



February 15, 2008

Office of the National Coordinator for Health Information Technology
Attention: Use Case Team
Mary Switzer Building
330 C Street, S.W. Suite 4090
Washington, DC 20201

Dear Use Case Team:

The American Health Information Management Association (AHIMA) welcomes the opportunity to comment on the Office of the National Coordinator's Public Health Case Reporting (PHCR) Draft Detailed Use Case.

AHIMA is a not-for-profit professional association representing more than 51,000 health information management (HIM) professionals who work throughout the healthcare industry. AHIMA's HIM professionals are educated, trained, and certified to serve the healthcare industry and the public by managing, analyzing, reporting, and utilizing data vital for patient care, while making it accessible to healthcare providers and appropriate researchers when it is needed most.

AHIMA and its members participate in a variety of projects with other industry groups and federal agencies related to the use of healthcare data for a variety of purposes including direct care, quality measurement, reimbursement, public health, patient safety, biosurveillance, and research.

We recognize the industry's need for timely and accurate data for public health response and disease surveillance, but extracting data electronically from interfaced systems remains a challenging process because there are few broadly agreed-upon standards for data content. This climate of variation and confusion may well have a negative impact on the abilities of public health entities and providers to report and use accurate and timely data.

Our comments focus on those areas of particular interest to our members. We believe the use case is a good foundation; however, we have outlined some recommendations as ONC continues to expand the document.

General Feedback

- Public health case (PH case) and adverse event (AE) reporting are two distinct reporting processes. The PHCR use case should more clearly depict the delineation between public health case and adverse event reporting.
- The PHCR use case should be divided into three separate scenarios: (1) reporting, (2) investigation, and (3) information sharing/intervention to more clearly delineate between the roles of each use case stakeholder and corresponding responsibilities.

2.0 Introduction and Scope

- The first paragraph on page 3 states the PHCR use case applies to “**some** aspects of Adverse Event (AE) Reporting, including AEs associated with post-market medications and vaccines.” There are other aspects of AE reporting besides post-market medications and vaccines. Is this use case only addressing these aspects or AE reporting? The word “some” is vague and should be further clarified for the reader.

3.0 Use Case Stakeholders

- Decision support is a key function that enables improved analysis and informed care decisions, but it should not be described as an ‘entity’ within the stakeholder section of the use case. Decision support is an infrastructure requirement that impacts the public health case reporting data flow and related stakeholders described in the use case.
- Veterinary medicine plays an integral role in public health case reporting by monitoring illness and disease carried or spread by animals. AHIMA recommends incorporating veterinary providers into the “Provider” stakeholder category or adding a stakeholder category specific to veterinary medicine.

4.0 Issues and Obstacles

Confidentiality, Privacy and Security:

- Issues and obstacles concerning confidentiality, privacy and security are dependent on the final PH case and AE reporting perspectives defined in the final detailed use case. Some of the issues and obstacles will need to be further defined after the use case is stabilized.

Information Integrity, Interoperability, and Exchange:

- The collection and use of high quality data is critical to healthcare delivery both for clinical care and other secondary uses such as public health case reporting, quality measurement, research, and reimbursement. The integrity of coded data and the ability to turn it into functional information require that all users consistently apply the same official coding rules, conventions, guidelines, and definitions (the basis of vocabulary, terminology or classification standards). Achieving interoperability requires terminology and classification systems that reflect current medical practice and are complementary, such as in the use of ICD-10. We recommend that this be reflected in the Issues and Obstacles section of the use case.

EHR and HIT Adoption:

- The use case focuses on provider adoption of information technology; however, adoption of information technology by public health entities is not addressed. The penetration and adoption of information technology in the public health sector is not consistent and AHIMA strongly recommends that this issue be addressed.

Public Health Reporting Criteria, Specifications, and Communications:

- The first bullet under this section on page 9 states “...PH Case and AE detection criteria and reporting specifications may not be defined, consistent, required, nor communicated in a reliable manner.” We recommend adding the word “timely” so the sentence states “...nor communicated in a reliable or **timely** manner.”

5.0 Use Case Perspectives

- The consumer perspective is missing from the use case. PH case reporting should include methods for communicating with consumers when public health investigation and intervention is important. Similarly, the exchange of information between electronic health record (EHR) and personal health record (PHR) systems is important whether for augmenting information in a report or directly communicating clinical care options.

6.0 Use Case Scenarios

- Reporting, investigation and information sharing are each unique operations with unique data flows and data content requirements. Dividing the use case into three separate scenarios will add significant clarity to the scenarios.

7.0 Scenario 1: Reporting, Investigation, and Information Sharing

- As previously stated, we recommend the use case be divided into three separate scenarios: (1) reporting, (2) investigation, and (3) information sharing to more clearly delineate between the roles of each use case stakeholder, corresponding responsibilities and information flows.
- The use case diagram looks much different than diagrams depicted in other use case documents. There is a mixture of colored boxes, circles, numbers, and solid and dotted lines. We recommend including a legend in the diagram to make it easier to interpret.
- We recommend more consistent use of text across use cases where activities are similar. For example, the Quality Detailed Use Case uses the phrase “transmit information” and the PHCR use case states “disseminate reports.” As standards for data exchange are developed and implemented for public health, *report* may not be the best term to use.

9.0 Public Health Case Reporting Dataset Considerations

- True interoperability will not occur until data definitions and codes are standardized and incorporated into technical standards. AHIMA recommends including additional information describing how the data sets created for PH case and AE reporting will be aligned with other healthcare data sets (for example, the data set defined in the Quality Use Case Interoperability Specifications). Adding this guidance to the PHCR use case data set considerations will support a movement toward collecting data once so it can be repurposed multiple times.

Appendix A: Glossary

- The terms *pseudonymization* and *de-identification* should be incorporated into Appendix A: Glossary to provide context for this use case and serve as a reference for the reader.

AHIMA agrees that capture and integration of data in EHRs is necessary to support multiple requests for data, including public health case reporting. As an active developer and promoter of EHR standards, we look forward to a day when all uses of data, whether produced for patient care, quality measurement, or public health reporting, accurately portray the diagnoses, severity, and services provided. AHIMA welcomes the opportunity to work with ONC and the healthcare industry to see that all these goals are met.

We thank you for this opportunity to submit our findings on this very critical phase of public health development, automation, and improvement. If AHIMA can provide any further information, or if there are any questions or concerns in regards to this letter and its recommendations, please contact me at (312) 233-1537 or crystal.kallem@ahima.org, or Donald Mon, AHIMA's Vice President of Practice Leadership, at (312) 233-1135 or donald.mon@ahima.org.

Sincerely,



Crystal Kallem, RHIT
Director, Practice Leadership

cc: Donald Mon, PhD, Vice President of Practice Leadership, AHIMA