DDPHSS-DMI Consortium Meeting: Executive Summary March 22, 2023

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.

National Vital Statistics System (NVSS) Modernization
Presenter(s): Paul Sutton

Vital Statistics Modernization Community of Practice

The Vital Statistics Modernization Community of Practice is a virtual forum for sharing ideas, technical tools, resources, and promising practices to improve birth and death data. We welcome all jurisdictions and partners interested in modernizing the vital records system, at any level of experience.

https://www.cdc.gov/nchs/nvss/modernization/cop.htm

Technologies
Definitions and links to technical tools

Stories
Insights from our community members

Projects
NVSS modernization projects and initiatives

Dr. Paul Sutton from the CDC's National Center for Health Statistics (NCHS) provided an overview of CDC's National Vital Statistics System (NVSS) Modernization, including the history and decades-long progress of modernization, factors influencing current modernization processes, and goals moving forward. NVSS modernization processes are rooted in a desire for timely, quality, and actionable data. Major milestones have included Pneumonia and Influenza Mortality Surveillance, Quarterly Provisional Estimates, Drug Overdose Death Counts, Provisional COVID-19 Death Counts, Excess Deaths Associated with COVID-19, and Provisional Mortality Data in CDC Wonder with monthly updates. Modernization efforts have resulted in substantial improvements in data timeliness, with deaths reported to NCHS within 10 days increasing from 18% to 65% between 2013 and 2022. Further, internal modernization processes have resulted in retiring a legacy coding system, increasing auto coding death records from 70-75% in the legacy system to 86% in the new system. The Center is also focusing on interoperability, ensuring records move efficiently from system to system and dissecting the current data flow to point out areas for increased efficiency. The Vital Statistics Modernization Community of Practice has emerged as a key platform for sharing ideas, tools, resources, and practices between CDC and jurisdictions. Pilots, projects, and processes are currently underway to improve data collection, internal systems, and data dissemination for Vital Statistics records.

EHR Interoperability and FHIR-Based Projects
Presenter(s): Jon Duke (GTRI)

Framework Key Factors

- Supports multiple project types
- Addresses strategic, technical, and management factors
- Provides explicit questions to determine level of alignment with clearly defined principles
- Sets expectations for evaluation metrics and ongoing assessment of existing projects
- Ensures that impact and risks of potential investment options are considered and articulated

Dr. Duke from the Georgia Tech Research Institute provided an overview of GTRI's proposed evaluation framework for electronic health record (EHR) interoperability and FHIR-based projects, including the processes to develop such framework and the project types associated. The Framework aims to be a clear and transparent method for investment decisions, congruent with HHS and CDC policies and emerging reports. It is a Word/ PDF form for primary and secondary users, supporting EHR interoperability and data sharing, standards development, and software development/ implementation projects. Framework sections include project overview, strategic alignment, technical

alignment, project management alignment, past performance, and decision risk analysis. For each alignment section, a series of questions is provided to help characterize project facets as "optimal," "acceptable," or "needs adjustment." While optimal characteristics are achievable with current technologies, the framework encourages reviewers to consider additional project context, including the expected impact on public health mission, project stage and scale, resources available, agency policies, partnership development opportunities, and other prioritizing factors. Reviewers are also asked to reflect on the risks and impacts of each potential investment decision. While there are some subjective components to the Framework, overall, it enables a consistent and transparent review process. The team is currently incorporating feedback, including clarifying project types, addressing evaluation versus scoring, incorporating optimal "intent," and addressing variations in project scale and scope.

For questions regarding the CDC DDPHSS-DMI Consortium, please contact
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