

HIT Policy Committee

Meaningful Use Workgroup

July 29, 2010

9:00 a.m. – 3:30 p.m. (Eastern)

OMNI Shoreham Hotel, 2500 Calvert Street, NW
Washington, DC

Comments by Marty LaVenture, Minnesota Department of Health

The HITECH and health reform legislation have provided the nation with an unprecedented opportunity to help improve healthcare quality, increase patient safety, reduce healthcare costs, and enable individuals and communities to make the best possible health decisions.

Meaningful use can have a significant impact on helping achieve the vision for healthier individuals and communities and will require a close integration with the population health services provided by public health organizations at the local, state and federal levels.

Public health organizations provide the backbone to the infrastructure for population health improvements. It depends on other sectors (e.g., health care system, academia, business community) to improve the overall health of a community based on population health analysis. It brings skills, knowledge on population health measurement and intervention expertise to health reform/quality improvement efforts, and can contribute to not only "evidenced-based practice" but also "practice-based evidence."

The opportunities and benefits of population health improvements to individuals, communities, providers and others are significant and achievable. Public health organizations can lead community focused population health efforts that increase utilization of primary prevention services, optimize systems for disease surveillance, analysis, and alerting; improve care

coordination especially for chronic diseases such as diabetes, asthma, and hypertension. In particular public health organizations can lead collaborative efforts to implement clinical decision support systems that not only better integrate diagnosis, prevention and treatment guidelines, but also better integrate decision support across multiple diseases/conditions to provide improved decision support for patients with co-morbidities, which will be key to effective disease management. Public health agencies measure and monitor the health pulse of the community by applying their data analytic competence as a way to leverage the need for continued population health assessment can assess population health and relate it to healthcare investment to see if we're getting our monies worth.

Many challenges face local, state and federal public health organizations at each level to achieve this vision. They need to find ways to modernize infrastructure, advance the skills of the workforce; commit to development of common business processes across jurisdictions, modify policies that force categorical use of funds and short budget cycles; address the uneven understanding among programmatic leaders about how EHRs/HIT benefit public health needs; and improve understanding of public health's role in care coordination.

There is no doubt that ARRA and health reform have created a unique opportunity that public health has always wanted, but one that requires public health to join the effort to in order to succeed.

Brief responses to the specific questions:

- *What policy, legal and/or technical issues do you perceive as barriers to getting to improved population health outcomes?*

A shared vision and clear path to success is critical. The lack of coordination of efforts in the past has proven to be a barrier and must be addressed in order to realize the opportunities before us today. Figure 1 below from Minnesota provides an example of one state's shared vision and how it was incorporated

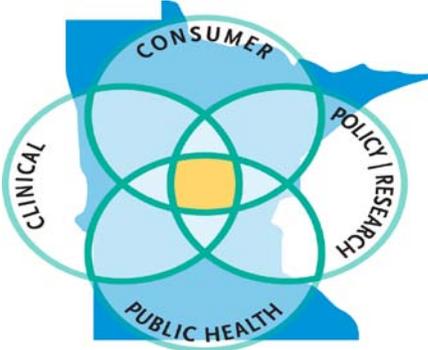
into the statewide plan for e-health to ensure success. (More information on Minnesota's Statewide Plan for e-Health can be accessed at: <http://www.health.state.mn.us/ehealth>). The critical components to ensuring success include:

- A commitment to the development of common business requirements and processes across jurisdictions. This is especially needed in programs involving client centered programs starting with local health departments.
- Improved standards, specifications, and certification criteria for interoperability of public health focused data on individuals and population aggregate information.
- A commitment to modernizing infrastructure using a coordinated and integrated approach.
- A commitment to close the gap in core and advanced informatics skills of the workforce
- A transition to policies that encourage integrated approaches to programs supporting the larger vision.
- A cohesive message to advance common understanding of how EHRs/HIT benefit public health needs.

Figure 1: The Minnesota e-Health Initiative Vision

The Minnesota e-Health Initiative

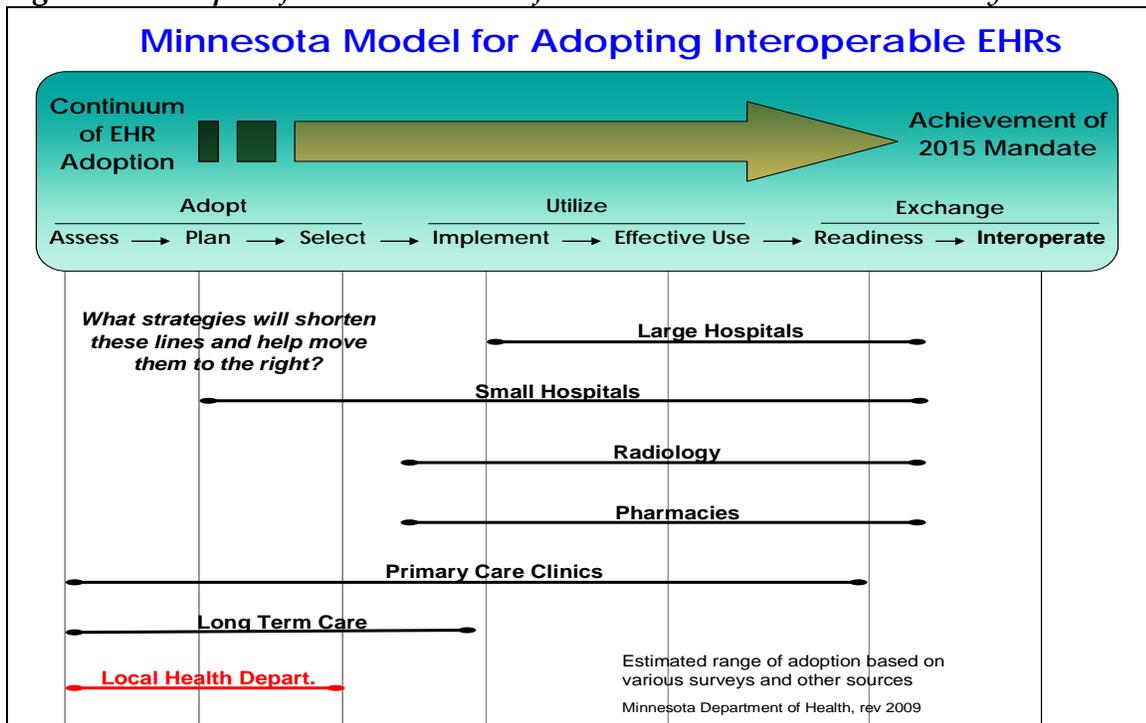
“Vision:
... accelerate the adoption and effective use of **Health Information Technology** to improve healthcare quality, increase patient safety, reduce healthcare costs, and enable individuals and communities to make the best possible health decisions.”



Source: e-Health Initiative Report to the MN Legislature, January 2004



Figure 2. Example of Public Health Infrastructure Relative to Other Systems



- Are there any specific approaches to data standards, aggregation and/or infrastructure that would help achieve better population health outcomes?
 - Improve federal and state leadership and coordination on identification and use of standards for interoperability including technical, semantic and process interoperability. See <http://www.health.state.mn.us/ehealth> and visit the guide to standards and interoperability.
 - Complete the standards for the full set of transactions for stage one meaningful use requirements. For example, expand immunization transactions beyond submission to include request, return of history, and the options for forecasting using decision support.
 - Complete standards for all transactions associated with reportable conditions including alerting function capability.
 - Certifications of public health software applications is vital. Pursue “orphan” software classification if needed to obtain vendor participation.

- *How should PH contribute to the concept of a learning health system?*

Public Health agencies are essential to the success of a learning system. Building on the current learning success, public health organizations can contribute in many ways including:

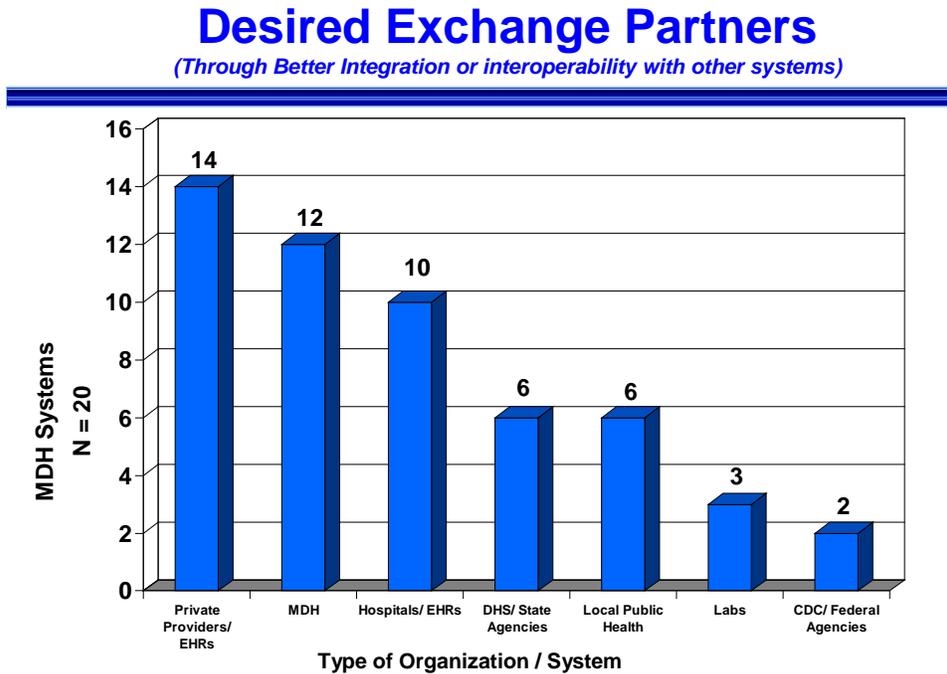
- Contribution of knowledge and skills on population health measurement.
- Providing intervention expertise to health reform/quality improvement efforts.
- Contribute to not only "evidenced-based practice" but also "practice-based evidence."

Public health can provide leadership in focused efforts that benefit their communities, by:

- Increasing utilization of primary prevention services
- Optimizing systems for disease surveillance, analysis, and alerting
- Improving care coordination, especially for managing chronic diseases
- Leading collaborative efforts to implement clinical decision support systems
- Measuring and monitoring the health pulse of the community by applying their data analytic competence
- Helping to assess population health and value/return on investment.

The figure three illustrates that many programs would like to better interoperate with community partners even though their organizations are not yet ready.

Figure 3: Desired Exchange Partners



- *What future state might we envision as public health agencies gain access to population health information to drive improved health outcomes?*

If public health agencies are successful in obtaining access to population health information necessary to drive improved health outcomes, we envision a number of significant improvements. These include:

- Reductions in risk factors for Chronic Disease due to increased compliance with primary and secondary prevention programs and treatment protocols.

In order for this to occur, we must fully engage consumers through the delivery of effective public messages delivered through trusted sources of information. These messages must:

- Articulate the value public health information can bring to them – in terms of quality, cost, and convenience.
- Explain how patient privacy is protected both by law and through the use of appropriate security measures.

Figure 4: Example of Effective Public Messaging



Over 1 million people fled the hurricane. Their medical records were left behind to face the storm.

In the aftermath of a hurricane, medical information is needed STAT in order to avert dangerous health problems and save lives. With electronic health information exchange, your medical records and test results can be securely accessed by your doctors, whether you stay in town or evacuate.

Information STAT. ————— Source: National eHealth Initiative

Public Messaging

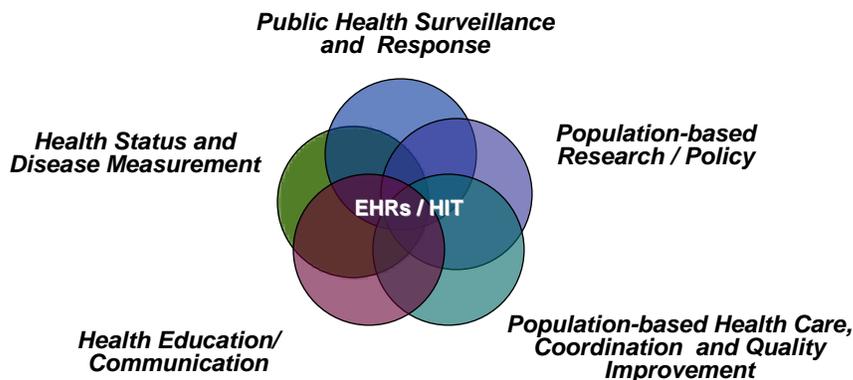
- ...But their Immunization records were electronic and accessible.
- 56,000 records shared
- \$1.5 million dollars saved in Houston alone



Fully engage public health domains in federal, state and local organizations in all key domains including those shown in the following figure.

Figure 5: Areas of Opportunity for Population Health

Population Health and Areas of Opportunity



* Adapted from AHIC, workgroup on population health February 2007

