



Cooperative Agreement Corner



Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports activities for jurisdictions. Upcoming opportunities are provided below.

Mortality Data Quality Workgroup Webinar

Members of the Mortality Data Quality Workgroup will host a webinar introducing and demonstrating a new resource on the NAPHSIS website, the Mortality Data Quality Wiki. Workgroup members will present the different sections of the site, highlight several example pages, and show how anyone interested can request access. Please register [here](#).

Systems Special Interest Group

Past topics have included electronic signatures for vital records documents, out of state records, e-certification and more. The next Systems Special Interest Group Call will be taking place on March 25th at 3 p.m. Eastern. Email NAPHSIS at hq@naphsis.org to join.

Field Services Special Interest Group

Past topics have included mother/parent worksheets, working with the funeral director community, retention schedules and more. The next Field Services Interest Group Call will be taking place on March 23rd at 3 p.m. Eastern. Email NAPHSIS at hq@naphsis.org to join.

2020 Natality file closing

NCHS has started the closing process of the 2020 natality files by requesting final certificate numbers and final void lists, due no later than February 26, 2021. The final 2020 natality files are due by April 9, 2021 and should include all missing records, corrections for all validation/verification errors and each pair of duplicate records should be resolved. In addition, all data quality issues should be addressed before closing. While the infant death linkage information is not part of the

natality file, it is important that all 2020 or 2021 infant deaths that are linked to a 2020 natality record be completed prior to closing the 2020 natality file. NCHS compares the natality record with the linked mortality record to make sure all information on both records match. If there is an error on the natality record, corrections must be made before the natality file is closed. If you have any questions about the 2020 natality file closing process, please contact the Vital Statistics Specialist assigned to your jurisdiction.

Reports Available to Identify Pending Mortality-Medical Records

As we start finalizing the 2020 Mortality-Medical file, it is important to reduce the substantial percentage of pending records remaining on the file. Please remember to reference the reports available to assist with reviewing and identifying pending records that require updates. The available reports are outlined below.

The Weekly Pending Report-This report is sent via email to each jurisdiction's medical contacts for review. It shows pending records in three different ways:

- (1) when the manner of death is pending AND the cause of death literals are pending;
- (2) when the manner of death is pending BUT the cause of death literals have been updated (manner of death is important for accuracy in cause of death coding, especially for external causes); and,
- (3) when the manner of death is updated BUT the cause of death literals is pending (these types of records could point out a problem with records not being updated properly).

All three types of pending records could point to a problem with NCHS not receiving all the updated records, so this report creates an easy way to monitor the records to ensure they are updated properly.

The VSCP Pending Report-This report is located on the password protected VSCP website and is updated weekly. It shows an overall view of pending records compared to previous years. The 2020 pending target for jurisdictions at final close out is 0.17% or the jurisdiction's 2019 rate, whichever is smaller.

Jurisdictions are encouraged to monitor these reports weekly and to contact their assigned Medical Classification Specialist if they notice discrepancies or have questions.

[Revised National Death Index \(NDI\) Website](#)

The [National Death Index](#) has revised and relaunched its website. We have added a few cosmetic enhancements and have made it more straightforward when navigating the site. For comments or questions regarding the newly revised NDI, please send them to ndi@cdc.gov.

[Notable Publications/Data Briefs](#)

2019 Fetal Death Data File

The 2019 public use fetal death data file and detailed User Guide were released in January. Stay tuned for an upcoming detailed report on 2019 fetal death data!

[Vital Statistics Modernization Community of Practice](#)



The **Vital Statistics Modernization Community of Practice (NVSS COP)**, started in October 2020, is a shared space for learning and innovation and provides a forum for jurisdictions and their partners working in the modernization space to come together on topics of mutual interest. This month, the COP

provides an update regarding a virtual FHIR-based interoperability testing event held in February.

Getting FHIR enabled – A virtual hands-on event to help jurisdiction and partners modernize their systems using FHIR, Feb 11-12, 2020

On February 11-12, 2021, NCHS organized a virtual event to help jurisdictions prepare and test their systems for FHIR based interoperability between the EDRS to NCHS/NVSS and ME/C Case Management System (CMS) to EDRS workflows. This event was less formal than a connectathon with numerous opportunities for informal sharing, exchange and peer-to-peer learning. Jurisdictions funded through a 2019 interoperability special project (and had never participated in a connectathon) were invited to participate. This included Minnesota, Hawaii, and New York City.

A few important lessons learned:

1. The upstream workflows (e.g. CMS to EDRS in this case) are highly localized resulting in vast

differences in how the actual implementation takes place even when using the same vendor product and referring to the same implementation guide (IG). For example, doing a simple search from CMS to EDRS to request a specific decedent will differ because the search parameters will reference different field names in different jurisdictional EDRS implementations. In addition, not all implementations will have bidirectional interoperability between CMS and EDRS. This makes it impractical to have a uniform approach to implementation and some level of configuration is to be expected. An important next step is to further our collective understanding of the different implementation approaches used to operationalize FHIR based interoperability in this upstream flow. This exploration may help identify commonalities and differences and can inform the development of vendor-based products and promising practices.

2. The testing effort also brought to light the need for standardized approaches (ex. authentication, authorization, API communications, terminology), addressing systematic issues (ie. case identifiers) and clinical issues (ex. missing or gaps in data such as date-time, death occurrence and causes). Addressing these can also inform updates to the FHIR implementation guide. NCHS will follow up on some of these issues during future COP technical subgroup meetings and office hours. We invite states and technical partners to participate and remain actively engaged.

This virtual event was more cost- and time-effective than an in-person event and allowed for more flexibility. The idea of more frequent virtual informal testing events similar to this one certainly holds promise; NCHS is currently evaluating the feasibility, sustainability, and level of effort of this potential undertaking.

Vital Staff Spotlights

Lorrin Kim has been appointed Acting State Registrar in Hawaii.

Tanya Lyons has been appointed VSCP Project Director in Delaware.

Tasha Smith has been appointed Acting State Registrar and VSCP Project Director in Indiana.

Marsha Trump has been appointed VSCP Project Director in Oregon.

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