May 1, 2013

Iowa Providers:

The Iowa Department of Public Health (IDPH) is committed to helping Iowa providers achieve meaningful use of health information technology. As part of successful completion of Stage One Meaningful Use, providers or hospitals must select one of the three public health measures. IDPH is ready to receive Stage One test messages for both immunizations and laboratory reporting.

During Stage Two Meaningful Use, all three public health measures become core objectives and ongoing electronic submission of data in all three areas is required, if the program at IDPH is ready.

The Stage Two Public Health Meaningful Use objectives can only be met by electronic submission of messages through the Iowa Health Information Network (IHIN). To begin the process providers/hospitals must sign a participation agreement with the IHIN. The agreement and can be obtained on our website at http://www.iowaehealth.org or by emailing ehealth@idph.iowa.gov.

Current Public Health measure status:

- Iowa’s Immunization Registry Information System (IRIS) has the capacity to receive immunization data electronically from electronic health records. The IDPH is in the process of transitioning health care providers to the Iowa Health Information Network (IHIN) for ongoing data exchange. Initially, health care providers are being prioritized based upon the volume of immunizations administered to patients. Upon successful submission of HL7 messages health care providers will be placed in queue for ongoing data transmission as IDPH resources are available. IRIS Data Exchange file specifications are posted on the IRIS website, under the Forms tab. Immunization meaningful use documents are available on the IDPH IRIS website.

- IDPH is capable to assist facilities achieve Stage One Meaningful Use for electronic laboratory reporting (ELR). IDPH is not equipped to assist hospitals designated as Rural or Critical Access achieve the Stage One Meaningful Use objective at this time. The IDPH is working with the IHIN vendor to implement ELR capabilities through the IHIN. The implementation guide for electronic laboratory reporting and testing is available at http://www.idph.state.ia.us/adper/idss.asp.

- IDPH does not maintain a syndromic surveillance data registry at present and therefore cannot accept syndromic data electronically from electronic health records. The IDPH is conducting an assessment to determine if syndromic data will be electronically collected in the future; however there has not been any decision made at this time.

Sincerely,

Mariannette J. Miller-Meeks, M.D.
Director, Iowa Department of Public Health
Q: Does my facility have to enroll with the Iowa Health Information Network (IHIN) to achieve the Meaningful Use public health objectives?

A: Yes in Stage Two

The Stage One Meaningful Use objectives require that test messages in the appropriate format be submitted to the Iowa Department of Public Health (IDPH). The key element in Stage 1 is the structure and content of the message. The message itself does not need to be submitted to IDPH via the IHIN; in fact, IDPH requests that the test messages be submitted by e-mail.

The Stage Two Meaningful Use objectives require ongoing electronic submission of data. IDPH is using the IHIN in order to minimize the number of connections that must be maintained with data sharing partners. For this reason, IDPH is only accepting electronic submission of immunization data, laboratory reporting through connections with the IHIN. Therefore any facility pursuing the Meaningful Use public health objectives must enroll with the IHIN.

Q: What costs are associated with enrolling for IHIN services?

A: Costs for IHIN connectivity are dependent upon organization size and type. More information is available on the website at http://www.iowaehealth.org.

Q: When will the IDPH be ready to accept Syndromic surveillance data?

A: The Iowa Department of Public Health is exploring the possibility of adopting the PHIN specifications for *PHIN Messaging Guide for Syndromic Surveillance: Emergency Department and Urgent Care Data, Release 1.1 (August 2012)* and using the CDC-sponsored BioSense 2.0 application for syndromic surveillance. It is unlikely that IDPH will begin a project related to syndromic surveillance until sometime during federal fiscal year 2014.

IDPH Program Contact Information

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