

The Office of the National Coordinator for
Health Information Technology



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

Meaningful Use 3 & NHSN AUR Module

and

**The National Health Care Surveys:
Registration, Readiness, and Testing for Stage 3 Meaningful
Use (MU)/Merit-based Incentive Payment System (MIPS)
Public Health Reporting**

July 18, 2017

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



<https://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

CDC > Meaningful Use > Connect with Others > Meaningful Use Community

Public Health - EHR Vendors Collaboration Initiative

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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>

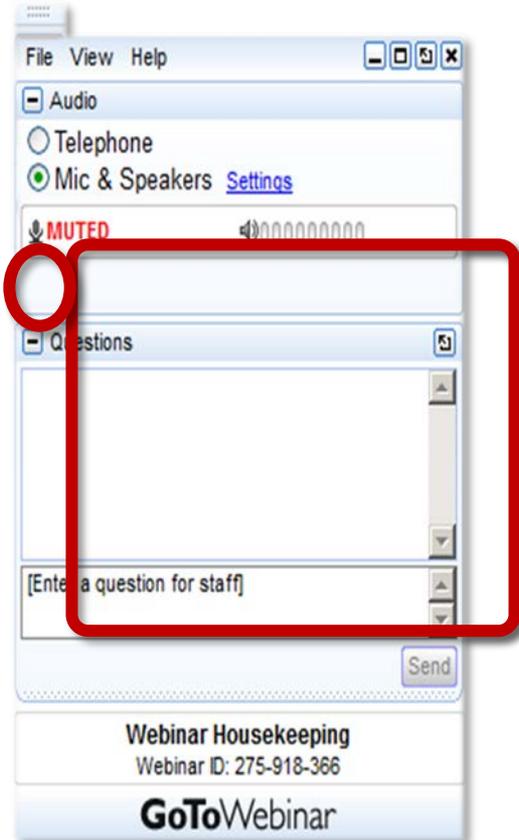
Abstract

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

Submit or Ask Questions



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



Meaningful Use 3 & NHSN AUR Module

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Contractors for Division of Healthcare Quality Promotion

National Center for Emerging & Zoonotic Infectious Diseases

Centers for Disease Control & Prevention

July 18, 2017

NHSN Meaningful Use 3 Process & Reports

NHSN MU3 Readiness

- January 2017: NHSN updated to allow MU3 registration & enable MU3 status reports
- June 2017: NHSN updated to streamline MU3 process

NHSN CDA Submission Support Portal (CSSP)

CDC > [NHSN Home](#) > [NHSN CSSP](#)

Meaningful Use 3

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For 2018, NHSN Antimicrobial Use (AU) and Antimicrobial Resistance (AR) (AUR) reporting have been identified as a new option for public health registry reporting under Meaningful Use Stage 3 (MU3).

Refer to the certification criterion (§ 170.315(f)(6)) in the [Medicare and Medicaid Programs: Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017](#).

Beginning January 2017, a facility enrolled in the National Healthcare Safety Network (NHSN) has the option to register their intent to satisfy the AUR-MU3 objective.

AUR-MU3 Guidance

- [Meaningful Use Stage 3 - Guidance for NHSN Facilities, July 2017](#) [PDF - 292 KB]
- The NHSN user interface includes an AUR-MU3 registration of intent page.

NHSN CSSP

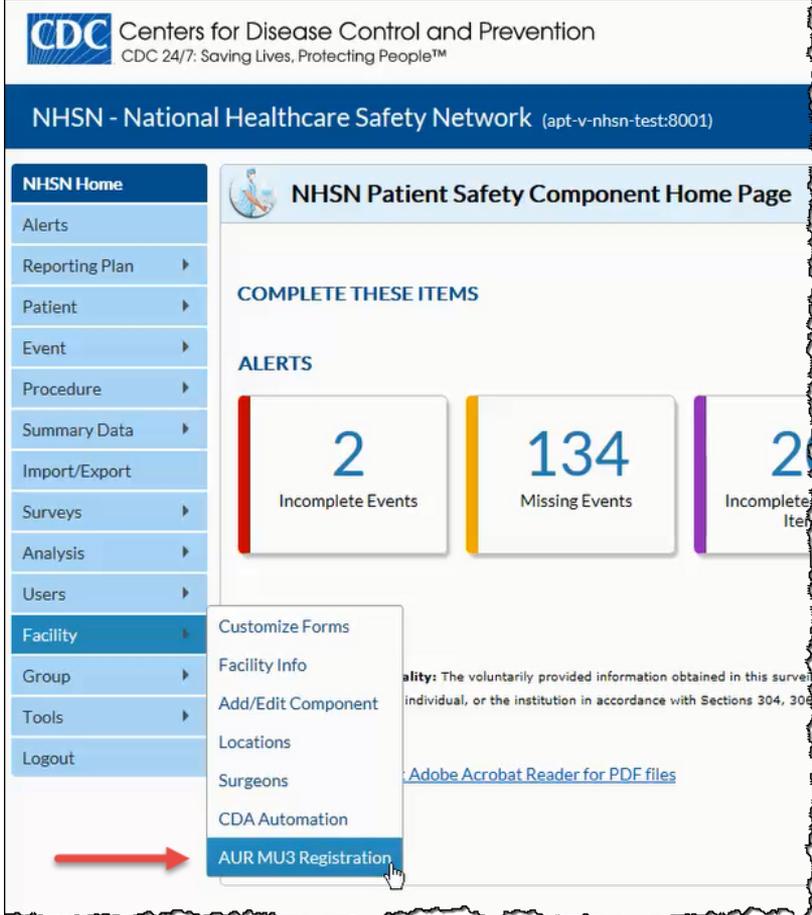
- About CDA
- Getting Started
- FAQs
- Implementation Toolkits & Resources +
- Data Validation & Testing +
- Importing Data
- Meaningful Use 3**
- Webinars & Training Videos
- Innovation Tools

Quick Links

- [CDA Toolkit Release 8.6](#)

MU3 Registration within NHSN

- Only available to NHSN Facility Administrator
 - Click “Facility” > “AUR MU3 Registration”



The screenshot displays the NHSN Patient Safety Component Home Page. At the top, the CDC logo and text "Centers for Disease Control and Prevention CDC 24/7: Saving Lives. Protecting People™" are visible. Below this is the page title "NHSN - National Healthcare Safety Network (apt-v-nhsn-test:8001)".

The main content area is titled "NHSN Patient Safety Component Home Page" and features a section for "COMPLETE THESE ITEMS" under the heading "ALERTS". This section contains three cards: "Incomplete Events" with a count of 2, "Missing Events" with a count of 134, and "Incomplete Items" with a count of 2.

On the left side, there is a navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, Patient, Event, Procedure, Summary Data, Import/Export, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The "Facility" item is expanded, showing a sub-menu with the following options: Customize Forms, Facility Info, Add/Edit Component, Locations, Surgeons, CDA Automation, and AUR MU3 Registration. A red arrow points to the "AUR MU3 Registration" option.

At the bottom of the page, there is a link for "Adobe Acrobat Reader for PDF files".

NHSN AUR MU3 Registration Screen

- Begin by checking box
- Add optional MU3 contact email(s)
- Completed registration cannot be removed
 - Optional email(s) may be changed
 - If NHSN Facility Administrator is reassigned, MU3 pages will be auto-updated

AUR Meaningful Use 3 Registration

NHSN Antimicrobial Use and Antimicrobial Resistance reporting has been identified as an option for public health registry reporting under Meaningful Use Stage 3 (§ 170.315(f)(6)).

By checking this box Srinivas Kolla registers facility 1_healthbridge (17054) intent to satisfy a Meaningful Use 3 objective by submitting NHSN Antimicrobial Use and Antimicrobial Resistance (AUR) monthly data via an electronic interface.

For each year, data intended for inclusion in the annual MU3 status report must be received no later than the end of January of the following year (i.e., AUR data for 2017 must be reported into NHSN by January 31, 2018).

The below recipients shall receive NHSN MU3 registration confirmation as well as monthly and annual status report emails. Please enter up to two optional additional email addresses that should receive this information regarding your facility's NHSN MU3 status.

NHSN Facility Administrator:

Optional facility MU3 contact:

Optional facility MU3 contact:

Date Registration of Intent Completed: 07/07/2017

To complete registration, verify all information on this page and click the SAVE button.

MU3 Registration of Intent Completed

- Email sent to NHSN Facility Administrator & MU3 contact email(s)
 - Registration of intent complete
 - Ready for testing and validation stage
- Next step:
 - Facility sends test AUR CDA files for validation

Subject: Meaningful Use 3 Registration of Intent Complete for NHSN AUR Reporting - Ready for Testing and Validation Stage

As of July 07, 2017 the 1_healthbridge, Stockbridge, GA has completed their online registration of intent to submit Antimicrobial Use and Antimicrobial Resistance (AUR) data to the National Healthcare Safety Network (NHSN) according to certification criterion (§ 170.315(f)(6)).

Next Steps:

NHSN invites your facility to begin the testing and validation stage for Antimicrobial Use and Antimicrobial Resistance for Meaningful Use 3.

- Please send the following test CDAs to the nhsncda@cdc.gov mailbox.
 - Do not include real patient information and they may all be attached to one email or three separate emails. Do not send zip files.
 - Antimicrobial Use Summary CDA
 - Antimicrobial Resistance - numerator CDA
 - Antimicrobial Resistance - denominator CDA
- Please include in the email subject line: NHSN Facility ID # - Facility Name: test CDAs for AUR MU3 validation.
 - Example of email subject line: NHSN ID# 12345 - Medical Center: test CDAs for AUR MU3 validation
- When the NHSN CDA Team receives your CDA test files, validation will be conducted and you will receive an email containing the results of the validation.

Testing & Validation Stage

- NHSN team performs validation on each CDA file
- If failed validation:
 - Results noted
 - NHSN sends email with list of issues to be corrected
 - Facility remains in testing & validation stage until all three file types have passed validation

Subject: NHSN Follow-up for Testing and Validation of AUR CDAs for Meaningful Use 3

The following tables contain the validation results for your facility's Antimicrobial Use and Antimicrobial Resistance test CDAs:

Antimicrobial Use Summary CDA Results

Date Received	Date Tested	Validation Results	Issue(s) found and to be corrected	Production Ready
5/4/2017	5/8/2017	Fail	CDA file did not contain all 89 required antimicrobials. All 89 antimicrobials are required to be included in the CDA test file. The test file contained data only for Amantadine.	No

Antimicrobial Resistance – Numerator CDA Results

Date Received	Date Tested	Validation Results	Issue(s) found and to be corrected	Production Ready
5/4/2017	5/8/2017	Pass	No issues were found.	Yes

Testing & Validation Stage (cont.)

- If passed validation:
 - Results noted
 - NHSN sends invitation to production

Ready for Production

- After passing validation, facility is sent results
- Invited to send AUR CDAs to production

Subject: NHSN AUR MU3 Testing and Validation Completed - Ready to Send AUR CDAs to Production

Your facility's Antimicrobial Use Summary, Antimicrobial Resistance – numerator, and Antimicrobial Resistance - denominator (AUR) test CDAs have passed validation.

You may now send all AUR CDAs to the NHSN production environment.

Monthly AUR-MU3 status reports will be automatically generated and emailed to the facility administrator and optional emails listed on the MU3 Registration page within your NHSN facility.

The following tables contain the complete validation results for your facility's Antimicrobial Use and Antimicrobial Resistance test CDAs:

Antimicrobial Use Summary CDA Results

Date Received	Date Tested	Validation Results	Issue(s) found and to be corrected	Production Ready
5/4/2017	5/8/2017	Fail	CDA file did not contain all 89 required antimicrobials. All 89 antimicrobials are required to be included in the CDA test file. The test file contained data only for Amantadine.	No
5/24/2017	5/25/2017	Pass	No issues were found.	Yes

Antimicrobial Resistance – Numerator CDA Results

Date Received	Date Tested	Validation Results	Issue(s) found and to be corrected	Production Ready
5/4/2017	5/8/2017	Pass	No issues were found.	Yes

Facility MU3 Status Reports

- Distributed via email with attached report to:
 - NHSN Facility Administrator
 - Optional MU3 contact email(s)
- Methods:
 - Automatic email on 1st of the month
 - Ad-hoc request within NHSN

Month/Year	Antimicrobial Use Summary	Antimicrobial Resistance Events	Antimicrobial Resistance Summary
01/2017	No	No	Yes
02/2017	No	Yes	Yes
03/2017	No	No	No
04/2017	No	No	No
05/2017	No	No	No

for partnering with NHSN to support antimicrobial stewardship via electronic reporting

NHSN MU3 Metrics

MU3 Metrics

- 25 facilities registered
 - From 6 states: CA, FL, IN, KS, NY, WA
 - 18 facilities have passed validation and been invited to production

*As of July 7, 2017

Additional Resources

NHSN AUR Module MU3 Resources

- NHSN MU3 Website:
 - <http://www.cdc.gov/nhsn/cdaportal/meaningfuluse.html>
- NHSN MU3 Facility-level guidance document:
 - <https://www.cdc.gov/nhsn/pdfs/cda/MU3-Facility-Guidance.pdf>
- NHSN Helpdesk (protocol questions):
 - NHSN@cdc.gov
- NHSN CDA Helpdesk (technical questions):
 - NHSNCDA@cdc.gov

Thank you!

Questions?

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



The National Health Care Surveys: Registration, Readiness, and Testing for Stage 3 Meaningful Use (MU)/Merit-based Incentive Payment System (MIPS) Public Health Reporting

Denys Lau, Ph.D.

Acting Division Director

Division of Health Care Statistics

National Center for Health Statistics

Centers for Disease Control & Prevention

July 18, 2017

Presentation Outline

- **Overview of the National Health Care Surveys**
- **Status of the National Health Care Surveys Public Health Reporting Registry**
- **National Health Care Surveys Certification and Standards Criteria – Past, Present and Future**
 - 2016-2017 Reporting Periods
 - Updated CCG
 - June 2017 Updated Declaration of Readiness
 - Potential Adjustments due to the 2018 IPPS
- **Implementer Testing**

Importance of the National Health Care Surveys

- **The National Center for Health Statistics (NCHS) is the federal statistics agency responsible for tracking the nation's health.**
- **As part of NCHS, the mission of the Division of Health Care Statistics (DHCS) is to produce accurate, objective statistics on health care to inform health care policy and serve a variety of research needs.**
- **To carry out its mission, DHCS administers the National Health Care Surveys, which is a family of surveys covering a wide spectrum of health care delivery settings from ambulatory and outpatient to hospital and long-term care providers.**

The National Health Care Surveys

- **National Ambulatory Medical Care Survey**
 - Physician Offices
 - Community Health Centers
- **National Hospital Ambulatory Medical Care Survey**
 - Emergency Departments
 - Outpatient Departments
 - Ambulatory Surgery Locations
- **National Hospital Care Survey**
 - Inpatient Departments
 - Emergency Departments
 - Outpatient Departments including Ambulatory Surgery

Status of the National Health Care Surveys Public Health Reporting Registry

- **As of July 13, 2017:**
 - 152,132 EPs/ECs are registered and in some form of active engagement with NCHS.
 - 908 EHs/CAHs are registered and in some form of active engagement with NCHS.

Presentation Outline

- ✓ Overview of the National Health Care Surveys
- ✓ Status of the National Health Care Surveys Public Health Reporting Registry
- **National Health Care Surveys Certification and Standards Criteria – Past, Present and Future**
 - 2016-2017 Reporting Periods
 - Updated CCG
 - June 2017 Updated Declaration of Readiness
 - Potential Adjustments due to the 2018 IPPS
- National Health Care Surveys Implementation Guide Evolution
- Implementer Testing

Reporting Period Standards for the National Health Care Surveys: 2016-2017

- **In 2015 CMS announced that submission of data to the NCHS would meet the objective for submission of data to specialized registries**
 - no certification and standards criteria were specified in the ONC 2014 Edition
- **EPs & EHS needed to electronically submit data from CEHRT following the standards, specifications, and vocabularies required by the CDC/NCHS**
 - HL7 CDA R2 Implementation Guide: National Health Care Surveys (NHCS) Release 1, DSTU Release 1.1 - US Realm
 - CCD
 - Custom Extract

Updated ONC Certification Companion Guide for Transmission to Public Health Agencies – Health Care Surveys - 45 CFR 170.315(f)(7); May 30, 2017

- “NCHS plans to update its reporting requirements and system capacity to solely support Release 1.2 effective January 1, 2018. Accordingly, ONC will permit and provide testing and certification for conformance to National Health Care Surveys IG Release 1.2 to meet this criterion. Health IT already certified to National Health Care Surveys IG Release 1.0 will not be required to retest or recertify to Release 1.2.”

(Source - https://www.healthit.gov/sites/default/files/2015Ed_CCG_f7-Trans-PHA-health-care-surveys.pdf)

- ECs and Providers capable of submitting National Health Care Surveys IG Release 1.0 or 1.2 documents can be in active engagement with NCHS effective January 1, 2018.
- **1.2 is preferred by NCHS because it is most responsive to vendor and implementer feedback, reflects our latest survey needs and will continue to be supported by us beyond 2018**

Updated Declaration of Readiness: June 30, 2017

- NCHS will be ready to accept National Health Care Surveys data from ECs, EPs, EHS and CAHs in fulfillment of the MIPS and MU Programs Stage 3 Objective 8: Public Health and Clinical Data Registry Reporting, Measure 4: Public Health Registry Reporting on January 1, 2018.
- The format required to generate and transmit data to NCHS for this measure is:
 - HL7 CDA® documents, as described by the Implementation Guide for National Health Care Surveys Release 1, DSTU Release 1.2—U.S. Realm
- Due to the language in the Updated CCG – “Health IT already certified to ...IG Release 1.0 will not be required to retest or recertify to Release 1.2”, NCHS will also accept the 1.0 format as of 1/1/2018.

Potential Adjustments due to the 2018 IPPS

- **Should CMS allow flexibility for using the 2014 or 2015 Edition CEHRT in 2018 as the 2018 IPPS NPRM proposes, NCHS will continue to accept HL7 CDA National Health Care Surveys IG 1.1 documents--as it has done since 2016--until **December 31, 2018** from ECs and Providers CEHRT for Measure 4: Public Health Registry Reporting.**
 - Should this occur, ECs and Providers capable of submitting National Health Care Surveys IG Release 1.1 documents can be in active engagement with NCHS effective January 1, 2018 and continuing through December 31, 2018.

Certification & Implementer Testing

- **Certification Companion Guide (CCG) & Test Procedure**
 - <https://www.healthit.gov/policy-researchers-implementers/2015-edition-test-method>
- **HL7 CDA National Health Care Surveys IG 1.0, 1.1 and 1.2**
 - http://www.hl7.org/implement/standards/product_brief.cfm?product_id=385
- **NIST Validation Tools for HL7 CDA National Health Care Surveys IG 1.0 and 1.1 - <http://cda-validation.nist.gov/cda-validation/muNHCS.html>**
 - 1.2 documents
 - <http://cda-validation.nist.gov/cda-validation/muNHCS12.html>
- **Test Data is available on the above NIST site**
 - IG 1.0, 1.1 now
 - IG 1.2 to be posted in the future
 - Sample 1.2 XML files available now in the HL7 1.2 IG Package
- **Google Group**
 - <https://groups.google.com/forum/#!forum/national-health-care-survey-testing-tool>

Certification & Implementer Testing

- **NCHS has recently fielded requests from a few vendors to give them feedback on CDA documents from their 2015 Edition products**
 - To the extent limited resources allow, NCHS will provide feedback on IG version 1.0 and 1.2 CDA documents we receive from vendors
 - Should CMS allow flexibility for using the 2014 or 2015 Edition CEHRT in 2018 as the 2018 IPPS NPRM proposes, to the extent limited resources allow, NCHS will provide feedback on IG version 1.1 CDA documents we receive from vendors

Summary

- **NCHS, until 12/31/17, is accepting data formatted to:**
 - National Health Care Surveys IG 1.1
 - CCD
 - Custom Extract Guidelines
- **Beginning on 1/1/2018 NCHS is accepting data formatted to:**
 - National Health Care Surveys IG 1.0
 - National Health Care Surveys IG **1.2**
 - **Preferred by NCHS because it is most responsive to vendor and implementer feedback, reflects our latest survey needs and will continue to be supported by us beyond 2018**
- **Should CMS allow flexibility for using the 2014 or 2015 Edition CEHRT in 2018, beginning on 1/1/2018 NCHS and ending on 12/31/2018, NCHS will accept data formatted to:**
 - National Health Care Surveys IG 1.1
- **A variety of developer and implementer resources and support is available**

Thank You!

Questions?



Evolution of the National Health Care Surveys Implementation Guide: *Update to 1st DSTU – November 2015 – Known As Release 1.1*

- Document-Level Templates
 - refactored to report the survey data by setting of visit rather than by survey as in the previous release. All 3 document-level were changed:
 - Inpatient Encounter (NHCS-IP) (V2)
 - Outpatient Encounter (NHCS-OPD, NAMCS, NHAMCS-OPD) (V2)
 - Emergency Department Encounter (NHCS-ED, NHAMCS-ED) (V2)
- Section-Level Templates
 - to reflect the organization change, *encounters* split into 3 sections:
 - Inpatient Encounters Section
 - Outpatient Encounters Section
 - Emergency Department Encounters Section
 - 2 sections retired; DX section renamed Problem; 2 sections added

Evolution of the National Health Care Surveys Implementation Guide: *Update to 2nd DSTU – November 2015 – Known As 1.1*

- Entry-Level Templates
 - Current visit encounter split into 3 specialized encounters:
 - Inpatient; Outpatient; Emergency Department
 - 10 new entry-level templates were added
 - 5 new value sets were added
- Many templates re-versioned due to the versioning of contained templates
- In summary, there were many changes, some of them substantial, between Release 1 (known as 1.0) and 1.1

Evolution of the National Health Care Surveys Implementation Guide: *Update to 2nd DSTU – August 2016 – Known As Release 1.2*

- No new document and section-level templates were added
- Several document and section-level templates were updated due to the versioning of contained template
- 4 section-level templates were updated with changes
- 1 new entry-level template was added
- 2 entry-level templates were retired
- Many of the value sets were updated with current URLs

- In summary, the changes from 1.1 to 1.2 were less substantial and fewer in number than the changes from 1.0 to 1.1