

#### Next Generation Vital Statistics: CurrentStatus, Issues and Future Possibilities

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### **Overview**

# **RI General Information:**

- 11, 500 births
- 10,000 deaths, 700 fetal deaths
- 7,000 marriages
- Use 2003 National Standards
- Only Birth Certificate Is electronic
- Funding Challenges

### **General Challenges and Barriers**

Infrastructure and Interoperability

 Understanding the value of the Data and potential uses

• Funding

### Birth Data

Data Type	Challenges
	<ul> <li>Challenges:</li> <li>Providers having to enter data into both birth certificate module and HER</li> <li>Prenatal record data getting to hospital in time</li> <li>No electronic interfaces with those programs who get birth data on a regular basis (rely on file transfers)</li> <li>Enrolling in newborns into Medicaid</li> <li>Need for a "certificate of parentage"</li> <li>39 cities and towns use one web based system to issue Birth certificate</li> <li>Difficulty getting information on out-of-state births to RI residents</li> </ul>

### Death Data

Data Type	Challenges
	<ul> <li>No real time access and poor timeliness due to not having an electronic system – (cities/towns send death certificates weekly)</li> <li>No single unified death registry across all states (not all states participate in STEVE</li> </ul>
Deaths	<ul> <li>2.0)</li> <li>➢ No real ability to do timely surveillance with death data (pandemic, emergency preparedness, opioids</li> <li>➢ Fetal deaths – state law requires all reported regardless of gestational age but under reporting and few requests for data</li> </ul>

#### Marriage Data

Data Type	Challenges
	<ul> <li>Not electronic</li> <li>No link to divorce papers- (potential for fraud etc)</li> </ul>

### **Potential Solutions**

#### Improve Infrastructure and Interoperability

- Interface Hospital EHRs and Electronic Birth Certificate system
- Interface prenatal records from OB with Hospital EHR and Birth Certificate system
- Have motherenter birth worksheet data electronically either directly into vital records system or into patient portal of HER or HIE and upload to vital records
- Interface with HIEs where consent models permit; initiate a record (birth) and inactivate (death)
- Implement Electronic Death Certificate Module
- Identify pros and cons of using vendor system vs open source and leveraging other states systems
- Need for APIs to share data better

### **Potential Solutions**

#### • Demonstrate value/uses of Vital Records Data

- Help gather and provider Social Determinants Health Data to other data systems (HIEs, state integrated data systems, researchers, SIM states )
- Quantify ROI related to fraud waste and abuse as it relates to death data
- Support data sharing with state data ecosystems/warehouses
- Highlight how use data for program analysis and evaluation and policy development for maximal impact of programs
  - » RI Innovative Policy Lab- analyzed birth certificate data and medicaid data and identified that there were significant difference in health outcomes for mothers who were enrolled in Medicaid prior to birth, compared to those who were only enrolled after birth

### **Potential Solutions**

- Funding
  - –Explore use of Medicaid Enhance match to improve interoperability with Medicaid :
    - Eligibility and Enrollment systems
    - MMIS
    - Fraud waste and abuse pre and post payment systems ( death and marriage data)
    - Meaningful use: vital records as a specialized registry

(Note: Data Analysis is not eligible for enhance match)

Potential to include In SIM HIT plan and Use SIM funding (focus on population health)

## **-BACKGROUND INFORMATION**

### **Birth Data**

Data Type	Process
Births	<ul> <li>OB record sent to anticipated birth hospital; data needs to be entered</li> <li>Provider fills out birth certificate record data into web based electronic birth certificate module ( can enter from anywhere)</li> <li>Mother fills our birth certificate worksheet and hospital medical records staff enter it into module</li> <li>Provider certifies birth</li> </ul>

### **Birth Data**

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<ul> <li>National Center for Health Statistics (NCHS)</li> <li>Newborn Hearing Assessment program</li> <li>DOH center for Data and Analytics</li> <li>DOH integrated child health information system (KIDSNET)</li> <li>SSA ( enumeration at birth)</li> <li>Medicaid and Human services eligibility and enrollment system (UHIP)</li> <li>State Treasurer ( college savings program)</li> <li>Child Support</li> </ul>		<ul> <li>Newborn Hearing Assessment program</li> <li>DOH center for Data and Analytics</li> <li>DOH integrated child health information system (KIDSNET)</li> <li>SSA ( enumeration at birth)</li> <li>Medicaid and Human services eligibility and enrollment system (UHIP)</li> <li>State Treasurer ( college savings program)</li> </ul>

### Death Data

Data Type	Process
<b>Death</b> RI does not yet have an electronic death certificate system	<ul> <li>Doctor fills out death certificate</li> <li>Funeral director gets death certificate and fills out burial transit certificate and files forms with the city/town ( 39 in RI)</li> <li>City/town sends original with number to State vital records office weekly and files paper copy in file cabinet</li> <li>Vital records enters data into filepro data base</li> <li>Send database to NCHS with date and literal cause of death</li> <li>NCHS sends ICD 10 code for cause of death and its reentered and uploaded at vital records</li> </ul>

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### Marriage Data

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