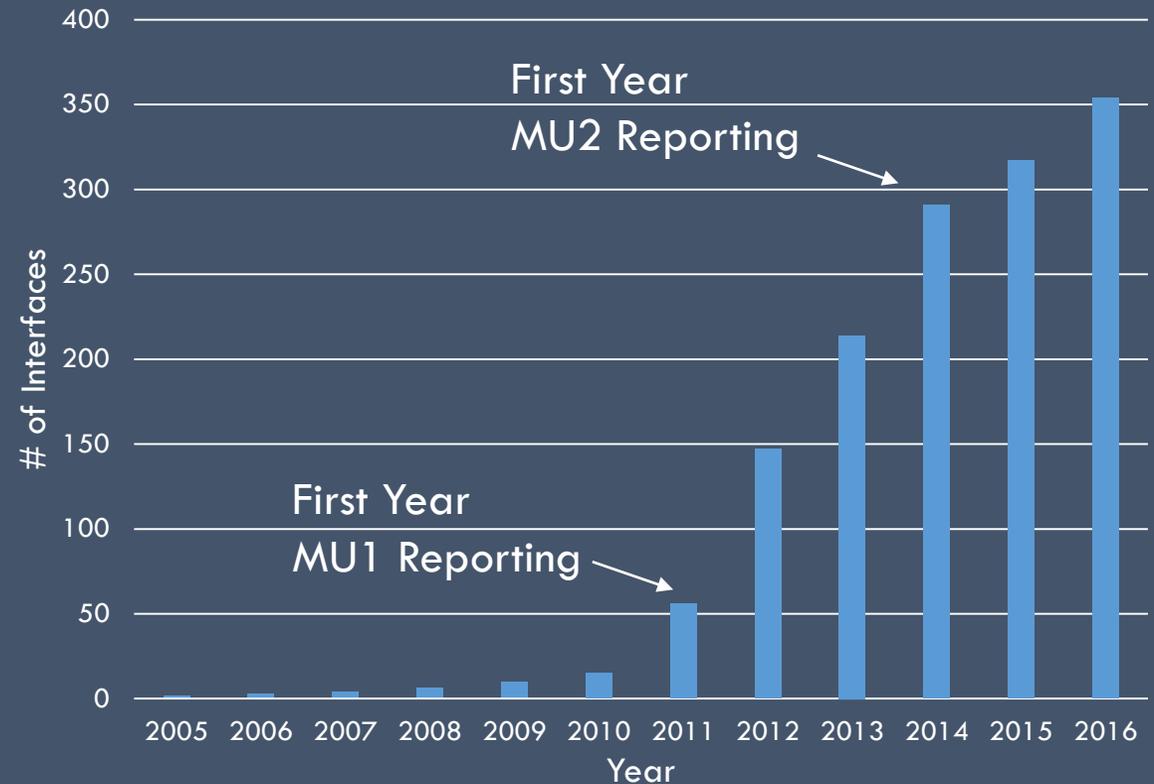
354 Live Interfaces

- California
- Illinois
- Ohio
- Washington
- Wisconsin

48 State Registries

4 City Registries

>110 Million messages sent a year



INTERFACE STATISTICS — VACCINATION QUERY

98 Live Interfaces

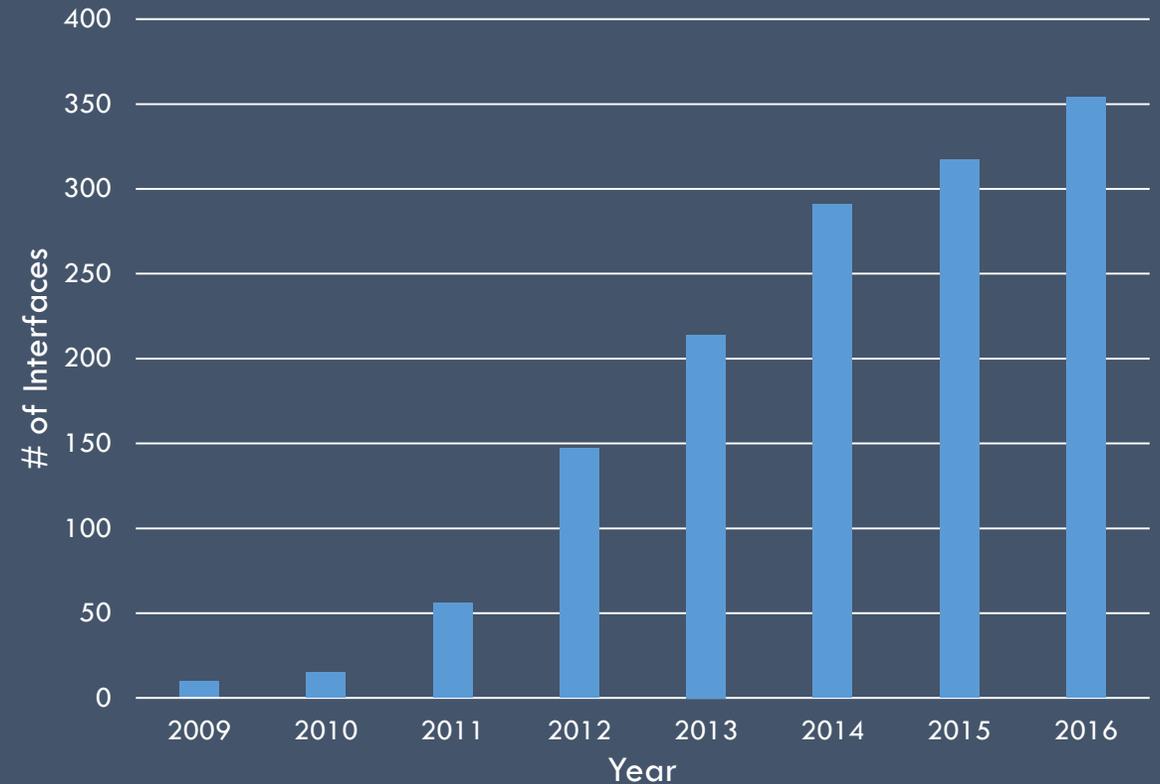
- Oregon
- Pennsylvania
- Wisconsin

24 State Registries

1 City Registry

>75 million queries sent a year

Majority of interfaces are live on 2.5.1 (QBP/RSP) with a handful of customers still utilizing 2.3.1 (VXQ/VXR)



EPIC PERSPECTIVE ON IMMUNIZATIONS

Create a healthy patient population

Provide useful decision support tools

Create streamlined and intuitive end user workflows

Develop standard “Out-of-the-Box” interfaces

Work with AIRA and CDC towards industry standardization

Help our customers achieve Meaningful Use goals

MEANINGFUL USE SUPPORT FOR EPIC CUSTOMERS

Published Materials

- Executive Guides
- Project Management Guides
- Objectives Guides
- Transition Guides

Reporting Tools and Dashboards

Staffing

- MU Leads (one per customer)
- Individual application Technical Support staff

PROCESS FOR MU3 UPGRADES FOR VACCINATION INTERFACES

Customer must first upgrade to a version that supports MU3

- All Epic versions from 2015+

Customer gathers relevant documentation

- Release Notes
- Transition Guides
- Reference Guides

Immunization Registry Contacts Customer (either primary contact or MU3 Project Lead)

- Communicate required changes for MU3
- Convey deadlines/cutover dates
- Assist with testing and validation

Cutover

Attestation

MCKESSON

Anne Fitzsimmons

- Senior Product Manager

MCKESSON PARAGON EHR

Hospitals & Healthcare Systems

Clinical, Financial, Ancillary

MU2 Certified EHR

~ 200 customers/280 facilities

Primarily community size <500 beds

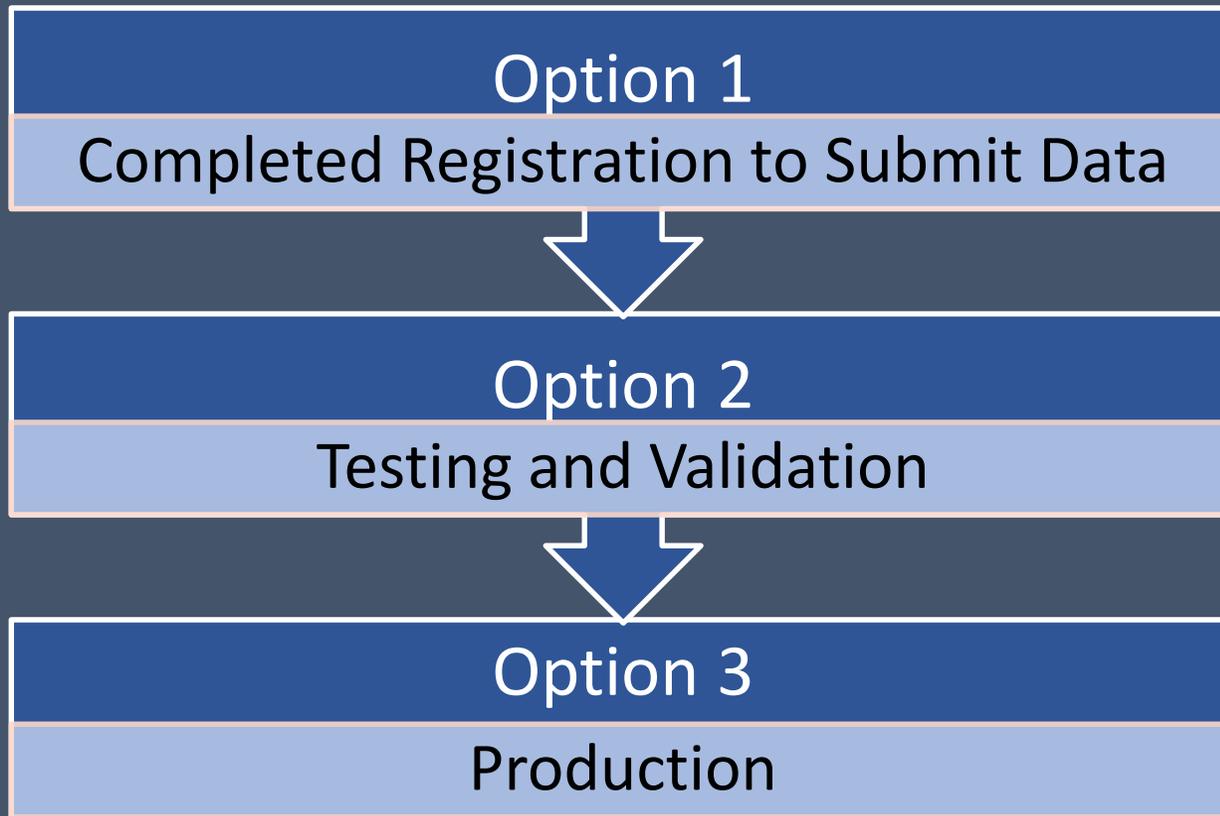


MU3 PUBLIC HEALTH REPORTING - HOSPITALS

- 1 • Immunization Registry Reporting
- 2 • Syndromic Surveillance Reporting
- 3 • Case Reporting
- 4 • Public Health Registry Reporting
- 5 • Clinical Data Registry Reporting
- 6 • Electronic Reportable Lab Results Reporting

Hospitals
must
attest to
3

ACTIVE ENGAGEMENT REQUIRED



MU3 IMMUNIZATION REGISTRY REPORTING

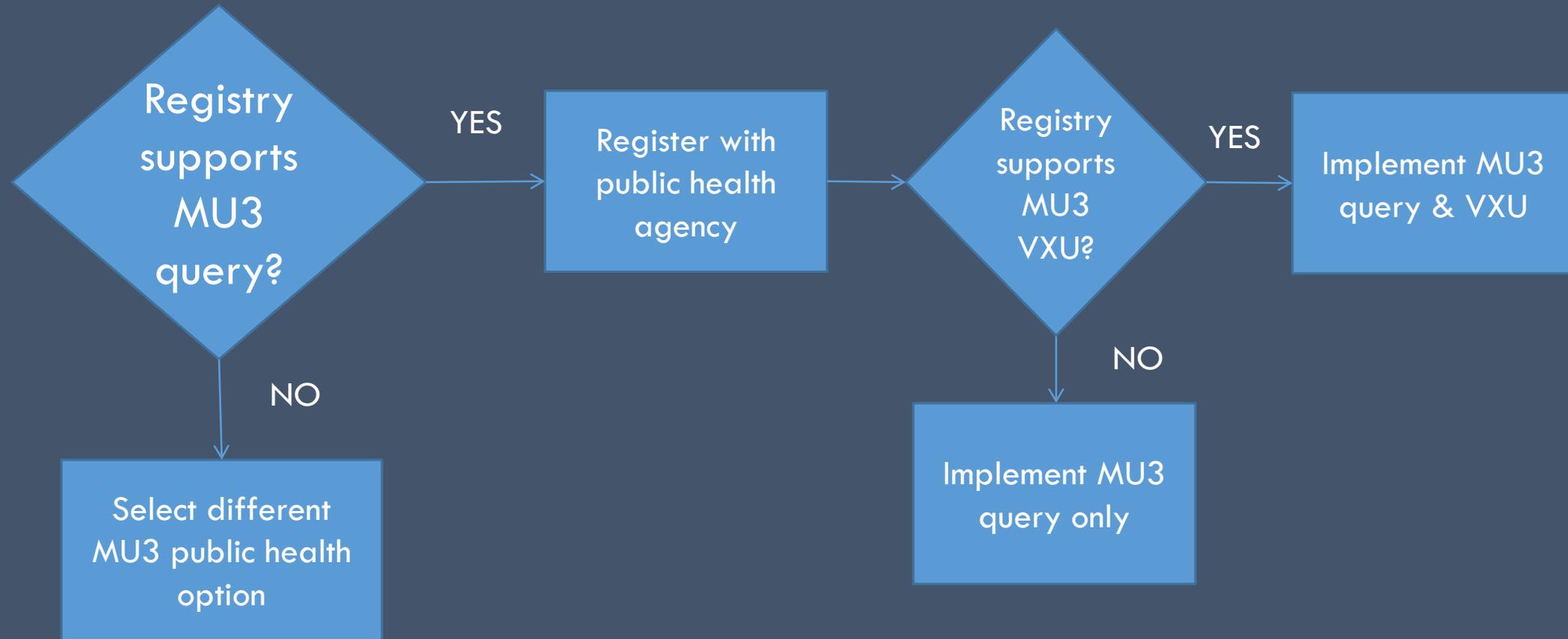
New Query

- Clinician queries registry for evaluated history/forecast
- Response displayed

Enhanced Reporting

- Uplift to version 1.5 implementation guide
- Send NDC codes for administered vaccines

HOSPITAL CONSIDERATIONS



HOSPITAL UPGRADE PROCESS

Upgrade to Paragon MU3 version

- Immunization registry interface remains at MU2 version



Implement MU3 immunization registry query & VXU

- Requires McKesson services
- Testing & then live implementation

CHALLENGES DURING MU2 IMPLEMENTATIONS

- Some registries did not want/accept historical immunizations
- Some registries did not accept VXU for presumed immunity
- Some registries rejected messages containing a segment they did not support
- Some registries required a particular segment in every message even if the segment may not always apply
- Some registries required additional OBX segments not required by MU2
- Different transport methods

PARAGON APPROACH: STATE SPECIFIC REQUESTS

If the MU implementation guide does not support the requested change then as a certified EHR we do not make the change.

- Some hospitals may be able to use their interface engines to make the change
- But not all Paragon customers have interface engines

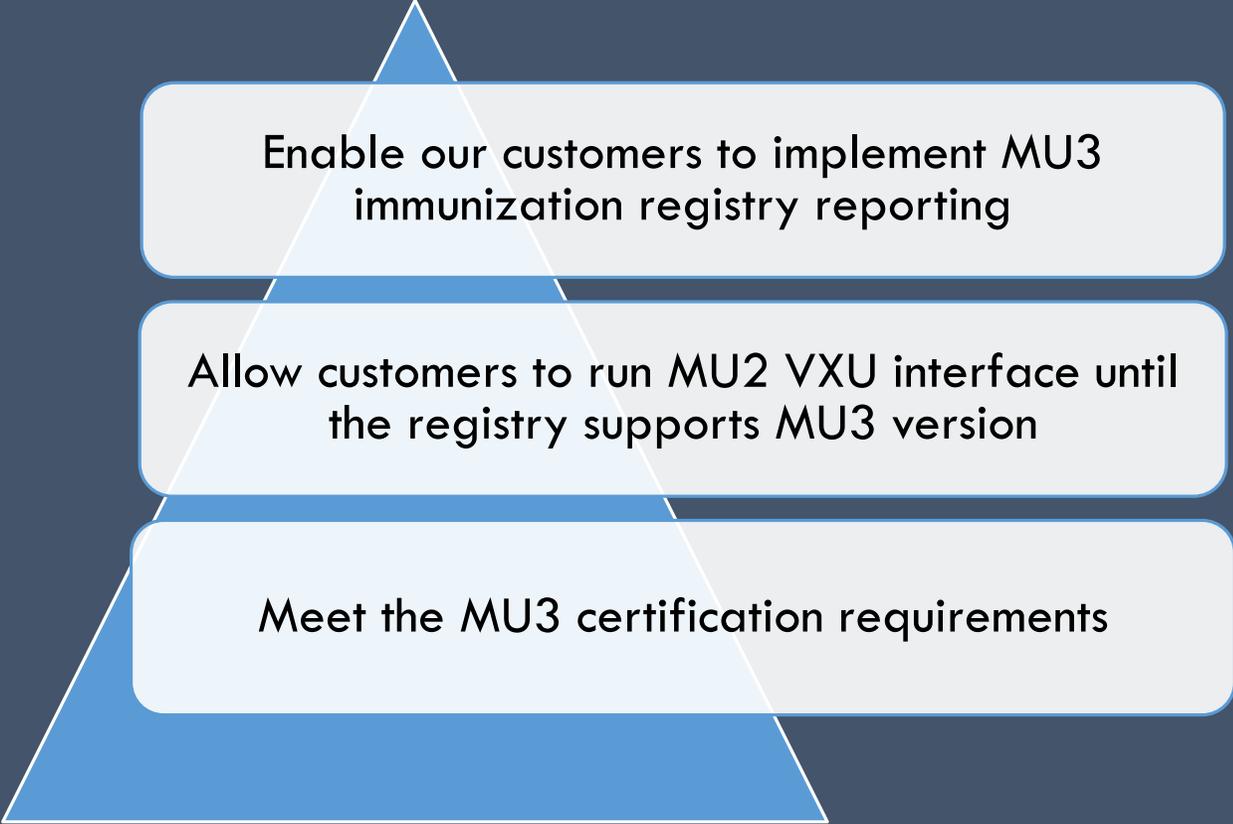
If the MU implementation guide does support the requested change then we will evaluate adding it.

- If approved, we add it as a configurable option to Paragon - available to all customers.

Additional transport methods:

- Some customers used their interface engines
- In some cases customer used a third party service

PARAGON EHR SUMMARY



Enable our customers to implement MU3 immunization registry reporting

Allow customers to run MU2 VXU interface until the registry supports MU3 version

Meet the MU3 certification requirements

ALLSCRIPTS

Megen Murray

- Manager, Development – Common Components

Danny Wise

- Systems Analyst, Development – Common Components

Cristina Creary

- Business Analyst, Solutions Management – Professional EHR

ALLSCRIPTS

VISION

- “Allscripts: Building Open, connected communities of health”

MISSION

- “Allscripts solutions enable smarter care, delivered with greater precision, for healthier patients, populations and communities.”

ALLSCRIPTS

Publicly-Traded Company

- NASDAQ symbol “MDRX”

EHR vendors are businesses that sell products and services to our clients

Immunization Registries are government-funded agencies

Common goals of improving population health

Differing business motivations and financial considerations

- Bridging the gap between Registry, Vendor and Client expectations and supportability is a MUST!

ALLSCRIPTS EHR PRODUCTS

Sunrise EHR

- Acute Care Sector

TouchWorks EHR

- Ambulatory Care Sector
- Enterprise-Level Organizations

Professional EHR

- Ambulatory Care Sector
- Small- / Medium-Sized Practices

ALLSCRIPTS PUBLIC HEALTH REPORTING HUB

Common interface engine for our ambulatory EHR products (TouchWorks EHR and Professional EHR) for:

- Immunization Registries
- Syndromic Surveillance Agencies
- Specialty Registries
- Cancer Registries
- Health Care Surveys
- Electronic Case Reporting

ALLSCRIPTS PUBLIC HEALTH REPORTING HUB

De-couples EHR release versions from messaging structure and transport mechanisms

- Partner-specific message structure (e.g., registry-to-registry variation in HL7 requirements)
- Partner-specific transport mechanisms (e.g., SOAP, POST, SFTP, PHINMS, other proprietary transport mechanisms as well as real-time vs. batched)

Software code changes can be made more frequently at the Hub than in the EHR products

- Hub code changes benefit all clients reporting to a particular partner
- Less client impact – no need to separately apply updates to each of their EHR installations
- Code changes must still be prioritized and planned into future Hub releases and generally cannot be turned around immediately!

ALLSCRIPTS PUBLIC HEALTH REPORTING HUB

2 Hub Environments

- Production
 - connected to partners' Production environments
- EV ("Early Validation")
 - a.k.a. "UAT"
 - connected to partners' Test environments (for those partners that require on-boarding testing through a separate Test environment)
- Each Hub environment can support its own messaging structure and / or transport mechanism to each partner
- Changes applied to a Hub environment are "all or nothing" for all clients enrolled in that Hub environment for a given partner

2015 CEHRT

Upgrading to a 2015-certified EHR release does not automatically cause a client to start reporting immunizations as HL7 v. 2.5.1 rel. 1.5

HL7 formatting at the Hub would have to be separately updated for rel. 1.5 for each individual IIS

- Ideal scenario would be to use the same HL7 formatting for all registries that we use for certification!

2015 CEHRT

Registry requirements to re-validate clients for rel. 1.5

- Would already-“live” clients continue submitting as rel. 1.4 in Production until time for them to re-validate?
- Once a particular client completes their re-validation process in EV Hub to a registry’s Test environment, they would have to continue submitting there until all clients had been re-validated by that registry before Production Hub can be updated for rel. 1.5....
- Costly for Allscripts Support / Services / Development resources as well as client satisfaction!

2015 CEHRT

Some uncertainty for the long-term future of MU

- Not every client may elect to attest for “Transmission to Immunization Registries” for Stage 3 even if they attested for Stage 2
- Just because a registry updates their IIS for rel. 1.5, should Allscripts and our clients be required to similarly update the Hub for that registry if the business motivations for Stage 3 attestation are not present?

CLIENT PROVIDER CONCERNS FOR MU3

Frustrations with delays in EHR readiness due to extensive vendor resourcing needed to develop and maintain individual implementations for each registry

Registry requirements outside of MU-specific functionality (e.g., implementation of a registry-specific widget to print registry-approved immunization record forms and disallowing vendor-created templates)

Workflow inconsistencies from registry-to-registry (e.g., VFC eligibility codes, patient consent), particularly for multi-state practices

Amount of data to document for each immunization record

DISCUSSION/QUESTIONS



THANK YOU!

Further questions? Contact:

Craig Newman at yu09@cdc.gov

Danny Wise at Danny.Wise@allscripts.com

Megen Murray at Megen.Murray@allscripts.com

Cristina Creary at Cristina.Creary@allscripts.com

Greg Faber at gfaber@epic.com

Anne Fitzsimmons at Anne.Fitzsimmons@McKesson.com