



Overview of Electronic Death Registration

EDR System Development in Michigan
The Motivation, Methods and Plans



Objectives

- Provide an Overview of Motivators
- Review of Status
- Michigan Developmental Steps
- Cover Basic Functionality
- EDR Leveraging for Cancer Reporting
- Quick Demo using a Prototype



Motivators

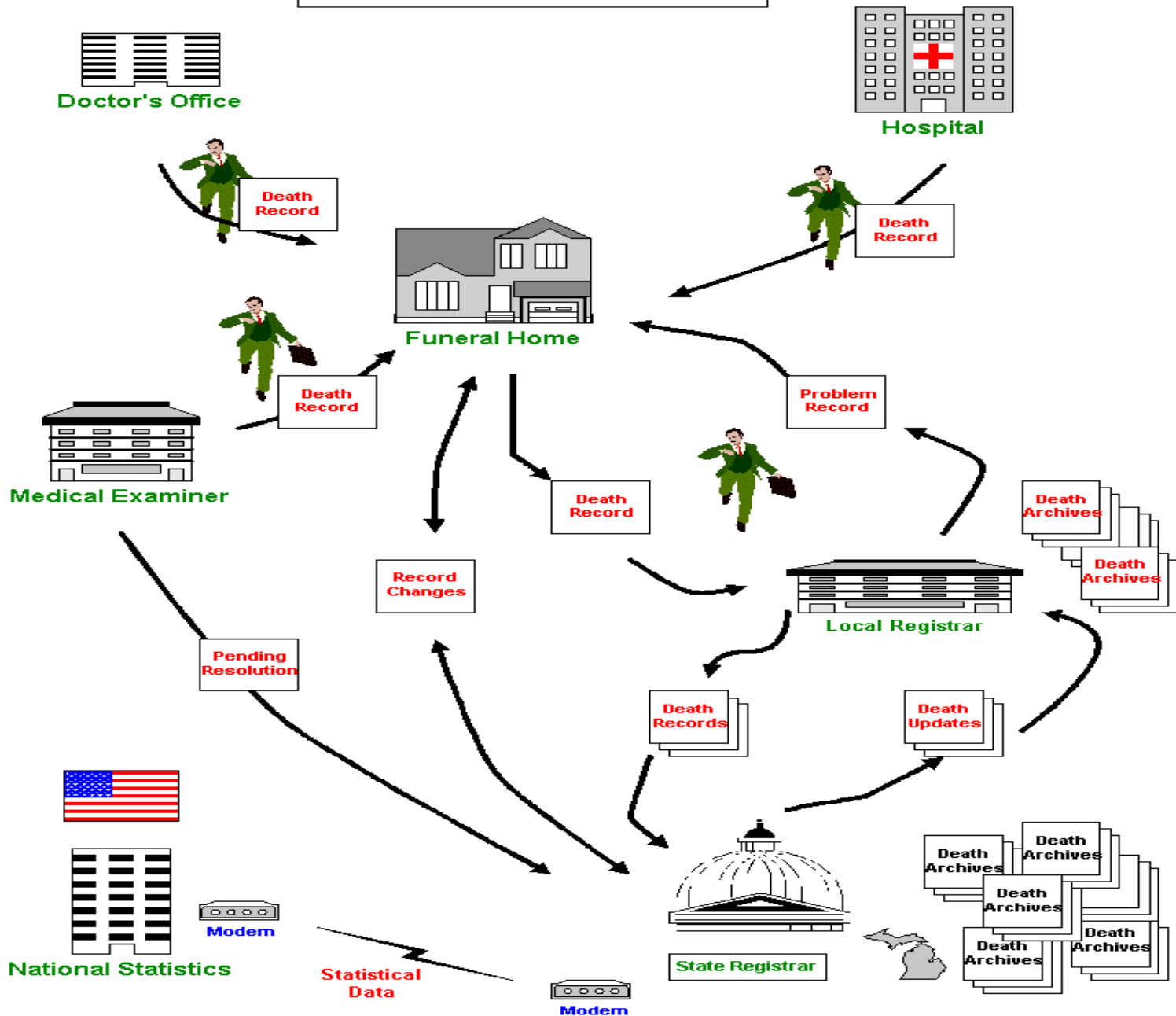
- Improve Efficiency
- Reduce Burden on Reporters
- Accelerate Availability
- Meet Federal Guidelines



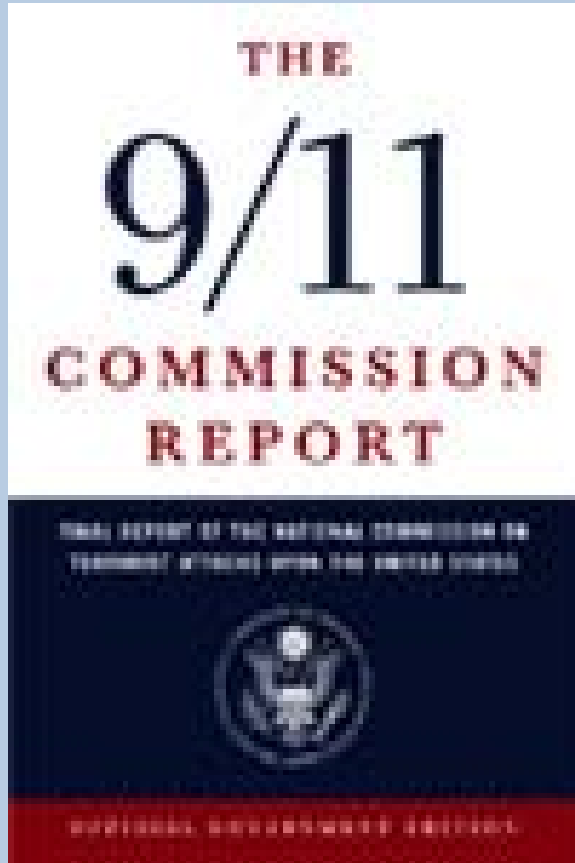
Interested Stakeholders

- Considerable Interest
 - Secretary of State
 - Cyberstate Committee
 - Medicaid
 - SSA
 - MFDA
- Considerable Concerns
 - Local Role/Control/Revenue
 - Security and Confidentiality

Death Registration Methods

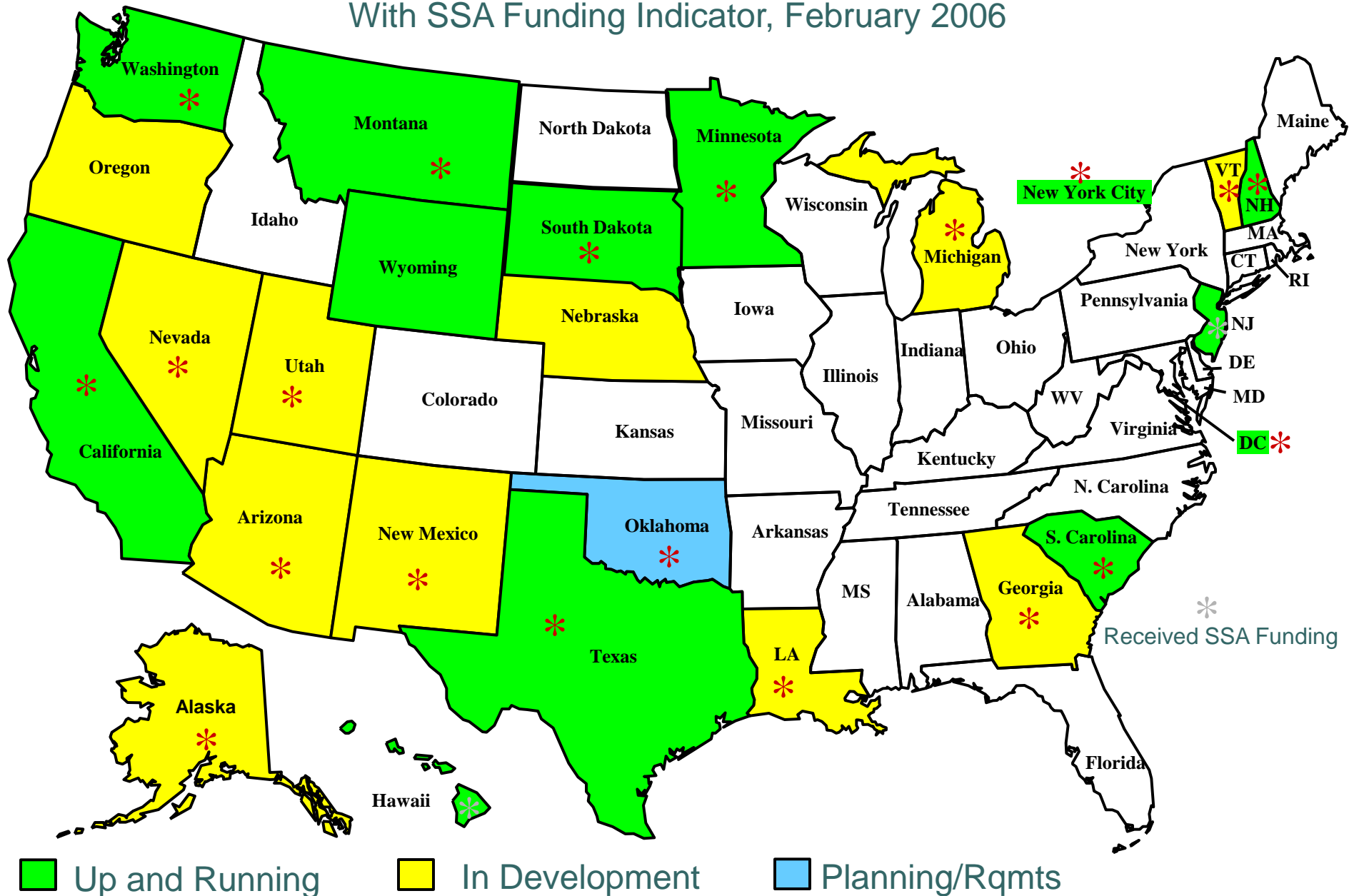


New Federal Mandates



- Intelligence Reform and Terrorism Prevention Act
- Real ID Act

Electronic Death Registration Systems, by Jurisdiction, With SSA Funding Indicator, February 2006





EDRS implementation – it isn't easy

- An EDRS is a complex system
 - Numerous data items with extensive edit checks
 - Detailed business rules and workflow
 - Multiple users working on the same death record
 - Many users accessing the system from many points
 - Internet application with a need for high-levels of security



EDRS National Model

- Published the EDRS National Model for review
- Configuration Control Board established
 - Approved recommended changes
- Re-engineering artifacts revised
- Jurisdictions can then tailor the EDRS National Model to meet their specific requirements



EDR Partnership Committee

- ❖ National Center for Health Statistics
- ❖ NAPHSIS
- ❖ Social Security Administration
- ❖ National Funeral Directors Association
- ❖ American Medical Association
- ❖ American Hospital Association
- ❖ National Assoc. of Medical Examiners



EDR Functional Features

- ❖ Interactive Editing/Validation of Data
- ❖ Inter-link with and through SSA
- ❖ Remote Printing of Burial Permit
- ❖ Electronic Cremation Approval
- ❖ On-line Updates on Cause for Pendings
- ❖ Import and Export Data



EDR Steering Committee

- Michigan Association of County Clerks
- Michigan Association of Municipal Clerks
- Michigan Funeral Directors Associations
- Michigan Health Information Management Association
- Michigan Association of Medical Examiners
- Michigan Osteopathic Association
- Michigan State Medical Society
- Human Services
- Secretary of State
- Michigan Public Health Institute
- Health Care Association of Michigan
- Dept of Information Technology
- DCH - Medicaid
- DCH - Epidemiology
- DCH – Vital Records



SSA Contract

- ❖ Awarded as of 10/2005
- ❖ Provides Funds for EDRS
- ❖ Places Requirements on EDRS
 - ❖ Rapid Tagging of Recipients



Estimated Costs

- Full Project - \$4 Million
- Vital Records Component - \$2.8 Million
 - \$1 Million State Funds
 - \$800,000 in SSA Funds
 - \$160,000 Medicaid Funds
 - \$820,000 CDC

EDR Project Milestones *Original*

- ❖ 1/05 - Establish Advisory Committee
- ❖ 2-10/05 - Design and Planning Meetings
- ❖ 12/05 - Initiate Development
- ❖ 5/06 - Hire Contractual Staff
- ❖ 6/06 - Begin Coding
- ❖ 9/07 - Legacy Loads
- ❖ 5/07 - Deployment
- ❖ 6/07 - UAT
- ❖ **8/07 - Pilot Phase**
- ❖ **10/07 - Roll Out Begins**

EDR Project Milestones



- ❖ 1/05 - Establish Advisory Committee
- ❖ 2-10/05 - Design and Planning Meetings
- ❖ 12/05 - Initiate Development
- ❖ 5/06 - Hire Contractual Staff
- ❖ 6/06 - Begin Coding
- ❖ ***5/07 - Contractors Terminated***

❖ ***Project Suspended***

❖ ***Extensions sought from SSA***

❖ ***Began Process to Restart in 2008***

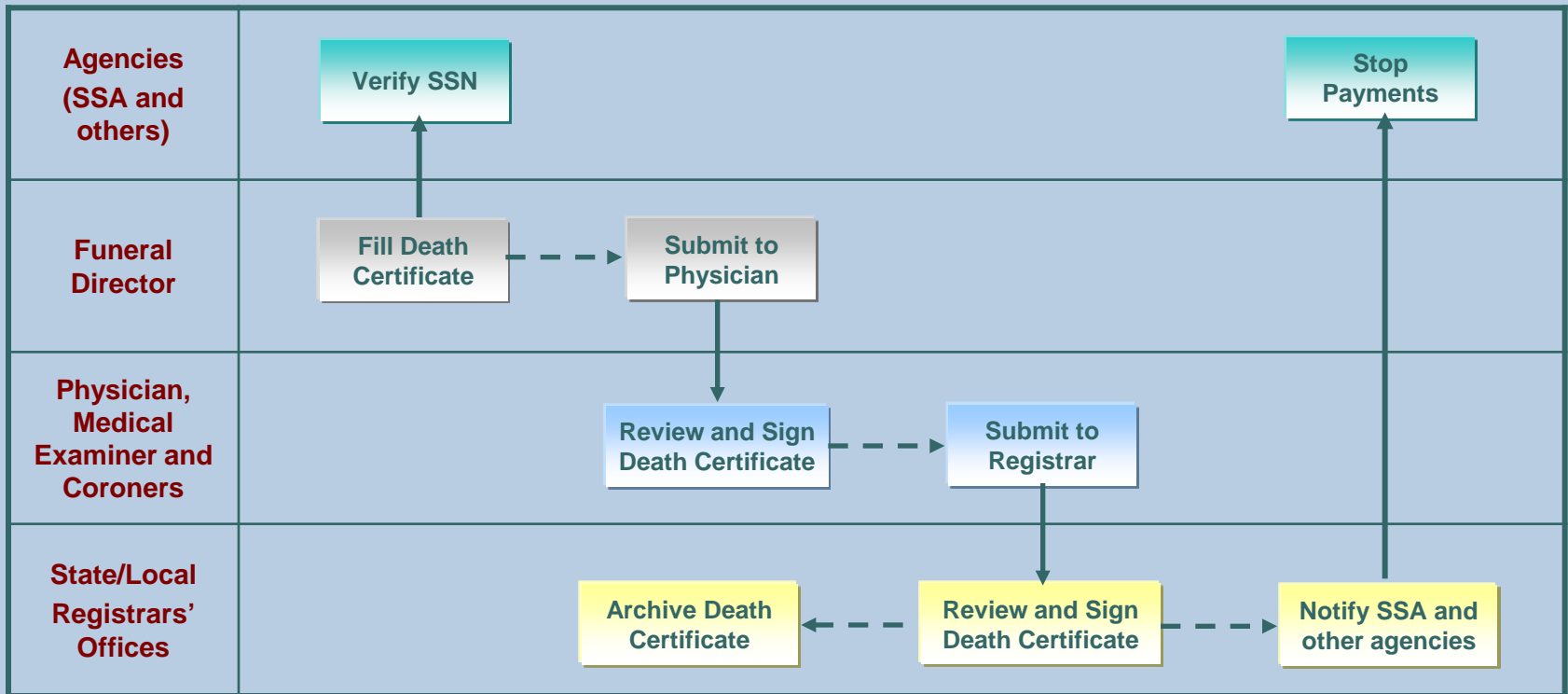


Revised EDR Project Milestones

- ❖ 1/05 - Establish Advisory Committee
- ❖ 2-10/05 - Design and Planning Meetings
- ❖ 12/05 - Initiate Development
- ❖ 5/06 - Hire Contractual Staff
- ❖ 6/06 - Begin Coding
- ❖ 5/07 - Suspend Project
- ❖ 5/08 - Restart Project
- ❖ 1/09 - UAT
- ❖ **5/09 - Pilot Phase**
- ❖ **7/09 - Roll Out Begins**

Process Flow

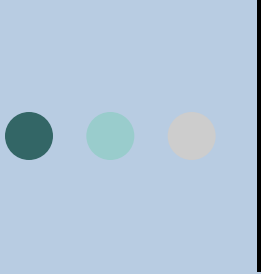
Process Initiated at Funeral Home





Basic Mechanics

- ❖ Doctors and Funeral Directors Can Initiate
- ❖ Remote Entry
- ❖ Ownership of Each Case
- ❖ Interactive Editing of Submitted Data
- ❖ Distributed Access to Filed Records
- ❖ Messaging



Key Concepts - Process Flow

- Three forms of filing
 - Paper
 - Electronic with paper medical certificate
 - Entirely electronic
- Biometric Signatures
- Medical Certificate/Worksheet
 - Physician/Facility Authorized Staff
 - Physician Query
 - Medical Examiner Features
- Review and acceptance by local clerk
 - Messaging to Funeral Home/Physician/ME
 - Local acceptance triggers distribution



Additional Functions

- Burial Permit
- Cremation Authorization
- Medical Examiner Referral
- Ordering Certified Copies
- Cancer Reporting
- Infectious Disease Reporting



Funeral Home Users

- Administrative Funeral Home Users
 - Authorized by a Funeral Director
 - Can enter and edit
 - Can not certify
- Licensed Funeral Director
 - Can enter and edit
 - Can certify



Basic Steps to Registration Funeral Home

- Start EDRS
- Enter Basic Information on Decedent
- System will Screen for Record
 - Identifies Death – Checks Ownership
 - Identifies Medical – Allows Ownership
- Enter Personal Information on Decedent



Basic Steps to Registration Funeral Home

- Medical in System
 - Record ready for filing
- Paper or Faxed Medical
 - Enter Medical Information
 - Scan Medical Certificate
- Need Medical
 - Message Physician User
 - Request Medical Certificate
 - Print Partial Record for Signature



Record Certification – Funeral Home

- Sign Paper Document
- Licensee Must Certify Personal Information
 - Provide biometric
- Once Certified
 - Licensee can request change within 30 days
 - Local can approve/deny/notify



Obtaining Permits

- Personal Information is Certified
- Medical Information is Certified
 - Would include “pending”
- Burial Permit Available for Printing
 - User must be Certifying Licensee
 - Many print up to 4
- Cremation Approval Requests through EDR
 - Many print when ME approved



Physician/Facility Users

- Administrative Facility Users
 - Authorized by Facility/Physician
 - Can enter and edit
 - Can attest with scanned signed medical certificate
- Licensed Physician
 - Can enter and edit
 - Can certify



Medical Certification – Physician

- Sign Paper Document/Medical Certificate
- Administrative User May Certify
 - Provide biometric
 - Physician must complete/sign medical certificate
 - Must scan signed medical certificate
- Physician May Certify
 - Provide biometric
- Once certified
 - Certifier can request change within 30 days
 - Local can approve/deny/notify



Features – Physician/Facility

- Access all Deaths for Facility
- Export Data
- Report a Cancer Case
- Report Communicable Disease Case



Medical Examiner Functions

- Review and Accept/Release Referrals
- Review and Approve/Deny Cremations
- Report Capability
 - Print File Copies
 - Reports on Deaths in Jurisdiction
- Incomplete/Pending Records Queue



EDR Security Issues

- Must Restrict Access to EDR
- Must Assure Proper Certification
- Must Regulate Access to Data
- Must Prevent Inappropriate Edits
- Must Maintain Public Confidence
 - Accuracy
 - Reliability
 - Privacy

Authentication Techniques Tested

<u>Method</u>	<u>Ease of Use</u>	<u>Cost</u>	<u>Portability</u>	<u>Security</u>
<i>Password</i>	simple	low	high	low
<i>Challenge/ Response Token</i>	complicated	high	medium	medium
<i>Voice Recognition (Active vs. Passive)</i>	complicated	high	low	high
<i>Fingerprint</i>	<i>simple</i>	<i>low</i>	<i>high</i>	<i>high</i>
<i>Signature Pad</i>	complicated	high	low	medium

APC Biometric (BIOPOD)



NAPHSIS Conference, June 2005



Cancer Reporting through EDR

- EDR Creates opportunity to report
- Emphasis on likely DCOs
 - Not hospitalized
 - Not hospitalized in Michigan
 - Not biopsied
- Targets:
 - deaths outside hospitals
 - hospice
 - nursing homes
- Include in EDR Web training



Rollout

- Begin in Summer of 2009
- Follow Funeral Directors Districts
 - Utilize Regional MFDA Infrastructure
- Conduct Regional Training
- Bring Up Regions in 120 day Intervals
- Decide on Order and Number of Phases