



# GENERAL PERSPECTIVE FROM HL7 WORK GROUP

# PUBLIC HEALTH WORK GROUP

## CORE SPECIFICATIONS

Electronic Case Reporting (CDA and FHIR)

Syndromic Surveillance (v2)

Cancer Reporting (CDA)

Healthcare Surveys (CDA and FHIR)

Healthcare Associated Infections (CDA and FHIR)

Laboratory Orders and Results (v2 with Orders and Observations)

## OTHER AREAS

Congenital Heart Defects (v2)

Early Hearing Screening (v2)

Diagnostic Audiology (v2)

Birth Defect Reporting (CDA and FHIR)

Maternal and Infant Health (FHIR)

Birth and Fetal Death (FHIR)

Death Reporting (FHIR)

## OTHER AREAS

Occupational Data (v2, CDA and FHIR)

Situational Awareness (FHIR)

Electronic Referrals (FHIR)

Common Profiles (FHIR)

Immunizations (v2 and FHIR)

# OUTCOMES

## WHAT WORKS

HL7 consensus process creates standards

Inclusion of standards in 170.315 (f) drives adoption of standards by HIT vendors

Naming of standards in programs such as Promoting Interoperability drives implementation

## CONTINUE TO RAISE THE BAR

Standards are ready to incorporate into requirements

Maternal and Child Health – screening, birth defects, birth certification

Be as exact as possible

Adopt the right technology and architecture given existing standards and infrastructure

Focus on ways to augment the data that is flowing today

Reflect public health needs in USCDI and promote USCDI+

Coordinate activities across agencies

Coordinate support across all of healthcare providers, public health and community organizations



# THANK YOU

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<https://confluence.hl7.org/display/PHWG/Public+Health+Work+Group>

Regular Work Group calls on Thursdays at 4-5PM Eastern