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
Public Health – EHR Vendors Collaboration Initiative

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.
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


- 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)

Consolidation Efforts

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
• 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
Message Guide Workgroup

• 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

#### Under Review
- **ID:** 5
- **Status:** Under Review
- **Date Submitted:** 05/30/17
- **Comment on Proposed Guide (REQ):**
  - **1.0 assumptions.**
  - “Conformance Statement SS-907: 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) as...”
  - “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.”
- **Priority:** Fix
- **Urgency / Effect:** PV1

#### Awaiting Guide Update
- **ID:** 6
- **Status:** Awaiting Guide Update
- **Date Submitted:** 05/30/17
- **Comment on Proposed Guide (REQ):**
  - “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.”
- **Priority:** Flexible for next version
- **Urgency / Effect:** (2,3)

#### Tabled for Ballot
- **ID:** 7
- **Status:** Tabled for Ballot
- **Date Submitted:** 05/30/17
- **Comment on Proposed Guide (REQ):**
  - “2.4 interactions
   - Consider adding any data elements.”
- **Priority:** Flexible for next version
- **Urgency / Effect:** (2,3)

#### Duplicate
- **ID:** 8
- **Status:** Duplicate
- **Date Submitted:** 05/30/17
- **Comment on Proposed Guide (REQ):**
  - “3.2.1 ICD-1 SS - Diagnosis
   - (Please consider amending this language to indicate ICD-10 must be sent for diagnosis.)
   - Data Element of Interest: Diagnosis DG1-1.1, permitted value sets include ICD-9CM, SNOMED, and ICD-10CM. ICD-10CM is not referenced because of current unavailability in IQM2.”
- **Priority:** Flexible for next version
- **Urgency / Effect:** (2,3)
- **Subject:** Duplicate

#### Comments (5)

- **Row 2:** Under the section titled: “PV1_SS_A01 - Patient Visit” the draft currently indicates “O”...
  - **Add comment**
  - **Quick Fix:** 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**

- **Row 3:** In AZ, we determined if the encounter was an ED visit by patient class. Are you having trouble collecting patient class?
  - **Add comment**
  - **Add reply**
  - **Add reply**

- **Row 4:** We use patient class (PV1-2) in Florida for this determination as well. We don’t utilize PV1-4 or PV1-19 at this time.
  - **Add reply**
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
What’s Next?

• 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?