

The Office of the National Coordinator for
Health Information Technology



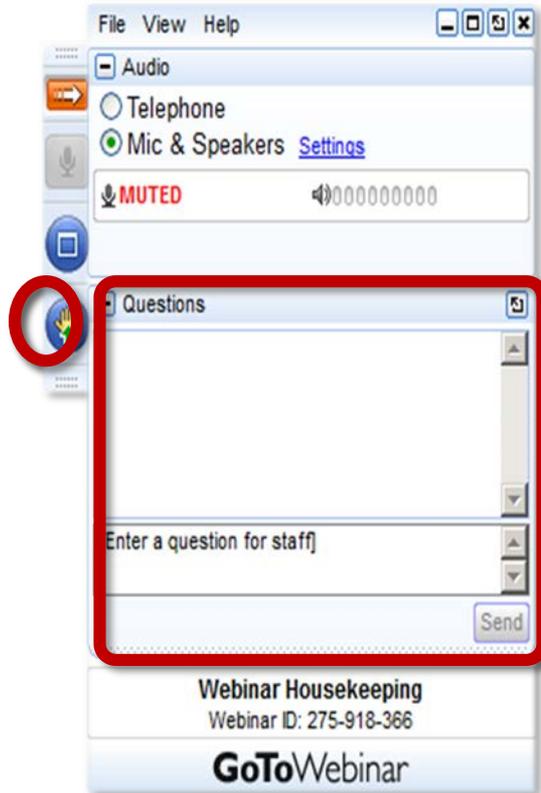
**Public Health – EHR Vendors Collaboration Initiative
Webinar**

**Updates to the Implementation Guide for Syndromic
Surveillance: Emergency Department, Urgent Care, Inpatient,
and Ambulatory Care Settings**

November 21, 2017

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

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.



INTERNATIONAL SOCIETY
FOR DISEASE SURVEILLANCE

Updates to the Implementation Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient, and Ambulatory Care Settings

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November 17, 2017

Agenda

- 1. Previous Iterations of the Guide**
- 2. Consolidating Efforts**
- 3. IGAMT**
- 4. June 2017 Comment Period**
- 5. Message Guide Workgroup**
- 6. Major Modifications to the Guide**
- 7. Next Steps**

Our Vision

ISDS works toward a vision of timely, effective, and coordinated disease prevention and response among a skilled public health workforce through programs that position us at the vanguard of the disease surveillance field.

Our Approach

ISDS builds surveillance capacity, strengthens surveillance infrastructure, and supports the needs of the global surveillance community by cultivating action-oriented interdisciplinary collaborations, and fostering innovations in surveillance through research, education, and advocacy.



Previous Iterations of the Guide

- Jan 2011: ISDS released its Final Recommendation: The Core Processes & EHR Requirements of Public Health Syndromic Surveillance
- Oct 2011: PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data, Release 1.0
- Aug 2012: PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data, Release 1.1

Previous Iterations of the Guide (cont.)

- Aug 2015: PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0
 - PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0, Erratum (August 2015)
- HL7 Version 2.5.1 PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care and Inpatient Settings, Release 2.0, NIST Clarifications and Validation Guidelines, Version 1.5 (July 2016).

Three Primary Goals:

1. Consolidate Release 2.0, the Erratum, and the Clarification document into a single guide
2. Update and improve the guide to better utilize the current technology to meet the need of the surveillance community
3. Develop a guide that would meet the requirements of HL7 Balloting and development into an HL7 Standard for Trial Use

Collaboration between:

- ISDS
- Centers for Disease Control and Prevention (CDC)
- National Institute of Standards and Technology (NIST)

Implementation Guide Authoring and Management Tool (IGAMT)

- Developed and maintained by NIST
- Provides support to create a standardized HL7 V2 Implementation Guide
- Founded on the HL7 V2 conformance principles and profiles
- Includes:
 - Conformance profile constraints
 - Value set constraints
- Published Guide in multiple formats (HTML, PDF, Word, etc.)
- Streamlines creation and validation of NIST Test Cases

Release 2.2 Comment Period

- Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient, and Ambulatory Care Settings, Release 2.2 released for community comment on 5/11/17
- Release only included an HTML version
- Comment Period closed on 7/15/17
- Comments collected via a publicly available online submission form

MG for Syndromic Surveillance, Release 2.2

Please submit your comments on the proposed Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.2.

If you would like to submit more than one comment, please submit each comment individually through the form. Once you hit submit, the form will be reset for you to submit another comment.

Date Submitted (REQ) *

Comment on Proposed Guide (REQ) *

Section Number

Comment category

Applies to Emergency Dept?

Applies to Inpatient Care?

Applies to Ambulatory / Urgent Care?

- Meets weekly, on Tuesdays at 2pm Eastern. To learn more, visit our [Group Page](#) on healthsurveillance.org
- Multiple Stakeholders, including:
 - ISDS
 - CDC
 - EHR Vendors
 - Local HDs
 - State HDs
 - ONC

- 131 comments received
- Comments were prioritized and organized into Subject Areas, include:
 - Acknowledgements
 - Admission type
 - Data types
 - Date/Time
 - Diagnosis
 - Guidance/General Improvement
 - ICD-10CM
 - MSH
 - OBX
 - OTHER
 - Patient name
 - PID
 - PV1
 - Race
 - Triggers
 - Use cases
 - Value sets

Online Collaboration Tool

	Status	Row ID	Date Submitted (REQ)	Comment on Proposed Guide (REQ)	Priority	Urgency / Effort	Subject
4				[+ZZZZ] throughout the Guide includes a space between the milliseconds and UTC offset. As shown in Implementation Guide examples (e.g., "20110704010159-0500"), there should be no space in this position.		Fix	
5	Under Review	5	05/30/17	1.8 assumptions: "Conformance Statement SS-001: ALL messages constrained by this guide that are produced as a result of a single patient encounter for the purpose of syndromic surveillance, SHALL have the same value for PV1-19.1 (Visit ID)." I think you should define what a single patient encounter is - patient sent from ED to radiology and back to ED could possibly be interpreted as three patient encounters.		Fixable for next version (2.3)	PV1
6	Awaiting Guide Update	6	05/30/17	"For ED, UC, and AC settings: When data elements are updated in the sender's system, the entire record (i.e., all specified elements) shall be resent." Consider adding "any data elements"		Fixable for next version (2.3)	Triggers
7	Tabled for Ballot	7	05/30/17	2.4 Interactions Consider adding A18 (cancellation) or other ADT messages to capture changes (including merges).		Unknown	ADT
8		8	05/30/17	3.2.1 IN1_SS - Insurance I was told when I was onboarding facilities to send IN1 that the syndromic module is typically not connected to the billing module or where it was connected that the codes and names assigned to health plans were system-specific and did not include payer type (the field we were most interested in). To what extent have hospitals adopted the PHVS_SourceOfPaymentTypology_PHDSC value set? Would it be possible to add payer type as a field?		Unknown	IN1
9	Duplicate	9	05/30/17	3.2.1 DG1_SS - Diagnosis Please consider amending this language to indicate ICD-10 must be sent for diagnosis: Data Element of Interest: Diagnosis DG1-3.1 permitted value sets include ICD-9CM, SNOMED, and ICD-10CM. ICD-10CM is not referenced because of current unavailability in IGAMT (see [temporary] conformance statement associated with DG1 section)		Fixable for next version (2.3)	ICD
10		10	05/30/17	3.2.1 DG1_SS - Diagnosis		Unknown	Diag

Comments (5)

Row 2: Under the section titled: "PV1_SS_A01 - Patient Visit" the draft currently indicates "O"...

Add comment

Comment 1: August 7, 2017 11:58 AM
Quick Easy Fix if necessary.
We don't use in FL, but as the original author states, this would allow for better data quality and checking against values received in PV1-2
[Add reply](#)

Comment 2: August 3, 2017 4:22 PM
In AZ we determine if the encounter was an ED visit by patient class. Are you having trouble collecting patient class?
[Add reply](#)

Comment 3: August 7, 2017 11:57 AM
We use patient class (PV1-2) in Florida for this determination as well. We don't utilize PV1-4 or PV1-10 at this time.
[Add reply](#)

Engaged External Stakeholders

General Discussion

Workgroups: [Messaging Guide Workgroup Forum Index](#) » [General Discussion](#)

[+ New Topic](#) [Forum Actions](#)

Search Forums...

Topics	Replies	Author	Latest Post
Should seconds and timezone be required? (RowID 14)	4	[Redacted]	<p>Another reason to include seconds and time zone in all date/time fields came up when talking with...</p> <p>[Redacted]</p> <p>Wednesday, October 25, 2017</p>
Race & Ethnicity and specifying Unknown or Declined	5	[Redacted]	<p>General Discussion - Race & Ethnicity and specifying Unknown or Declined</p> <p>Workgroups: Messaging Guide Workgroup Forum Index » General Discussion » Race & Ethnicity and specifying Unknown or Declined</p> <p>Moderator(s):</p> <p>Reply Thread Actions</p> <p>Search Forums...</p>
Row 5 - PV1-19.1 - discussion last weeks meeting	2	[Redacted]	[Redacted]
definition of encounter	2	[Redacted]	<p>Race & Ethnicity and specifying Unknown or Declined</p> <p>Some in the group do not like the "U" for unknown option being added to the value set, since they fear it will lead to vendors coding everything as unknown, even though they have the data. On the other side, not having unknown forces truly unknown or "declined" to be coded to something like "other." Another option is to encourage them to leave the field blank if "unknown" or "declined."</p>
Improvements to PHIN 2.0	1	[Redacted]	<p>Possible race value sets which include unknown and other null flavor concepts:</p> <p>PHVS_RaceCategory_CDC_UNK PHVS_RaceCategory_CDC_NullFlavor</p>
Definition of RE	2	[Redacted]	<p>[Redacted]</p> <p>Again, I would look for consistency across all the public health implementation guides.</p> <p>[Redacted]</p> <p>In my experience, the facilities would jump at the chance for "Unknown" to be an acceptable value, to make registration's job easier.</p>

Where are we now?

- Implementation Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient, and Ambulatory Care Settings, Release 2.3 released for community comment on 11/7/17
- Release includes both a print and an HTML version
- [View Release 2.3 of the guide here](#)
- [View the Print Version here](#)
- Submit your feedback on the guide via the following [webform](#)
- **Comment period closes on Tomorrow (11/22/17) at 11:59pm Eastern**

Major Modifications in Release 2.3

- Streamlined the guide to reduce redundancies and improve the readability of the guide
- Removed all references to laboratory data
- Removed all ICD-9 references
- Removed all references to HL7 v2.3.1
- Allowance to send Patient Name "according to the local jurisdiction of public health agency regulations and specifications"
- Updated Value Sets
- See Section 1.12 for specific changes

- Message Guide Workgroup will continue to meet weekly to reconcile comments from the most recent comment period
- Engagement with HL7 for May 2018 Ballot Period
 - Public Health Workgroup (previously the Public Health Emergency Response Group)
 - Emergency Care Workgroup

Questions?

Any questions or comments?