DDPHSS-DMI Consortium Meeting: Executive Summary October 19, 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.

NNDSS Update
Presenter(s): Jen Adjemian, Katie Fullerton

Recommendations for Case Surveillance

Enable
- Enable submission of a generic, core data feed for all national notifiable diseases, allowing a timely and sustainable flow of critical information

Expand
- Expand the range of data formats and methods so that jurisdictions can send their notifiable disease data to CDC in a way that works for their system

Develop
- Develop agile, flexible solutions with common data standards for disease-specific case data to alleviate burden and support responsiveness to changing needs

Pause
- Pause current high-burden, unsustainable approach to disease-specific supplemental case data reporting

Provide
- Provide clear value to public health action with automated, near real-time data tools with tiered access to jurisdictions, partners, and public

Eliminate
- Eliminate the need for jurisdictions to send the same data in multiple formats to multiple places at CDC by leveraging the "one front door" approach

These recommendations support the larger vision of building a flexible, efficient, and scalable data pipeline for both routine and emergency public health needs that is centered on providing value to the jurisdictions, CDC programs, and the public

Following a discovery sprint with USDS, CDC drafted recommendations for improving case surveillance, including 1) Enable submission of core data feed for all NN diseases, allowing a timely and sustainable flow of critical information, 2) Expand the range of data formats and methods so that jurisdictions can send their notifiable disease data to CDC in a way that works for their system, 3) Develop agile, flexible solutions with common data standards for disease-specific case data to alleviate burden and support responsiveness to changing needs, 4) Pause current high-burden, unsustainable approach to disease-specific supplemental case data reporting, 5) Provide clear value to public health action with automated, near real-time data tools with tiered access to jurisdictions, partners, and public, and 6) Eliminate the need for jurisdictions to send the same data in multiple formats to multiple places at CDC by leveraging the "one front door" approach. Specific actions to achieve these recommendations have been identified, and efforts will be mostly led by DDPHSS and DHIS in CSELS, in partnership with CDC programs and STLTs.

Building Blocks Pilot and Focus Groups Update
Presenter(s): Celeste Espinoza, Jill Fromewick

Update on Building Block development

Geocoding Building Block (first generation Location Services) and Quick Start Pipeline is available for early evaluation pilot

- Review the documentation to learn more about using the SDK
  - Any public health authority is invited to participate - we encourage you all to push us to the best product delivery

- Make an appointment to get an API key to begin using the Geocoding Building Block

- Provide feedback in a follow up call (30 days)
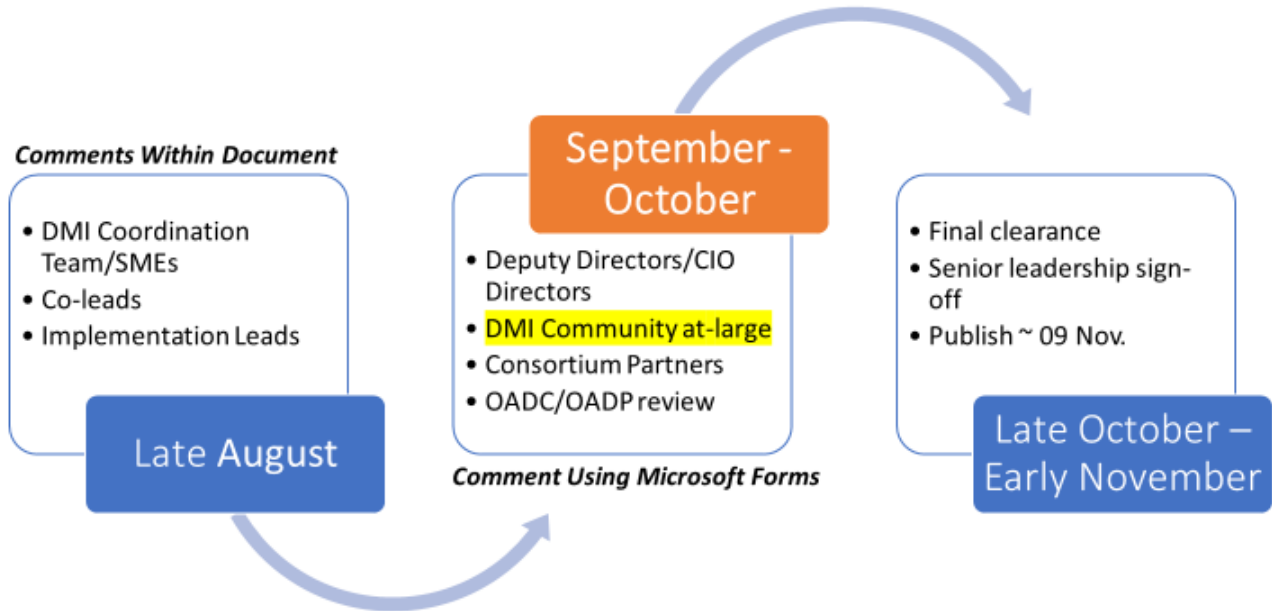
Building Blocks focus group recap

- Gather input from state, tribal, local, and territorial (STLT) public health agencies to inform prioritization and design of Building Blocks

- Identify STLT data-related frustrations and desired outcomes

- Topic-centered approach focused on:
    1) **childhood lead poisoning**
    2) **Legionnaires' disease**
    3) **listeria**
    4) **HIV**

- Conducted virtually using Mural, a virtual space for visual collaboration

The USDS Building Blocks team provided information on accessing shared resources in Github and presented their First Impressions from the Legionnaires' Disease Focus Group. USDS representatives indicated the Geocoding Building Block (First Generation Location Services) and Quick Star Pipeline are available for early evaluation pilot. Members that are interested in getting involved can reach out to dmibuildingblocks@cdc.gov. During the first series of Focus Groups, state and local health department staff from seven states provided input on Legionnaires' Disease data-related frustrations and desired outcomes of modernization programs. USDS staff will share these First Impression findings in a report format, with a full synthesis and next steps to come in January.

I-Plan Discussion
Presenter(s): Heather Strosnider

I-Plan Review Process

Comments Within Document

Late August
- DMI Coordination Team/SMEs
- Co-leads
- Implementation Leads

September - October
- Deputy Directors/CIO Directors
- DMI Community at-large
- Consortium Partners
- OADC/OADP review

Comment Using Microsoft Forms

Late October – Early November
- Final clearance
- Senior leadership sign-off
- Publish ~ 09 Nov.

Reviews will be content-focused - Asking reviewers to refrain from wordsmithing.

CDC DMI Leadership completed their internal processes of evaluating the first iteration of DMI's Implementation Plan (I-Plan), incorporating feedback from over 200 CDC employees. The focus of this second version is to secure a strong foundation for data modernization activities at CDC and to ensure progress is tracked and accountability is followed. During the presentation, DMI Leadership reviewed the key components of the I-Plan 2.0 and asked feedback from members be submitted by Wednesday, October 26.

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