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To submit an article, email coleen.maddy@ihs.gov.

SYNDROMIC SURVEILLANCE

Influenza Like Illness (ILI) Reporting, APCL v3.0 Patch 29

In support of MU 2014, APCL version 3.0 patch 29 will include both enhancements and completely new features. For example, Influenza Like Illness (ILI) reporting to the Division of Epidemiology and Disease Prevention (DEDP) will incorporate new logic to help ensure that the most current diagnosis, immunization and visit codes are being used. In addition, the messaging format will be updated to replace existing comma delimited messages with the HL7 2.5.1 standard for electronic transmission to public health agencies.

Because this ILI messaging is designed to transmit nightly to the DEDP, IHS's designated public health entity, it will play an instrumental role in helping EPs and EHs achieve the performance measure for syndromic surveillance. While Stage 1 MU only required a one-time transmission, Stage 2 MU requires ongoing transmission. Although in Stage 2 this measure is core for EHs and menu for EPs, the phrasing of the measure is the same for both:

Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.

Patch 29 has been designed to give sites the manual ability to trigger the generation of messages that will aid in trouble shooting as well as supporting requests from DEDP personnel. In addition, Patch 29 will provide the

capability of reporting Admission, Discharge and Transfer (ADT) messages from both ambulatory and inpatient visits. ADT messages are defined using the CDC PHIN Messaging Guide for Syndromic Surveillance. These messages will *not* be transmitted automatically on any nightly or other scheduled event. Instead, generation of such messages for the purposes of transmitting to a public health entity will be a manual process that is run on an as-needed basis as determined by individual site leadership.

All of the options described above will be accessible through the Surveillance ILI Options menu in the Telnet/RPMS session.

SPECIALIZED REGISTRIES

Community Alerts National Electronic Surveillance (CANES)

Just as Stage 2 MU requires EPs and EHs to submit syndromic surveillance data in an ongoing basis, it also requires them to submit data to specialized registries in an ongoing basis. Specifically, the measure reads:

Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period.

OIT has collaborated with the Division of Epidemiology and Disease Prevention (DEDP) to help EPs and EHs demonstrate this measure. The first step is for sites to install iCare (BQI) v2.3.3, which includes updates to (CANES) export. This version of iCare includes a nightly background routine that exports Community Alert events and supports LOINC data to the DEDP. In response, the DEDP will provide an attestation letter to sites upon successful receipt of the CANES exports.

The details about what visit, lab and LOINC data are being transmitted are available in the Community Alerts Glossary within the iCare GUI interface.

For more information about ILI reporting or iCare, contact Theresa Tsosie-Robledo at (505) 702-7915 or e-mail theresa.tsosie-robledo@ihs.gov.

2014 IS RAPIDLY APPROACHING

Although many people are counting down the days until that big party on New Year's Eve, EPs should keep in mind that Dec. 31, 2013, also marks the end of their 2013 MU reporting year. Don't miss this important deadline for demonstrating MU.

See below to determine how the EP's participation start year in the Medicare EHR Incentive Program will affect payments in 2015. (Note that the Medicaid EHR program does not include any payment adjustments.)

2011 or 2012

EPs who first demonstrated MU in 2011 or 2012 must demonstrate MU for a full year in 2013 to avoid payment adjustments in 2015.

2013

EPs who first demonstrated MU in 2013 must demonstrate MU for a 90-day reporting period in 2013 to avoid payment adjustments in 2015.

2014

EPs who first demonstrate MU in 2014 must demonstrate MU for a 90-day reporting period in 2014 to avoid payment adjustments in 2015. This reporting period must occur in the first nine months of CY 2014, and **EPs must attest to MU no later than October 1, 2014, to avoid payment adjustments in 2015.**

Avoiding Future Payment Adjustments

EPs must also continue demonstrating MU every year to avoid payment adjustments in subsequent years.

EPs who are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs **MUST** demonstrate MU to avoid the payment adjustments. However, demonstration may occur under either Medicare or Medicaid.

To learn more about the Medicare payment adjustments, visit the IHS MU web site at <http://www.ihs.gov/meaningfulUse/incentivesoverview/incentivesreduction/>

RPMS CERTIFICATION AND TESTING UPDATE

IHS is pleased to announce that it has contracted with InfoGard for certification and testing of the 2014 RPMS EHR. Certification is slated to begin January 6, 2014, and will last approximately eight business days. White River (Phoenix Area) will be alpha testing the 2014 RPMS EHR through the end of December and switch to beta testing from January to March. Three other facilities—Chickasaw (Oklahoma Area), Cherokee (Nashville Area), and Sonoma (California Area)—will be on a one-month lag; that is, they will begin alpha testing in January and follow up with three months of beta testing from February through April.

- Alpha testing is conducted in a laboratory setting (sometimes called the test system) against matching requirements and tests the software behavior to identify potential issues.
- Beta testing is conducted under normal conditions by end users to check product behavior. In short, it is continued testing on an accepted design to help ensure the lack of errors or bugs in functionality.



Happy New Year

from your

National MU Team!