State of New Mexico HIT
Overview: New Mexico’s HIT Website and NMSIIS

Terry Reusser, CIO and
Kevin Bersell, NMSIIS Manager

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Role of Public Health Agencies

• Provide HL7 connectivity capacity so EHRs can connect to a Public Health Information System
  — Unidirectional (reporting-only) capacity is sufficient at Stage 1, but bidirectional (reporting plus supporting record queries) may be necessary by Stage 2 or 3 (already important to many projects aside from MU)
• Provide localized HL7 standard & implementation guide to requesting providers/EHR vendors

Limits of Public Health’s Role

Public health is NOT responsible to:

• Set or clarify MU standards
• Certify providers as meeting any MU standard
  — It is the provider’s responsibility to attest to CMS that they’ve met the standards
  — Attestation for any of the Registry options involves having submitted a test message to your state registry, which may or may not succeed
  — Some agencies are setting up separate servers to accept these tests in order not to contaminate live data, or because the production system is not yet HL7-ready
  — If the registry will be unable to accept test messages (even through a test server) in 2011-2013, providers may be granted a waiver
• Certify or promote any EHR product as MU-ready
• Adapt its registry to accommodate non-standard EHR submissions
• Support the installation, configuration or use of any EHR or HIE (this is the vendor’s role), though it may choose to do so
History of testing and exchange

Letter of confirmation

Future: WIKI links

Detailed help via WIKI

User friendly

Web Services

- NMDOH has ability to do bi-directional data exchange via HTTPS Post or WSDL (Web Services Definition Language).
- Providers ability to submit Electronic Lab Record, Immunization or Syndromic Surveillance data via web services.
- Rhapsody Integration Engine utilization for Data validation.
Rhapsody Engine

In progress

• On-boarding process
• Hospital Inpatient Discharge Data
• Ambulatory
• Other data from the HIE

NMSIIS Update

Kevin Bersell, NMSIIS Manager

New Mexico Statewide Immunization Information System Facts

Began in 2005
Major Upgrade in 2009
Life Time Registry
18,600,000 Vaccinations
1,800,000 Individuals

Upward Trend in Reporting

Because...

...It’s the Law!

Data Exchange

• What Is It?
  – Providers electronically send files containing immunization information to NMSIIS

• Why Is It Important?
  – Quality
  – Timeliness
  – Participation
  – Cost
  – Meaningful Use

Data Exchange Project Status

• Upgraded NMSIIS to improve data exchange and implement HL7 2.5.1
• Implement data transport engine (Rhapsody)
• 8 Current Providers with 184 sites
  – 7 HL7 2.3.1
  – 1 HL7 2.5.1

Current Goals

• Move all current providers to HL7 2.5.1
• Have all new providers use HL7 2.5.1
• Have 50% of all current providers using data exchange by August 2014

On-Boarding Process

• Takes 3-12 Weeks depending on Vendor Readiness
• Based on Date of NMSIIS Registration
• 44 Providers/Groups Invited
• Currently 12 Providers Actively Onboarding

Contact

Providers find out about ADX through:
  – Meaningful Use activities
  – Vendors
  – Other Providers
  – Immunization Program Contacts

All Contacts are directed to the NMHIT Website to Register

Registration

• Welcome
• Contact Info
• Documentation
### Ready Check
Provider and Vendor confirm that required components are in place:
- Provider Ready
- IT Support Available
- Registered on NMHIT and NMSIIS
- Transport Technology in Place
- HL7 2.5.1 Compliant including NMSIIS Spec

### Ready Queue
- Waiting for Opening in Testing Phase
- DOH may conduct On-Site visit

### Testing
- Transport Testing
  - HTTP-Post
  - WSDL
- VXU & ADT Testing
  - Test Cases Defined in Documentation
- QBP Testing (Optional)

### Production
Transition to Production
- Verification of Readiness
- Provision of Production Information
- Monitoring

### Post-Production
- Monitoring
- Support
- Troubleshooting

### Contact Information
- **Terry Reusser:** Terry.Reusser@state.nm.us
- **Web page:** www.nmhit.org
- **Support:** nmhit@state.nm.us
- **Kevin Bersell:** DOH-NMSIIS-Onboarding@state.nm.us
- **Web page:** http://immunizennm.org/