

PHIN Conference News

Atlanta, GA



Monday, August 27, 2007

Today's Highlights

Keynote Address –
Building the Workforce:
An Imperative for
Public Health Informatics
Grand Ballroom,
M4 North Tower
8:30 – 9:00 a.m.

Plenary Session –
Perspectives on
Harmonization
Grand Ballroom,
M4 North Tower
9:00 – 10:00 a.m.

Poster Session
Atrium
2:30 – 4:30 p.m.

Aquarium Reception
Exhibits Open:
5:00 – 7:30 p.m.
Reception, Oceans Ballroom:
6:30 – 10:30 p.m.

Exhibit Hall Hours

Today
10:00 a.m. to 4:00 p.m.

Tomorrow
10:00 a.m. to 11:45 a.m.
1:00 p.m. to 7:00 p.m.

Wednesday
8:00 a.m. to 12:00 noon

Program Change

Dr. Les Lenert, NCPHI
Director, will moderate
today's keynote session.



Welcome from the 2007 PHIN Conference Co-Chairs

Dear Colleagues,

On behalf of the conference committee, we welcome you to the 2007 PHIN Conference! This is an exciting opportunity to build harmonious partnerships and address developments in public health and health care informatics. This year's theme is "Harmonizing Public Health Voices in National Health IT." With this goal in mind, we want to assess where we are and how we can create national networks to share vital health information.

The American Health Information Community states, "Interoperable health IT will improve individual patient care, but it will also bring many public health benefits including: 1) Early detection of infectious disease out-

breaks around the country; 2) Improved tracking of chronic disease management; and 3) Evaluation of health care based on value enabled by the collection of de-identified price and quality information that can be compared." We believe PHIN provides the critical components that will complete this vision. Plus, the conference will afford many opportunities to provide input to CDC and other key stakeholders on how to integrate PHIN with larger National Health IT Initiatives.

This year, we are honored and grateful to have several distinguished speakers. Our keynote speaker—Charles P. Friedman—is Senior Advisor to the National Coordinator

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Unconventional Wisdom 1 Make the Most of the PHIN 2007 Conference

By Raymond D. Aller, M.D.

Welcome! We're glad you're here. You are a valuable part of the educational program of PHIN 2007.

Many—including those who issue official continuing education credit for our conference sessions—think that the educational value resides in the formal plenary, workshop, and concurrent presentations. On the contrary, I would argue that the greatest value is in what goes on before, between, and after the sessions—informal hallway discussions with your peers. Get to know your colleagues from around the country. They've already solved many of the challenges you're facing. And they've done so in innovative and inventive ways, ways that are not documented in published literature. Meet people who are working on the issues you face, get their contact information, and continue the conversation after you return home.

Another educational venue is in the vendor exhibits,

which allow you to meet your future long-term business partners and see new ideas implemented for advancing public health. However, here there is a difference. You need to find out what jurisdictions are using this impressive software and talk with them to distinguish "real" from "vapor." Experience has shown that many concepts presented in concurrent sessions are difficult to implement in other settings. Vendors, on the other hand, make their living by ensuring that such innovative capabilities are implemented and operational in as many sites as possible.

So, here is my unconventional view for today: Educationally, your best bets at PHIN 2007 are having informal conversations with your colleagues and spending time reviewing all the offerings in the exhibit hall. By all means, attend the sessions and see the posters—but also consider this an opportunity to meet colleagues who will be your ongoing educators in years to come.



More than 100 attendees arrived early to attend yesterday's PHIN 101 tutorial.

Public Health Information Network (PHIN) 101

PHIN 101 provided a comprehensive overview of the Public Health Information Network—its goals, purpose, and resources for developing interoperable information systems. The session focused on recent changes in PHIN and on new collaborative approaches to architecture, requirements, and systems development. Participants gained a greater understanding of the functions of real time data flow and

the functions of electronic information systems.

The first half of the session introduced PHIN's goals, objectives, and revised definition. When the newly revised PHIN Requirements and Recommendations v2.0 document was introduced, the emphasis was placed on bridging public health information systems to achieve interoperability.

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Lenert Named NCPHI Director

Dr. Les Lenert is Director of the Centers for Disease Control and Prevention's National Center for Public Health Informatics. Prior to this appointment, he served as Director for the Health Services Research and Development section of the Veterans Medical Research Foundation, as Professor of Medicine at the University of California, San Diego School of Medicine, he was Staff Physician at the VA San Diego Healthcare System, and Associate Director of Medical Informatics at the California Institute for Telecommunications and Information Technology (CalIT 2). A graduate of the University of California, Riverside and the University of California, Los Angeles School of Medicine, he completed postgraduate training in Internal Medicine at the University of Texas Southwestern Medical School



Dr. Les Lenert

and a Fellowship in Clinical Pharmacology at Stanford University School of Medicine.

Dr. Lenert is a member of the editorial boards of Medical Decision Making, the *Journal of the American Medical Informatics Association*, and the *Journal of Biomedical Informatics*. He

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Health Information Exchange Improves Public Health

By Arthur Davidson, MD, MSPH, Director, Public Health Informatics, Denver Public Health; and Marcus Cheatham, Health Analyst, Ingham County Health Department

Public health is moving toward improving health information exchange (HIE) among health care providers, public health practitioners, insurers, employers, and patients. Through daily anecdotes and a steady stream of rigorous research, the medical world accumulates information that can significantly improve the quality of our health care system and reduce health care costs, if it is easily accessible through HIE technology. Health care providers, public health practitioners, and patients, along with insurers and employers, are embracing this exchange of information. For example, a regional health information organization (RHIO) can ensure more timely and complete medical reporting; match laboratory and doctor reports with pertinent patient information; and, when necessary, prompt doctors to provide missing information. All required functionality for local or state reporting can be built into an electronic health record (EHR) that communicates well with an RHIO. With this system, doctors would have fewer reports to prepare. Aside from improving workflow, quality, and safety, an EHR with public health

functionality could encourage more physicians to participate in an RHIO.

HIE can enhance public health quality in many ways. One profoundly beneficial public health use of HIE data would be to apply data to population-level surveillance of community health status.

- Community health data could be applied to population-level surveillance.
- Vaccination programs could be developed, evaluated, and monitored more effectively, especially new vaccines for adolescents and persons in high-risk groups.
- Outbreak detection, investigation, and reporting tools that integrate clinical, epidemiologic, and laboratory data from various sources could be developed.
- Clinical trials, ideally in collaboration with industry and academic institutes, could be conducted to determine the efficacy and safety of new drugs and biologics that could be used to treat and control drug-resistant infections.
- Research on disease mechanisms that impact the health and functional status of populations would be fostered.
- A comprehensive community health database could be implemented.
- Improved vaccination programs

could be devised that can be evaluated and monitored more effectively, especially new vaccines for adolescents and persons in high-risk groups.

- More efficient tools for outbreak detection, investigation, and reporting that interface with clinical, epidemiologic, and laboratory data from various sources could be developed.
- Clinical trials, ideally in collaboration with industry (e.g. pharmaceutical companies) and academic institutes to determine the efficacy and safety of new drugs and biologics that can be used to treat and control

drug-resistant infections would be improved.

- Research on emerging disease mechanisms that affect public health would yield better results.

For more information on an HIE or RHIO in your area, visit <http://www.himss.org/StateDashboard/> or contact your state health department, local public health association, or hospital. Get involved in your community's HIE initiatives. Learn how your community can actively participate in moving toward a more integrated and interoperable health care environment.

PHIN Community Remembers Don Nestor

The Public Health Information Network community lost a valuable member of its team on August 18, 2007. Donald A. Nestor, a consultant to CDC's National Center for Public Health Informatics and an employee of Science Applications International Corporation passed away after a long illness. He was 52 years old.

From 2003 until March of this year Don was Project Manager for the PHIN Certification Team at CDC. Under Don Nestor's leadership the PHIN Certification Team was tasked by CDC to both enable and track the adoption of PHIN interoperability requirements in state, local and territorial public health agencies nationwide.

He was a regular speaker at the annual PHIN Conference on the topic of PHIN Certification and worked tirelessly with public health jurisdic-

tions across the country advancing the adoption of PHIN functional requirements and technical standards. More recently Don was a member of the PHIN Deployment team supporting the implementation of CDC developed solutions and technologies

in state and local public health organizations.

Don Nestor understood the importance of this work and its implications for public health preparedness. Despite his long struggle with cancer, surgeries, chemo therapy and debilitating pain, Don continued to work and to care for this important goal until his death. CDC and SAIC will miss Don's enthusiasm and warm-hearted, professional

nature. His contributions to the development of the Public Health Information Network, and his personal commitment and sacrifice in advancing the public health mission will be long remembered.



Donald A. Nestor

Public Health Research

RTI International's researchers apply information and communication technology to improve the practice of public health and health care. We work with local and national stakeholders to promote and sustain access to high-quality health information systems.

We have extensive experience in

- public health informatics,
- surveillance and detection,
- full software development lifecycle,
- information dissemination, and
- production of materials concerning the prevention and control of all major chronic and infectious diseases.

Health research, our largest single field of study at RTI, spans everything from the human genome to global health education. We pursue multidisciplinary studies in many areas, drawing on a range of capabilities that includes survey and research methodology, sampling and statistics, and epidemiology.



For more information, contact

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RTI International is a trade name of Research Triangle Institute.

PHIN 101

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The level of "connectedness" was further articulated through electronic messaging. Discussion also focused on the applicability of standards, guidelines, data elements and data sets, and examples to support the five PHIN requirements.

The audience learned about the vision of The Centers for Disease Control and Prevention (CDC) to improve public health by enhancing research and practice through best practices related to efficient, effective, and interoperable public health information systems. As with the overall set of requirements, PHIN's electronic data exchange, security architecture, and best practices are in a state of transition. In the area of electronic data exchange, the session covered topics including new processes and artifacts for the specification and use of standard messages for data exchange. The session also covered current and future architecture for vocabulary services and the vision of more model-

driven approaches to integration and interoperability. The security architecture and best practices segment focused on security best practices and some of the federal guidelines that govern CDC-supported work in this area. Future architecture goals were also discussed, including distributed authentication, identity management, and federation.

When asked about the benefits of PHIN Certification, Lynn Gibbs-Scharf, division director, Division of Alliance Management and Consultation (DAMC) replied "It improves the ability to do public health business at the state and local levels."

PHIN Requirements can significantly reduce the amount of time it takes to send laboratory data. Janet Firestone, data administrator integration manager of the Florida Health Department states: "Since Florida instituted Electronic Laboratory Reporting (ELR) the time spent transporting case-notification data between the state health department and laboratories has decreased from 14 days to 48 hours."

Part 1

What's Happening with NEDSS?

The National Electronic Disease Surveillance System (NEDSS) is alive and well! CDC is better focusing its resources on this important project. Learn more about recent changes in the NEDSS project by attending an information session. There will be a short summary overview on Tuesday at 10:00 a.m. (session D2), or get an in-depth presentation, including a question and answer session, on Wednesday at 7:00 a.m. (breakfast session BR2).

To many, NEDSS is synonymous with the NEDSS Base System (NBS), but NEDSS is much more than the NBS. At a high level, NEDSS represents the following:

- Policy (e.g., NEDSS messages will replace NETSS messages for case reports sent from states to CDC);
- Standards (e.g., HL7 v2.5 messages will be used to transmit NEDSS messages between states and CDC);
- Stakeholder funding (e.g., Since 2001, the ELC cooperative agreement awarded more than \$77 million to 57 NEDSS jurisdictions. In fiscal year 2007 alone, \$10 million was awarded);

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Question of the Day

Why are You Attending PHIN 2007?



Ken Komatsu, MPH
Arizona State Department
of Health
Phoenix, AZ

"I'm here to learn how to integrate and leverage the different initiatives, such as early event detection and disease surveillance."



Dulce Belen, MBA
Hawaii Health Data Warehouse
Honolulu, HI

"We are working with the Department of Health to design a data warehouse for community health information. I am here to see model programs and best practices, especially in the poster session."



John Satre
Iowa Department of
Public Health
Des Moines, IA

"I'm here to keep abreast of national initiatives. They usually discuss topics that will affect the next few years."

INNOVATION THROUGH INSPIRATION

An Invitation to Attend the AMIA 2007 Annual Symposium

We invite you to participate in the AMIA Annual Symposium, the premier meeting for new research and development in biomedical and health informatics.

Whether you are a novice or an expert, a researcher or a practitioner, you will benefit from the breadth and depth of the sessions, including state-of-the-art scientific and technical presentations, a diverse range of invited plenary and semi-plenary talks, panels, and workshops bringing together thought leaders for exciting education and active discussion.

Expand your expertise, sharpen your skills, enhance your creativity, and your technical capabilities. Learn from the experts in the field, hear about cutting-edge research and exceptional best practices, and share your experience with your peers through numerous formal and informal networking forums.

Join your colleagues, thousands of national and international participants including clinicians, educators, researchers, epidemiologists, and numerous health specialists at AMIA 2007.

We hope you'll join us in Chicago this fall!
Register today at: www.amia.org



**Vital Signs of Healthcare's
Changing Landscape**

AMIA 2007 Annual Symposium
From Foundations to Applications to Policy
November 10-14, 2007 • Sheraton Chicago Hotel & Towers Cityfront Center • Chicago, IL

Tutorial: Integrating Informatics into Public Health Practice

The tutorial, Integrating Informatics into Public Health Practice, introduced the discipline of public health informatics and provided insight into the systematic strategies used to integrate informatics principles in public health. In true “workshop” format, the agenda included Definitions and History, Key Issues, Drivers and Initiatives, Information Resources Governance and Enterprise Architecture, Software Development Lifecycle (SDLC), and Project Management.



Attendees at yesterday's Integrating Informatics into Public Health Practice tutorial.

Dr. Janise Richards, senior advisor with the NCPHI Division of Knowledge Management, and her colleagues have long been strong advocates of informatics education in public health, and she described the tutorial as “three years in the

making.” Dr. Richards introduced Dr. Barbara Massoudi, senior health research scientist with RTI, Chair of the AMIA Informatics Workgroup; and Dr. Tom Savel, acting associate director for science in NCPHI.

Dr. Massoudi began the workshop with a discussion of definitions for public health informatics. She discussed how to organize information including vocabularies, classifications, taxonomies, and ontologies; and explained the work of people in informatics: formulate models, develop computer applications, deploy technology systems, and access outcomes. Finally, Dr. Massoudi listed approaches that are needed for public health informatics including multidisciplinary and collaborative, systematic, applied, integrated, transparent, and managed.

Dr. Savel covered key public health informatics issues involving standards, vocabulary, drivers and initiatives, then he defined these within the context and concepts of informatics. Next, he moved into Drivers and Initiatives, in which he described what is happening in the world of informatics and talked specifically about the Nationwide Health Information Network (NHIN). NHIN's goal is creating a nationwide system for a national health IT landscape.

delivery mechanisms for surveys. Dr. Lenert also has extensive experience developing “toolkit” type software designed to help other investigators create their preference surveys and decision support programs.

An additional area of research interest for Dr. Lenert is the Wireless Internet Information System for Medical Response in Disasters (WIISARD) project. WIISARD is an advanced wireless location-aware electronic records system designed to facilitate the care of victims at the site of disasters or terrorist attacks.

When asked about his thoughts about the PHIN Conference, Dr. Lenert borrowed the African proverb that says, “If you want to travel fast, travel alone. If you want to travel far, travel together.”

Dr. Lenert

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is also a member of the Agency for Health Research and Policy's Health-care Technology and Decision Sciences study section. In 2002, he was appointed to the American College of Medical Informatics, in recognition of his work in the field of Informatics.

Dr. Lenert has research interests in the approach for measurement of patient preferences and also assisting patients, clinicians, and policy makers with difficult decisions. From a technical (informatics) perspective, Dr. Lenert pioneered use of computer interviewing techniques for preference surveys, the development of surveys with integrated multimedia materials, and the development of web-based

NEDSS

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- Tools (e.g., the NEDSS Message Solution, based on the Orion Rhapsody commercial integration software tool, is helping to establish a self-sustaining network among public health partners (commercial and local, state, and federal entities); and

- Applications (e.g., NBS is in production in 16 states).

Thanks to stakeholder input, NBS continues to evolve. NBS and the

NEDSS Message Subscription Service will be demonstrated at the PHIN booth, so stop by the booth for presentation dates and times. Please contact any member of the NEDSS team if you have questions.

John Abellera (jla7@cdc.gov)
Jose Aponte (jca6@cdc.gov)
Wayne Brathwaite (wsb2@cdc.gov)
Scott Danos (csd3@cdc.gov)
Quincy Huang (gnq0@cdc.gov)
Michelle Mayes (zlk0@cdc.gov)
Arun Srinivasan (fos2@cdc.gov)

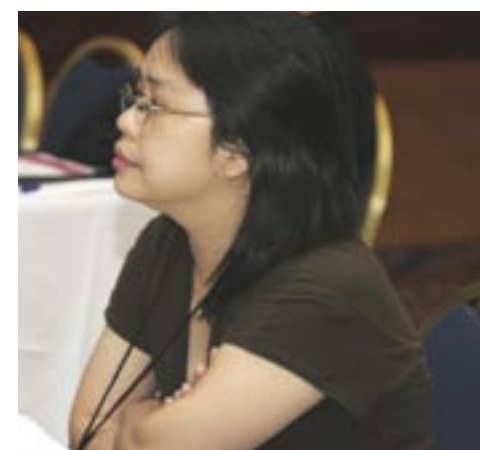
A Primer on Biomedical and Health Informatics

The American Medical Informatics Association (AMIA) hosted the tutorial, A Primer on Biomedical and Health Informatics. This four-hour tutorial session featured John Holmes, Ph.D., University of Pennsylvania Medical School and Bryant Karras, M.D., University of Washington, Seattle.

This tutorial's main purpose was to introduce the concept of biomedical and health informatics. Designed to explore the origin and evolution of informatics in general and moving to the more specific genres of biomedical and health informatics, the session described the principles that govern each, and their benefit both to health care and public health.

“Biomedical Informatics isn't just about IT or setting up databases; it's using computational tools to analyze biological data,” stated Dr. Holmes as he described to ever-evolving nature of biomedical and health informatics.

Since this session was designed for all levels of experience, from those new to the field of informatics up to informatics professionals, both speakers covered topics ranging from the definition of informatics, including biomedical informatics and health informatics; the nature, structure and management of health data;



An attendee listened during the Primer on Biomedical and Health Informatics.

the impact of biomedical and health informatics on health care and public health; different health communications systems; informatics education; and how health informatics will move forward in the future.

The nearly 20 participants who attended come from a variety of disciplines: from epidemiologists to health technology personnel, nurses, administrators and other health professionals.

After the session, the participants walked away with a better understanding of the topic and a better idea of how it positively impacts public health.

Welcome

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for Health Information Technology in the Office of the Secretary for Health and Human Services. Plenary speakers are John Lumpkin, Robert Wood Johnson Foundation; Janet Marchibroda, eHealth Initiative; and Les Lenert, Director, National Center for Public Health Informatics.

Conference objectives are to:

1. Provide an overview of National Health IT Initiatives;
2. Provide an update on the PHIN initiative, products, and services;
3. Share information on how to actively engage in the PHIN Collaborative Process and National Health IT Initiatives;
4. Highlight and share best practices and success stories in internal and external collaborations;
5. Provide opportunities for dialogue among stakeholders to share concrete skills, practical applications, and experiences to advance interoperability and knowledge management; and
6. Provide the latest research in public health informatics.

The PHIN Conference is the premier vehicle for encouraging change through thought-provoking and well-informed presentations and dialogue sessions. Each year we surpass our highest expectations for success by hosting events and initiating programs that not only develop partnerships, but build and strengthen relationships.

We thank those who have worked diligently to make this conference

possible. Many thanks to the PHIN conference committee and to our PHIN partners—CDC, NACCHO, ASTHO, APHL, CSTE, NAHDO, NAPH-SIS, and NAPHIT—for their expert guidance and planning. We also thank the dedicated abstract reviewers and review team leads who made the selections of content for our concurrent sessions possible.

A special thanks goes to our sponsors—Northrop Grumman, SAIC, ESRI, STARLIMS, and ATLAS—for their support of conference activities. Please visit our vendors' booths to show that you value their participation.

We hope that you emerge from the conference with a sense of a cohesive vision and practical and strategic goals in mind. It is also our hope that you become empowered to seek organizational and policy changes, to influence the development of standards, to seek informatics training opportunities, and to facilitate better communication and outreach between public health and health care entities. And always, we hope you will continue to seek opportunities to influence the public health informatics agenda.

Please continue to support the conference by volunteering for the planning committee and submitting your work for the 2008 PHIN Conference.

Again, welcome and enjoy the conference, and be sure to take some time to sample true southern hospitality through the wide range of activities that the city of Atlanta has to offer.

Marty Cicchinelli and

Valerie Rogers

PHIN Conference Co-Chairs