



DDPHSS-DMI Consortium Meeting: Executive Summary October 6, 2022

Purpose

The purpose of this session was to seek individual perspectives and experiences, not group consensus advice, to inform planning, engagement, and strategies in the identification and development of sustainable and efficient solutions for interoperable and streamlined data flows, shared solutions, and health data analysis for public health purposes.

This meeting was convened as a group of multisector public health partners (government, public health, industry) to increase dialogue, prioritize goals, and vet real life solutions to achieve a desired future state PH data ecosystem that provides timely, secure, adaptable access and transfer of data and information to effectively drive public health action.

DMI Progress and Strategic Roadmap

Presenter(s): Jen Layden



CDC's Associate Deputy for Public Health Science and Surveillance, Dr. Jen Layden, discussed DMI Progress and the Strategic Roadmap, including reviewing wins from Phase 1 and the direction CDC is headed in Phase 2. Given that CDC programs are at different stages of modernization, the approach begins by setting a vision that programs, in partnership with STLTs, can pivot towards. In addition to the technological changes at hand, there will also be a culture shift towards breaking down silos within the agency. During Phase 2, CDC will work together to build the groundwork, moving the North Star Architecture forward, adopting key enterprise decisions, and establishing the impact of DMI through specific use cases.


North Star Architecture (NSA) Update


Presenter(s): Mike Judd

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Two use cases selected to help operationalize North Star Architecture

Phase 2 use cases are critical because they allow us to impact public health and build out components of the architecture – together they represent key building blocks required for numerous notifiable infectious and non-infectious diseases

 **Viral Hepatitis**
Detect outbreaks of viral hepatitis and inform interventions to substantially improve case management and reduce transmission

 **SET-NET Maternal and newborn health**
Improve maternal health and prevent pregnancy complications and maternal deaths

Public health impact

Feasibility

Scalability

Implications:
Streamlined public health reporting and share back of analysis / reports to STLTs

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Presenters provided a high-level overview of the North Star Architecture, including how it is driving CDC from a program-specific data and technology stack to a common enterprise-wide layer supporting program-specific capabilities. The architecture acts a way to service both external and internal users with data access, exchange, harmonization, and a broad range of other capabilities. Benefits were discussed, including reducing technical debt, decreasing multiple investments to solve the same problem, and faster adoption of new technologies. Use cases were presented, including Viral Hepatitis and SET-NET Maternal and Newborn Health.

Overview of the “CDC front door”

What is it?

Single point for moving data into and out of the agency that public health partners and STLTs can use

Aspirations for the “CDC front door”



Simplified data sharing for external stakeholders



Time saved to focus on public health activities from reduced reporting burden and streamlined experience



Reduced time to add new data needs



Lower maintenance costs by reducing number of data pipelines

Presenters gave a brief introduction to CDC’s “Front Door,” which will act as a single point for moving data into and out of the agency that public health partners and STLTs can use. Presenters also spoke regarding the Data Exchange (DEX) Building Block, which will be the central architectural component supporting the CDC “Front Door” and will standardize and streamlining data ingress and egress while leveraging modern APIs. Benefits and outcomes of a “Front Door” with a scalable, modern data platform were discussed.

For questions regarding the CDC DDPHSS-DMI Consortium, please contact DMIconsortium@cdc.gov.