

# Improving the Public Health Information Supply Chain: Public Health Informatics & Technology Program Office

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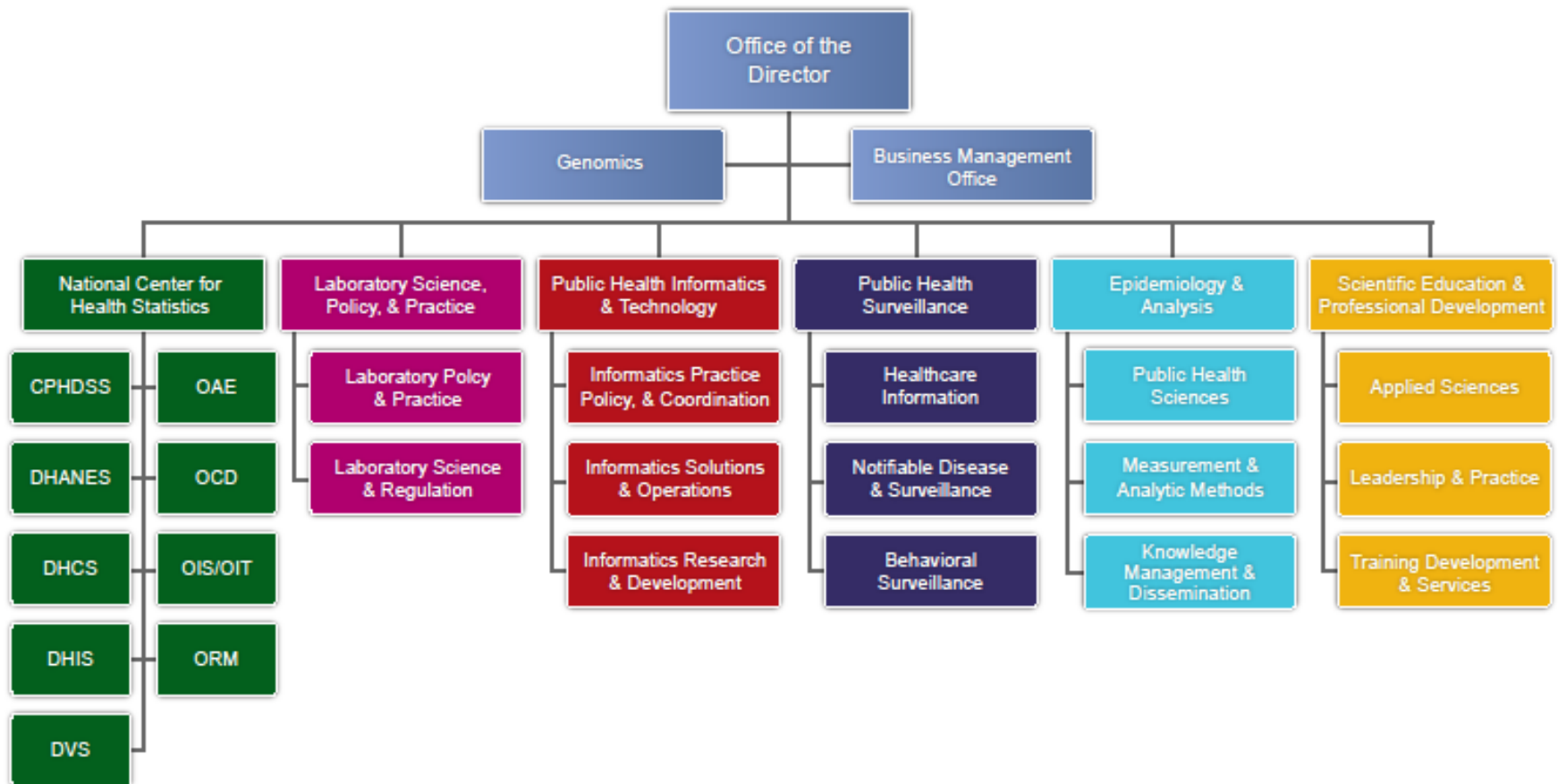
HIMSS Government Relations Roundtable, Feb. 7, 2011

Office of Surveillance, Epidemiology, and Laboratory Services

Public Health Informatics and Technology Program Office



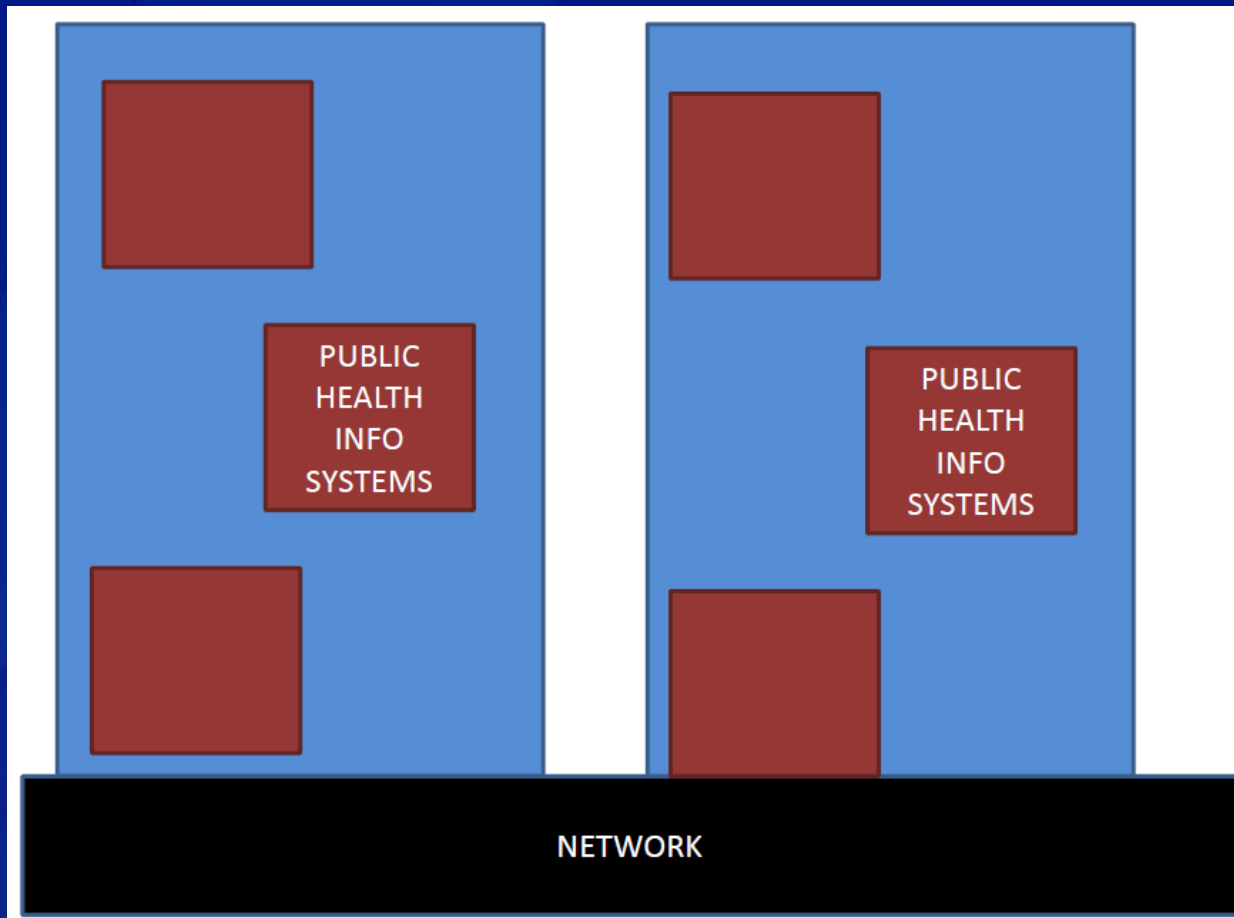
# OSELS Organization Structure



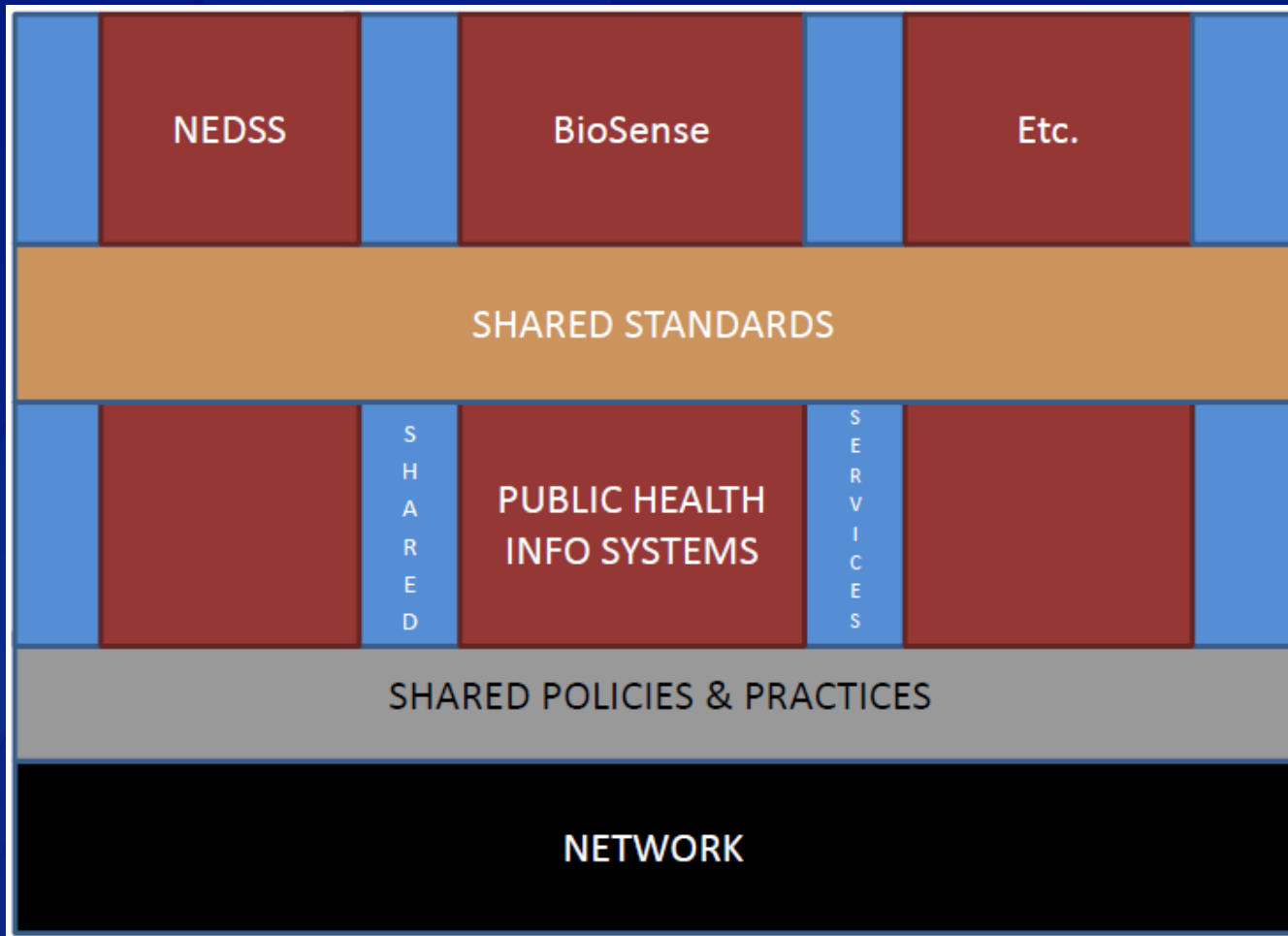
# PHITPO

- ❑ Not NCPHI – Approx. 1/3 the budget
- ❑ Major *programs* like BioSense, NEDSS, OMS moved to other units
- ❑ Focus on enterprise-wide planning and improvement
- ❑ Value propositions:
  - Reuse the data (interoperability)
  - Cut the cost of operation (shared policies, standards, services, practices)
  - Improve the use of information
- ❑ Supporting the layers BETWEEN the network and PH applications
- ❑ Focused on users and stakeholders—across public health enterprise
- ❑ Advancing and sharing knowledge

# NCPHI: ?Another Silo?



# PHITPO as “(Conductive) Mortar Between the Bricks”

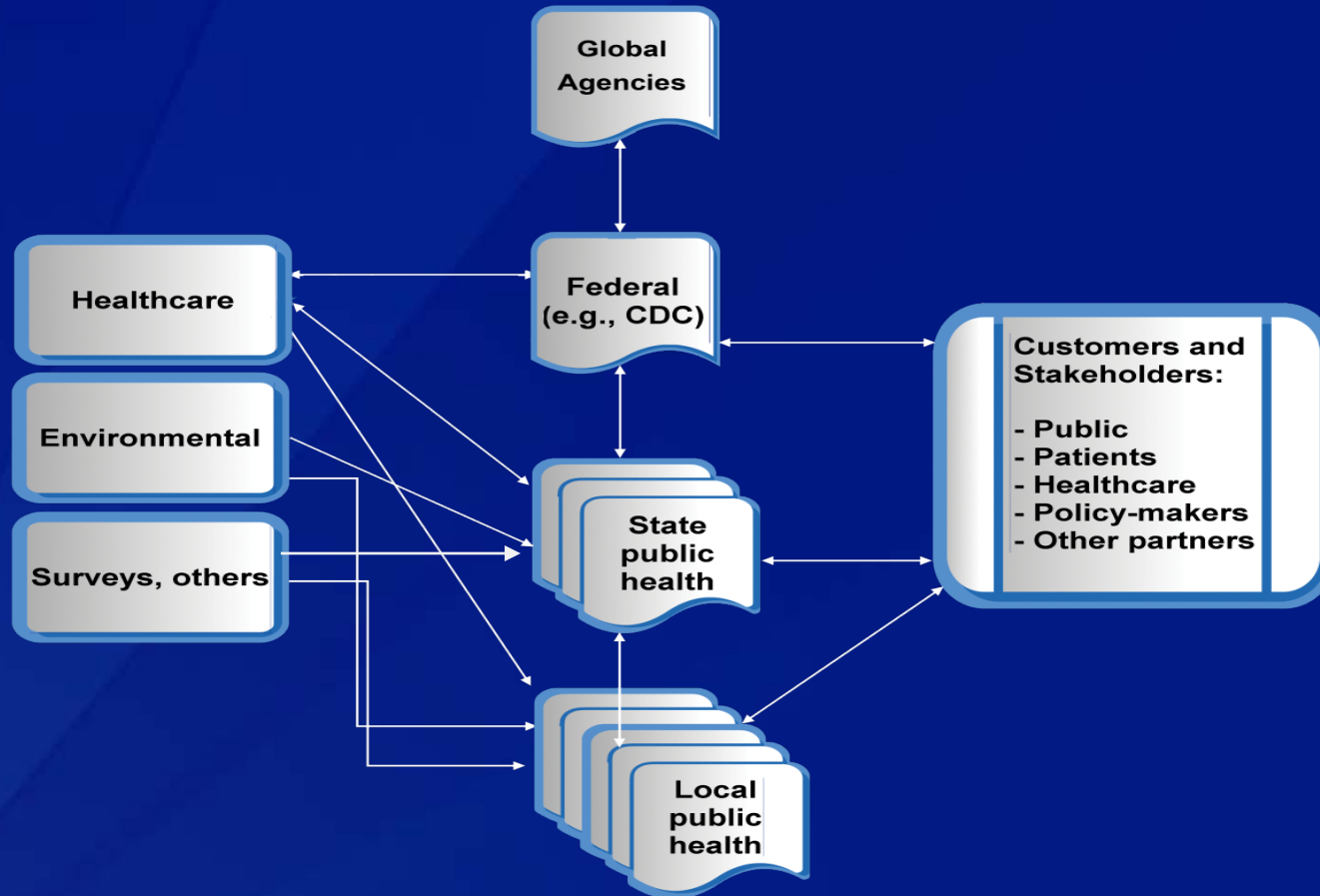




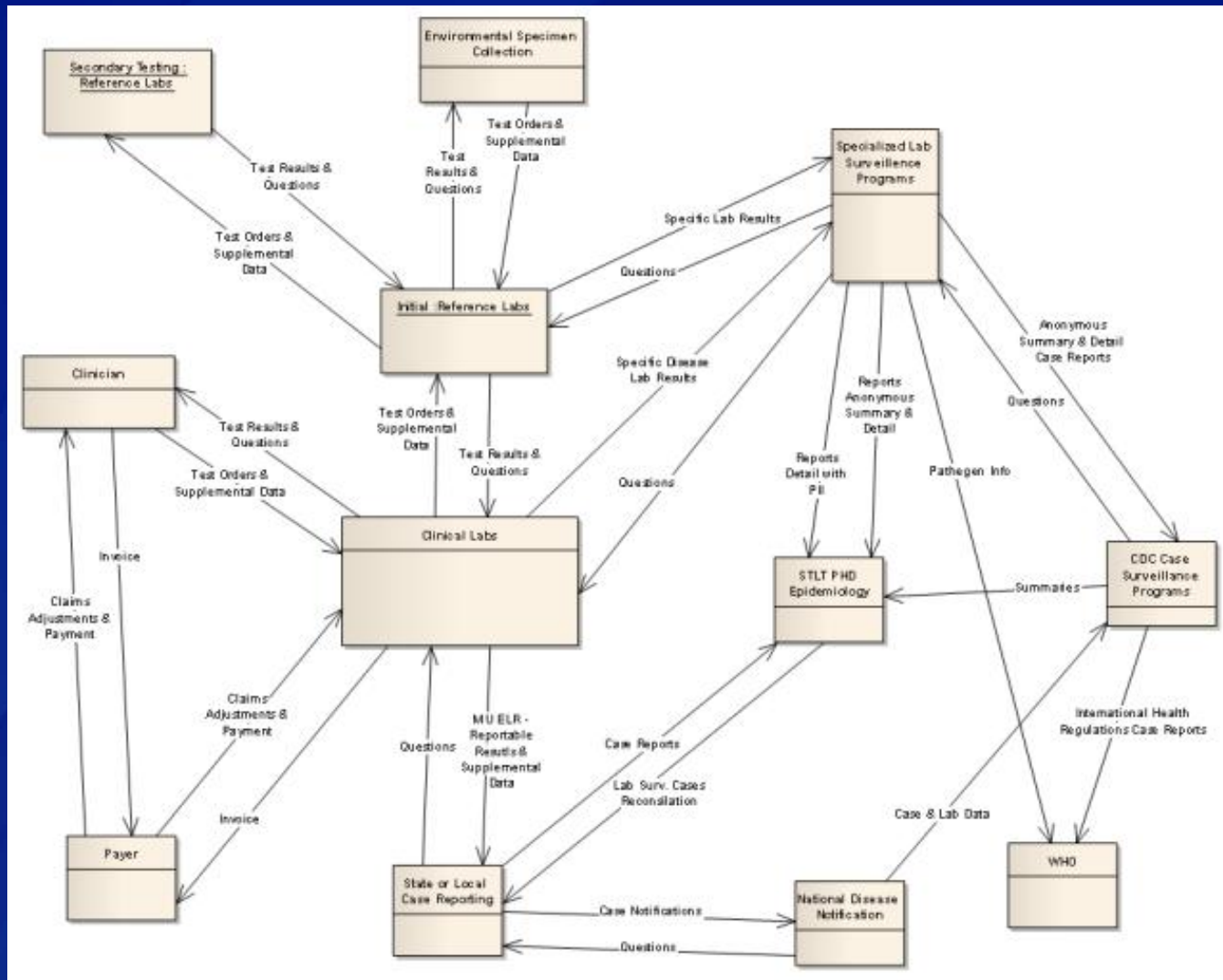
*"We have lots of information technology. We just don't have any information."*

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# Information Supply and Value Chain



# Mapping the supply and value chain



## **PHITPO Goals**

- ❑ Maximize prevention using health information technology and health information exchange**
- ❑ Increase the effectiveness and efficiency of public health agencies by improving their capacity to manage information and knowledge**
- ❑ Advance and share new knowledge in public health informatics**

# Maximize prevention using health information technology and health information exchange

## □ **Align PH with HITECH & NwHIN**

- Help HDs accomplish Stage 1 Meaningful Use exchange
- Success for hospital→PH ELR
  - Share methods for receiving MU messages
  - Reportable condition table or “knowledgebase”
  - Enhanced management of high volume tests
- Harmonize PHIN and NwHIN Exchange and Direct

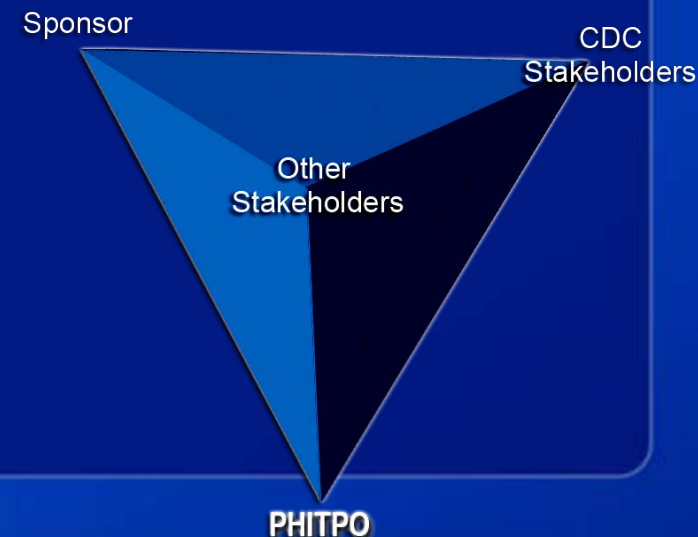
## □ **Achieve MU that supports prevention and other PH goals**

- Input into Stage 2 and 3
- Prototypes of PH – EHR (and PHR) interaction

## □ **Utilize HIE for public health**

# Increase the effectiveness and efficiency of public health agencies by improving their capacity to manage information and knowledge

- ❑ Workforce enhancement
- ❑ Establish PH enterprise priorities and roadmaps for PH redesign
- ❑ Evaluation framework for PH informatics projects and new technologies
- ❑ Better alignment of development and services with strategic and program goals
  - Rapid prototyping



# **Increase the effectiveness and efficiency of public health agencies by improving their capacity to manage information and knowledge**

- ❑ Reduce cost of acquisition and operation through shared**
  - Policies and practices
  - Standards and Interoperability
  - Services
- ❑ Aligned funding and incentives**
- ❑ Laboratory interoperability**
- ❑ Support emergency response**

# **Advance and share new knowledge in public health informatics**

- ❑ Support applied research**
- ❑ Support evaluations**
- ❑ Disseminate evidence and lessons learned**

## Meaningful Use Stage 1 2011-2013

- ❑ **Population and Public Health – providers must test one of:**
  - (Hospitals) Transmit required disease Electronic Laboratory Reports (ELR)
    - HL7 2.5.1
  - Transmit syndromic public health reports
  - Transmit immunization records to immunization registries
- ❑ **Quality measures**
- ❑ **Clinical decision support**
- ❑ **Care coordination and quality**
- ❑ **Patient and family engagement**

## How Important Is Meaningful Use?

- ❑ **Framework for**
  - bilateral communication with health care providers;
  - interoperable data for reuse inside PH
- ❑ **Incentives for hospitals and eligible providers**
- ❑ **They will emphasize MU over PH requests**
- ❑ **They and their vendors will expect to send/receive data using ONC standards**
- ❑ **Getting ready timely will be a challenge for PH information systems**
  - Changing old partners to new standards
  - Integrating new partners
  - Adjusting to higher data/workflows

## Challenges

- ❑ **Upgrade systems to ONC standards**
- ❑ **Convert existing hospitals and eligible providers to ONC standards**
- ❑ **Respond to new hospitals/providers who want to start sending**
  - Testing
  - Beginning production transmission
- ❑ **Adjust to changes in volumes and workflows**

## **MU Stage 1 Operational Goals**

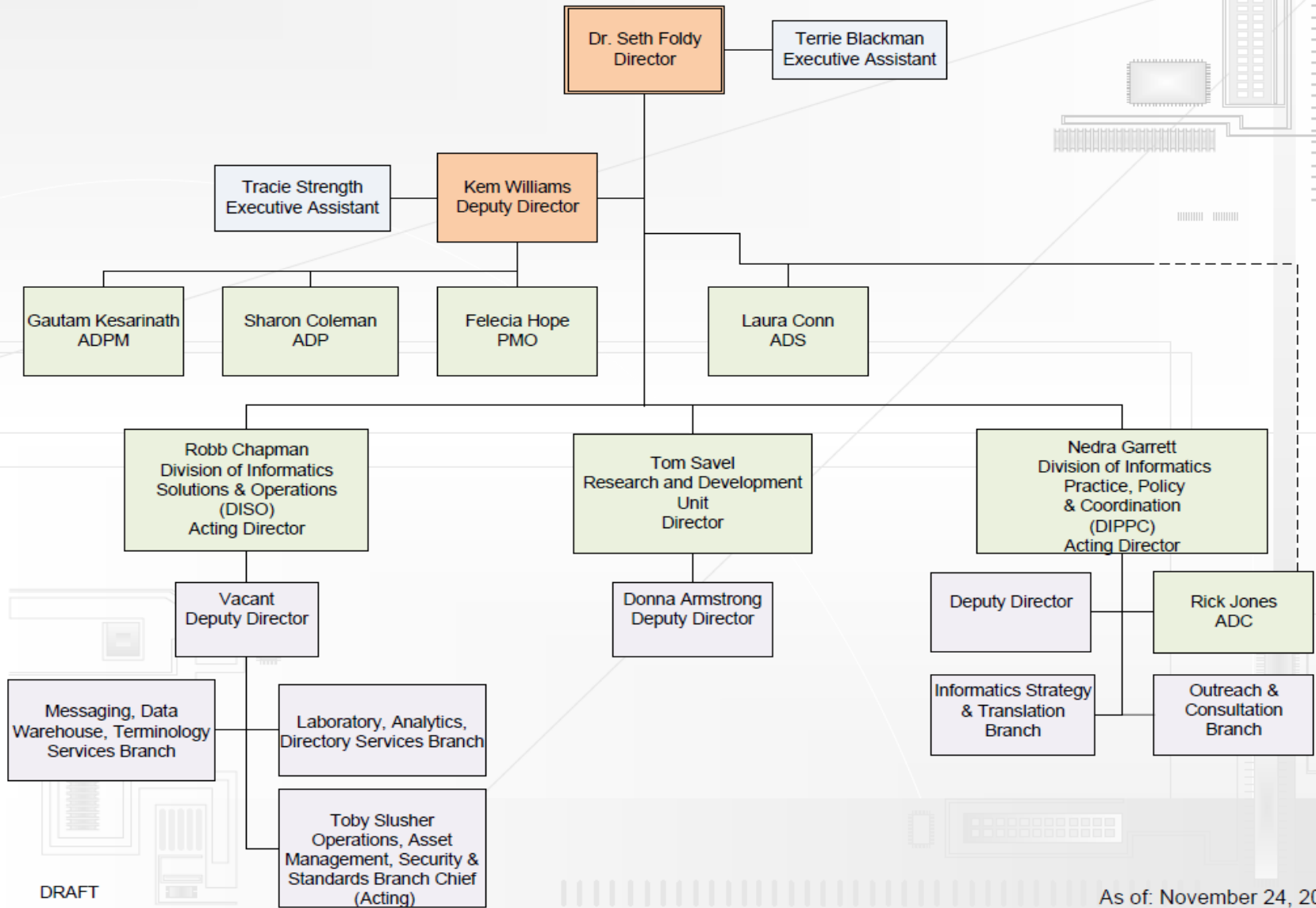
- ❑ 30 State/Territorial/Large Metro HDs testing for either of Immunization, ELR or syndromic surveillance messages**
- ❑ 25 HDs testing ELR**
- ❑ 20 HDs accepting production messages**
- ❑ Simplify process for discovering “what is a reportable condition and where/how do I send it?”**
- ❑ Support state/territory/metro implementation guides**
- ❑ Support prevalent transport methods and message testing**
- ❑ Support better use of ELR information**
- ❑ Align funding streams**

## Join with us!

- ❑ **AMIA PHI 2011: Setting the Next Informatics Agenda for Public Health** May 25-27, 2011  
Walt Disney World Swan & Dolphin, Orlando, Florida
- ❑ **CDC PHI meeting,**



# Public Health Informatics & Technology Program Office



DRAFT

As of: November 24, 2010

## Stay In Touch

- ❑ **Website:** <http://www.cdc.gov/osels/phitpo>
- ❑ **Email:** [phitpood@cdc.gov](mailto:phitpood@cdc.gov)

Thank You.





**For more information please contact Centers for Disease Control and Prevention**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.