
One size does not fit all

Electronic Health Records and the case for Public Health

Shawn Messick
Public Health Informatics Manager
Multnomah County Health Department

We have unique requirements?

Number of Public Health Information Systems

- Total number of programs:
 - 23 programs in the Local Health Departments (HDs)
 - 19 programs in the State Health Departments
- There are 3000 local HDs and 50 State HDs in the US
 - 23×3000 (Local HD) = 69,000 local programs/systems
 - 19×50 (State HD) = 950 state programs/systems

There may be as many as **70 thousand** public health information systems

- **all of them are customized, siloed systems.**

NACCHO, 2009

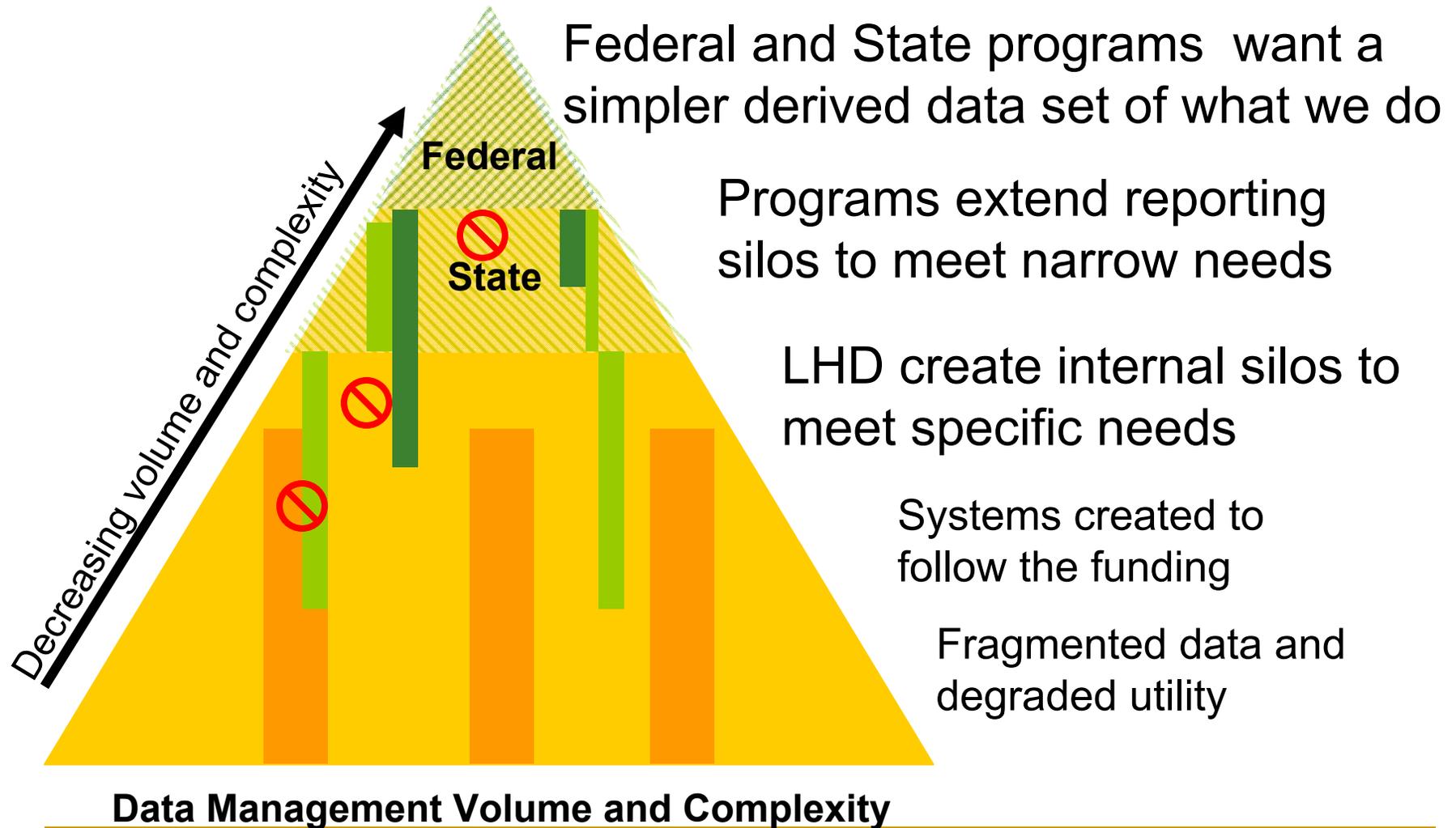
So where are the products?

- Too small, low volume, no margins...
 - Not standards based
 - Predominantly mandated services
 - General fund, grants and agreements
 - Little to no expectation for reimbursement
 - No budget for development and reporting services
 - No million encounter threshold
-

Public health...its complicated

- National meaningful use debate
 - PH needs excluded from ARRA/HITEC
 - PH does not know what it wants!
 - -PH not ready to receive/exchange data electronically
 - PH requirements removed from 2011 mandate
 - PH requirements made optional (ELR, Immunization, submit reports to PH)
 - Recent “error” rescinds syndromic surveillance
 - Don't undermine Health care ability to get MU incentive!
-

Tip of the Iceberg



Shared needs, but not EHR

- Case management – many different flavors
 - Communicable disease, STD, HIV, TB, LTBI, MCH, Health Inspections, Food born illness, Asthma, Lead,
 - Concurrent surveillance and reporting, administration, quality and accountability
 - Care, service and referral coordination
 - Focused/limited individual charting for specific conditions
 - Requirements not locked down, frequent changes, respond to local priorities
-

Technology considerations

- No proprietary data models
 - Unmediated access to our data and reporting
 - Easily link with external apps and import/export data within and across programs
 - Standards based data and DIY fields and forms on the fly
 - Extend users outside the organization and firewall – Software as a service
-

Functional context

- Common practices across public health
 - Staff reductions and wearing multiple hats argues for simplification and consolidation
 - Rapidly develop appropriate tools for program and research requirements.
 - Provide system/user access to community based partners.
 - Support a mobile workforce
 - Need to be able to bill where possible
-

Compliance with Oregon HIE

- HIE in Oregon is based on the exchange of Coordination of Care Document (CCD)
 - System interoperability is not an immediate objective
 - No inherent barrier to compliance
 - Most EHR vendor products can't do this yet.
-

Challenge

- Agree on core functions and data standards
 - Build constituency through state and NACCHO, et. al.
 - Apple product update method: deploy what is in most demand
 - Leverage open source and standards
 - Collaborate across departments and counties
-