1 October 2013

Dear Health Care Provider:

The County of Riverside Department of Public Health (DOPH) is committed to the improvement of our health information systems and to ensuring our local providers and medical facilities attain meaningful use certification as defined by the Health Information Technology for Economic and Clinical Health (HITECH) Act. As part of this process, this letter is to inform you that DOPH is declaring readiness for Meaningful Use Stage 2 (hereafter MUS2). Incentive payments you may receive or will receive under meaningful use may be affected if you or your facility is not able to meet the requirements for MUS2, including the public health integration objectives. In addition, your Medicare payments may be adversely adjusted in 2015 if you are not a meaningful user of electronic health record (EHR) technology, which include MUS2 requirements.

DOPH has partnered with the Inland Empire Health Information Exchange (IEHIE) to facilitate health care facilities’ compliance with the public health integration requirements of MUS2. DOPH believes that IEHIE is a vital part of improving coordinated care in the Inland Empire and encourages all health care facilities to join. The use of the IEHIE is not required to attain MUS2 requirements, but is strongly encouraged, and may greatly reduce the implementation cost and effort required for your facility to be compliant with MUS2. For more information on joining the IEHIE, please visit www.iehie.org

MUS2 has five public health objectives, three of which in the County of Riverside rest with DOPH. Eligible professionals (EPs) must meet the core public health objective of immunization reporting, and must meet three of six “menu set” requirements, two of which are public health objectives. Critical access hospitals (CAHs) must meet three core public health objectives, namely immunization reporting, reportable lab results/electronic lab reporting, and syndromic surveillance. Even if the IEHIE transmits this information on your behalf, you alone are responsible for ensuring the objectives are met. Please note that if your facility covers or operates in multiple jurisdictions, you may be responsible for different implementation requirements in jurisdictions outside of the County of Riverside. The five objectives are implemented for the County of Riverside as follows:

1. Electronic immunization reporting is to be done to the California Immunization Registry (CAIR), Region 8. Your facility or medical office is responsible for the registration and onboarding process with CAIR if you are not already registered. You may submit this information yourself from your own EHR system; contact the CAIR Gateway for technical requirements. DOPH cannot offer technical support for implementation. If you are a “live” member of the IEHIE, this information is submitted to CAIR for you; self-registration is still required. Registration for all submitters, including IEHIE members, is through the CDPH Health Information Exchange Portal.

This objective is a Stage 2 core requirement for both EPs and CAHs. For more information, visit http://cairweb.org/cair-regions/
2. **Electronic laboratory reporting of reportable results is to be done to the California Reportable Disease Information Exchange (CalREDIE-ELR).** Your facility is responsible for the registration and onboarding process with CalREDIE-ELR if you are not already registered. You may submit this information yourself from your own ELR system; contact CalREDIE for technical requirements. This process is distinct from the CalREDIE Provider Portal. *Enrollment for the Provider Portal is a separate process, does not meet this meaningful use requirement, and must go through DOPH.* DOPH cannot offer technical support for implementation. **If you are a “live” member of the IEHIE, this information is submitted to CalREDIE for you; self-registration is still required.** Registration for all submitters, including IEHIE members, is through the CDPH Health Information Exchange Portal.

Please note that this requirement is specific to electronic laboratory reporting of reportable results under Title 17 §2505 et seq. **If your health care facility or medical office is not participating in reporting Title 17 reportable conditions through the CalREDIE Provider Portal, reporting must still occur via Confidential Morbidity Report.** The CalREDIE Provider Portal and reporting of Title 17 conditions is distinct from CalREDIE-ELR. Also, under all circumstances, DOPH still must receive telephone notification on conditions designated as “report immediately by telephone.”

This objective is a Stage 2 core requirement for CAHs only. For more information, visit [http://www.cdph.ca.gov/data/informatics/tech/Pages/CALREDIE.aspx](http://www.cdph.ca.gov/data/informatics/tech/Pages/CALREDIE.aspx)

3. **Syndromic surveillance reporting is to be done to CDC BioSense.** You must first register an operational relationship with our BioSense Data Steward, Rick Lopez ([rilopez@rivcocha.org](mailto:rilopez@rivcocha.org)), to ensure that data you transmit is available to DOPH for review. **Only emergency departments may apply at this time; non-EDs and provider offices must select another menu set option** (see [https://questions.cms.gov/faq.php?faqld=2903](https://questions.cms.gov/faq.php?faqld=2903)). Non-EDs cannot onboard with BioSense currently, but this may change in the future. This statement is not a waiver from this requirement.

Once you have established an operational relationship with DOPH, you may then transmit data to BioSense from your own EHR. Unlike other Meaningful Use information, this data is de-identified. Although DOPH will assist you with constructing this relationship, it cannot offer technical support for actual implementation. **If you are a “live” member of the IEHIE, this information is submitted to BioSense for you; self-registration is still required.** Certain aspects of county syndromic surveillance will still be maintained in the ReddiNet system, but use of ReddiNet by itself does not meet MUS2 objectives. **Registration for this objective is not through the CDPH HIE Portal.** All submitters, including IEHIE members, must register with the DOPH Data Steward directly.

This objective is a Stage 2 core requirement for CAHs. For more information, visit [http://www.cdc.gov/biosense/](http://www.cdc.gov/biosense/) and [http://biosenseredesign.org/](http://biosenseredesign.org/)

4. **Cancer reporting is not operated by DOPH.** The California Cancer Registry (CCR) is operated by the California Department of Public Health (CDPH), not by the County of Riverside Department of Public Health.
Health. If you select this menu set option, you must specifically contact CCR. DOPH does not monitor CCR’s readiness status and cannot offer technical support for implementation; it is expected that CCR will be ready to receive electronic reporting by January 1st, 2014. As of this letter, there is currently no interface between the IEHIE and the CCR. Regardless of whether you select this option, you are still mandated to report certain cancer diagnoses to the CCR in general. This objective is a Stage 2 menu set option for EPs only. For more information, visit http://www.ccrca.org/

5. **DOPH does not currently operate specialized disease registries.** This may change in the future. DOPH will provide advance notification of any specialized disease registry we plan to operate and how to integrate with them. This does not change any existing reporting requirements to other state or federal disease registries which may still apply. This objective is a Stage 2 menu set option for EPs only.

Although DOPH does not offer technical support for implementation, we do wish to ensure that all providers and facilities in the county are able to comply. We are working with both the IEHIE and the Riverside County Medical Association (RCMA) to make this possible. The Department is available for questions regarding public health meaningful use requirements and I may be reached by telephone personally at (951) 358-7036 or by E-mail at ckaiser@rivcocha.org.

I look forward to our cooperatively improving the health of all county residents through the superior technical interaction and care coordination meaningful use will make possible.

Sincerely,

Cameron Kaiser, MD
Public Health Officer