

Creating a Common Understanding of Public Health Informatics Requirements

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Overview

- Public Health Integration in HIT
- A Shared Public Health Enterprise
- Joint Public Health Informatics Taskforce
- Next Steps



Public Health Integration in HIT

“Interoperable health IT will improve individual patient care, but it will also bring many public health benefits including:

- Early detection of infectious disease outbreaks around the country;
- Improved tracking of chronic disease management; and
- Evaluation of health care based on value enabled by the collection of de-identified price and quality information that can be compared.”

Department of Health and Human Services, American Health Information Community
<http://www.hhs.gov/healthit>



Public Health Objectives

- Explore important connections between HIEs and:
 - Improved population surveillance
 - Ability of public health to provide and assure quality of care
- Define specific strategies for overcoming policy and financial barriers that prevent increased participation of public health organizations in HIEs at all levels.
- Define the scope of work needed to make possible routine population surveillance using clinical data.



What Public Health Can Offer HIEs/RHIOs

Expertise and Experience in:

- Design/development of integrating health data (child health, NEDSS etc.)
- Matching and de-duplication
- Confidentiality, Security, State laws, Privacy and Data sharing policies
- Data standards: PHIN
- Data exchange policies and issues
- Consumer engagement, consenting processes



What HIEs/RHIOs Can Offer Public Health

- Increase ability to collect, store, analyze, and report aggregate and individual level data
- Populate demographic & other public health data sets
- Promote uniform way to share data with broader set of users: push the standards issue
- Improve ability to share data between registries
- Ability to look at person's health data in combination with other health care data
- Resources & Cost sharing
- New Partnerships



What are the Top 3 policy issues?

- PH agencies and clinical sites are not interconnected
- Poorly articulated business case for public health benefits
- Absence of a strong state/local informatics infrastructure
 - Need to distribute funding to where the work gets done and to those who have the authority to do it
 - Need to begin to act as if an enterprise exists to build cohesion and momentum
 - Need to promote training and education



What are the Challenges ?

- Limited Engagement
- Limited Input
- Limited Focus



Public Health Participation in Setting the National Agenda

Who does Public Health need to engage?

- Legislature (Congress)
- American Health Information Community
- Federal Agencies
- Vendors/Private Sector
- Standards Development Organizations
- Regional Health Information Organizations
- Other State Agencies (Medicaid, Insurance, etc.)



The Public Health Enterprise

What activities will ensure a national agenda that properly positions public health for HIE integration?

- Encourage an HIE approach that is sensitive and responsive to PH business processes
- Assure PH participation in planning
- Develop and provide PH requirements for local, state and federal level design and implementation
- Promote a consensus building environment for working together in the future



Strategic Opportunities for Public Health Involvement

- Nation Health Information Network (NHIN)
- Office of the Coordinator of Health Information Technology (ONC)
- eHealth Initiative (eHI)
- National Public Health Information Network (PHIN)
- Health Resources and Services Administration (HRSA)
- Public Health Informatics Institute (PHII)
- Agency for Healthcare Research and Quality (AHRQ)
- Shared Public Health Enterprise/Joint Public Health Informatics Taskforce (JPHIT)



A Shared Public Health Enterprise

- Convened in-person meeting in San Diego on April 12, 2007
- Participating organizations: APHL, ASTHO, CDC, CSTE, eHI, HRSA, NACCHO, NAHDO, NAPHIT, NAPHSIS, NGA, ONC, and PHII
- Meeting goals:
 - ID high priority issues that lead to the development of a shared agenda
 - Discuss what actions can be taken to address shared priority issues
 - Develop action plan for implementing the shared agenda



A Shared Public Health Enterprise

- Four discussion areas:
 - Standardization
 - Governance
 - Operationalization of health information exchange and the inclusion of public health
 - Foundational
- Categorization for brainstorming ideas:
 - Code Red
 - No-brainer
 - Wicked
 - Code Black



Standardization

- **Code Red Issues:**
 - Involvement of all public health organizations and constituencies in AHIC
 - Represent public health and participate on HITSP Steering Group and Technical Committees
- **No-brainer Issues:**
 - Prepare lists of reportable conditions for all jurisdictions
 - Educate public health about use of standard systems (rather than heavily custom-programmed)
 - Articulate what public health needs from EHRs to vendors



Governance

- **No-brainer Issues:**
 - Adopt enterprise approach within/across/between organizations at all levels
 - Recognize unique expertise of partners
 - Avoid acting unilaterally
 - Distributed governance structure
 - Publish findings of this meeting jointly
- **Wicked Issues:**
 - Federal/state/local relations
 - Get a clear federal-state-local understanding about the ownership and direction of flow of public health information



Operationalization of HIE and Inclusion of Public Health

- Code Red Issues:
 - Improve the status of public health in health information exchange with one message
 - Heighten the visibility of public health in the HIE environment (“public health needs to get in the game”)
 - Address the lack of resources for public health
 - Include clinicians in the public health vision
 - Conduct a thorough business process analysis
 - Develop metrics that measure the cost-effectiveness of public health in HIE
 - Make sure that public health is in the vision of Office of the National Coordinator




Operationalization of HIE and Inclusion of Public Health - CONT

- **No-brainer Issues:**
 - Use data to reduce disparities
 - Use data to measure quality and performance using and creating national benchmarks
 - Contribute to discussion on the public health use cases poised for consideration by AHIC
- **Wicked Issues:**
 - Privacy and confidentiality
 - Harmonization at the federal, state, and local level
- **Code Black Issue:**
 - National Patient Index



Foundational

- **Code Red Issues:**
 - Develop the vision, principles, and goals for the public health enterprise
 - Understand and articulate business processes using business process analysis
- **No-brainer Issues/Code Red Issues:**
 - Frame and articulate funding issues quickly
 - Get a handle on, prioritize, and allocate resources for informatics workforce development
 - Encourage HIT adoption in public health
- **Wicked Issues:**
 - Funding
 - Investment
 - Workforce development
 - Harmonize approaches and methods of evaluation



Joint Public Health Informatics Taskforce (JPHIT)

The Unified Voice of Public Health Informatics

Mission: To develop a unified framework and roadmap for public health informatics.

Vision: To provide a common voice in public health informatics that will build a more robust public health enterprise capable of better promoting and protecting the health of the population.



JPHIT: Core Organizations

- The Association of Public Health Laboratories (APHL)
- The Association of State and Territorial Health Officials (ASTHO)
- The Council of State and Territorial Epidemiologists (CSTE)
- The National Association of County and City Health Officials (NACCHO)
- The National Association of Health Data Organizations (NAHDO)
- The National Association of Public Health Statistics and Information Systems (NAPHSIS)
- The Public Health Data Standards Consortium (PHDSC)



JPHIT: Objectives and Charge

- Achieve consensus and define coordinated action plan
- Prioritize the four discussion areas: foundational, standardization, governance, and operationalization of health information exchange
- Ensuring representation of public health interests at national health information exchange initiatives
- Coordinate an education strategy and communications plan

Charge: To **identify** and **prioritize** pressing health information exchange issues that need to be addressed by the public health enterprise and to **develop** a message and timely **response** with a unified voice.



JPHIT: Recent Activities

- July 2006 – Representatives selected to serve on JPHIT Executive Board
- Sept. 6th – Convened Executive Board and formalized JPHIT
- Sept. 14th – Submitted joint statement on the development of the AHIC Successor



JPHIT: Benefits to Community

- The Public Health Informatics Taskforce will produce the following benefits to the *community*:
 - More complete information at the point of care
 - Public health programs and interventions more customized to the community's needs
 - Quicker response to acute public health threats such as disease outbreaks, and disasters, environmental hazards



JPHIT: Benefits to Public Health

- The Public Health Informatics Taskforce will produce the following benefits to **public health**:
 - Increased ability of public health to leverage advances in clinical informatics
 - Improved coordination of informatics activities among federal, state, and local public health leading to stronger relationships and more successful implementation and maintenance of cross-jurisdictional information systems
 - Improved representation in the national dialogue on health information technology and exchange



JPHIT: Benefits to Participants

- The Public Health Informatics Taskforce will produce the following benefits to the ***participant organizations***:
 - Improved coordination of activities, which will lead to less duplication of efforts, more coverage of opportunities for input, saved resources, and greater impact
 - A forum to unify the public health informatics voice and thus provide stronger national advocacy than any one organization could provide on its own



Next Steps



- Finalize JPHIT Governance
- Business Plan
- Secure funding
- In-person meeting



Points of Contact

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