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## From the Director's desk

This is a very exciting time to be part of public health informatics. The American Recovery and Reinvestment Act (ARRA) of 2009 allocated 19 billion dollars in funding for health information technology (HIT). In response, the National Center for Public Health Informatics (NCPHI) collaborated with other centers throughout CDC to submit proposals under the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Mark D. White

HITECH focuses on activities that promote HIT by enhancing existing infrastructure for greater interoperability and integration, increasing the adoption and use of Electronic Health Records, developing standards for the electronic exchange of health information, expanding use of IT by public health departments, expanding health informatics education programs, and ensuring the privacy and security of electronic health information. Dr. Les Lenert, NCPHI's director, convened a HIT subgroup with representatives from all CDC Centers and Offices to: 1) identify synergies for developing proposals, 2) update the group on the changing language of HITECH, 3) articulate the current priorities of the Office of the National Coordinator for Health Information Technology (ONC), and 4) set expectations for available monies. He was subsequently selected to serve on the HHS HITECH Subgroup to evaluate ARRA proposals.

NCPHI also encouraged collaboration by developing a HIT Stimulus blog and producing a series of webinars, including a Nationwide Health Information Network (NHIN) Primer. Through these efforts, CDC was able to send proposals to the HHS Health IT Task Force. NCPHI hopes that collaboration will yield favorable results for public health, translating into increased financial support for local and state health departments' health information exchange and informatics-related efforts.

I look forward to a continued partnership with the PHIN community around advancing public health informatics at the 2009 PHIN Conference in Atlanta, Georgia.

Mark D. White, BSMT Deputy Director, NCPHI CDC/NCPHI/Office of the Director







CONNECTING PUBLIC HEALTH

### In and around PHIN

Compiled by George Martinez

 Working groups comprised of subject matter experts from across CDC and academia were convened on March 5 and 12, 2009, to identify public health outcomes associated with biosurveillance. This work is crucial in the development of performance measures that will gauge success in the next evolution of the BioSense program. The



PHIN Headquarters, Atlanta, GA

next phase will include validating the performance measures with key stakeholders. (NCPHI POC: Barry Rhodes)

- The Enterprise Architecture (EA) Communities of Practice (CoP) held their official Community kickoff meeting on March 18, 2009. A number of members attended in person and more than 25 members participated through teleconference. Members heard about how far the community has come since the 2008 PHIN conference and provided input on the Community's future direction. For more information on the PHIN EA CoP, or to join, please visit their website, <u>www.cdc.gov/phin/communities/current-cops/ea/index.html</u>. (NCPHI Communities of Practice Program (CoPP) POC: Onica Blaize)
- Communications and Alerting CoP members met with NCPHI Subject Matter Experts (SMEs) on March 18, 2009, to discuss ideas related to the development of a Health Alert Network (HAN) business case. The SMEs also continued their discussions on cascade alerting and responded to questions concerning PHIN Certification. (NCPHI CoPP POC: John Maynard)
- CDC/NCPHI and the Council of State and Territorial Epidemiologists' (CSTE) Case Report Standardization Workgroup (CRSWg), compiled and standardized common data elements found in multiple states' reportable condition forms resulting in the Public Health Case Report (PHCR) Implementation Guide. The PHCR Implementation Guides (IG) will allow healthcare facilities/providers to communicate these data elements to the state and local public health departments in an interoperable, industry-standard format. In addition, public health may use the IG to send electronic PHCR documents across health jurisdictions. (NCPHI/DISSS POC: John Abellera)





### On the PHIN site

- PHIN website
- PHIN communities
- <u>NCPHI website</u>

### In and around (continued)

- A journal article, "A Rule-Based Approach for Identifying Obesity and Its Co-Morbidities in Medical Discharge Summaries" has been accepted for publication in the *Journal of the American Medical Informatics Association*. The article describes an i2b2 (integrating informatics with bedside biology) software competition, where NCPHI's Division of Knowledge Management Services team led by Ninad Mishra scored in the top 5 out of 26 teams. Authors: Ninad Mishra, Dave Cummo, Jim Arnzen and Jason Bonander. (NCPHI POC: Ninad Mishra)
- In other NCPHI publication news, on April 30, Enrique Nieves, DISSS Director, and Jay Jones, NCPHI/DAMC consultant, published "Epi Info: Now an Open-Source Application that Continues a Long and Productive "Life" through CDC Support and Funding" in the peerreviewed medical journal, *Pan African Medical Journal*. (NCPHI POC: Lourdes Martinez-Cox)
- On March 30, 2009, NCPHI/DAMC's Jay Jones published "Epi Info Goes Open Source" in the *Epi Monitor: The Epidemiology Monitor Newsletter.* (NCPHI POC: Lourdes Martinez-Cox)
- The second stakeholder meeting for the National Electronic Disease Surveillance System (NEDSS) was held on March 27, 2009. CDC programs responsible for notifiable diseases, the BioSurveillance Coordination Unit, and the BioSense program were represented. Strategic goals and objectives were identified and are being incorporated into the next draft of the strategic plan. CDC stakeholders were also given an opportunity to react to feedback gathered in the first stakeholder meeting (with state/local public health officials) and revisions were suggested. (NCPHI/DISSS POC: John Abellera)
- As of March 20, 2009, a total of 11 states have gone into production with NEDSS Based System (NBS) release 2.0. Five states (Arkansas, Maryland, Montana, Rhode Island, and Wyoming) have been added to the list of states in production with the Varicella 2.0 case notification HL7 message and Tuberculosis 2.0 case notification HL7 message. The other states in production are: Alabama, Idaho, Maine, Nebraska, Tennessee, and Texas. The remaining five NBS states are scheduled to go into production based upon state resource availability. (NCPHI/DISSS POCs: Michelle Mayes and John Abellera)





### In and around (continued)

- Members of the Countermeasure and Response Administration (CRA) Team participated in the 43rd National Immunization Conference held in Dallas, TX; March 30 – April 2, 2009. In addition, an ad hoc work group meeting was held in which CRA points of contact from 24 State/Project Areas actively shared best practices, experiences and lessons learned from 2008 Vaccine Doses Administered Exercise (DAX2008) and made suggestions for DAX2009. Using DAX2008 requirements as a baseline for DAX2009, Project Areas will be expected to report vaccine doses for at least one mass vaccination clinic. (NCPHI/DEPR/CRA POC: Jeanne Tropper)
- In other NCPHI-related news, an important milestone was achieved. Quicksilver, one of the first applications to be born and raised in the NCPHI Grid Research Lab, was officially released for internal CDC use. This application makes Poison Control Center data available to CDC, to augment public healthsituational awareness capacity. (NCPHI POC: Tom Savel)







### The Joint Public Health Informatics Taskforce: Providing a unified voice for public health

by Claudia Vousden

The increasing emphasis on establishing a nationally integrated public health information system in recent years has been accompanied by an increasing realization of the complexity of such a task. The public health enterprise needs to ensure its ability to respond to public health emergencies with speed and agility. Public health information systems need the capacity to maintain situational awareness, work more in tandem with clinical care, and access more comprehensive information to guide programs and activities. These requirements call for involvement and synergy across multiple sectors of society. Federal, state, and local public health agencies, community based organizations, healthcare, and other government agencies all have knowledge, information, and data that have implications for public health. The ability to share this information and data, however, continues to be largely influenced by the adoption and use of standards and policies. In turn, a significant influence on adoption and use of needed standards and policies is the degree to which they are shaped and established through consensus building processes.

Recognizing the need for more forums through which consensus can be achieved, 80 public health professionals from multiple associations and federal agencies met in April 2007 to address the issues and consider an alliance to continuously unite those with vested interest in advancing electronic exchange of public health data. The meeting resulted in the establishment of the Joint Public Health Informatics Taskforce (JPHIT), which is comprised of seven core organizations that are committed to building consensus and collaborating on informatics priorities. The core organizations include the following:

- Association of Public Health Laboratories
- Association of State and Territorial Health Officials
- Council of State and Territorial Epidemiologists
- National Association of County and City Health Officials
- National Association of Health Data Organizations
- National Association of Public Health Statistics and Information Systems
- Public Health Data Standards Consortium

### The JPHIT Mission

JPHIT outlined its vision, mission, structure, and governance in a Charter adopted by the Taskforce in fall 2008. Its mission is to continuously forge a consensus strategy and coordinated action to achieve a shared informatics framework for public health agencies and partners with the vision of optimizing health promotion and protection through public health informatics for all citizens. The Taskforce plans to accomplish this mission by maintaining awareness of critical issues, developing a





### Public Health Informatics Taskforce (continued)

consensus framework, maintaining an action agenda that incorporates advocacy, communication, and education strategies needed to support the consensus framework, and assuring a complete and unified public health voice in the national dialogue on informatics and electronic exchange of health data.

Currently, CDC's National Center for Public Health Informatics provides support for coordination and facilitation of Taskforce meetings through a cooperative agreement with the Public Health Informatics Institute (PHII). The funding also enables PHII to assist the Taskforce with

development of a business plan that will specify operational and financial needs and provide a foundation on which JPHIT may develop sustainability.

Advocating for Public Health To fulfill its role as an advocate for public health informatics, JPHIT maintains an advocacy JPHIT urged that public health departments be allowed to use economic stimulus funds to support and strengthen their informatics infrastructure and capacity.

action plan. JPHIT recently supported a call for the Department of Health and Human Services (DHHS) to assure the funding support that is needed to enhance and sustain the nation's vital statistics and population health information infrastructure.

In March, JPHIT submitted recommendations to the DHHS Office of the National Coordinator (ONC) for Health Information Technology advocating for the integration of public health information technology and inclusion of public health from the national, state, and local levels as essential partners in the efforts to advance Health Information Technology and health information exchange.

In a letter to the ONC, JPHIT urged that public health departments be allowed to use economic stimulus funds to support and strengthen their informatics infrastructure and capacity. JPHIT also urged the ONC to provide "avenues for representatives of state and local health departments to work with. . .and assess opportunities to leverage the work of the American Standards and Policy Community Successor, Healthcare Information Technology Standards Panel and the Certification Commission for Healthcare Information Technology early in the rollout of HIT implementation." Additional recommendations included funding proposed Health IT Regional Extension Centers sufficiently enough to provide needed technical assistance and training programs; and a requirement that all Electronic Health Record implementations supported by economic stimulus funding "meet the standards most directly relevant to the interchange of data and information between clinical and public health information systems."





### Public Health Informatics Taskforce (continued)

JPHIT members are committed to working together to develop and influence sound national policies and a shared framework for accomplishment of the nation's public health informatics goals. For more information about JPHIT or to submit requests for review and discussion of issues that may be addressed through advocacy, contact LaToya Osmani, Project Manager losmani@phii.org

### For more information:

• Joint Public Health Informatics Taskforce (JPHIT)





### NCPHI and partners demonstrate the EHR Alerting Solution at HIMSS conference

by Marshall Quin

CDC and state health departments routinely issue public health alerts via email to providers and healthcare facilities across the country to prevent and manage outbreaks. As with most email users, email quickly becomes overwhelming due to the burgeoning number of emails received on a daily basis making it difficult to identify those of importance. The primary function of a healthcare provider is treating incoming patients providing little time to constantly monitor incoming messages. Because of the increased number of Electronic Health Record (EHR) systems over the past five years, providers now have an opportunity to manage the care of their patients using EHR systems. According to the 2007 HIMSS survey, currently 32% of respondents indicated that their organization has a fully operational electronic medical record (EMR) system in place and 37% indicated they are currently implementing an EMR. An EHR of a patient's information may include: demographics, a listing of health problems, medications, progress notes, vital signs, past medical history, immunizations, laboratory data, and radiology reports generated by one or more visits to any healthcare delivery setting. The EHR Alerting Solution gives these healthcare facilities a needed tool to link symptoms entered in a patient's EHR to an existing public health alert. This provides a quick response on the recommended actions for the healthcare facility to administer and presents only those alerts that are relevant to the patient being seen. A successful development and implementation of the Solution will integrate public health alerts seamlessly into the daily operations of a healthcare provider.

### Demonstrating the concept

For the EHR Alerting Solution demonstration at the 2009 HIMSS Conference, CDC collaborated with GE Healthcare, Johns Hopkins University Centers of Excellence (CoE), and the University of Utah's CoE using a Salmonella scenario to send out a public health alert with event information, location, and public health recommendations. The public health messages which were created and stored in an alert repository served as the valuable resource for alerts targeted to specific patients. The alerts may be authored by CDC, state or local health departments. As demonstrated at the Conference, when a patient visits a healthcare facility, an anonymous patient profile is created from the information in the EHR (symptoms, location, and dates) and is automatically sent to the alert repository in search of relevant public health alerts. The alert repository applies algorithms to match information in the anonymous patient profile with alert profiles residing within the repository to find any alerts that could be relevant to the patient.





### NCPHI and partners demonstrate (continued)

Any relevant public health alert is sent from the repository back to the clinic and is presented to the provider within the patients EHR. After receiving information on the Salmonella outbreak, the provider is then able to take action with the patient using information provided in the alert.

The main objective at the HIMSS conference was to present the EHR Alerting Solution's ability to create an alert that was adequately described to support a patient match and structured in a standardized way to support integration within the EHR. The demonstration built a lot of interest, as noted by EHR Alerting Solution Program Manager, Nedra Garrett, "more than what I would have imagined from EHR vendors, healthcare organizations, other government agencies and the press. The proposed solution offers great potential for disseminating public health information to healthcare providers at the point of care. CDC will continue to engage with public health partners on using this standards-based approach for other public health domains." A standards-based approach is necessary to ensure compatibility. Some potential enhancements includes the use of standard vocabulary services to translate chief complaints into standard medical terminology and the use of Geographic Information Systems (GIS) to enhance the identification of affected locations.

### Next steps

At the 2009 PHIN Conference in August, the *EHR Alerting solution* will move from displaying the concept to actually showing the *Solution* in action with its expanded ability to identify alerts for patients. The alert repository will increase its ability to match a patient's condition to more alerts, or to expand its identification abilities. CDC is currently partnering with HHS Office of the National Coordinator for Health IT on promoting the solution in the Nationwide Health Integration Network (NHIN) to increase the accessibility and availability of the alert repository.

For future improvements, the *EHR Alerting Solution* is opening development to others and encouraging collaboration on enhancements. If you have any questions or would like any additional information on the *EHR Alerting Solution*, please email Nedra Garrett or Jessica Lee.

### For more information

• HIMSS





# Hawai'i alerting system protects residents from volcanic smog

#### In 2003, the Hawai'i State Department of Health (HSDOH) purchased Response Manager, a web-based portal, communications, collaboration, and alerting system. HSDOH implemented this system to enable secure,

real-time alerting and communication and fulfill Centers for Disease Control and Prevention's (CDC) Public Health Information Network requirement for partner communication and alerting. The state uses this system to disseminate health alert information received from the CDC, alert key staff to activate the Department Operations Center, and alert case investigators regarding specific disease conditions that may require immediate attention.

An environmental event in March 2008 accentuated the value and use of the HSDOH Response Manager system and drove expansion of the system's automation capabilities. A new vent in the crater of Kilauea, an active volcano on the island of



Volcanic smog spews from Halema'uma'u crater at the Kilauea summit.

Hawai'i, emitted high levels of sulfur dioxide, other gasses, and ash. Emission of the gasses and particulates results in volcanic smog, commonly referred to as "vog." High levels of vog pose a health hazard for everyone but are especially hazardous for those with asthma and other respiratory diseases. This event prompted HSDOH to determine a method for real-time alerting of its Clean Air Branch, Air Laboratory, and the Hawai'i County Civil Defense when sulfur dioxide levels on the island of Hawai'i exceed the threshold.

To address the problem, HSDOH established an interface between the Response Manager system and five pre-existing air quality monitoring systems strategically located across the island by HSDOH and two monitoring systems operated by the National Park Service. HSDOH created alert templates for each air quality monitoring site and configured specific dialing patterns to generate the alerts through Response Manager. This interface successfully provided the needed solution for automatically alerting individuals of elevated sulfur dioxide levels. Without any additional software costs, the system was implemented by late June 2008.





### Hawai'i alerting system (continued)

The real-time notification to Hawai'i County Civil Defense regarding elevated levels of sulfur dioxide by HSDOH allows the county to proactively inform residents of the affected areas and execute any necessary action. By warning residents in a timely manner, it reduces the detrimental health impact that may result if residents remain in the affected area. After the implementation, nine schools located close to the volcanic activity requested receipt of future alerts of elevated sulfur dioxide levels. Subsequently, HSDOH added the principals of these school to the alert recipients list, and affected schools may now take necessary precautions for their students.

#### For more information:

- Contact: bt@doh.hawaii.gov.
- Hawai'i State Department of Health (HSDOH)





### InfoLinks Community of Practice meets at HIMSS to develop e-Health strategic plan

By Marshall Quin

The InfoLinks Community of Practice (CoP), like the other CoPs in the Public Health Information Network (PHIN), will bring members together on an ongoing basis, and work towards developing innovative processes, practices, and tools to communicate effectively. Specifically, InfoLinks identifies the benefits and contributions of a Health Information Exchange (HIE) by sharing personal HIE stories, openly discussing IT infrastructure issues, and working together to develop novel solutions to current barriers.

At the recent Health Information and Management Systems Society (HIMSS) conference in Chicago, InfoLinks brought 20 of the 70 CoP partners together in two face-



to-face workgroup meetings on April 7<sup>th</sup> and 8<sup>th</sup> with four break-out sessions. The collaborative meeting made significant progress in developing the guidelines for an e-Health Strategic Plan and demonstrating the importance of investing in Health Information Technology (HIT) to transform the delivery of care and improve public health.

The workgroup sessions were facilitated by Bill Brand, Jim Mootrey, and Srila Sen of the Public Health Informatics Institute (PHII), and Susan Rudd and Mamie Jennings-Mabery of NCPHI's Communities of Practice program. After highlighting the benefits and opportunities behind investing in HIT, the meetings assisted local and state health departments to identify the right strategy for supporting their e-health activities. From large integrated care systems to small private practices, each needs to build their informatics capacity to be prepared for future opportunities and requirements. Identifying the people, policies, processes, or other resources they need to increase their organizational capacity is an important first step. A plan needs to be crafted to address the following key factors:

- Assessment: Engagement of the major stakeholders to focus on the current use of data standards and health information exchange capabilities;
- **Organizational Development**: Linking the e-health strategy to the organization's mission and vision by managing change proactively with the development of informatics' competencies in the workforce;
- Leadership: Ensuring governance by connecting the whole organization with the informatics strategies and getting the support of senior leadership; and,
- **Evaluation**: Using advanced accountability practices to conduct comprehensive evaluations.





### InfoLinks Community of Practice (continued)

An organization will need to identify the purpose of their IT system's Enterprise Architecture. Not only do they need to know how best to capture information, but how to combine it with other related information to create knowledge and then share it in meaningful ways with others.

Determining the right strategy and capacity is challenging with the huge cost of an IT infrastructure, but vital with the risk of not having an interoperable system in the future. The new administration's funding for Health IT in the recent American Recovery and Reinvestment Act is trying to assist health care providers with this decision and help reform health care.

The InfoLinks CoP that exists today grew from the InformationLinks Project, a two-year initiative funded from 2005 to 2007 through the Robert Wood Johnson Foundation (RWJF) by awarding grants to 21 state and local health departments to support their participation in HIEs. The PHIN InfoLinks CoP was officially launched in February of 2008 as a collaborative initiative by NCPHI, RWJF, and the Public Health Informatics Institute. The InfoLinks Charter was established by the Community of Practice program on October 30, 2008. Regular meetings provide discussions for members who are beginning to explore information exchanges to learn from more-experienced practitioners, who can, in turn, share cutting edge information amongst themselves and continue to be innovators in their field. The CoP's overall goals are to improve the public health workforce's knowledge of informatics and develop a knowledge repository of HIE related information.

InfoLinks utilizes a CDC hosted website, a Community Listserv, and a monthly Webinar LiveMeeting that is held every second Tuesday from 2:00 – 3:30 P.M. If you would like more information or would like to become a member of the InfoLinks CoP, please visit this website: http://www.cdc.gov/phin/communities/current-cops/infolinks/index.html.

#### For more information

- InfoLinks Community of Practice (CoP)
- PHIN Communities of Practice





## Project Public Health IT: Increasing public health engagement in HIT

#### by Lisa Williams and Traci Camilli

Project Public Health IT was initiated in 2007 to provide education to

public health officials on the cross section between public health and adoption of policy development for health information technology. Leveraging the Centers for Disease Control and Prevention (CDC) and the Healthcare Information and Management Systems Society (HIMSS), Project Public Health IT's agenda at the HIMSS Conference consisted of the following:



- Participation in educational sessions related to public health and health information exchange
- Tours of the Integrating Healthcare Enterprise (IHE) Interoperability Showcase and HIMSS show floor
- Visits to ambulatory and clinical sites utilizing health information technology
- Meetings with HIMSS constituency groups such as the RHIO/HIE Taskforce, The Electronic Health Record Association, and the IHE Quality, Research, and Public Health Domain to discuss Public Health's role in the development of health IT and policy
- Networking with health IT stakeholders and Federal health IT colleagues

During the April 2009 HIMSS Conference in Chicago, CDC's NCPHI provided scholarships for six state and local health officials represented by its public health partnership organizations. CDC has been able to provide scholarships to its partner organizations since HIMSS began to offer the public health track three years ago. Scholarship criteria for public health professionals this year included those who have never been to HIMSS and were comfortable speaking out about public health informatics and the role public health plays within IT, as well as individuals who were recommended by each of the partnership organizations.

Some of the comments from this year's HIMSS scholars included:

- "Great to have all levels of public health represented"

- "Good to be involved with other CDC level partners" (arenas outside of public health)

- "The separate meetings (Project Public Health) were helpful to demonstrate we are a critical player in Health IT"

- "This meeting generated a positive momentum for people to take Health IT back to their state and/or local health departments"





### Project Public Health IT (continued)

#### Enhancing the presence of Public Health at HIMSS10

In an effort to strengthen visibility and amplify public health presence at the HIMMS Conference in 2010, public health professionals are encouraged to submit more proposals, volunteer for speaking engagements, focus on exhibit floor exposure, and think of ways to further the idea that *Health IT is Public Health*.

HIMSS 2010 is in Atlanta, GA; Be Involved, submit an abstract (the deadline is 05/29/2009). http://cfp.himss.org/2010/conference/call/cfpmain.html

At this time, it has not been determined if scholarships will be available for the next conference.

#### For more information:

• HIMSS





### Advancing biosurveillance with Cardea

#### by Claudia Vousden

As the goddess of health, thresholds, and door hinges in Roman mythology, Cardea had the power to "open what was closed and close what was open." In today's world of information technology, Cardea provides dynamic data access in a distributed computing environment.

The current national biosurveillance system, BioSense, provides a centralized model for data collection. However, the need to strengthen biosurveillance capacity at the state and local levels, expand real time capabilities, and enhance the technical foundation of real time biosurveillance has prompted a new generation of biosurveillance objectives and strategies. The Cardea Project is among the tool sets that will contribute toward meeting each of these needs with the flexibility offered through a service oriented architecture and open source standards.



The current BioSense system uses the BioSense Integrator, a tool installed in hospitals to provide the interface needed to send data from a hospital system to the Centers for Disease Control and Prevention (CDC) and, in some cases, state and local health departments. Although the Integrator works well, it is dependent upon a commercial messaging product. Because hospitals use a variety of messaging brokers, this vendor-specific implementation imposes a barrier to the widespread participation in biosurveillance heralded by today's needs. Recognition of the need to build a generalized extensible interface between a provider of health care data and public health that is independent of any message broker platform or vendor has been a driver of the Cardea Project.

#### The Cardea difference

Typically, an application server hosts a messaging broker, which in turn, supports functionality that is usually proprietary and product specific. Dr. Barry Rhodes, Lead for the National Center of Public Health Informatics' (NCPHI) Biosurveillance Program, says "those common services can be bundled and used by any messaging broker. Those services become a suite of services that anyone can implement—that's what we're calling Cardea."





### Advancing biosurveillance (continued)

In addition to alleviating the constraints of a vendor-specific messaging broker, Cardea functionality has the potential to expand beyond the standardized admit, discharge, transfer, and hospital census data that hospitals typically provide. It is able to send electronic laboratory results and was shown to be capable of functioning as an adaptor in the Nationwide Health Information Network (NHIN) gateway during the biosurveillance use case demonstration at the Fifth NHIN Forum in December 2008. It is also anticipated that Cardea will allow real time update and installation of filtering rules. Dr Rhodes explains that filtering rules "could change as information needs change during an outbreak".

With the goal to provide a platform that is agile, open, collaborative, extensible and service based, and using open source standards for development and implementation, the opportunities for collaboration are extensive. For more information about the Cardea Project and opportunities to participate in pilot implementations, contact NCPHI's Biosurveillance Program at phin@cdc.gov.

### For more information

- BioSense website
- Nationwide Health Information Network





### PHIN Conference 2009 announced

The seventh annual Public Health Information Network (PHIN) Conference will be held in Atlanta, Georgia, August 30–September 3, 2009 at the Hyatt Regency in downtown Atlanta. The theme this year is *Informatics: Investment for the Future*, and we hope you'll join us as the best of the informatics community meets in one place to invest in the future of PHIN and the world of informatics. The National Association of County and City Health Officials (NACCHO) will co-sponsor this event.

This year's conference will feature workgroups/ancillary meetings, informatics workshops/tutorials, and many opportunities for networking with informatics colleagues from the local, state, national, and international levels. The conference planning included participation from NACCHO, NAHDO, ASTHO, CSTE, APHL, NAPHSIS, JPHIT, and NAPHIT, state and local health department partners, and internal subject matter experts in the National Center for Public Health Informatics.



### http://www.cdc.gov/phinconference



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