

Public Health Response to the NC Statewide HIE Request for Comments

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Background

North Carolina's local public health agencies currently exchange information among one another, with the Division of Public Health's State Center for Health Statistics, Chronic Disease branches, the Epidemiology branch, and the State Lab, with private healthcare providers, with private labs, and with healthcare payers, particularly with Medicaid. This exchange is done through the HIS system, a state-wide billing and reporting system, NCEDSS and NC DETECT, communicable disease surveillance systems, and on an informal, ad hoc basis using email, phones, and mail.

Public Health exchanges the following information:

- 1) Reportable disease (e.g. food poisoning)
- 2) Infectious diseases (e.g. AIDS/HIV, TB, etc.)
- 3) Laboratory results
- 4) Medication & medication history
- 5) Demographics
- 6) Clinical Visit Info
- 7) Eligibility Claims
- 8) Pharmacy data
- 9) ED data
- 10) Healthcare outcomes
- 11) Sanitation information

Comments on Statewide HIE Capabilities

Public Health representatives considered HIE capabilities with four use cases in mind: 1) Reportable Disease Investigation, 2) Communicable Disease Surveillance, 3) Immunization Registry, and 4) Population Health Reporting.

1) Reportable Diseases

In response to a suspect or confirmed case report of a reportable disease (e.g. food borne poisoning):

- A. Local Health Departments (LHD), the Division of Public Health's (DPH) Epidemiology Branch, and other public health authorities can query multiple providers (see below) and/or other regional HIEs using a standard interface. They would access clinical information regarding past medical history and treatment.
- B. If the agency needs additional information, it can resubmit the information request for re-identification and further information.
- C. The agency can also request information on other diagnoses/reports of the same reportable disease in contiguous locations.

For this use, case information could be exchanged with other public health agencies, clinical service providers, labs, community organizations including social services, pharmacies, universities, and K-12 schools. To share information with schools (school nurses), the HIE must establish policies that comply with the Family Educational Rights and Privacy Act (FERPA).

2) Communicable Disease Surveillance:

For regular surveillance and in response to a communicable disease outbreak:

- A. Providers with automated transmission through their regional/statewide HIE would send patient care and hospital resources data to their Local Health Department, the Division of Public Health Epidemiology Branch, and other public health authorities.
- B. Provider information will allow epidemiologists to measure illness severity and distribution.
- C. Provider information will allow epidemiologists to measure hospital capacity/availability to respond to an outbreak or pandemic.

For many counties that are near the state line, exchanging information with providers in other states is common place, and accordingly HIE exchange across stateliness is essential to enable comprehensive disease tracking. The HIE should enable "automatic" alerts from practices' electronic health records and from labs to the state surveillance systems (NCDETECT and NCEDSS) for designated illnesses and related diagnostic codes. For selected communicable diseases, data about/during testing, as well as related diagnoses would be transmitted.

3) Immunization Registry

To enable a comprehensive inventory of immunizations and to enable automated reporting:

- A. Clinical providers, pharmacies, LHDs, retail outlets and other authorized vaccination providers would submit patient vaccination information automatically through the HIE to the state's Immunization Registry (IR).
- B. The IR would transmit immunization information through the HIE to those who are

- authorized and in need of the information including schools.
- C. The IR provides a central source of comprehensive, reliable immunization records for public health monitoring including the location and name of the provider where the vaccines were given.
 - D. In addition to access by authorized public health agencies, consumers would have access to information about their immunization history.
 - E. The IR would leverage the HIE to facilitate interstate exchange of immunization records to track interstate school transfers.

Automated HIE transmission of immunizations for all vaccine providers would enable local health departments to reliably inventory immunizations in their counties.

4) Population Health Reporting:

To facilitate the tracking of timely information about chronic diseases, birth and death events, and environmental hazards (e.g. presence of lead):

- A. Authorized public health agencies (e.g. LHDs, State Center) would periodically access selected patient, facility, and provider information to track population demographics focusing on at-risk populations, disease prevalence and trends, healthcare utilization and trends, access to care and trends, and disease management practice and coordination.
- B. Authorized public health agencies would also make and distribute regular, selected reports based on this data to local, state, and national policy-makers, to healthcare providers, consumers, and to the media.
- C. Health departments would use this information to better target public health interventions by community and disease.
- D. Health departments would use this information to evaluate and report on the impact of their public health interventions (e.g. no smoking in schools)

Population health data would be collected on a relatively frequent and regular basis. Data use policy/agreements must be carefully considered to assure access to necessary patient, facilities, and provider information. At the same time, data selected and reported should be carefully considered and designated to assure public health can track and report disease prevalence that is important to providers, policy makers, and public health actors.