

Dear Colleague:

A pillar of current health reform efforts is promoting the effective use of health information technology to transform how health care is delivered and population health is improved. Of immediate importance for public health agencies is getting ready for implementation of the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs (“Meaningful Use” programs), a major component of the Health Information Technology for Economic and Clinical Health (HITECH) Act as part of last year’s American Recovery and Reinvestment Act (Recovery Act) legislation.

For eligible professionals and hospitals to earn financial incentives in this program, they must adopt and meaningfully use certified EHR technology. Center for Medicare and Medicaid Services (CMS) published the regulation governing the Medicare and Medicaid EHR Incentive Programs and defining “Meaningful Use” on July 28, 2010, available at <http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf>. Per rule, in order to demonstrate meaningful use of their certified EHR technology, eligible providers must choose at least one of three objectives related to the testing of electronic reporting to public health: immunization data to an immunization registry, electronic laboratory reporting of notifiable conditions, and/or syndromic surveillance. Data in these areas must be submitted electronically using specific standards, which means public health should prepare to receive these data using the same standards. Some Recovery Act HITECH funds have already been made available to states for this purpose on a competitive basis; such as the CDC awards for Epidemiology and Laboratory Capacity for Infectious Diseases (CDC-RFA-CI10-1009) and for Enhancing the Interoperability of Electronic Health Records and Immunization Information Systems (CDC-RFA-IP10-1002ARRA10). Providers in your state may seek to test their public health infrastructure’s readiness to support Meaningful Use as early as December, 2010, although the first major surge in such testing requests is expected between April and September, 2011. If your agency is not ready to manage the testing of the submission of public health data, as defined by meaningful use in CMS’ regulation, and enable successful data transmission moving forward, it could negatively impact the current and future credibility of your agency, and of the public health enterprise as a whole, as a valued partner in the movement toward electronic health information exchange.

For this reason I urge you to take an important step now: **Designate an executive level staff person to lead and coordinate your Public Health agency's response to the meaningful use requirements**, and to participate with other coordinators across the country in jointly advancing public health readiness for this challenge. The need for leadership includes:

1. Making timely decisions, which relevant state public health information systems will seek to ready themselves for the EHR Incentive Programs and the meaningful use requirements.
2. Ascertaining whether, which, and how local public health systems will test the submission of meaningful use data directly from providers-and accept the data where successful.
3. Working with your state Medicaid agency to ensure that public health perspectives are considered in how Medicaid will implement the EHR Incentive Program in your state, including public health IT system infrastructure assessments and enhancements. Medicaid Agencies might have fiscal resources available to contribute toward this effort.

4. Serving as a public health liaison to your state's Health IT Coordinator and to the State Medicaid Director, if they are not in your same agency.
5. Serving as a public health liaison to your state's Health Information Exchange governance and planning activities.
6. Serving as a central point of contact for information and assistance by the Centers for Disease Control and Prevention (CDC) and the Joint Public Health Informatics Taskforce (JPHIT).

Because of the need to represent all three of the public health reporting areas listed above, and to coordinate policy actions with Medicaid and others, a senior-level person is likely to be most appropriate to represent your public health agency.

In addition to designating a Public Health HIT Coordinator, states will need to also assess their public health IT systems for meaningful use readiness based on the standards established in the rule, available at <http://healthit.hhs.gov>.

CDC, in partnership with JPHIT, is committed to providing policy and planning tools to support your efforts. JPHIT members include the following associations: the Association of State and Territorial Health Officials (ASTHO); the National Association of County and City Health Officials (NACCHO); the Association of Public Health Laboratories (APHL); the Council of State and Territorial Epidemiologists (CSTE); the National Association of Health Data Organizations (NAHDO); the National Association of Public Health Statistics and Information Systems (NAPHSIS); and the Public Health Data Standards Consortium (PHDSSC). To facilitate this support, **please provide the name and contact information of your designated Public Health HIT Coordinator by December 1** to Mr. Jim Kirkwood, ASTHO, at jkirkwood@astho.org.

Regular webinars and calls are being developed to provide timely information and to facilitate sharing of questions and solutions among the coordinators.

The ability of public health to influence the future of Meaningful Use of certified EHR technology, and thus the future of electronic health information exchange, to support population health through connectedness between health care providers and public health will depend, in large part, on how credibly and uniformly agencies make themselves ready by October 1, 2011. We encourage you to respond in a timely and collaborative way to ensure your own agency's readiness.

Sincerely,

Thomas R. Frieden, M.D., M.P.H.
Director, CDC, and
Administrator, Agency for Toxic Substances
and Disease Registry