DMI Consortium Meeting: Executive Summary May 29, 2024

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 public health data ecosystem that provides timely, secure, adaptable access and transfer of data and information to effectively drive public health action.

High Priority Updates

Presenter(s): Kyle Cobb, Samira Selod, Brandon Tally
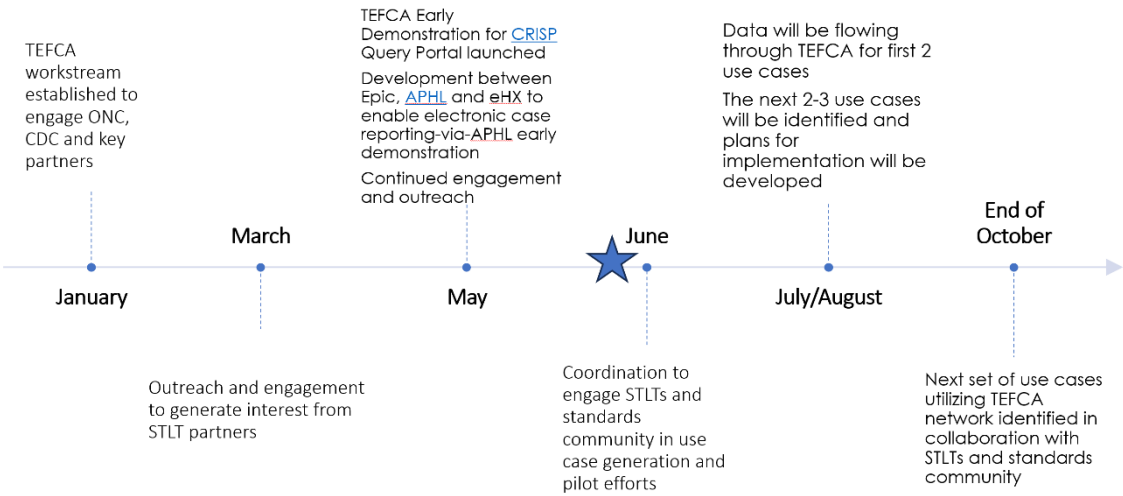
Accessibility caption: Screenshot of slide titled "Milestones and Updates"

The slide reads:

- January:
    - TEFCA workstream established to engage ONC, CDC and key partners (e.g., eHX, APHL, STLTs)

- March:
  - Outreach and engagement to generate interest from STLT partners
  - HIMSS
  - Initial conversations with 15 additional STLTs about potential TEFCA pilots
- May:
  - TEFCA Early Demonstration for CRISP Query Portal launched
  - Development between Epic, APHL and eHX to enable eCR-via-APHL early demonstration
  - Continued engagement and outreach
- June
  - Coordination (HL7, Helios, ONC, ICs) to engage STLTs and standards community in use case generation and pilot efforts
- July/August
  - Data will be flowing through TEFCA for first 2 use cases (i.e., CRISP Portal, eCR-via-APHL)
  - The next 2-3 use cases will be identified and plans for implementation will be developed
- End of October
  - Next set of use cases utilizing TEFCA network identified in collaboration with STLTs and standards community

Presentation Summary:
- Kyle Cobb presented on Minimum Data Use necessary for public health (MDN), Data Use Agreements and TEFCA. Key highlights include that:
  - OPHDST is working to identify MDN for the six core data sets. Case notification and lab-based diagnostic testing data are currently in progress and next to be addressed are hospital capacity data and syndromic surveillance.
  - The first core DUA agreement has been signed with Oregon.
  - TEFCA went live in December. We are now focusing on delivering the first two uses cases where information flow is using the TEFCA network in July/August, and these will be based on case notification and query. We are also working with programs to identify the next set of use cases with the aim of having those uses cases using the TEFCA network later this year.
- Samira Selod presented on the Case Service Design work
  - CSD is using a holistic, human-centered approach to solve systemic problems with case data exchange and connect siloes across public health. CSD is looking at the people, processes, and technology involved in the case data pipeline from the point of care to public health action.
  - During April–May 2024, CDC service designers and epidemiologists visited 19 health departments, including one tribal health department and one Tribal Epidemiology Center. Based on the site visit findings, CDC's CSD team is planning a work session in August 2024 to share their learnings and co-create the future of case-based surveillance.
- Brandon Tally presented on the Workforce Acceleration Initiative
  - CDC Foundation will announce the eight Workforce Acceleration Initiative Participants on May 31, 2024.
  - The application period for Cohort 2 will go live on June 3, 2024.
  - Cohort 2 will include approximately 40 additional public health authorities.
  - The RFA period for the second cohort with close June 28, 2024.

Investigate and Respond Division
Presenter: Angela Dunn
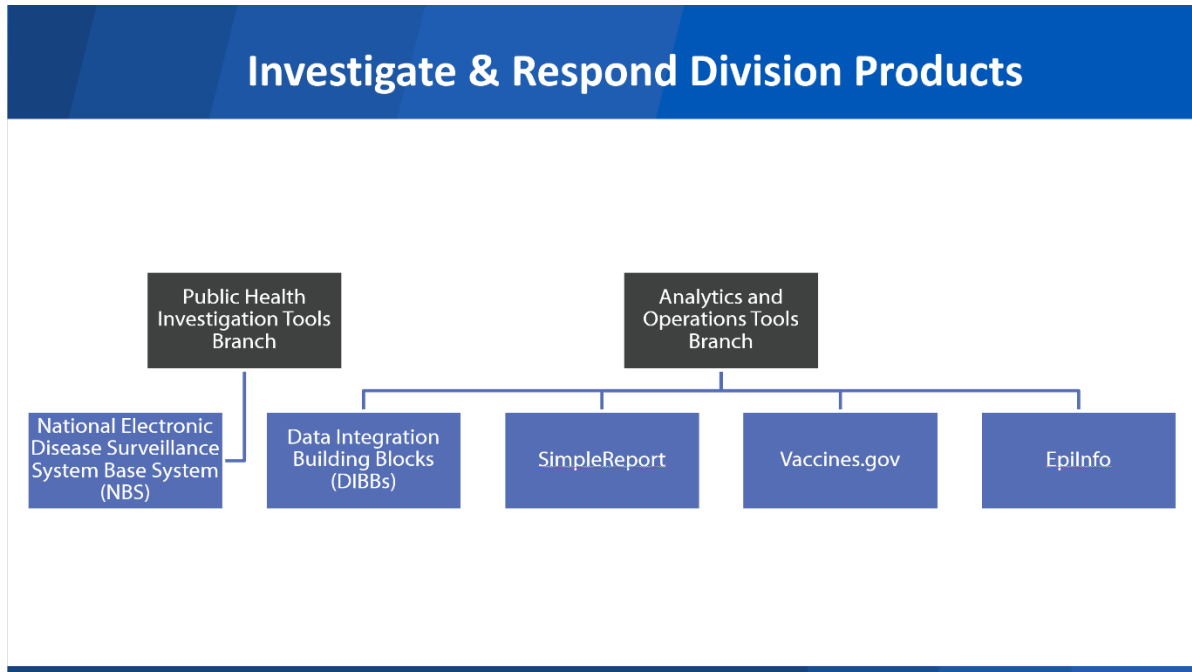
Accessibility caption: Screenshot of slide titled "Investigate and Respond Division Products"

The slide reads:

- Public Health Investigation Tools Branch
    - o National Electronic Disease Surveillance System Base System (NBS)
- Analytics and Operations Tools Branch
    - o Data Integration Building Blocks (DIBBS)
    - o SimpleReport
    - o Vaccines.gov
    - o EpiINfo

Presentation Summary:
- The Investigate and Respond Division (IRD) is focused on developing products to assist STLTS in their response to public health threats and to advance health equity.
- It is one of the five divisions within the Office of Public Health Data Surveillance and Technology
- There are two branches, which are responsible for five specific products (outlined above).
- The IRD is working in support of OHPDST's vision for the future state of data exchange.
- IRD is working to serve frontline public health investigators, STLT IT managers/leaders and STLT executive leaders in furtherance of these three priorities:
    - o Capitalize on health IT momentum
    - o Lower barrier to entry for all STLTs to engage in data modernization
    - o Identify gaps in STLT data needs

NAACHO 2023 Forces of Change Survey
Presenter: Aurimar Ayala

2023 FOC Survey Design

- Study population: 2,503 LHDs
- Stratified random sample of 1,200 LHDS invited to participate
- Survey administered from March to April 2023
- Full report available here:[2023 Forces of Change Survey Report (naccho.org)](naccho.org)

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Accessibility caption: Screenshot of a sign that reads "2023 FOC Survey Design"
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Presentation Summary:

- 2023 Forces of Change survey assessed local health department's data modernization and outbreak analytics capacity. Some key findings are that:
  - 95% of LHDs reported that their agency includes infectious disease surveillance and outbreak analytics as part of its routine activities.
  - 62% of LHDs reported that they did not receive supplemental funding for data modernization efforts between FY20 and FY22.
  - 56% of LHDs planned to work on data modernization projects within the next year.
  - 67% of large, 45% of medium, and 27% of small HLDs have a dedicated team to manage their electronic health or medical record platform.
  - 80% of large, 39% of medium and 19% of small LHD have a dedicated staff person or a team to work on IT issues.
  - LHD were mor likely to report receiving data via the state or regional health department than directly to conduct outbreak analytics. 79% of LHDs indicated that they use fax or telephone as a source of data to monitor and respond to potential outbreaks.
  - 41% of LHDs do not have a dedicated staff member to conduct outbreak analytics. 36% have an epidemiologist. 3% have a statistician/biostatistician. 2% have a data scientist.
  - Most LHDs used analytics to identify at-risk populations during populations. More than half of LHDs used outbreak analytics to allocate staff and declare public health emergency.
  - Most LHDs used outbreak analytics to communicate with government entities. They most frequently provided recommendations to public school systems or conducted case reporting to state health departments. Two thirds of LHDs or more used social medica, their agency website or the press/news media to communicate about outbreaks and epidemiological trends with the public. Only 4% of LHDs did not use outbreak analytics for information sharing with the public.