November 12, 2013

Dr. Walter G. Suarez, M.D., M.P.H., Co-Chair
Dr. W. Ob Soonthornsima, Co-Chair
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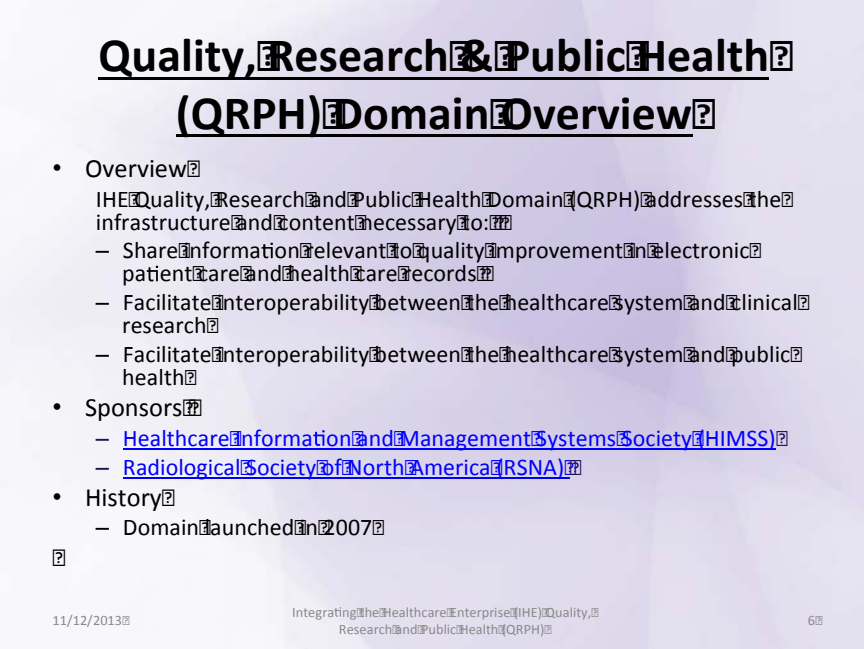
Dear Dr. Walter G. Suarez and Dr. W. Ob Soonthornsima:

On behalf of Integrating the Healthcare Enterprise (IHE), I would like to thank your workgroup members for allowing our participation in these hearings to gather industry input on the state of health data standards used by public and population health programs. On the national level several efforts are under way to improve data exchange capabilities with a focus on the data collected within the clinical domain. Integration of that domain with the work of public health systems continues to be improved upon to streamline the workflows for exchange of the data captured at the point of care. The most recent industry driver has been the Meaningful Use stage 2 requirements that can be leveraged and extended to optionally enable various public health reporting initiatives, but unfortunately there has been limited inclusion of incentives for required public health data exchange.

The IHE Quality, Research and Public Health (QRPH) domain publishes standards to provide building blocks that help address the implementation strategy and near future roadmap to focus on addressing incomplete and inconsistent adoption of the existing standards and the absence of a sustainable approach for standardization of information systems in public health.



IHE supports the harmonization and operationalization of HIT standards that already exist for information exchanges and developing new content and transaction standards that meet Public Health business needs.

My name is Didi Davis, President, Serendipity Health, LLC and I have 23 years experience in the healthcare industry with emphasis in the leadership, development, implementation and management of information technology solutions

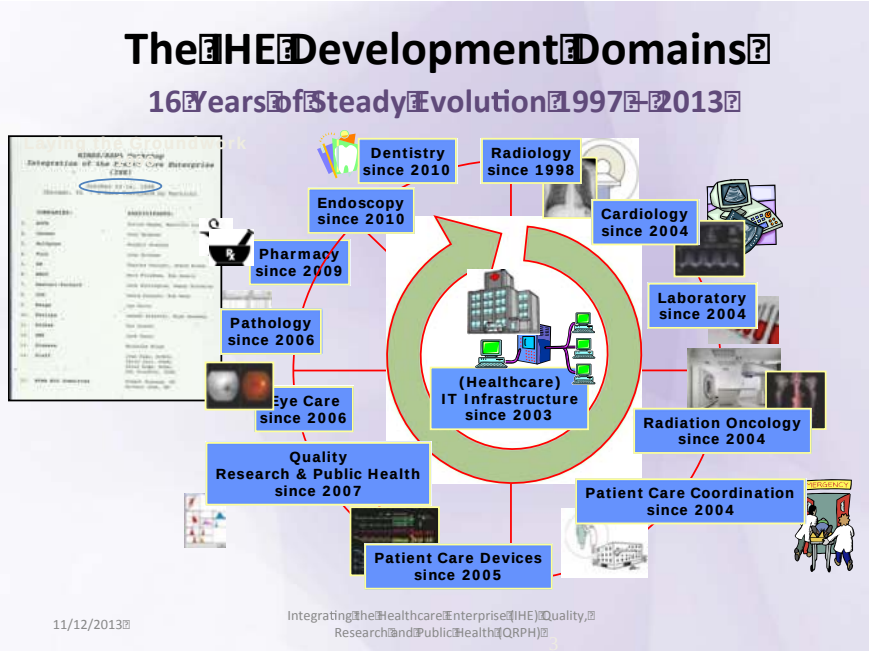
and healthcare workflow requirements. Serendipity Health, LLC was launched in April 2009 to provide consulting services for the advancement and deployment of interoperable healthcare within Tennessee to connect people, processes and technology in a streamlined approach.

I serve on the Tennessee Health Information and Management Systems Society (HIMSS) Board as the Health Information Exchange (HIE) liaison to HIMSS National. I previously held the position as the Chief Technology Officer (CTO) for the Health Information Partnership for TN state network of networks and am currently the Chief Technology Officer for the East Tennessee Health Information Network (etHIN). I served as the Interim CEO for CareSpark, Inc.; a Health Information Exchange in Tennessee nationally known for its standards based architecture supporting public health in TN and VA. I currently serve on the IHE International Board, am one of the planning co-chairs for the Quality, Research and Public Health Domain and serve on the IHE International Testing and Tools Committee.

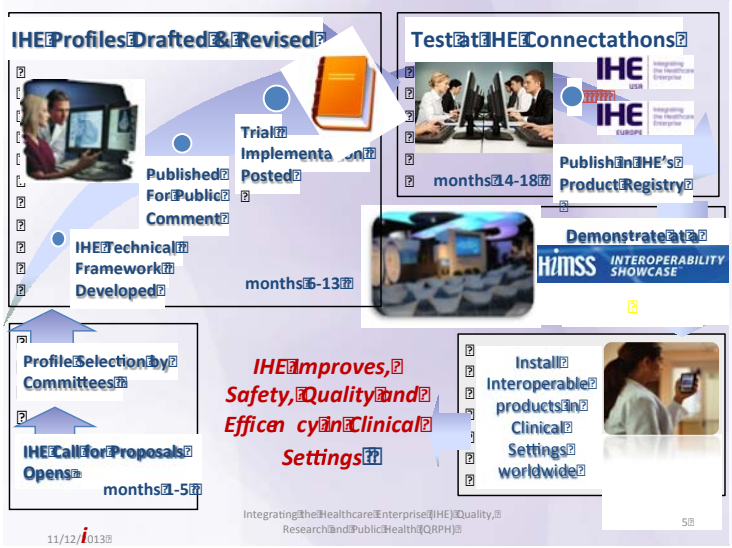
Prior to founding Serendipity Health, LLC, I filled the roll of senior director of Informatics at the Healthcare Information and Management Systems Society (HIMSS). Her responsibilities included execution and direction for the standards activities of IHE International and its related projects and committees such as the IHE North American Connectathon and the Interoperability Showcase demonstrations in the US, Europe and Asia. Prior to joining HIMSS in May 2006 she was employed by Eclipsys Corporation as Director, IT Product Strategies.

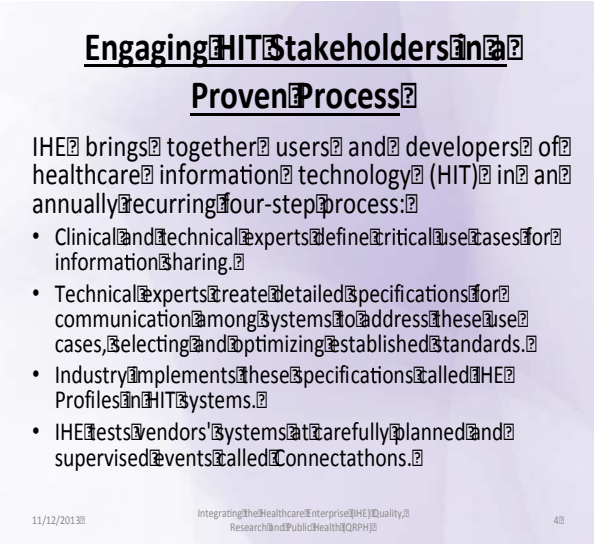
IHE, in collaboration with its members, publishes standards used for electronic exchange of health care information between various stakeholders including Public Health. These standards are developed by the IHE Quality, Research and Public Health (QRPH) Domain (one of 13 domains).

IHE International domains publish standards profiles that make up frameworks. These profiles can be combined into workflows that enable the exchange of information among various health care related technologies and systems. The current body of work, published by IHE QRPH, covers the identified priorities for new national standards requirements for population health data.



These standards include the building blocks for vital record reporting from birth to death leveraging the current EHR deployments and requirements for certification. In addition, the IHE QRPH planning committee identifies priorities for new standards requirements for population health data on a yearly cycle.





The QRPH domain areas currently cover the early hearing detection and care planning requirements for children and the capture of healthy weight data in EHR systems to improve the timeliness, accuracy, and completeness of surveillance data to inform ongoing patient programs.

In addition, the IHE QRPH physician reporting to public health repository - cancer registry (PRPH-Ca) is the standard identified as part of Meaningful Use Stage 2 to define a single, consistent method to allow efficient and accurate exchange of information of physician reporting to the public health cancer registries in each state, recognized as an optional certification requirement.

The **current barriers** to effective electronic information exchange within public health include the following:

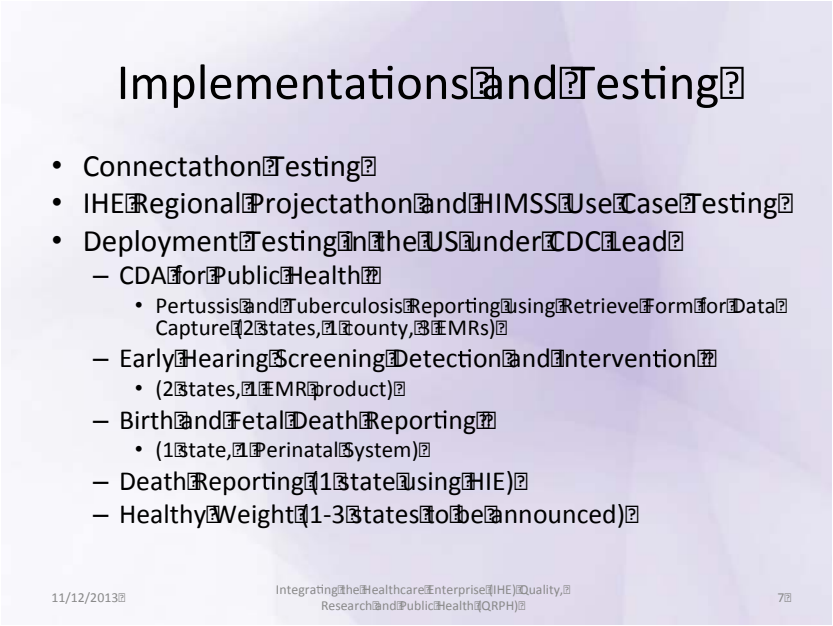
1. The incomplete and inconsistent adoption of existing standards by the wide variety of EHR vendors for public health reporting and the public health information systems they report to.
2. The lack of timely rollout and adoption of EHR systems in clinical settings preventing electronic communication between public health systems and clinical stakeholders.
3. The absence of a sustainable approach and funding to support the development of public health standards and their testing; and of certification and adoption of standards-based IT products in clinical and public health settings.
4. The need for information-savvy personnel in public health departments to operate in a new HIT and information communication environment.

IHE QRPH recommends the following to operationalize HIT standards for public health domains (programs) as follows:

1. Use existing standards to develop interoperability specifications (implementation guides, integration profiles, content profiles) or to enhance existing interoperability specifications at the national and international standards harmonization initiatives, e.g., Integrating the Healthcare Enterprise (IHE), Office of the National Coordinator for Health IT (ONC) Standards and Interoperability (S&I) Framework Initiatives, and others.
2. Test these specifications at the IHE Connectathons and demonstrate interoperability solutions at the national and international forums.
3. Develop US-based certification criteria for standards-based HIT solutions and enable certification of public health information systems.
4. Provide technical assistance to support deployment of standards-based HIT solutions
5. Evaluate the effectiveness of standards-based HIT solutions.

Operationalizing HIT standards for public health contributes to the overall effort to build a coordinated voice of Public Health on HIT standards. Building the voice is one of IHE's focus in the streamlined workflow and standardization so that data collected at the point of care can be used and re-used across public health programs (domains) at all levels of government.

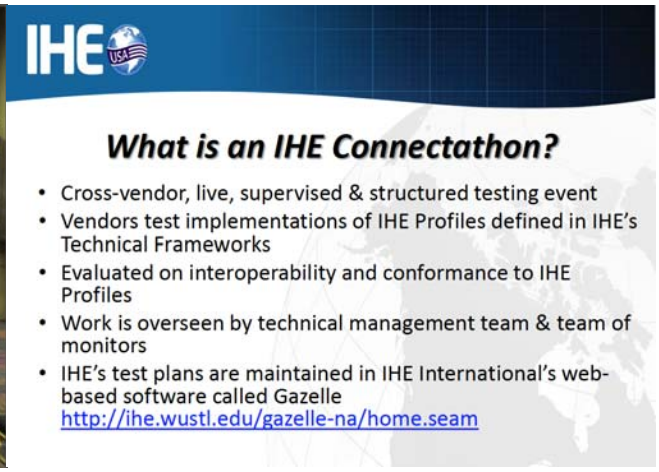
Outreach through professional organizations of all stakeholders is critical as is the participation of the right subject matter experts for each standardization phase. These phases include the needs assessment, definition of functional requirements and the information exchange content and other transport standards. These development phases are completed within IHE over a 12 month period beginning with the Planning Committee and leading to the Technical Committee document publication. The deployment cycle is separate and distinct. The deployment activities are led by regional deployment committees such as IHE USA, IHE Europe, IHE Australia and others who conduct conformance testing events to validate the trial implementations of vendor products. If no significant changes are made to the standard profile and it is tested at two Connectathon events, the profile is then eligible to proceed to final text and it is folded into the domain Technical Framework. These regional events have and continue to provide a venue for testing standards and bringing together the public health expertise and implementations. Being able to provide standards knowledge as well as the tools that can help facilitate implementations as part of a technical assistance team is key to successful deployment beyond just the early adopters seen in pilots today.



The IHE QRPH domain leverages profiles from the Patient Care Coordination (PCC) and IT Infrastructure (ITI) to help streamline the collection and reporting of data in a secondary use from clinical environments closer to the point of care of a patient.

With over 20 countries involved with the IHE International domains, the outreach continues to grow with additional national and international efforts to standardize health-related information. Most recently, the ONC Standards and Interoperability Framework Initiative (S&I) members have submitted proposals to IHE International domains to evolve the Data Access Framework (DAF) and Structured Data Capture (SDC) use cases.

IHE International, with the support of the domain sponsoring organizations, develop open source testing tools to support the worldwide Connectathon events. The IHE Connectathon is the industry's largest interoperability testing event. The initial IHE Connectathon was held in 1999. The North American Connectathon has been held annually ever since and has grown steadily in the level and scope of participation. A parallel event in Europe was established in 2001 and has followed similar growth.



The IHE Testing and Tools committee lead by the technical project management team coordinate the development of detailed test plans for each role (actor) being tested at the Connectathons and organizes the process to maximize interoperability testing between corresponding systems from different vendors. The team uses a suite of test tools to facilitate thousands of transactions among Connectathon participants to monitor and record test results and simulate the functions of corresponding systems to enable rapid testing and debugging. Independent monitors observe and record test results, which are published in the Connectathon results database (http://connectathon-results.ihe.net).

These tools are supported in the US by the National Institute of Standards and Technology (NIST) and continue to evolve to harmonize the testing tools to allow for more real-time (24x7) testing that vendors and national projects can leverage as required.

Deployment of certified standards-based HIT solutions is the most critical component of enabling interoperability between clinical and public health information systems. All HIT standardization efforts require the continued evolutions of legacy information systems to be upgraded to utilize interoperability standards in an incremental approach. Today's barriers for deploying interoperability standards in public health include:

- The lack of funding
- The lack of technical knowledge
- The lack of a coordinated public health approach for adoption of interoperable HIT solutions across various public health programs at all levels of government.

HITECH programs provide funding for EHR system adoption in healthcare, i.e., supporting data sending systems. However, they provide very limited resources mostly via HIE programs for upgrading data receiving systems, e.g., laboratories, pharmacies and public health agencies. In public health, only immunizations information systems received significant funding under HITECH.

There is a need to estimate cost for deployment of certified HIT applications in a public health program. The estimate should include costs associated with participation of public health vendors and/or program staff in the following:

1. Testing of standards-based solutions, at IHE Connectathons or certification programs sponsored by organizations like Healtheway, the Interoperability Workgroup (IWG) and other like programs, to assure that interoperability standards published serve program-specific needs
2. Certification of standards-based public health applications and systems
3. Deployment of certified HIT applications

There is an urgent need to assure coordination across programs and agencies with regard to the deployment of standard-based HIT solutions. Upgrades of public health information systems today should be conducted to assure interoperability of those systems with others within various stakeholders to prevent additional re-development in the future. It is critical for public health programs to participate with and in the regional HIE initiatives.

IHE QRPH continues to focus on multiple user stories under the public health programs of child health, communicable diseases, chronic diseases and vital record reporting. The committees continue to bring industry together with vendors to harmonize the workflow and data requirements for data exchanges.

IHE appreciates the opportunity to participate and support this effort and believes this is a good first step that will allow collaboration among various organizations to create a solid and strong public health ecosystem to build upon in the future. Thank you again and please let us know how IHE can help with future discussions.

Sincerely,

/s/

Didi Davis, President, Serendipity Health, LLC
IHE International Board Member
IHE QRPH, Planning Co-chair
IHE Testing and Tools Committee Member

Cc: Chris Carr, IHE International Secretariat