STATEMENT OF POLICY
Electronic Health Records, Health Information Exchange, and Interoperability
For Local Health Departments

Policy
The National Association of County and City Health Officials (NACCHO) supports health information exchange (HIE) [1] to improve the ability of local health departments (LHDs) to work with their communities; members of local, state, and national HIE efforts; clinical care providers; and state and federal agencies, private sector partners, and standards development organizations to provide efficient public health services and improve public health activities. These activities may include, but are not limited to, the prevention and control of communicable diseases, including diseases legally required to be reported to public health authorities; bio-surveillance efforts; public health policy development; and support for population-based health programs.

NACCHO supports LHD involvement in the following areas to improve interoperability[2] across health information systems:

Standards
NACCHO supports LHD involvement in developing standards to support HIE.[3] These standards should improve the quality and performance of public health activities, such as surveillance, treatment follow-up, preventive services, clinical care, and response measures, across all levels of government.

NACCHO urges the Office of the National Coordinator for Health Information Technology (ONC) to include public health-related standards and data exchange criteria in their requirements and for all certificating bodies to adapt their electronic health records (EHR) certification criteria to include them.

NACCHO will collaborate with other public health leaders to initiate HIT/HIE standards that are specific to the overarching mission of public health.

Security and Privacy
NACCHO supports LHD involvement in local, regional, state and federal efforts towards HIE that ensures information is securely exchanged, protects privacy, and permits authorized use and access for public health purposes. Notably, NACCHO supports the privacy and security measures in the Department of Health and Human Services' December 2008 Framework, Health Insurance Portability and Accountability Act-related 2 protections, and new privacy and security measures in the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act.

Interoperable Public Health Information Systems

NACCHO supports the development of interoperable information systems that support the business processes of LHDs. Such systems must be able to appropriately exchange, process, and analyze data in a timely and efficient way. These systems should also add value to HIE and support efforts to improve population health outcomes.

NACCHO encourages the ONC and the Centers for Disease Control and Prevention (CDC) to establish a streamlined national public health alerting, reporting, and surveillance system and requires all states receiving HIE funding to work with LHDs to develop interoperable information systems across categorical boundaries.

Funding to Public Health Agencies to Ensure Participation in HIE
NACCHO supports sustained funding for public health information infrastructure and workforce development to ensure that public health agencies have sufficient technology and workforce capacity to fully participate in local, regional, state and federal HIE efforts. Non-categorical funding for public health informatics will allow LHDs to improve informatics infrastructure, including workforce capacity to advance informatics practice across public health programs.

To better enable full adoption of the meaningful use of EHRs, NACCHO urges Congress and the ONC to support HIT capacity and infrastructure investments specifically for local public health. The only way LHDs can implement EHRs is with funding available to purchase and implement an EHR, including training the necessary workforce. Setting up an EHR will help LHDs prepare for the data and reports that will be flowing into the LHDs from healthcare providers from 2013 onwards.

Where applicable, the ONC should mandate states and other entities who receive HITECH funding to consult with LHDs on an ongoing basis to ensure that LHD needs are considered.

Justification
HIE is critical to the ability of LHDs to monitor surveillance of health trends, administer preventive health services, respond to disasters, engage in clinical care, and identify health hazards. Disease reporting for both communicable and non-communicable conditions, response methods, and community health indicators translate to efficient service delivery, funding support, and identification of resources to promote health initiatives. LHD input in developing standards is beneficial to ensuring that the system's infrastructure supports the types of information gathered by LHDs and is relevant to their communities. Their input also ensures safe and appropriate use of collected patient information.

The criteria for "meaningful use" of an EHR in stage 1 requires eligible providers and hospitals to pick one of the three public health measures to send to LHDs, particularly as it relates to immunizations, reportable diseases, and laboratory results. In stage 2, all three public health measures become mandatory. However, syndromic surveillance for ambulatory care is recommended as a menu option, and cancer registry reporting and specialized disease registry reporting are proposed. In stage 3, proposed criteria are yet to be determined, however one common public health framework for reporting to public health is recommended. If LHDs cannot support the implementation of informatics systems capable of these activities, many healthcare providers will be limited in their ability to become meaningful users, and the drive for widespread adoption of HIT will be undermined. Meaningful use also promotes the use of personal health records in combination with EHRs, presumably interconnected via HIE. This new communication path with the public is an important new tool that LHDs can use to carry out their mission of successful public health practices.

LHD participation in HIE will require substantial change in the way an LHD conducts its business processes. It will also lead to LHDs having far great access to data than ever before. In order to adapt to, and make use of, these changes, LHDs will need a highly skilled workforce that has training in informatics. Such a workforce does not yet exist and investment in this area should be a high priority for both federal agencies and LHDs.

Electronic medical records can potentially provide more detailed and complete public health data. However, data obtained in the clinical environment address the clinical management of the individual patient. While some of this data will have public health impact, some data, such as food histories, are unlikely to be available. This underscores the need for LHDs and their healthcare partners in the HIE to comprehend where the information requirements for patient and population health do and do not intersect. This should also include interoperability and standards for libraries, registries, and sources of clinical decision data used to identify patient health findings, treatment options, and clinical decision support rules.

Another significant barrier with the current public health information system is that the system's infrastructure is heavily dependent on local, state, and federal entities to work in unison. This increases the complexity of developing HIE and integrating this practice into multiple systems controlled by government-operated systems and private industry multinational companies. LHDs that provide clinical services need resources to implement EHRs because they are a prerequisite for the clinical component of the LHD services to fully interface with an HIE. The provisions under the HITECH Act may provide the opportunity for LHDs to adopt EHRs. Having an EHR system in place sets the stage for LHDs to actively exchange data with the HIE's healthcare partners.[4]

A fully integrated public health information system must meet the needs of the public health professionals collecting information necessary for public health practice. It is important that the standards development process represents local public health interests and that local public health officials are able to participate in standards development activities.

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[1] HIE is defined as the exchange of healthcare information electronically across organizations within a region or community.

[2] Interoperability can be defined as the ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of healthcare for individuals and communities.

[3] Information technology standards define how electronic information can be shared and compared across different data systems, electronically linked in a secured environment, routed to the intended participant, and presented in meaningful ways. Standards facilitate interoperability of health information systems.

[4] National Association of County and City Health Officials. Issue Brief: Overcoming Barriers and Creating Opportunities for Successful Local Health Department Involvement in Health Information Exchange. August 2009

Record of Action
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