

WA DOH Comments on ONC ISA 2023

ISA PH Reporting Page - <https://www.healthit.gov/isa/public-health-reporting>

DOH's specific comments for public health related transactions are listed below based on the updated ISA posted to <https://www.healthit.gov/isa/>:

Comments have to be posted on each individual ISA Page after logging into your ONC account.

- **Immunizations** (<https://www.healthit.gov/isa/exchanging-immunization-data-immunization-registries>) – Washington State Department of Health appreciates having the standards listed on the “Exchanging Immunization Data with Immunization Registries” page and does not have any recommended changes at this time.
- **Cancer** (<https://www.healthit.gov/isa/reporting-cancer-cases-public-health-agencies>) – Washington State Department of Health appreciates having the standards listed on the “Reporting Cancer Cases to Public Health Agencies” page and does not have any recommended changes at this time.
- **Electronic Lab Reporting** (<https://www.healthit.gov/isa/electronic-transmission-reportable-lab-results-public-health-agencies>) – Washington State Department of Health appreciates having the standards listed on the “Electronic Transmission of Reportable Lab Results to Public Health Agencies” page and only has one recommended change at this time. Washington State Department of Health recommends adding FHIR US Lab Report (<https://www.hl7.org/FHIR/2016May/uslab/uslabreport-guide.html>) as an emerging standard for electronic lab reporting.
- **Prescription Drug Monitoring Program** (<https://www.healthit.gov/isa/allows-exchange-state-prescription-drug-monitoring-program-pdmp-data> and <https://www.healthit.gov/isa/allows-a-prescriber-request-a-patients-medication-history-a-state-prescription-drug-monitoring>) – Washington State Department of Health appreciates having the standards listed on the PDMP pages and does not have any recommended changes at this time.
- **Electronic Case Reporting** (<https://www.healthit.gov/isa/case-reporting-public-health-agencies>) - Washington State Department of Health appreciates having the standards listed on the “Case Reporting to Public Health Agencies” page and does not have any recommended changes at this time.
- **Tobacco/Smoking/Vaping** (<https://www.healthit.gov/isa/representing-patient-tobacco-use-smoking-status>, <https://www.healthit.gov/isa/representing-patient-electronic-cigarette-use-vaping>, and <https://www.healthit.gov/isa/representing-patient-second-hand-tobacco-smoke-exposure>) – In 2018, e-cigarette products with nicotine concentrations of five percent or greater comprised approximately two-thirds of the e-cigarette market, while zero-nicotine products accounted for less than one percent.[1] To more accurately assess nicotine intake and potential nicotine dependence among patients, Washington State Department of Health recommends distinguishing e-cigarette use by nicotine

concentration, rather than e-cigarette liquid with nicotine versus e-cigarette liquid without nicotine. Additionally, Washington State Department of Health concurs with the recommendation submitted on September 19, 2018 by Dr. Michael Fiore and Robert Adsit to implement non-overlapping values for smoking status.

[1] Romberg AR, Miller Lo EJ, Cuccia AF, Willet JG, Xiao H, Hair EC . . . King BA (2019). Patterns of nicotine concentrations in electronic cigarettes sold in the United States, 2013-2018, Drug and Alcohol Dependence, 203, 1-7. doi:10.1016/j.drugalcdep.2019.05.029.

- Syndromic Surveillance (<https://www.healthit.gov/isa/reporting-syndromic-surveillance-public-health-emergency-department-inpatient-and-urgent-care>) – Washington State Department of Health appreciates having the standards listed on the “Reporting Syndromic Surveillance to Public Health (Emergency Department, Inpatient, and Urgent Care Settings)” page and does not have any recommended changes at this time.
- Newborn Screening (<https://www.healthit.gov/isa/reporting-newborn-screening-and-birth-defects-public-health-agencies>) – Washington State Department of Health appreciates having the standards listed on the “Reporting Newborn Screening and Birth Defects to Public Health Agencies” page and does not have any recommended changes at this time.
- Emergency Medical Services (<https://www.healthit.gov/isa/representing-health-care-data-emergency-medical-services>) – Washington State Department of Health supports the listing of the National Emergency Medical Services Information System (NEMSIS) standards for EMS data and only has one recommended change at this time. Washington State Department of Health recommends adding NEMSIS 3.5 as an emerging standard for emergency medical services data exchange, with implementation having begun in Summer 2022. NEMSIS standards are an important collector of data for EMS in various contexts including public health, quality assurance and traffic safety. Additionally, on the basis of the mandate from the Cures Act Rule, there is an effort in the standards community to map NEMSIS standards to FHIR ([IHE.PCC.PCS\NEMSIS Mapping - FHIR v4.0.1](#)) which the Department fully supports and considers participating in.
- Live birth and fetal death (<https://www.healthit.gov/isa/reporting-birth-and-fetal-death-public-health-agencies>) - Washington State Department of Health appreciates having the standards listed on the “Reporting Birth and Fetal Death to Public Health Agencies” page and does not have any new standards to recommend. We do have some comments about the standards listed:
 - It appears that some specific details are still under development.
 - Live birth
 - From the [IJE mapping](#) section, the following fields in the current IJE files will not be in the birth transmissions: VOID, MATCH, MAGER, FAGER, MAGE_CALC, FAGE_CALC, MOM_OC_T, MOM_OC_C, DAD_OC_C, DAD_OC_C, MOM_IN_T, MOM_IN_C, DAD_IN_T, DAD_IN_C, SSN_CITIZEN_CD, SSN_MULT_BTH_CD, SSN_FEEDBACK, SSN_BRTH_CRT_NO, MARITAL_DESCRIP, REPLACE. Is this correct?

- There appear to be broken links, such as to [the observation/pregnancy risk factor definitions](#). And the [5 minute APGAR score](#)
 - Fetal Death
 - From the [IJE mapping](#) section, the following fields in the current IJE files will not be in the birth transmissions: VOID, MATCH, R_YR, R_MO, R_DY, MAGER, FAGER, HSV1, HIV, ALCOHOL, ALIAS, LONG_D, LAT_D, LONG, LAT, MAGE_CALC, FAGE_CALC, MOM_OC_T, MOM_OC_C, DAD_OC_T, DAD_OC_C, MOM_IN_T, MOM_IN_C, DAD_IN_T, DAD_IN_C, INFORMFST, INFORMMID, INFORMLST, INFORMRELATE, REPLACE. Is this correct?
- Death Records (<https://www.healthit.gov/isa/reporting-death-records-public-health-agencies>) - Washington State Department of Health appreciates having the standards listed on the “Reporting Death Records to Public Health Agencies” page and does not have any new standards to recommend. We do have some comments about the standards listed:
 - The value binding link for VRDR Decedent address.district appears to be broken. The text of the hyperlink is correct but encoding the URL has broken the functionality of ‘?’ and ‘=’. Similar bugs appear in multiple places.
 - The [change history](#) indicates decedent.address.city should be numeric (presumably for city FIPS), but the [resource profile](#) says text. Which is correct?
 - We are unable to locate some profile elements listed in the [terminology bindings](#) page
 - Certifier role (observation.code and observation.valueCodeableConcept)
 - Death Certificate.Informant (contact.relationship)
 - The terminology bindings page seems to indicate that usual industry, usual occupation, and military service are part of a profile called Decedent Employment History, but the artifacts indicate resources of ‘Decedent Military Service’ and ‘Decedent’s Usual Work’.
- Child Health and Development –As the Department. of Health continues to develop our child health and development registry, we are considering different standards for starting to use standards for reporting of Birth Defects by health care organizations to the Department. Depending upon the comfort of implementation of the current CDA standards for birth defects reporting by the Health Care Organizations, there may be a need of a newer FHIR based reporting standard, we will provide additional feedback on which standards we feel are best for use cases like birth defects reporting and universal developmental screening or if there are standards that would work well but need refinement (addition of data fields for example).
- COVID-19 Novel Coronavirus Pandemic (<https://www.healthit.gov/isa/covid-19>) - Washington State Department of Health fully supports the listing of the emerging standard Situational Awareness for Novel Epidemic Response (SANER). It is vital to ensuring public health and others can effectively monitor supplies, patient capacity and counts of patient’s being cared for during an outbreak or pandemic. Department of Health recommends expansion/development/adaptation and use of standard code sets like LOINC and the respective value sets in SANER standard.

