



SAFER • HEALTHIER • PEOPLE™

# Public Health Data Standards Consortium



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention • National Center for Health Statistics

# Public Health Data Standards Consortium



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

Hyattsville, Maryland  
June 2002

Contents

Background ..... 1

What Is the Consortium? ..... 1

Mission..... 2

Goals and Strategies ..... 2

Accomplishments ..... 3

Membership ..... 5

Organizational Structure ..... 6

    Steering Committee ..... 8

    Planning Group ..... 8

    Executive Group ..... 9

    Standing Work Groups ..... 9

        Business Development and Marketing Work Group ..... 9

        Education Work Group ..... 10

        Overcoming Barriers/Strategic Planning Work Group ..... 11

Ad Hoc Work Groups ..... 12

    External Cause-of-Injury (E-Codes) Work Group ..... 12

    Health Care Service Data Reporting Guide Work Group ..... 13

Mother’s Medical Record Number Work Group ..... 13

Payer Type Work Group ..... 14

Race and Ethnicity Work Group ..... 15

Web-Based Resource Center Work Group ..... 15

Communication ..... 16

  Listserv ..... 16

  Web Site ..... 18

# Public Health Data Standards Consortium

## Background

The public health and health services research communities need to have a voice at the table in the development of national health data standards. This is the driving force behind the Public Health Data Standards Consortium (PHDSC). The creation in 1999 of the Public Health Data Standards Consortium, hereafter referred to as the Consortium, was a natural outgrowth of the enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Administrative Simplification Provisions. The Consortium was established in response to recommendations from a 1998 workshop that explored the implications of HIPAA-Administrative Simplification (AS) for the practice of public health and health services research. Fundamentally, the HIPAA-AS provisions reduce the cost and administrative burdens of health care by allowing standardized, electronic transmission of many administrative and financial transaction standards. They also encourage standardization of electronic patient medical records and provide an impetus for more comparable and secure data across the spectrum of health and health care.

HIPAA-AS is focused on the interchange of data among health insurers and providers including public health providers who seek reimbursement. Although HIPAA-AS standards are not mandated for many other public health related data transactions, many are moving toward policies consistent with HIPAA's mandate, recognizing that administrative simplification provisions will strengthen public health capabilities. Data standards are not only necessary to support the interface with the private sector; they are also critical to support the flow of information across public health programs and levels of Government.

## What Is the Consortium?

The Consortium is a voluntary "confederation" of public and private sector organizations with a common interest in developing, promoting, and implementing data standards for public health and health services research through collaboration of State, Federal, and private sector organizations and ensuring that these efforts are appropriately integrated with broader health data standards development efforts. It serves as a mechanism for ongoing representation of public health and health services research interests in the implementation of HIPAA-AS and for other data standards setting processes.

The Consortium's initial focus has been on the HIPAA transaction standards but its intent is to support the full array of public health data standards needs. The Consortium is committed to comprehensive, integrated, and coordinated health data standards that are clinically sound as well as culturally relevant and consumer- and family-friendly. Thus, decisions about standards will consider the needs of a community-based as well as a population-based approach.

The Consortium is not an advisory body to the Department of Health and Human Services or any other governmental agencies regarding data standardization issues. The individual member organizations, groups of member organizations, or the Consortium may provide advice or recommendations to the National Committee on Vital and Health Statistics, which is the advisory committee to the Department of Health and Human Services on health information policy.

## **Mission**

The PHDSC will improve the health and health care of the U.S. population through improved health related information by expanding involvement in existing health data standards and content organizations and determining standards needs through consultation with data leaders and data users. The Consortium will facilitate the use of existing national standards and identify priorities for the development of new national data standards for public health and health services research. The Consortium will work with its members and other partners to educate the public health and the health services research communities about health data standards issues.

## **Goals and Strategies**

- Improve the health and health care of the U.S. population through improved health related information.
- Convene local, State, and national health services researchers and public health practitioners around data standards issues, utilizing existing organizations to facilitate communication with and disseminate information to other stakeholders.
- Identify high priority data needs that can be met through the HIPAA transaction and clinical standards, as well as other standards setting processes (for example, American National Standards Institute-Accredited Standards Committee (ANSI ASC) X12 and Health Level 7 (HL7)).
- Continue representation and participation on data content committees (i.e., National Uniform Billing Committee and National Uniform Claim Committee).
- Educate public health practitioners, health services researchers, and other stakeholders about standards issues, working through member organizations as appropriate.
- Promote Consortium efforts and relevant efforts of other data organizations and committees to help ensure continued access to health care information by public health practitioners and by health services researchers, with the appropriate safeguards for confidentiality of individually identifiable data.

## Accomplishments

<u>January 1999</u> -	Consortium established.
<u>August 1999</u> -	National Uniform Billing Committee and the National Uniform Claim Committee approved Federal and State Consortium representation.
<u>1999-2000</u> -	National Association of Health Data Organizations (NAHDO) study to identify the priority encounter data elements most urgent to the needs of public health and health services research.
<u>December 1999</u> -	Educational teleconference addressing HIPAA and data standards.
<u>February 2000</u> -	ANSI ASC X12 Claim/Encounter Work Group approved the Department of Health and Human Services request to change the next version of the 837 Institutional Guide to allow the collection of race/ethnicity on the claim. The business case was developed by the Consortium, which had identified the value of this information to the numerous States that collect it.
<u>March 2000</u> -	First Annual Consortium Steering Committee meeting: <ul style="list-style-type: none"><li>• Developed operating principles to govern Consortium</li><li>• Established Education Work Group to develop and implement Consortium Education Strategy</li><li>• In response to the NAHDO study, established work groups on External Cause-of-Injury (E-Codes), Mother's Medical Record Number, and Payer Type to assist in further exploring the need to include these high-priority data elements in the national HIPAA Standards and Implementation Guides</li></ul>
<u>June 2000</u> -	ANSI ASC X12 approved the Consortium's request to add the Mother's Medical Record Number to the X12 837 Institutional Standard.
<u>February 2001</u> -	ANSI ASC X12 approved development of the Health Care Service Data Reporting Guide, based on the 837 Institutional Standard.

<u>February - April 2001</u> -	Participated in the Designated Standards Maintenance Organizations (DSMO) process to review change requests to the HIPAA transaction standards. Preserved the ability to collect newborn birth weight in hospital discharge data.
<u>2000-2001</u> -	Developed Education Strategy, under contract with The Lewin Group and NAHDO, to migrate to national data standards.
<u>March 2001</u> -	<p>Second Annual Consortium Steering Committee Meeting. Identified Education Strategy priorities for 2001-2002:</p> <ul style="list-style-type: none"> <li>• Strengthen educational partnerships</li> <li>• Coordinate educational activities with the National Electronic Disease Surveillance System (NEDSS)</li> <li>• Secure funding for Education Strategy</li> <li>• Develop and disseminate educational messages</li> <li>• Develop web-based resource center</li> <li>• Create Health Care Service Data Reporting Guide</li> </ul>
<u>July 2001</u> -	Convened a Strategic Planning meeting to provide guidance to new work groups to implement the Consortium's education strategy.
<u>2001-2002</u> -	Developing an ANSI ASC X12 Health Care Service Data Reporting Implementation Guide to provide a uniform framework to report public health and research utilization data across States.
<u>March 2002</u> -	Developed and implemented a Health Data Standards Survey to determine the educational needs of public health practitioners and health researchers on health data standards issues.
<u>March 2002</u> -	Developed a white paper based on an analysis of the Health Data Standards Survey to guide the Consortium on building a Web-based resource center for public health practitioners and health researchers with educational tools and information on health data standards issues.
<u>March 2002</u> -	Third Annual Consortium Steering Committee Meeting. Presented a framework for the Consortium's Business Development Plan.



## Membership

Consortium membership is open to any organization with a public health focus and with an interest in data standardization for the purposes of health services research and public health. These members may include: national public health data organizations, health services research organizations, Federal and State public health agencies, managed care organizations, business coalitions, and consumer groups.

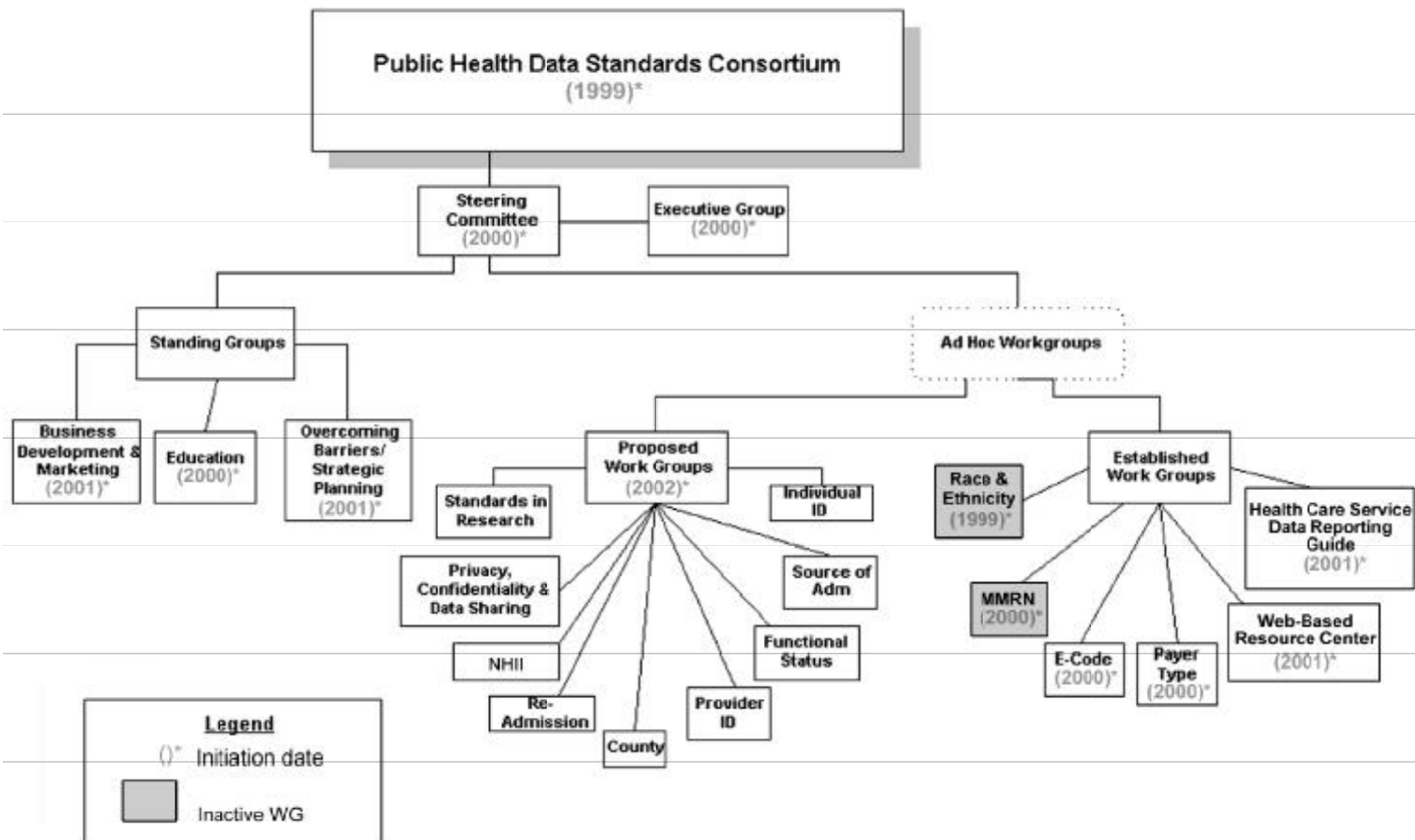
Member organizations currently include:

- Academy for Health Services Research and Health Policy (AHSRHP)
- Agency for Healthcare Research and Quality (AHRQ)
- Association of Maternal and Child Health Programs (AMCHP)
- Association of Public Health Laboratories (APHL)
- Association of State and Territorial Health Officials (ASTHO)
- California Cancer Registry (CCR)
- California Office of Statewide Health Planning and Development (OSHPD)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- CDC/National Center for Health Statistics (NCHS)
- Council of State and Territorial Epidemiologists (CSTE)
- eHealth Initiative (eHI)
- Health Resources and Services Administration (HRSA)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Johns Hopkins School of Public Health
- Massachusetts Division of Health Care Finance and Policy
- Massachusetts Health Data Consortium (MHDC)
- Mental Health Statistics Improvement Program (MHSIP)
- Minnesota Health Data Institute (MHDI)
- National Academy for State Health Policy (NASHP)
- National Association for Public Health Statistics and Information Systems (NAPHSIS)
- National Association of County and City Health Officials (NACCHO)
- National Association of Health Data Organizations (NAHDO)
- National Association of Local Boards of Health (NALBOH)
- National Association of State Alcohol and Drug Abuse Directors (NASADAD)
- National Association of State Medicaid Directors (NASMD)
- National Institutes of Health (NIH)/National Cancer Institute (NCI)
- Nebraska Health and Human Services System
- New York State Department of Health/  
Statewide Planning and Research Cooperative System (SPARCS)
- Pennsylvania Health Care Cost Containment Council
- Public Health Foundation (PHF)
- State and Territorial Injury Prevention Directors Association (STIPDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)/  
Center for Mental Health Services (CMHS)

- Washington State Department of Health
- Wisconsin Bureau of Health Information
- Wisconsin Public Health Data Steering Committee
- Work Group for the Computerization of Behavioral Health & Human Services Records

## **Organizational Structure**

The organizational structure of the Consortium consists of a Steering Committee, Executive Group, Standing Work Groups, and Ad Hoc Work Groups (see diagram 1).



## **Steering Committee**

The Steering Committee includes one principal representative and one alternate representative from each member organization to facilitate the following roles and responsibilities for their respective organization:

- Designate Consortium Steering Committee principal and alternate member.
- Participate in all Consortium Steering Committee meetings and conference calls.
- Disseminate information regarding Consortium activities to its own organizational members and/or public health practitioner clients, and all public and private sector stakeholders (including consumers, families, and consumer advocates) affected by Consortium recommendations.
- Solicit feedback from its own organizational members on any Consortium business and necessary issues.
- Promote the activities of the Consortium at any of its own organizational meetings as feasible.
- Subscribe to the main Consortium listserv (PH-CONSORTIUM-L ) and participate in listserv discussions regarding issues of data standardization for health services research and public health.
- Participate in discussions and decisionmaking regarding Consortium workplan and projects and be involved in Consortium activities as able and as necessary.
- Represent Consortium proposals at the appropriate data standards development organization or data content committee.
- Identify and obtain support from other members of their organization to work on Consortium projects, work groups, etc.

## **Planning Group**

The Planning Group evolved into the Executive Group to manage the Consortium's many work group activities. The Consortium utilizes a Secretariat to perform the administrative functions previously under the Planning Group's responsibility. The Executive Group reports any interim business decisions directly to the Steering Committee at the subsequent annual meetings.

## **Executive Group**

The Executive Group for the Consortium consists of the chairs and co-chairs of the active work groups and the Federal and State representatives of the Consortium to both the National Uniform Billing Committee and the National Uniform Claim Committee. Other members can be appointed by the Executive Group. The Executive Group meets between the annual Steering Committee (SC) meetings with the Secretariat, using conference calls and e-mails, as necessary, to discuss the overall operation of the Consortium. Issues for consideration by the Executive Group include planning of the annual SC meeting, followup to the SC meeting, coordinating and advancing the efforts of the work groups, and other issues as identified by the group. If business decisions are needed prior to the annual meetings, the Executive Group will evaluate and make recommendations to the full Steering Committee on how to proceed. The Executive Group will report its yearly activities at the annual Steering Committee meeting.

## **Standing Work Groups**

The Standing Work Groups are established by the Consortium Steering Committee to be responsible for projects that address on-going and dynamic issues in data standardization. Any member of a Consortium member organization with an interest in, and some knowledge of, the subject matter can serve as either member or chair of a Standing Work Group. Standing Work Groups are permanent entities of the Consortium until otherwise determined by the Steering Committee, and report directly to the Steering Committee. A Standing Work Group will be considered active as it strives to accomplish its goals and objectives. It will be considered inactive once the work group completes its activities and gives a final report to the Steering Committee at the subsequent annual meeting. Inactive work groups may be reactivated as the Steering Committee deems appropriate. The Consortium's Standing Work Groups are the Business Development and Marketing Work Group, the Education Work Group, and the Overcoming Barriers/Strategic Planning Work Group.

## **Business Development and Marketing Work Group**

The Business Development and Marketing Work Group (BDM WG) was created to develop a Consortium business plan that supports projects already underway within the Consortium's work groups, emerging work group projects, and external projects. Current Consortium work group activities include the development of a Web-Based Resource Center (WRC) and Web-based educational materials for the Health Care Service Data Reporting (HCSDR) guide. A Consortium work plan will be developed to secure funding to support and promote standards development activities like these, as well as others developed by Consortium members and nonmembers and supported by the Steering Committee.

The Business Development and Marketing Work Group co-chairs are:

Elliot Stone, M.U.A.  
Executive Director, CEO  
Massachusetts Health Data Consortium (MHDC)

Walter Suarez, M.D., M.P.H.  
Executive Director  
Minnesota Health Data Institute (MHDI)

During the 3<sup>rd</sup> Annual Steering Committee meeting on March 20-21, 2002, a special panel discussion called “*Encouraging Partnerships to Finance the Consortium’s Agenda for Public Health and Research*” addressed business strategies such as business models and funding sources for the Consortium. The work group will be following up on recommendations received in 2002-2003.

## **Education Work Group**

The Education Work Group was established to collaborate with other work groups and to develop and oversee the implementation of the Consortium’s education strategy to promote data standardization issues relevant to HIPAA and other health data standardization processes. The Education Work Group addresses such topics as education, communication, public relations, HIPAA implementation, technical assistance, and user-friendly data dictionaries. The Education Work Group also supports education on other public health data standards efforts, including NEDSS implementation. Educational strategies may be developed and carried out by other Consortium work groups and must be reported to the Steering Committee. While the Education Work Group is considered a Standing Work Group, it may be considered inactive when its work group members are actively participating in other work groups addressing the educational components of data standardization.

The Education Work Group co-chairs are:

Robert Davis, M.S.  
Director, SPARCS, New York Department of Health

Walter Suarez, M.D., M.P.H.  
Executive Director  
Minnesota Health Data Institute (MHDI)

The Work Group contracted with The Lewin Group in collaboration with the National Association of Health Data Organizations (NAHDO), which resulted in an education strategy currently guiding the Consortium's work group efforts. The education strategy identified the role of the Consortium in three phases: building partnerships and educating constituencies; participation in the development of national standards; and support for standards implementation for public health and health services research.

## **Overcoming Barriers/Strategic Planning Work Group**

The Consortium's education strategy includes a work group focused on the development of strategies to overcome barriers to migrating to national standards. The Consortium created the Overcoming Barriers/Strategic Planning Work Group (OB/SP WG), which supports the development of strategies first by leveraging the Health Insurance Portability and Accountability Act (HIPAA) standards more broadly for public health and then by working more effectively with the private sector.

The Overcoming Barriers/Strategic Planning Work Group chair is:

Delton Atkinson, M.P.H., M.S.P.H.

Executive Director

National Association for Public Health Statistics and Information Systems (NAPHSIS)

The work group focuses on six barriers:

1. The lack of a clear mandate for public health and health services research to adopt national standards along with the lack of a unified national leadership in the standards development process for public health.
2. The lack of knowledge about data standards development by State and local agencies and other affected constituencies as to where and how to start along with the different levels of readiness.
3. The fragmentation of State and Federal politics combined with categorical funding, programs, and data collection efforts.
4. The need for States, localities, and/or programs to change from current systems to broader initiatives along with the lack of coordination across multiple data standards and integration of efforts.
5. The lack of funding for Consortium activities.
6. The resistance to staff and organizational change.

## **Ad Hoc Work Groups**

Ad Hoc Work Groups were created to assume responsibility for coordination and implementation of any project approved by the Consortium Steering Committee. Any member of a Consortium member organization can serve as either member or chair of an Ad Hoc Work Group. An Ad Hoc Work Group will cease to exist when its work has been completed and it has submitted a final report to the Consortium Steering Committee. The active Ad Hoc Work Groups include the External Cause of Injury (E-Codes) Work Group, the Health Care Service Data Reporting Guide Work Group, the Payer Type Work Group, and the Web-Based Resource Center Work Group. The inactive Ad Hoc Work Groups include the Mother's Medical Record Number (MMRN) Work Group and the Race and Ethnicity Work Group. The inactive work groups have completed their mission and will be reactivated if indicated.

The Consortium members have proposed the development of additional Ad Hoc Work Groups during annual Steering Committee meetings. These Ad Hoc Work Groups will be explored further by the Consortium and developed in the coming year based on the consensus of the members. The proposed Ad Hoc Work Groups include:

- County WG
- Functional Status WG
- Individual Identifier WG (Ind ID)
- National Health Information Infrastructure (NHII)
- Privacy, Confidentiality, and Data Sharing WG (PCDS)
- Provider Identification WG (Provider ID)
- Re-Admission WG (Re-Adm)
- Source of Admission WG (Source of Adm)
- Standards in Research WG (SIR)

### **External Cause-of-Injury (E-Codes) Work Group**

The External Cause-of-Injury (E-Codes) Work Group was originally formed to develop justification and recommendations for expanding the collection of External Cause-of-Injury codes in the 837 Institutional Health Care Claim. The E-Codes Work Group has revised its charge to:



- Evaluate current practice in E-Code collection.
- Assess and propose next steps to improve E-Code reporting in discharge data systems and electronic reporting standards.

The E-Codes Work Group chair is:

J. Arturo Coto, M.D., M.P.H.  
Disease Surveillance Coordinator  
Nebraska Health & Human Services System

The Work Group has requested the addition of multiple E-Codes in the Health Care Service Data Reporting guide. The Work Group contributed to a business case to the National Uniform Billing Committee to request additional fields on the UB-02 for E-Codes to accommodate the future ICD-10-CM. The Work Group also plans to work with the Health Care Service Data Reporting Guide Work Group to develop an E-Codes education plan.

### **Health Care Service Data Reporting Guide Work Group**

The mission of the Health Care Service Data Reporting Guide Work Group (HCSDR Guide WG) is to coordinate and facilitate the development of an implementation guide for reporting health care service data.

The Health Care Service Data Reporting Guide Work Group chair is:

Robert Davis, M.S.  
Director  
SPARCS, New York Department of Health

The Health Care Service Data Reporting Guide Work Group is working with the ANSI ASC X12 837 Health Care Claims Work Group to develop a standardized format for reporting health care service data that is compatible with the 837 Health Claim transaction set standards identified by the Health Insurance Portability and Accountability Act (HIPAA). The guide is intended to provide assistance in developing and executing the electronic transfer of health care systems data for reporting purposes to local, State, and Federal agencies that utilize the data for monitoring utilization rates, assessing patterns of health care quality and access, and other purposes required by legislative and regulatory mandates.

### **Mother's Medical Record Number Work Group**

The Mother's Medical Record Number Work Group was an Ad Hoc Work Group formed after this data element was identified as a priority by a survey done by the National Association of Health Data Organizations (NAHDO). The work group was developed to promote and facilitate the use of the data element, Mother's Medical Record Number, within the ASC X12N 837 Claims and Encounter Transaction Implementation Guide.

The Mother's Medical Record Number Work Group co-chairs were:

Robert Davis, M.S.  
Director, SPARCS, New York Department of Health

Suzie Burke-Beebe, M.S., B.S.N., R.N.  
Health Informatics Specialist  
Centers for Disease Control and Prevention  
National Center for Health Statistics

The Consortium developed a business case and submitted its request to the ANSI ASC X12 837 Claims and Encounter Work Group. The proposed change was intended to provide a vehicle to collect Mother's Medical Record Number on a newborn claim submission consistent with the reporting of other clinical and billing data using ANSI ASC X12 standards. The Mother's Medical Record Number collected for each inpatient newborn discharge facilitates linkage between the mother's and baby's hospital records. The proposed change was approved and is now part of the 4041 changes to the standard.

## **Payer Type Work Group**

The Payer Type Work Group develops justification and recommendations for a standardized classification of payer type that can be used by public health and health services research.

The Payer Type Work Group co-chairs are:

Amy Bernstein, ScD  
Director, Development and Analysis Group  
Centers for Disease Control and Prevention  
National Center for Health Statistics

Susan Elder, M.A.  
Director, Section of Health Statistics  
Missouri Department of Health  
Center for Health Information Management and Evaluation

The Payer Type Work Group determined that the existing X12N categories in the subscriber section of the 837 Institutional Claim are currently neither mutually exclusive nor comprehensive, in part because they were not created for research purposes. Regardless of the eventual X12N status, some States have indicated that they would welcome a standardized Payer Type typology that would enable them to compare data by payment category to data from other States, to other data collection initiatives, and across different types of providers. The work group has proposed a typology with broad payer

categories and subcategories for reporting and analyzing payer data for public health and health services. The work group is currently refining and expanding the development of the payer type typology. The work group will also review and comment on the Health Plan ID when its notice of proposed rulemaking is published.

## **Race and Ethnicity Work Group**

The Race and Ethnicity Work Group, although no longer active, was formed in June 1999 to promote and facilitate the use of these data elements, race and ethnicity, within the ASC X12N 837 Claims and Encounter Transaction Implementation Guide.

The Race and Ethnicity Work Group Chair was:

Suzie Burke-Beebe, M.S., B.S.N., R.N.  
Health Informatics Specialist  
Centers for Disease Control and Prevention  
National Center for Health Statistics

The work group promoted the collection of these data elements for public health and health care purposes and the use, in certain situations, of a more detailed, hierarchical classification of race and ethnicity that complies with the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.

The Consortium's Race and Ethnicity Work Group developed a business case with input from the subscribers of the Consortium's main listserv. Other contributors included members of the Department of Health and Human Services. As a result, the Department of Health and Human Services made a formal presentation to the ANSI ASC X12N 837 Claims and Encounter Work Group with the support of the Race and Ethnicity Work Group. William Braithwaite, then of the Office of the Secretary, presented the request with a successful vote resulting from the 837 work group. Race and Ethnicity data elements were implemented into the 4031 (or higher) version of the 837 Claims and Encounter Transaction Implementation Guide.

## **Web-Based Resource Center Work Group**

The Web-Based Resource Center Work Group was developed to facilitate and oversee the development of an Internet resource center to track and publish information about development and implementation efforts related to health and administrative data standards, and integration across States and programs. This will encompass the interests of both public health and the health services research communities.

The Web-Based Resource Center Work Group chair is:

Tom Doremus, M.S.

Information and Communications Specialist

Public Health Foundation

The primary objectives of the Web-Based Resource Center (WRC) Work Group are to design and develop a Web site with a user-friendly search and navigational system that will aid in health data standardization and data sharing across public sector and private sector health programs. The site will maintain a list of existing data standards and administrative data standards and standards development activities, providing their context and identifying their relevance to public health. This will include an overview about the importance of the standards and, when linking to others' standards efforts, clearly identify how their approach impacts the public health process and client outcomes. Additionally, the Web site will facilitate and promote the communication and dissemination of current standards information for those seeking to incorporate these standards into their practices.

The work group has determined that, given the characteristics of the public health systems in local, State, and Federal health departments, the efforts to accomplish this project will be divided into a three-tier strategy and will be implemented on a phased basis.

- Phase One (2002) consists of the conceptual development of a Web-based resource center for the public health community. Two projects were conducted to add web content to the center. The first project focuses on developing an inventory of annotations of existing Web-based resources that provide education and information on health data standardization issues. Additionally, the work group wrote a white paper that presents the results of a survey of public health practitioners, health services researchers, and educators. The survey focused on the educational needs and training resource capacities related to standards and specific to Web-based media.
- Phase Two (2003) will include development and implementation of the Web site.
- Phase Three (2004 and beyond) will focus on maintenance of the site.

## **Communication**

### **Listserv**

As a medium for information dissemination and for the discussion of data standards issues, the Consortium has established listservs for each work group. Membership in the work group listservs is limited to members only.

A general listserv called the PH-CONSORTIUM-L was created to facilitate discussion of issues relating to public health data standards among interested parties. There are

more than 200 subscribers to the PH-Consortium-L listserv. Subscription to this listserv is not restricted to member organizations but is open to anyone who wishes to participate.

**To subscribe to the PH-CONSORTIUM-L listserv via your e-mail:**

- Send e-mail to [LISTSERVLIST.NIH.GOV](mailto:LISTSERVLIST.NIH.GOV) with the following text in the message body:

SUBSCRIBE PH-CONSORTIUM-L YOUR NAME

**To send mail to the listserv via your e-mail:**

- Address your e-mail message to:

[PH-CONSORTIUM-L@LIST.NIH.GOV](mailto:PH-CONSORTIUM-L@LIST.NIH.GOV)

**You may also access the listserv via the WEB at <http://list.nih.gov>**

**The advantage is you can subscribe and post messages to the listserv using different e-mail addresses and different Web browsers.**

- At the Home page, click on Browse and follow the steps to access the PH-CONSORTIUM-L list (click on the search button “P”).
- This allows you to SUBSCRIBE, UNSUBSCRIBE, POST MESSAGES, and VIEW ARCHIVES.
- You can use any e-mail address as long as you create a password for that address. You may use the same password for multiple addresses if you wish. If you have already subscribed, you may use that same e-mail address and password or you can subscribe again with a different one. Listserv associates your address with your password.
- For security reasons, an e-mail will be sent to the address indicated within a moment, requiring you to confirm your request. Bring up your e-mail to access this request for confirmation.
- To confirm, either click on the web link indicated or press the reply button on your e-mail and type the word OK in the body of the reply.
- After confirming your password, return to the listserv login screen on your browser and proceed.

Please contact one of the listserv owners for problems or questions:

Suzie Burke-Beebe, M.S., B.S.N., R.N.

(301) 458-4125

E-mail: [zxj6@cdc.gov](mailto:zxj6@cdc.gov)

Michelle Williamson, B.S., B.S.N., R.N.

(301) 458-4618

E-mail: [zup9@cdc.gov](mailto:zup9@cdc.gov)

## Web Site

The Web site for the Centers for Disease Control and Prevention, National Center for Health Statistics is the home for the Public Health Data Standards Consortium's Web site. The Web site has detailed information about the Consortium and the various work groups. The site offers several links to national, Federal, State, and regional organizations related to data standards. The URL for the Web site is [www.cdc.gov/nchs/otheract/phdsc/phdsc.htm](http://www.cdc.gov/nchs/otheract/phdsc/phdsc.htm).

### Contact Information:

Marjorie Greenberg, M.A.

Chief, Data Policy and Standards

Centers for Disease Control and Prevention

National Center for Health Statistics

Phone: 301-458-4245

Fax: 301-458-4022

Email: [msg1@cdc.gov](mailto:msg1@cdc.gov)

Suzie Burke-Beebe, M.S., B.S.N., R.N.

Health Informatics Specialist

Centers for Disease Control and Prevention

National Center for Health Statistics

Phone: 301-458-4125

Fax: 301-458-4022

Email: [zxj6@cdc.gov](mailto:zxj6@cdc.gov)

Michelle Williamson, B.S., B.S.N., R.N.

Health Informatics Specialist

Centers for Disease Control and Prevention

National Center for Health Statistics

Phone: 301-458-4618

Fax: 301-458-4022

Email: [zup9@cdc.gov](mailto:zup9@cdc.gov)

