

Cooperative Agreement Corner



Our Cooperative Agreement with the National Association for Public Health Statistics and Information Systems (NAPHSIS) supports activities for jurisdictions. Upcoming opportunities are provided below.

December VSCP Directors Webinar

The VSCP Project Directors Webinar occurs on the second Wednesday of each month at 2 p.m. Eastern. In December, you'll hear from Waldo Jaquith at the U.S. General Services Administration about remaking the software marketplace and Lani de la Garza from Missouri on training their stakeholders. [Register](#) to join us on December 14, 2022, at 2 p.m. Eastern.

Field Services Special Interest Group

What questions do you have regarding field services and data quality? Want to hear about best practices in training your providers? Do you need guidance on quality assurance programs? If so, the Field Services Interest Group monthly meetings can be a great resource. Hear from jurisdictions sharing their experiences and lessons learned in dealing with their internal and external partners on various field services, data quality improvement and training topics. The next Field Services Interest Group will meet on December 8, 2022, at 2 p.m. Eastern. Email hq@naphsis.org to join the monthly call.

2022 Mortality file completeness

To monitor file completeness for jurisdictions, NCHS uses the previous year's volume as a base for the expected current year's volume. Because many jurisdictions experienced higher mortality volumes during late 2021, NCHS is adjusting the expected volume for most jurisdictions for 2022 as we see volumes decrease this year. You may temporarily notice that your completeness is lower than you expect, but we will automatically adjust your target volumes late each month, reflected in the VSCP reports we send you early each month. We expect to continue this process through the end of the 2022 data year.

Additional Medical Absolute and Conditional Edits

To improve the quality of cause of death data, several edits have been added to the Medical Validation Reports. These edits will also be added to the count of records with medical validation and verification errors on the quarterly Medical Data Quality Reports. These additions will support cleanup of data throughout the year. It's important to note that while these are not new edits, they are new to the reports provided to jurisdictions. If there are questions about these reports, you may contact Matthew Rowe at yku6@cdc.gov or your assigned medical specialist.

Blank Checkboxes

- Did tobacco use contribute to death – this item cannot be left blank for all records. If left blank, it will be considered an error
- Manner of death – this item cannot be left blank for all records. If left blank, it will be considered an error
- Was pregnant at the time of death – this item cannot be left blank for females ages 10-54. If left blank, it will be considered an error
- Was autopsy performed – this item cannot be left blank for all records. If left blank, it will be considered an error

New Absolute Errors

- If Male, then pregnancy question should be 8 (Not Applicable) otherwise it will be considered an absolute error
- Injury fields (Place of injury, Description of how injury occurred) cannot be left blank if the manner of death is Accident, Homicide, or Suicide. If left blank, it will be considered an absolute error

New Conditional Errors

- If female and age is less than 10 or greater than 55 and pregnancy response equal 2,3,4 then verification is required, and it will be considered a conditional error
- If "Was Autopsy Performed" equals "YES" then "Were Autopsy Findings Available?" must have a response of "YES", "NO", or "Unknown" and should not be left blank. If left blank, it will be considered a conditional error
- If "Was Autopsy Performed" equals "NO" then "Were Autopsy Findings Available?" must be "X" (Not Applicable) and should not be left blank. If left blank, it will be considered a conditional error.

[Notable Publications/Data Briefs](#)

Maternal and Infant Characteristics among Women with COVID-19 during Pregnancy

This web release, updated November 16th, can be found at this [link](#). It shows data for April 2020 through July 2022 from fourteen states and the District of Columbia that are collecting information on confirmed or presumed COVID-19 cases among

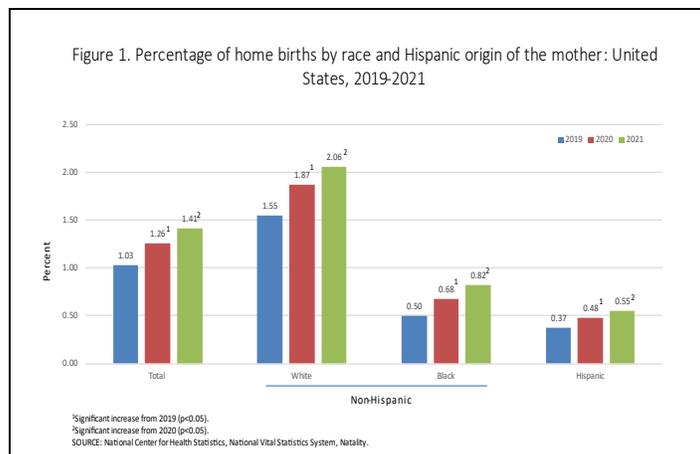
pregnant women and reporting this information to NCHS. These data continue to show higher rates of ICU admission among mothers with COVID-19 compared with those who did not have COVID-19, and higher rates of preterm birth, low birthweight and NICU admission among infants born to mothers with presumed or confirmed COVID-19.

Quarterly Provisional Estimates of Infant Mortality, 2020-Quarter 2 2022

This webpage, released November 15th, can be found at this [link](#). It shows trends in 12-month ending infant mortality rates by quarter by age of death (neonatal, postneonatal) and for the top five causes of infant death (congenital malformations, short gestation/low birthweight, SIDS, unintentional injury, maternal complications) from Q1 of 2020 through Q2 of 2022.

Changes in Home Births in the United States by Race and Hispanic Origin and State of Residence of the Mother: 2019-2020 and 2020-2021

This report was released November 17th and can be found at this [link](#). As seen in Figure 1, it shows that the percentage of U.S. home births rose from 1.26% (45,646) in 2020 to 1.41% (51,642) in 2021, an increase of 12% and the highest level since at least 1990. Increases ranging from 10% to 21% were seen for the three largest race and Hispanic-origin groups. The percentage of home births for all women increased between 2020 and 2021 for most months, peaking in January 2021 at 1.51%. Home births increased in 30 states (with nonsignificant increases for 11 additional states) and declined in 2 states (with nonsignificant declines for 7 additional states and D.C.). The 12% increase in home births from 2020 to 2021 follows a 22% increase from 2019 to 2020.



Announcing the Collaborating Center for Medical Examiners and Coroners (COMEC)

In recognition of the importance of mortality data collected in offices of medical examiners and coroners (MEC) to public health, the CDC has established the Collaborating Center for

Medical Examiners and Coroners (COMEC) which will be housed within Division of Vital Statistics at NCHS. The website for COMEC can be found at this [link](#). The purpose of COMEC is to strengthen ties, facilitate interactions and promote consistent and timely death investigations. Medical examiners and coroners (MEC) gather detailed information during a medicolegal death investigation (MDI) that aids in understanding sudden and unexpected deaths and are often among the first to detect emerging health threats, such as new illicitly manufactured drugs and previously unknown infectious diseases. MEC play a critical role for vital statistics by investigating sudden deaths and completing death certificates. In some states they also work to improve data quality by reviewing cremation certificates as well as being a resource for questions from physicians on completing death certificates. The MDI community has repeatedly asked for a “home” within the federal system to help serve as a resource. This new office seeks to promote quality and consistency in death investigations and death certification; promote collection, automation, and distribution of medicolegal death investigation data; analyze and compile information about and for MDI; facilitate information sharing; and help foster coordination of public health surveillance efforts.



Vital Statistics Modernization Community of Practice

The [Vital Statistics Modernization Community of Practice \(NVSS COP\)](#) is a shared space for learning and innovation and provides a forum for jurisdictions and their partners working in the modernization space to come together on topics of mutual interest.

Upcoming Opportunities for Jurisdiction Engagement to Develop, Test, and Showcase FHIR-Based Interoperability Standards in the NVSS Modernization Space

Formation of a Workgroup to Inform the EDRS to Surveillance System Workflow

NCHS has received interest from jurisdictions in working towards FHIR-based interoperability for the EDRS to public health (PH) surveillance systems workflow. In fact, approximately 14 jurisdictions identified interest in this workflow in their ELC CoAg optional activities.

The VRDR STU 2 FHIR IG (HL7.FHIR.US.VRDR\Home - FHIR v4.0.1) was recently published, and it addresses the four use cases related to mortality reporting. The goal is to take advantage of the profiles that have been built in the VRDR and use them as building blocks for other use cases, such as the one for interoperability with VRO surveillance systems. Therefore, this EDRS to surveillance system use case would not be a new

Implementation Guide (IG), but it would represent an additional use case to build on within the existing IG.

To this end, the NVSS COP is forming a workgroup of jurisdictions interested working on this use case to help the NCHS standards team define the FHIR requirements for inclusion in the VRDR IG. For example, the workgroup would identify surveillance disease systems and conditions (e.g. case based surveillance) as well as the associated content and messaging requirements, such as the data dictionary of the exchange.

If your jurisdiction is interested in being part of the EDRS to surveillance system use case workgroup which will provide additional input and drive the standards development and testing of this workflow, please reach out to the NVSS Modernization Mailbox at NVSSmodernization@cdc.gov.

Participate in the HIMSS (Health Information and Management Systems Society) Interoperability Showcase in April 2023

HIMSS is a global leader in health IT and all things related to the modernization and development of the health IT space. HIMSS holds a global conference each year consisting of demonstrations on real-world stories and initiatives demonstrating the implementation and use of standards. There is usually a large presence from CDC on Public Health reporting use cases at the interoperability showcase.

The HIMSS 2023 Interoperability Showcase takes place April 17-21, 2023, in Chicago, IL and NCHS does plan to participate in the event. State vital record offices and their EDRS vendors are welcome to participate to showcase a mortality workflow of the use case demonstration. NCHS is looking for states who would like to participate. This is an excellent opportunity to showcase the work that the NVSS modernization community has been doing in the EDRS to NCHS FHIR-based interoperability space to a diverse audience from both the public health and health care sectors. The work will be showcased to the larger health and public health IT audience on the exhibit floor in a setting that simulates a “real life” scenario.

There are system and registration costs to consider. More details are forthcoming as they are formalized. The following link contains more information about HIMSS, the conference, schedule, and showcase, etc.: <https://www.himss.org/global-conference>. If you are interested in participating, please send an email to NVSSmodernization@cdc.gov.

Strengthening state and national vital records systems with FHIR based interoperability

NCHS, in collaboration with several jurisdictions, vendors and

technical partners (i.e. Lantana), will be participating in the [HL7 Connectathon scheduled from January 14-15, 2023, in Las Vegas, Nevada.](#)

The purpose of the event will be to strengthen and refine both state and NCHS systems for FHIR based interoperability between HRs and Electronic Birth Registration Systems as well as test the BFDR Implementation Guide and profiles within the Vital Records Common Profile Library. Participating jurisdictions include Utah and Georgia (Genesis). The BFDR & VRCPL track page provides more information on the test scenarios and is updated regularly leading up to the Connectathon.

To learn more about the Connectathon go to: <http://www.hl7.org/events/fhir-connectathon/index.cfm>.

[Registration information: HL7 WGM & Connectathon \(force.com\)](#). Please note that early bird registration is available through Friday, December 16, 2022.

The NVSS COP will share the results from this testing event at the February 2023 main meeting.

Medicolegal Death Investigation (MDI) FHIR Implementation Guide (MDI FHIR IG) 1.0 Standard for Trail Use Published Sept. 30, 2022

Through the work of NCHS and our technical partners, a FHIR data standard specifically for data contained in the case management systems of medical examiners and coroners has been developed. This IG supports interoperability between the MDI systems of medical examiner and coroner (ME/C) offices, forensic toxicology, and EDRS. The guide provides MDI system developers with the technical details and best practices while stakeholders may use the narrative portions of this guide to inform policies and practices for data exchange between systems. This guide can serve as a base for local specifications that might need slight modifications for use. There is substantial overlap between the MDI and the Vital Records Death Record (VRDR) FHIR IG STU 2 that was recently published at HL7. NCHS is aware that some CMS to EDRS systems have begun exchanging using standards from the VRDR IG STU 1, but that IG will be retired in early 2023. COMEC is providing technical assistance for MDI and EDRS offices that would like to move to use of MDI FHIR IG standard, with a standard FHIR API for MDI information exchange currently under construction. For more information, reach out to MDI@cdc.gov.

We thank the community for its ongoing collaboration and engagement in building a stronger and interoperable NVSS using FHIR.

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