



**Before the National Committee on Vital and Health Statistics
Executive Subcommittee Hearing on Meaningful Use**

Statement of William D. Hacker, MD

State Health Officer, Kentucky Department for Public Health

April 29, 2009

Good morning Chairman Reynolds and Executive Subcommittee members, thank you for the opportunity to speak with you today. As the State Health Officer of Kentucky, I am grateful to be able to share with you public health's perspective on meaningful EHR use as you consider the implementation of the Health Information Technology for Economic and Clinical Health (HITECH) Act in the Stimulus. In addition to my state duties, I also chair the Association of State and Territorial Health Officials e-Health Policy Committee, and co-chair the Joint Public Health Informatics Taskforce.

This nation's public health community is united in its belief that meaningful use of an electronic health record system must include bi-directional exchange of data with public health agencies. My remarks will focus on explaining why this is critical to protect the health of individuals and improve the health of our cities, counties, states and territories.

Vision of Public Health Practice in HIE and EHR Environment

Public health is an essential component of successful health reform. A transformed U.S. health system is a system that prioritizes prevention, supports healthy environments and lifestyles, provides, at a minimum, preventive and primary health care for every person, eliminates inequities in health status, and protects people and communities from existing and emerging health threats. We should work to build a health system, one that is oriented toward health, rather than sickness, and is able to effectively address known determinants of health – whether it is environmental, social, behavioral, or medical. Public health enables this kind of health system transformation. Public health agencies already touch the lives of every American to promote health, prevent disease, and protect Americans from health threats. But public health needs to be strengthened and empowered as a significant foundation for health system reform. And, don't forget that we are also providers of health care services to many of the most vulnerable and sickest of populations –including women and children—who often have no one else to turn to in their communities except for their health departments.



**Before the National Committee on Vital and Health Statistics
Executive Subcommittee Hearing on Meaningful Use**

We recognize that electronic health records and health information exchange are essential tools that can help us to be more effective at carrying out our jobs and fulfilling public health's mission to improve the health and well-being of all Americans. Public health practice will be significantly transformed if we are able to fully leverage EHRs to enhance our data collection needs to support disease surveillance and population health improvement.

With the use of EHRs:

- We can strengthen our efforts to ensure that children appropriately receive their immunizations.
- We are better able to manage chronic conditions and coordinate care while employing community-based methods to support individual self-care.
- We can fortify our alliance with medical care providers to ensure that we conduct screenings for newborns and tests for hearing and lead poisoning.
- We can better assist our medical care colleagues to more rapidly translate the evidence-base – what works – to inform effective clinical practice.
- And with EHRs, we are better equipped to promote healthy behaviors and healthy lifestyles.

Public health seeks a future where it can easily consolidate and integrate information from a variety of disparate systems and sources, across multiple settings, across clinical and business domains and across technologies. To best serve the public, your governmental public health agencies must be linked to the inpatient, outpatient, home and industrial settings. We must be able to receive data from clinical settings as well as provide information and decision support to clinicians. That is a vision for a transformed health system operating in an environment where the use of EHRs and HIE is a standard way of practice, not the rarity, and where public health agencies work in close partnership with clinicians to promote and protect the health of all citizens.

High Priority Public Health Data Needs

There are three high priority and high impact public health data needs that can be advanced through EHRs. These are:

1. Immunizations
2. Electronic lab data



3. Notifiable and non-reportable disease data

Starting with immunizations – vaccinations are a proven public health tool to prevent and reduce disease. If all providers collected immunization information, electronically, on each of their patients and were able to send the data to public health, we would be able to better identify poorly immunized populations and groups, targeting interventions and evaluating program efforts. We would also be able to use the information to control outbreaks of vaccine preventable diseases, and we would be able to better measure progress toward goals for vaccine coverage and disease control. In addition, we would be able to assure accountability for more effective vaccine use. Immunizations are also “mouse ready.” The technology is already available and data are currently being captured by some providers electronically. But immunization data needs to be a part of all EHRs and capturing this information needs to be a part of a provider’s standard practice, not something that is collected on a separate registry or something that is not an expectation from medical practice. I am aware that certified EHRs have adopted core immunization information. We need to assure, that EHRs seeking certification are interoperable with the public health immunization information system national standard. At the same time, public health agencies need support in maintaining their systems to be interoperable through the standard.

Public health labs are also “mouse ready.” Our nation’s public health laboratories have worked diligently to implement the laboratory information management systems needed to exchange data with their many stakeholders. The interoperability standards for electronic reporting of laboratory data exist. Being able to receive electronic requests for specimen analysis and to report results will better enable public health to monitor communicable diseases and control and contain their spread. Communicable disease reporting has been largely paper-based, relying heavily on faxing, telephone, and mail. We are vulnerable to public health threats on a daily basis. Just take for example, the swine flu outbreak we’ve been dealing with these past several days. How can we quickly and effectively protect people from acquiring preventable communicable disease when we are dealing with such a slow, antiquated system of disease reporting? Electronic lab reporting from clinical providers to public health can significantly improve the handling of high-volume and time-sensitive diseases and enable public health to quickly conduct assessments of complicated cases to determine the best course of action to efficiently and effectively respond.

Third, is notifiable disease as well as non-reportable disease data. Electronic reporting of notifiable diseases (infectious or communicable) can significantly enable public health to more rapidly and accurately monitor trends, detect clusters or outbreaks, and actually give us an increased chance at controlling the spread of illness. In addition, obtaining electronically reported data on non-reportable diseases like diabetes, heart disease, and asthma will better enable public health to develop and target health promotion interventions to improve



**Before the National Committee on Vital and Health Statistics
Executive Subcommittee Hearing on Meaningful Use**

population health. This is “putting the power of prevention linked to clinical care.” I can say with great confidence that public health agencies are good at this. Public health is effective at studying the data, designing the community interventions, communicating the message, and working with our medical colleagues to make sure that we impact individual health as well as population health.

Public Health Requirements for Meaningful EHR Use

The public health community commits itself to linking its ‘shovel ready’ components to EHRs and health information exchanges by 2011. Specifically, I would like to suggest that as part of the definition of meaningful EHR use, that immunizations, electronic lab reporting, and electronic reporting of notifiable and non-reportable diseases be included. Real-time public health reporting and bi-directional data exchange should be an expectation and standard practice if we are to achieve health system transformation and a healthier America. And by bi-directional exchange, we mean, clinical reporting to public health and public health exchange with clinical care.

Practical Implementation for 2011 and Beyond

I would like to offer some implementation considerations with respect to inclusion of the high priority data needs in the definition of “meaningful EHR use.” As I mentioned previously, immunizations and electronic lab reporting are “mouse ready” and can be captured electronically. These should be required for implementation by 2011.

Electronic reporting of notifiable and non-reportable diseases may be phased-in over time as standards for more efficient capture and reporting disease data are identified. EHR systems use different methods to capture disease data. Some may use diagnosis codes, procedure codes, or even medications to identify cases. The use of different approaches to capture disease data requires manual review to filter erroneous or non-relevant information, making electronic reporting more ineffective than useful. Efforts are necessary to standardize how disease data will be captured in EHRs to make it less burdensome to physicians to collect and less complex for public health to analyze and actually utilize.

Electronic reporting of notifiable and non-reportable diseases could also begin with prioritized diseases. Certainly, EHRs need to be equipped to capture required notifiable disease and be able to adapt to changes in requirements. Non-reportable disease reporting could start with priority diseases, perhaps those that may be required as part of the implementation of the Prevention and Wellness Fund authorized by the American Recovery and Reinvestment Act or through the comparative effectiveness research program through AHRQ. Public health would certainly like to be a part of the discussions when developing disease priorities, and would welcome a seat at the table in any of these discussions.



**Before the National Committee on Vital and Health Statistics
Executive Subcommittee Hearing on Meaningful Use**

Summary

In closing, I would like to point out that incentives for provider adoption of EHRs and inclusion of public health data capture are significant, but still only initial steps. Public health, to be truly strengthened, requires a transformation of its own – to be ready to receive, filter through, and effectively translate and utilize the massive amounts of data from clinical systems. We *will* need support for this transformation, given the limited staff and funding resources available for state and local public health. We stand ready and willing, however, to work with the committee and our federal partners to ensure the successful implementation of the HITECH Act and the continued consideration of public health's role and value to HIT and HIE efforts. Thank you for your attention and for this opportunity. I would be happy to answer any questions you may have.