



# HIMSS '17 | FHA Government Interoperability Showcase

HIMSS INTEROPERABILITY HANDBOOK | *Updates as of February 6, 2017*

**HIMSS17**  
WHERE THE  
**BRIGHTEST MINDS**  
IN HEALTH AND IT MEET  
FEBRUARY 19-23, 2017 | ORLANDO

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# himss17

WHERE THE  
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FEBRUARY 19-23, 2017 | ORLANDO

At the 2017 HIMSS Conference and Exhibition, there will be a dedicated area within the Government Interoperability Showcase for demonstrations that are sponsored by Federal Health Architecture (FHA).

This dedicated area will focus on many real-world implementations of nationally-recognized, standards-based interoperability technology championed by FHA. The area will include demonstrations from the federal, state, and private sectors.

[www.himssconference.org](http://www.himssconference.org)

## HIMSS 2017 LOCATION INFO



### Orange County Convention Center

9400 Universal Boulevard  
Orlando, FL 32819

Phone: (407) 685-9800

Website: [www.OCC.net](http://www.OCC.net)

## HIMSS INTEROPERABILITY SHOWCASE™

Location: Booth 9000 | Hall F

[www.himssconference.org/exhibition/specialty-exhibit-areas/himss-interoperability-showcase](http://www.himssconference.org/exhibition/specialty-exhibit-areas/himss-interoperability-showcase)

### 2017 Showcase Hours:

Monday, Feb. 20	10:00 AM – 6:00 PM
Tuesday, Feb. 21	9:30 AM – 6:00 PM
Wednesday, Feb. 22	9:30 AM – 4:00 PM

## FEDERAL HEALTH IT SOLUTIONS PAVILION

Location: Booth 230 | Hall A

[www.himssconference.org/exhibition/specialty-exhibit-areas/federal-health-it-solutions-pavilion](http://www.himssconference.org/exhibition/specialty-exhibit-areas/federal-health-it-solutions-pavilion)



# Schedule & Map

HIMSS '17 | FHA Government Interoperability Showcase



## SCHEDULE FOR HIMSS 2017

Stations must be, at the minimum, staffed with one resource at all times while the Showcase and exhibitions are open to the public.

### Sunday, February 19, 2017

Mandatory set up, connectivity test and second dry run (you can get into the building as early as 8:30 AM with an exhibitor badge).

FHA staff will be on-site from 10:00 AM to 3:00 PM to assist with setup.

### Monday, February 20, 2017

Provide staff for demo between 10:00 AM – 6:00 PM.

Please ensure staff is on site by 9:15 AM to set up and prepare for demonstrations.

### Tuesday, February 21, 2017

Provide staff for demo between 9:30 AM – 6:00 PM.

Please ensure staff is on site by 8:45 AM to set up and prepare for demonstrations.

### Wednesday, February 22, 2017

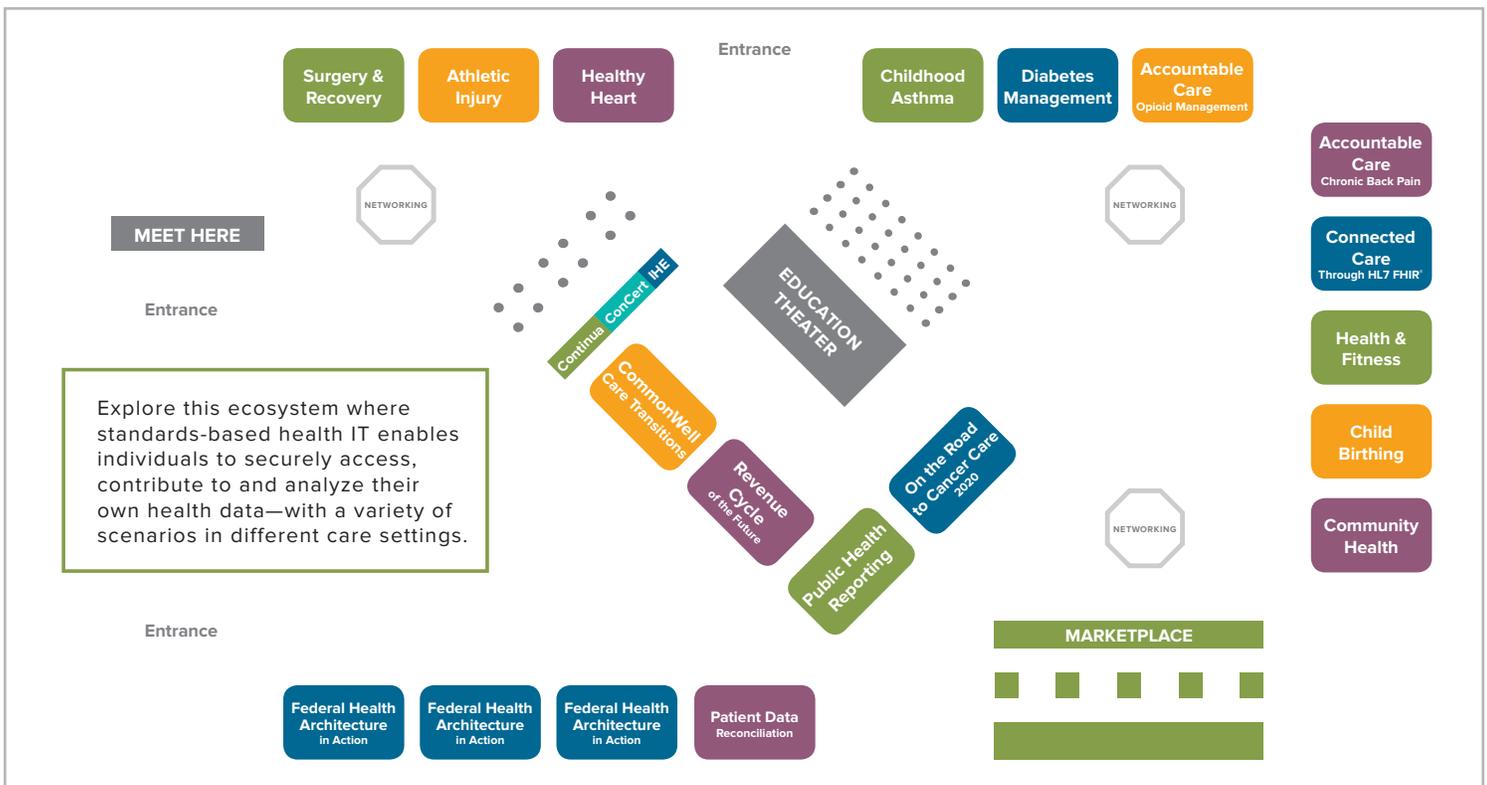
Provide staff for demo between 9:30 AM – 4:00 PM.

Please ensure staff is on site by 8:45 AM to set up and prepare for demonstrations. Assist in the clean up and packing until complete.

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# Frequently Asked Questions (FAQs)

## HIMSS '17 | FHA Government Interoperability Showcase



### When do I set up my demo?

The HIMSS Interoperability Showcase officially opens on Monday, February 20, at 10:00 AM. Participants should plan on arriving at the convention center starting at 10:00 AM and FHA staff will be on site until 3:00 PM to assist with set up. If you have issues with your badge, please call Eric Larson on his cell phone (703) 307-1068.

### Is there parking available at the convention center?

Parking is available on site at the Convention Center. For more information on rates and location, please visit the Convention Center's website at <https://occc.net/exhibitor/parking.asp>

### How do I register for my badge?

You must have previously given your name, title, agency/company, and city/state to Eric Larson prior to the conference.

### How many badges am I getting? And, do I have to have an exhibitor badge to enter the showcase before opening to the public?

Yes. Each station comes with two (2) exhibitor badges that allow participants to get into the exhibit hall, set up the station, and prepare prior to the showcase opening to the public. Additional exhibitor badges are available for \$200 each.

NOTE: These badges DO NOT permit entry into conference sessions, keynotes, etc.

### What will be displayed on my badge?

Each badge will have everyone's name, title, agency/company, and city/state.

### What is available for an Internet connection?

While there will be a minimum of 25Mb of wireless bandwidth at all times in the Showcase, HIMSS recommends that all demonstrations use the hardwired internet connection provided (1Gb).

### Should I bring a monitor?

No. Each station comes with a standard 32" monitor, a keyboard and a mouse, in addition to the Internet and power. Only one monitor is allowed per station, and no splitters/routers are allowed. Participants should provide laptops for their demonstration. All the monitors will have DVI inputs. Mac users should bring their cable adapters so that they will be compatible with the monitor cables. Freeman will have a limited number of adapters on site. All keyboards and mice will be USB. Most Macs work with any USB mouse. Macs that are older than three years old may have trouble with PC mice, so participants should plan accordingly. VGA monitor cables will be available.

### May I have promotional materials at my demonstration?

No. The Interoperability Showcase is considered a "marketing-free" zone. You cannot hand out flyers, brochures, promotional items (i.e., pens, key chains, water bottles, etc.). You may wear organization-branded attire and have business cards available, but no marketing materials are allowed.

### I need to ship materials to Florida – where do I ship them?

Please send materials directly to your hotel instead of to the conference center. Given the size of the convention center and the logistics involved with shipping and receiving, shipping items to your hotel will be more efficient and ensure faster delivery.

### When can I break down my demonstration?

Demonstrations must remain open until the exhibit hall closes. Therefore participants must staff the showcase until the end, Wednesday at 4:00 PM. Please plan your travel accordingly.

### How do I ship materials home?

Participants are responsible for sending their materials back. Breakdown of your demo cannot occur until the Showcase closes at 4:00 PM on Wednesday. There is a FedEx Office center in the Convention Center. Contact info, got to: [https://occc.net/Exhibitor/Services\\_Exclusive\\_Business.asp](https://occc.net/Exhibitor/Services_Exclusive_Business.asp)



## Veterans Health Administration Interoperability Efforts

Monday, February 20, 2017

1:30 PM – 2:30 PM

### Veterans Health Administration FHIR Transition Plan Discussion

**Rene Kinsey, Department of Veterans Affairs, OI&T, Enterprise PMO, Health Products – Interoperability Team Lead**

There has been significant enthusiasm and activity by the health care community, Veterans Affairs (VA) included, regarding FHIR and in designating it as the de facto healthcare electronic information exchange standard. However, to ensure that FHIR is suitable for VA's needs and for the Department's transition to FHIR to be successful, the VA is in the process of establishing an official Transition Plan. The purpose of this discussion will be to highlight the key components of this plan. This discussion will hit upon, The current state of FHIR in the VA, Steps underway to transition the Department to FHIR, Issues, concerns, and lessons learned that have been encountered and VA's next steps forward.

### Complexity is the Enemy of Interoperability: Practical Experience in Leveraging FHIR to Quickly Advance Health Data Exchange

**Greg W. Donham, MS Veterans Health Administration/Office of Intelligence and Analysis/Health Informatics Interoperability Office**

Recent efforts completed by VA O&IT and quality tested by VHA clinicians have resulted in the implementation of FHIR (Fast Healthcare Interoperability Resources) standard data exchange services to DoD to VA VistA applications. FHIR V 1.0.2 is much simpler when compared to C32, Consolidated Clinical Document Architecture (CCDA), Cross Community Access (XCA), Patient Identity Cross Referencing (PIX), Patient Demographics Query (PDQ) and other recently popular specifications. This operational solution not only rapidly met the near term needs of VHA clinicians to provide continued access to legacy DoD clinical data, but also FHIR's fine-grained capability aligns well with future VA data exchange with commercial partners. This successful effort allowed OI&T to transition and improve interagency software exchange capabilities.

### Interoperability Metrics to Manage your HIE Growth: Veterans Health Administration Experience

**Omar Bouhaddou, PhD - Department of Veterans Affairs, Veterans Health Information Exchange/Interoperability Business Architect**

Since majority of Veterans receive care from private sector, the VA has an HIE (VHIE) to support electronic sharing of information across the continuum of care. Through standard-based protocols like eHealth Exchange and DirectTrust, VHIE connects VA to 100+ organizations, sharing C-CDAs and other data with providers and Veterans. To manage this program, VHIE has evolved a set of metrics. First set of metrics help VHIE selectively recruit and manage partners (volume of shared patients, usability of partner systems, and data quality). A second set of metrics is about operational transactions (number of patients and clinician users, volume of inbound and outbound transactions by partner). Last but not least is a set of outcome metrics (e.g., improved documentation and flu-shot prevention). In collaboration with others, VHIE is discussing other measures of how often relevant external information is available during a transition of care and the clinical and financial value of this information.





# ONC and FHA Government Collaboration in Action

Monday, February 20, 2017

4:30 PM – 5:30 PM

## Government Collaboration in Action

**John Forrester, Program Manager, Federal Health Architecture**

Federal Health Architecture provides a structured process for analyzing and presenting opportunities for federal, state, local, tribal and private health participants to engage and streamline information exchange criteria. Streamlining access and exchange requirements provides opportunities for reduced costs, improved patient outcomes and improved interoperability for all participants.

## Record Matching in a Patient Centric World

**Cait Ryan, Health IT Consultant, IRIS Health Solutions, and Andrew Gregorowicz, MITRE Corp., Contractor Support to the Office of the National Coordinator (ONC)**

The Patient Matching Aggregation and Linking (PMAL) Project is a multi-year project administered by ONC and funded through the Patient Centered Outcomes Research (PCOR) Trust Fund. The PMAL Project is focused on the identification and testing of standards for matching patients to their data among clinical and claims data sets and the identification of algorithms that can be used to reliably perform patient matching in these contexts. The project also includes a focus on tool and techniques that can be used with APIs to enhance privacy and security. Together we will review the Open Services tools developed for PMAL in support of the PCOR data infrastructure that enables standardization and sharing of patient data across organizations.

## Extending Electronic Case Reporting – Leverage Existing Standards and Frameworks

**Daniel Chaput, MM, IT Specialist, Office of the National Coordinator for Health IT (ONC), Office of Standards and Technology**

The application of Health IT solutions to Public Health Responses is rapidly maturing. Technology solutions are utilizing Structured Data Capture (SCD) decision support tools and other IT standards and design patterns; the Federal Emergency Management Agency's All-Hazard Planning provides a process and organizational framework; and staff at ONC have begun modeling the types of patient data utilized during a public health response. This presentation reviews the work done to date; efforts and pilots underway, and opportunities to better position health IT for future public health responses.

## Data Quality C-CDA Scorecard

**Nagesh Bashyam, Senior Technical Architect/Advisor, Office of the National Coordinator for Health IT (ONC), Office of Standards and Technology**

The SITE C-CDA Scorecard enables providers, implementers, and health IT professionals with a tool that compares how artifacts created by health IT stack up against the HL7 C-CDA implementation guide and HL7 best practices. The "One-Click Scorecard" is a provider-focused testing service where providers can send a Direct message with a C-CDA payload to ONC's service, then automatically receive a PDF file with a score reflecting the overall C-CDA data quality as a Direct message attachment.





## Patient Privacy Choice

Tuesday, February 21, 2017

11:30 AM – 12:30 PM

### ONC's Patient Choice Technical Project Update

**Malikah "Mikki" Smith, PMP, Security Branch Chief, Office of the National Coordinator for Health IT (ONC), Office of the Chief Privacy Officer (OCPO)**

This presentation will provide an overview of The Patient Choice Technical Project. It will include a recap of Phase 1: Basic Choice for Treatment, Payment, and Operations (TPO) and an update on the progress of the current Phase 2: Basic Choice for Research Consent.

The aim of this project is to assist the healthcare ecosystem by analyzing and developing technical standards to fulfill the capability for implementing and sharing individual consent (basic and granular choice) for the sharing of health information in healthcare and research settings. The Patient Choice Technical Project is part of a suite of projects intended to further data infrastructure in support of Patient-Centered Outcomes Research (PCOR).

### Patient Mediated Exchange

**Christopher Shawn, Senior Security Analyst, Veterans Health Administration**

This presentation will provide an overview and technical insights on the patient-mediated exchange demonstration. This demo presents an innovative architecture based on the integration of HL7 FHIR Consent, UMA/OAuth 2.0, and HL7 Security Labeling Service standards enables enforcing patients' privacy preferences in sharing their information.

The key contribution of this architecture is enabling the use of third-party consent management services in order to take the burden of patient consent management off the shoulders of individual providers, while providing a mechanism for patients to express and enforce their preferences at a consent management service of their choice and using the high-level language of confidentiality and sensitivity labels, without having to go through the medical details in their record.

### Challenges for Consent Across Healthcare

**Kenneth Salyards, Information Management Specialist, Substance Abuse and Mental Health Services Administration (SAMHSA)**

This presentation explores the challenges faced when implementing consent associated with the privacy regulation 42 CFR Part 2. Part 2 applies to providers as defined by the regulation meet the requirements as a Part 2 program.

The regulation allows substance use patients to control what providers can view their Part 2 covered substance use information and how much of the information may be shared.

The presentation will cover the following topics:

1. Aspects of a Part 2 consent
2. Need for data segmentation
3. Alternatives to data segmentation
4. Potential for distribution of the consent process

### Sending Specially Protected Information with an Electronic Consent Management Service which uses FHIR

**James Edwards, Director of Software Development, Michigan Health Information Network**

Ensuring patient consent is appropriately applied during the exchange of specially protected health information such as behavioral health or substance use information requires understanding of complex patient-provider relationships and a carefully designed architecture that can support multiple participants working with individual patients. This presentation explores the various components required to electronically share specially protected health information including a health directory, consumer directory and patient-provider attribution service working with an electronic consent management service which supports inquiries using FHIR.

The presentation will cover the following topics:

1. Distributed consent architecture
2. FHIR resources to store consent contracts and FHIR to query for consent metadata
3. Privacy Tags for specially protected health information
4. Checks and balances for sending information



### Vignette #1 *(Listed as they will be found in the vignette - left to right.)*

1	2	3	4-6	7	8
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#### 1. Overview of the DoD Virtual Lifetime Electronic Record Health Information Exchange Initiative

##### Department of Defense, Defense Health Agency

Over 60% of military service members and their families receive care outside the Military Health System (MHS). Consequently, the ability of MHS healthcare team members to exchange health information with private sector providers is critical to successful continuity of care. This push-pull process of data sharing transacts via regional networks known as health information exchanges (HIEs). Private sector providers receive MHS patient data regarding medical care delivered through MHS facilities. In return, MHS obtains private sector information from HIEs via the Joint Legacy Viewer (JLV), which allows MHS providers to quickly access patient data from a variety of HIEs through one interface. This process of exchanging data among a variety of healthcare data sources reduces the need to reschedule appointments due to delays or failures in the delivery of faxed lab results, imaging, etc. By making medically relevant data more available to healthcare teams, our JLV utilizing HIEs are saving lives, saving money, and improving the overall patient experience.

#### 2. Complexity is the Enemy of Interoperability: Practical Experience in Leveraging FHIR to Quickly Advance Health Data Exchange

##### Veterans Affairs and Department of Defense

Recent efforts completed by VA O&IT and quality tested by VHA clinicians have resulted in the implementation of FHIR (Fast Healthcare Interoperability Resources) standard data exchange services to DoD to VA VistA applications. FHIR V 1.0.2 is much simpler when compared to C32, Consolidated Clinical Document Architecture (CCDA), Cross Community Access (XCA), Patient Identity Cross Referencing (PIX), Patient Demographics Query (PDQ) and other recently popular specifications. This operational solution not only rapidly met the near term needs of VHA

clinicians to provide continued access to legacy DoD clinical data, but also FHIR's fine-grained capability aligns well with future VA data exchange with commercial partners. This successful effort allowed OI&T to transition and improve interagency software exchange capabilities for authorized clinicians and other health care workers.

#### 3. C-CDA Scorecard with One Click Score

##### Office of the National Coordinator for Health IT

The SITE C-CDA Scorecard enables providers, implementers, and health IT professionals with a tool that compares how artifacts created by health IT stack up against the HL7 C-CDA implementation guide and HL7 best practices. The "One-Click Scorecard" is a provider-focused testing service where providers can send a Direct message with a C-CDA payload to ONC's service, then automatically receive a PDF file with a score reflecting the overall C-CDA data quality as a Direct message attachment.

#### 4-6. NATE's Blue Button Directory

##### National Association for Trusted Exchange, Federal Partners, Consumer Apps, and EMR Vendors

Consumers are requesting their medical records and providers want to share them but there is often a workflow disconnect between the two. NATE and demo participants will demonstrate how a simple enabling infrastructure can alleviate this problem. The NATE Blue Button Directory allows patients to discover how best to submit their request for health information and establishes a secure end-point for the Covered Entities staff responsible for managing these requests. NATE will demonstrate the registration of the organization by the appropriate staff (e.g., medical records department) in a FHIR-based directory, and show how the provisioning of a Direct address enables bi-directional exchange with those consumer-controlled apps recognized by NATE's trust community.



### Vignette #1, Continued

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#### 7. Federal Collaboration to Empower Veterans to Access, Share, and Use Health Information from Multiple Sources

##### Department of Defense, Veterans Affairs, and United States Postal Service

Consumer-access to and use of their own health information is essential to patient engagement and improved health outcomes. This presentation is the result of collaboration between the United States Postal Service (USPS®), which employs 113,000 Military Members and Veterans, and the Department of Veterans Affairs (VA) Office of Connected Care. The aim is to empower USPS Employee/Veterans to manage their own health data and use the USPS offered personal health record, USPS Health Connect™, to integrate health information from multiple sources to improve their overall health. First, this presentation will demonstrate how USPS employees, who also receive care at VA, can use their VA patient portal, My HealtheVet, to send their VA Continuity of Care Document (CCD) via Direct Messaging to their USPS Health Connect account. Second, after the CCD is received in their account, we will demonstrate how this information is parsed and integrated with data from other sources, such as the Department of Defense (DoD) TRICARE Online CCD, as well as patient generated data from a peripheral blood pressure monitor or wearable. Data from all sources are then combined to generate a comprehensive CCD which can be shared via Direct Messaging with another Direct enabled provider. For additional assurance of a health file's validity, USPS Health Connect uses the USPS Electronic Postmark™ (ePM®) to verify that a health file has not been altered since being "time and date stamped" (postmarked) by the USPS ePM service. We will demonstrate how the ePM is used in a patient mediated exchange to provide assurance that the health file remains unaltered in transit or while held in the Veteran's USPS Health Connect account.

#### 8. Consumer Access to Immunization Records: An Automated Interoperable Solution

##### Office of the National Coordinator for Health IT

This demonstration showcases a multi-state ONC-pilot project using an interoperable on-line application (MyIR.net™) to provide consumers access to their official state immunization records. Consumers require annual proof of immunization to enroll dependents in schools, childcare and camps. MyIR.net™ offers them an on-line portal account with unlimited real-time access to these official records.

Consumers register on-line, entering identifying data for themselves and their dependents. The consumer selects an automated identity-proofing method and an algorithm attempts a match to records within the state's immunization registry. When matches are made, a single-use Access Code is texted or autodialed to their phone or mailed to the consumer's physical address. Consumers may also visit a participating healthcare providers or Pharmacists for one-time in-person identity-proofing and account approval.





### Vignette #2 *(Listed as they will be found in the vignette - left to right.)*

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#### **1. VHA Business Architecture Repository and How It Supports the Provision of Health Care for Our Nation's Veterans**

##### **Veterans Health Administration**

The Veterans Health Administration (VHA) Business Architecture Repository (BAR) serves as a single access point to multiple business architecture products and alignments. These products cover a wide array of business areas to include Administration Strategy and Priorities (VHA Under Secretary for Health Priorities, VA/VHA Strategic Goals), Business Information (VA/VHA Systems Inventory, VHA Process and Data Models, Business Needs, VHA Multi-Year Plan Investment Requests, Human Capital (FTE) and Performance Metrics), Business Reference Models (VA Functional Organization Model, Department of Defense (DoD)/VA integrated Business Reference Model, Business Function Framework (BFF) Reference Model) and architectural mappings, among numerous other artifacts. The VHA BAR, published quarterly since 2010, uses architectural mappings to demonstrate relationships between business strategy, functions, processes, information, performance, and other architectural artifacts. This alignment methodology results in outcomes that inform investment decisions, recognize redundancies, predict potential challenges, future-cast what-if scenarios, and reflect on business impacts after implementation of investment decisions. These outcomes support Clinical and Business Intelligence, Process Improvement, Change Management, Interoperability and collaboration between VA and other agencies, ultimately impacting the provision of high quality health care for Veterans.

#### **2: Improvements in Patient Matching and Interoperability through Open Source Sharing**

##### **Office of the National Coordinator for Health IT, Patient Centered Outcomes Research Trust Fund, and MITRE Corporation**

This demonstration provides a view into the standards based, open source services that

have been implemented in work funded by ONC. Spectators will see an open, FHIR-based server with additional services that provide functionality for electronic Clinical Quality Measure (eCQM) calculation, duplicate patient record matching and record completeness estimation. These services provide a freely available platform that organizations can leverage to build their own health applications.

#### **3. Patient-Centric Vitals Monitoring Medical Device Interoperability Adapter (MDIA)**

##### **Veterans Health Administration**

The VHA Medical Device Interoperability Program (MDIP) was a response to clinician concerns that medical device integration lacked consistency, usability, and failed to associate device-generated information with patient's records. The latter is a major patient safety concern if incorrect data is used within treatment decisions. The solution is to accelerate the adoption of industry best-practices and health IT standards for uniform, patient-centered interoperability across the enterprise and the continuum of care regardless of system type or vendor. An open-source, pilot Medical Device Integration Adapter (MDIA) has been developed to record standards-based medical device information automatically. The demonstration illustrates the benefits of standard frameworks like Integrating the Healthcare Enterprise (IHE) to integrate information from any standards-based system into the enterprise (e.g. VistA application), without vendor-specific customizations. The Vital Signs Monitoring scenario is equally applicable to other care settings and situations (e.g. remote monitoring). The MDIA demonstration is an objective illustration of the power of standardization to reduce the cost, variability, and uncertainty of medical device integration, as well as the creation of scalable solutions that improve patient safety.



## Vignette #2, Continued

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### 4-7. Patient Consent on FHIR

#### **Substance Abuse Mental Health Services Administration (SAMHSA), Veterans Health Administration, Michigan Health Information Network**

Featuring FHIR Consent and Consent2Share with UMA and Smart on FHIR Authorization Servers, ONC Patient Choice pilots VA and MiHIN join SAMHSA to demonstrate how emerging technologies can protect sensitive patient health information in implementer friendly ways. The storyboards show how Alice, a disabled veteran, uses FHIR and OAuth 2.0 for Basic and Research Patient Choice to enable sharing providers to apply and comply with laws for specially protected information such as 42 CFR Part 2, Michigan Mental Health Code, and Title 38 Section 7332. Michigan Health Information Network (MiHIN) mediates coordination of Alice's community based behavioral health through the VA Choice Program with her VA providers, facilitated by SAMHSA's Consent2Share platform. Alice's participation in the Veterans4 Research is also facilitated by SAMHSA's Consent2Share FHIR Research Consent. MiHIN uses HL7 Security Label "Privacy Tags" with an innovative internal rules engine approach to enforcing Alice's consents. VA uses a newly proposed OAuth 2.0 profile for Cascading Authorization Servers so that the VA's Smart on FHIR Authorization Server can enforce consents that Alice controls with her User Managed Access (UMA) Authorization Server. To assure Alice's providers about the trustworthiness of her research data, FHIR Provenance is used to track its lifecycle. Components of this demonstration are in production or being piloted by the participating organizations, and their architects and developers, as well as those involved with development of these standards, will be on hand to answer your questions.

### 8: Utilizing CONNECT for Accessing State PMPs Federal Health Architecture

In this demonstration the CONNECT open source, eHealth Exchange certified gateway will be utilized as a client into the National Association of Board of Pharmacies (NABP) InterConnect Prescription Monitoring Program (PMP) statewide exchange. The exchange has more than 40 acting or pending state PMPs that can be accessed via their Appriss PMP Gateway solution. The CONNECT product will act as a secured Restful client to the PMP Gateway to search for patient prescription drug data from multiple states using patient demographics. The found patient prescription drug information will be displayed with the CONNECT System Administration Module (SAM), a graphical user tool for configuring CONNECT.





### Vignette #3 *(Listed as they will be found in the vignette - left to right.)*

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#### 1-3. Electronic Case Reporting to New York City Public Health: A Proposed Solution using Structured Data Capture

##### Office of the National Coordinator for Health IT and New York City Department of Health

Current methods of reporting public health data to state public health agencies involve a wide variety of manual steps, partially or fully automated processing solutions and a number of transmission methods. By using Structured Data Capture (SDC) standard, InteropX provides direct integration with EHR/EMR systems to capture the public health event data from the provider’s system. This approach significantly reduces time required for public health reporting, minimizes data errors and ensures that the public health agency receives high quality data that is immediately analyzable. The mandatory reporting requirement of Sexually Transmitted Disease (STD) data to public health will be used as a use case to demonstrate spontaneous reporting from Epic system to the New York City public Health disease surveillance system using InteropX and SDC.

#### 4. Receipt of Cancer Data for Public Health Cancer Registry Use; State Public Health Cancer Registry

##### Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control

During this demonstration, participants will learn how the Integrating the Healthcare Enterprise (IHE) Structured Data Capture (SDC) Profile and the HL7 Fast Healthcare Interoperability Resources (FHIR) can be used to report cancer data from laboratory systems and physician electronic health record systems to state public health cancer registry systems.

#### 5. The US Food and Drug Administration Safety Reporting Portal

##### Food and Drug Administration

In this demonstration participants will learn about the Safety Reporting Portal (SRP), a key detection tool in

improving the country’s nationwide post-market safety surveillance program that strengthens our ability to protect the nation’s health. The Safety Reporting Portal is a public-facing web application that enables online reporting for the FDA to collect data related to adverse health events and product problems associated with specific FDA-regulated products enabling rapid analysis of potential safety problems and threats to the health and well-being of humans and animals.

SRP provides greater and easier access to online reporting by enabling industry, health professionals, consumers, and others to submit reports by providing access to intelligent web-based rational questionnaires (RQ) tailored to the user submitting the report and the product being reported. We will demonstrate/discuss how the information collected via the Portal is then routed to the appropriate downstream system facilitating the FDA’s systematic analysis of safety information.

#### 6-7. Vital Events Reporting Done Right: A Federal and State collaboration!

##### Centers for Disease Control and Prevention/ National Center for Health Statistic (NCHS), California Department of Public Health, and University of California at Davis

Paper-based reporting is still a major component of reporting death information throughout many of the states and jurisdictions in the U.S. The California Department of Public Health, in collaboration with the University of California at Davis, is partnering with the CDC/National Center for Health Statistics (NCHS) to eliminate the paper. This pilot explores the feasibility of using the Health Level Seven International V2.6 Vital Records Death Reporting standard and the Integrating the Healthcare Enterprise Vital Records Death Reporting profile to enable EHR-based capture of medical certifier sourced data into an electronic death registration system, and bi-directional reporting of death events between the jurisdiction and NCHS including mortality coding.