Trip Report: 5th Annual Meeting of Public Health Data Standards Consortium (PHDSC) and Business Meeting
March 16-18, 2004 Jerry Gibson

"We are all special, but we are ***not*** all different." (regarding our need for a common format etc. for our program data)
This is the fifth annual meeting of this consortium of federal, state and local government, professional IT nongovernmental and private sector organizations working to promote the adoption and use of standards for coding and sharing of health data of value to public health. This is the first meeting since the PHDSC incorporated as a 401c3, hired an executive director and joined Johns Hopkins Univ. as its "incubator" organization. Thus there was more emphasis this year on writing a Business Plan, marketing the Consortium's education tools and services to public health broadly, and thus putting the Consortium on a solider financial basis with less dependence on funding from CDC/HCFA, AHRQ and HRSA.

There were about 110 attendees at this year's meeting, with the majority being professionals in informatics, users of administrative claims and other healthcare databases, and professionals building integrated information systems. ASTHO, NACCHO, APHL, NAHDO, and NAPHIC were all well represented. Larry Hanrahan attended to represent Wisconsin DOH and the Univ. of Wisconsin public health informatics program.

PHDSC is all about access to, linking and sharing of routinely gathered health databases for public health needs. Its purposes and products are of supreme important to epidemiologists including communicable disease epidemiologists, who cannot work without data. Anyone doing NEDSS/PHIN knows the obstruction caused by lack of standard vocabularies, codes and transaction formats in laboratory and other key datasets, and by lack of interoperability of software written for separate "silo" databases. Using administrative claims databases (Medicaid, BC/BS) illustrates the same problems, and additional problems with lack of capture of core variables needed by public health. If we are to access the enormous world of available health status data to inform prevention, program planning and evaluation, we must solve these problems, which CDC will not solve for us.

PHDSC is producing a number of activities and tools of value for public health epidemiology, including: representation on standards development and data content organizations (HL7, ANSI X12, NUBC, NUCC) to add variables for public health, providing education such as the Web-Based Resource Center (http:// phdatastandards. info) and X12 Health Data Reporting Guide, promoting progress toward the Electronic Medical (Health) Record that is compatible with public health, maintaining communication through its listserv, and furthering work on the national and local Health Information Infrastructures.

Recommendation: CSTE should continue and increase our emphasis on promoting better understanding of the need for adoption of health data standards, and of the value of using

routinely gathered health databases (currently very underused by most public health epidemiologists), as well as the progress towards health data systems integration. To this end, we need to educate our members, including more activities at our annual meeting. We also need to recruit more members to serve on an informatics and data standards Team, and build more "experts" among our members.