PUBLIC HEALTH DATA STANDARDS CONSORTIUM
PHDSC
Promoting Standards Through Partnerships

111 Market Pl. Suite 850 Baltimore MD 21202 • Ph: 410-223-1608 • Fax: 410-659-6387 • aorlova@jhsph.edu • www.phdsc.org

Briefing to the National Committee on Vital and Health Statistics
December 1-2, 2010

Towards Public Health Sector Transformation and Sector Unity:
Maximize Health IT Standardization and
Meaningful Use of Heath IT in Public Health

2010 Annual Business Meeting Brief Report

November 3-4, 2010, National Center for Health Statistics, 3311 Toledo Road, Hyattsville MD 20782

The 2010 Annual Business Meeting of the Public Health Data Standards Consortium (PHDSC) was aimed to formulate the PHDSC business strategies for working with its members and broader public health audience on assuring the adoption of health information technology (HIT) standards in public health information systems thus making them interoperable with clinical Electronic Health Records Systems (EHR-S) and other healthcare information systems.

The meeting was held in a working summit format of group discussions focused on understanding public health challenges with HIT adoption and formulating solutions to address those challenges. Fifty-five participants from over 30 local, state and federal public health agencies, providers, academia, public health professional associations and HIT vendors agreed that challenges with the HIT adoption result from the current (1) siloed funding of public health programs, (2) siloed public health information systems implementations, and (3) siloed program-specific standards development activities.

Day 1 focused on group discussions around the continued public health siloed approach to health IT, the role of Meaningful Use of HIT (MU) in public health priorities, and the opportunities for public health in health information exchanges.

The current national Meaningful Use of HIT strategy does not do enough to promote public health information systems interoperability because siloed, program-specific agendas still prevail related to Meaningful Use Stage 1 activities, i.e., immunization, laboratory reporting, syndromic surveillance. In addition, programs that are not included in Meaningful Use, e.g. maternal and child health, chronic diseases, environmental health and others, will continue to suffer a lack of attention to their HIT needs.

Public health agencies have been involved in the state and regional health information exchanges (HIEs). However, the level of their involvement varies across jurisdictions. National focus on clinical IT, siloed information systems in public health, lack of national standards for public health exchanges, and immaturity of agencies' HIT plans reduces the role of public health in the HIE priority planning.

Day 2 opened with presentations on examples of possible solutions to facilitate HIT adoption in public health. This included successful collaboration between public health and other stakeholders in the Cabarrus County HIE, NC; the use of CMS's Medicaid Information Technology Architecture

(MITA) as a model for documenting public health business processes; and US Health Information Knowledgebase (USHIK) methodology for harmonizing various datasets. Informed by these examples, participants further worked on formulating a vision for achieving public health information systems interoperability within the public health sector and with the entire healthcare sector to assure real-time, quality information for care coordination and public health decision support for the public's health protection.

Participants first discussed what Public Health will look like in 2020, what role HIT may play in transforming public health sector and its operations, and how PHDSC will help execute this vision. Section below summarizes high-level points from these discussions.

1. ***What*** will Public Health Look Like in 2020 – OUR GOAL. With an aging population, a growing number of non-English speaking residents, more low-income communities, and a growing number of patients with chronic diseases, the public health role of serving as provider of last resort will grow. Payment methodology (pay for procedure) will likely change (to pay for performance or pay for outcomes) as quality measures of healthcare delivery mature. New technologies and a younger workforce raised in a modern IT environment will challenge current paper-based work processes. Current program-specific activities will evolve into network-based, more comprehensive, and public health knowledge-based operations. Availability of abundant electronic data and virtual working environments will allow agencies to advance public health decision support, develop closer ties and interactions with clinical care and enable personalized public health practices.

   New social media communication channels will enable public health to deliver health education in a more effective manner that facilitates prevention activities at the individual, family and community levels. By becoming an abundant information resource for population-based information, public health will serve as an information broker for clinicians, employers, researchers and individuals. The current public health "problem-response" mode of operation will be replaced by a pro-active "prevent-from-happening" approach based on matured public health preparedness, evidence-based model practices and improved communication. A public health perspective will provide greater emphasis on the multiple influences on health, in addition to health care -- environmental, social, educational and political – and the need to link information from all sectors.

   Information technology is a critical building block for achieving this vision.

2. ***Who*** are our stakeholders – WHO WILL BE IMPACTED? To function in this new environment, public health will need to increase and refine its collaboration with payers, healthcare providers, consumers, population at large, pharmaceutical industry, governments, insurers (life insurance), industry, researchers, education system (schools), zoning and planning organizations, faith-based organizations, and others.

3. ***How*** will they be impacted – MEASURABLE TARGETS? Access to public health and population-based information will enable our stakeholders to make their business decisions in a community-oriented manner. Stakeholders will become partners in developing and executing public health response and prevention interventions. Federal public health agencies will not

continue to be developers-providers of public health information systems but assume the role of convener and facilitator for HIT adoption in public health.

4. ***What*** are our milestones? The public health community working with HIT industry has to meet the new public health reality as a <u>united sector</u>. This means both across agencies (federal, state, local) as well as within agencies across programs (biosurveillance, chronic disease, environmental health, vital statistics, health policy, etc.). The Consortium should work with the public health community and HIT industry to support the community in its transformation. The PHDSC milestone is to support a public health transformation towards uniform information exchange and reporting by facilitating HIT adoption in public health practices, specifically, by

    - Implementing the PHDSC "Business Case: Role of Public Health in HIT Standardization" [1] assisting public health agencies to become informed and be actively engaged in HIT standards development and adoption;
    - Working with public health professional associations to implement the Public Health Informatics Consensus Framework of the Joint Public Health Informatics Task Force (JPHIT);
    - Participating in the national HIT initiatives (MU, HIE, RECs, SHARP, Beacon and other) by representing public health interests in HIT standards development and adoption.

5. ***Who*** are our partners? To reach these milestone, the Consortium will work with its members and broader public health communities of public health agencies on all levels of governments, public health and healthcare professional organizations, schools of public health, HIT vendor organizations, and health informatics organizations. The Consortium will work to expand its membership at least enough to be sufficiently representative of the various stakeholders in the public health community.

6. ***When*** - What is our timeline? The Consortium will support the national timeline on HIT adoption and will develop the list of specific projects and timeline for their execution to enable public health sector transformation in the next 10 year period. The examples of the projects include:

    - Develop a "Public Health Information Technology Architecture" (PHITA) Reference Model by utilizing CMS MITA methodology for documenting public health business areas and processes and developing requirements for interoperable public health information systems;

    - Facilitate the development HIT standards for various public health programmatic activities and assure the deployment of standards-based IT solutions in public health;

    - Educate public health workforce and clinicians on informatics, HIT, and user role in HIT standardization; and educate HIT vendors about public health;

    - Organize a series of Public Health IT Summits to build the sector unity and transformation.

[1] Public Health Data Standards Consortium. Business Case: Role of Public Health in HIT Standardization. URL: http://www.phdsc.org/standards/business_case.asp

- Work directly with state HIT organizations to improve systems and implement standards-based approaches to information management.

7. ***How much*** will it cost - What are our resources? The Consortium will work with our partners to quantify resources (workforce, infrastructure and monetary) needed to enable public health sector transformation. Specifically, the Consortium will work with its members to promote using the five percent of funding that HHS permits on categorical awards to state and local public health agencies for system integration, staff sharing, etc. This will encourage allocating resources for adoption of standards-based HIT, upgrading legacy public health information systems, sharing public health IT architecture and infrastructure, and developing an informatics savvy public health workforce.

Meeting Proceedings can be found at the PHDSC Web-site at www.phdsc.org