



Good News for Jurisdictions Receiving VSCP Special Project Funding

Earlier this year, several new VSCP Special Projects funding opportunities were formally announced: NCHS would fund multiple jurisdictions for three competitive funding categories. Jurisdictions were encouraged to assess how this funding could be used to enhance their jurisdiction’s vital statistics system and to submit strong proposals for the competitive projects for which they were eligible.

NCHS is now pleased to announce the following jurisdictions that received funding and the categories:

Category 1- Help with implementation of Electronic Death Registration Systems (EDRS) as foundational infrastructure in jurisdictions that do not currently have an operational EDRS:

Connecticut	Puerto Rico
Guam	Rhode Island
North Carolina	West Virginia

Category 2- Assist jurisdictions with an EDRS to address barriers to use by all data providers

Delaware	New Hampshire
Georgia	New Mexico
Massachusetts	New York State
Michigan	Virginia

Category 3- Improve system interoperability using APIs (with at least one ME/C case management system, and/or at least one other public health surveillance program).

District of Columbia	New York City
Hawaii	Utah
Minnesota	

We look forward to the accomplishments and progress of these awardees in the coming months and years!

Busting Silos on Drug Death Data

Our project to [improve the timeliness and quality of data on drug overdose deaths](#) made impressive strides during its fourth Implementers’ Community meeting on September 16-17. These meetings bring participating jurisdictions together with a wide-range of IT experts, medical examiners and coroners, toxicologists, state and local public health partners, NCHS, and CDC programs in search of “silo-busting technologies” to improve the flow of death data.

The meeting, which took place at the Georgia Tech Research Institute, provided an open forum for all participants to be candid about their own needs and challenges while learning from others’ experiences. Five implementing states – CA, NH, MI, GA, NY – attended, as did UT and Washington, DC. “Jurisdiction to jurisdiction learning is essential in this process,” says DVS’s Kate Brett, who facilitated the meeting.

So far, the project has led to leaps in modernizing interoperability between systems. Announcements at this meeting included news of

the recent decision by NCHS to focus on establishing HL7 FHIR standards to exchange electronic death information. Demonstrations showed “proof of concept” for ideas generated in previous gatherings. For example, on-site IT developers used FHIR standards to share electronic data in real-time from ME/C case management systems to state vital records systems, from states to NCHS, from states to cancer registries, and from state to state.

Other developments have included, an interactive dashboard for analysis of medical examiner data, and a cutting-edge tool for natural language processing of literal text. In concert with the meeting, many of the attending states also participated in the public health track of a two-day HL7 FHIR Connectathon to test the recently balloted Vital Records Death Reporting Implementation Guide.

Stay tuned for more exciting work from this community!

Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death is now available in HTML format

The HTML format version of the Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death can now be found at this [link](#). This searchable database of items on the birth certificate and fetal death report provides definitions, instructions, preferred sources, keywords, and abbreviations for each item.

The HTML guidebook is self-contained and is configured to work on smart phones, tablets, or desktops. Please share the link above with your colleagues, staff, and hospitals.

The new HTML version also has:

- Left navigation that only shows items from the guidebook
- A link to the .pdf
- A section on how to use the guidebook
- Information on what is meant by “mother”
- What to do about unknowns
- A dynamic list that lets the user search for specific terms or filter items to one of the four item categories:
 - Facility information
 - Prenatal care and pregnancy history
 - Labor and delivery
 - Newborn information

The new combined 2017 period/2016 cohort linked birth/infant death file

The first ever combined 2017 period/2016 cohort linked birth/infant death file has just been released and can be found at this [link](#)! This new file includes both period and birth cohort linked birth/infant death in one file giving users much timelier access to cohort files. NCHS plans to release these files on an annual basis in the future.

UPDATE: 2018 Mortality Review Process

Thanks to the joint efforts of DACEB and jurisdiction staff, DACEB closed the national file July 16th. The pause that was placed on processing for all 2018 cause of death files has now been removed and processing of 2018 mortality medical records that were submitted after July 16 has resumed. The files are being coded and returned to jurisdictions.

Start thinking about closing 2019 now!

As we end the third quarter of 2019, now is a great time to ensure electronic systems are exporting everything as intended. States and jurisdictions are encouraged to please pay particular attention to exports, including amended information. While closing the 2018 mortality file, at least four jurisdictions identified a bug in their system in which updated/amended records were not being sent to NCHS. As a result, the data NCHS had was not current. Again, systems should be extracting everything they are designed to. Trust but verify!

2019 Pending Records

As of the end of August there were about 27,000 records on file at NCHS that were reported as Pending Investigation; that is about 1.5% of the data. The chart below shows the percentage of pending records by month of death:

JANUARY	4.4%	MAY	9.3%
FEBRUARY	4.3%	JUNE	17.0%
MARCH	5.2%	JULY	29.4%
APRIL	5.8%	AUGUST	24.4%

While part of the lag may be due to receipt of information from the Medical Examiner, Coroner or Toxicology labs, states and jurisdictions should double-check to ensure amended information is being submitted to NCHS.

State and Jurisdiction Corner

New York State Releases Cause of Death Course with Opioid Focus

The New York State Department of Health, Bureau of Vital Records (NYSDOH BVR) announces the launch of a new course, *Mastering the Cause of Death in the 21st Century*, designed to intensify awareness and promote specificity in the use of literal terms that result in accurate and timely cause of death determinations.

The course was created in order to increase the knowledge of proper death certification by medical examiners, coroners, and medical certifiers who regularly complete certificates for deaths occurring in New York State. In addition, the course aims to improve drug specificity for overdose deaths, aligning with the continued collection of data and direction of resources as it pertains to mortality surveillance of the national opioid crisis.

Participants will learn to identify the importance and uses for mortality information, as well as the pillars of death reporting: mechanism, manner, and cause of death. The course assists the learner with helpful tips determining the chain of events that led the person on the path to death, as well as avoiding ill-defined terms. The didactic material is supplemented with short videos and practical exercises with adaptations of real case scenarios. The course participants will be challenged with activities that identify the cause-of-death in drug related and non-drug related fatalities.

The course has been approved for 1 AMA PRA Category 1 Credit™. Medical examiners, coroners, and medical certifiers including highly specialized physicians, physician assistants and nurse practitioners are invited to participate. Register for the free course at <https://lms.udutu.com/LMSPortal/Account/LogOn?OrgCode=EDRS> and select Create New Learner Account. The organization name is "EDRS".

For more information on the New York State Electronic Death Registration System, visit the NYSDOH EDRS website at https://www.health.ny.gov/vital_records/edrs/.



Thanks to New York State for their submission to the State and Jurisdiction Corner of the Newsletter! The NYSDOH BVR individuals pictured above include (from left to right): Kira Cramer, MBA, Project Manager; Laurie Kropkowski, MS, Sr. EDRS Implementation and Training Specialist; and, Zina Adams, Sr. EDRS Implementation and Training Specialist.

We want to hear from you! Please send us initiatives and updates from the broader community; or even questions or lessons learned. We will feature your segments as well as any responses we get to your questions and updates from our readers!

Have a topic to share with the monthly Newsletter audience? Send it to George Tolson at gct1@cdc.gov.

Vitals Staff Spotlights

The Data Acquisition, Classification, and Evaluation Branch in the Division of Vital Statistics, NCHS, welcomes **Cherie Winder** as a Statistician. In the last 12 years she has held a variety of positions using her analytical and project management skills in public health, health care and clinical trials. She earned her Master of Public Health in Biostatistics from Emory University and her Bachelor of Science in Biology from Norfolk State University. She is licensed as a Certified Associate in Project Management. She is a married mother of a soon to be five-year-old.

Cherie's initial, primary focus will be on improvements to medical data quality, working closely with Adrienne Rouse and the Medical Classification Specialist Team.

Venkata Garikapaty accepted the position of VSCP Project Director in Missouri.

This newsletter is a publication of the NVSS, intended to enhance the community of vital records and vital statistics practice, to provide useful information for vital statistics and vital records professionals, and to inform the broader community of interested stakeholders.