PHIN Conference News

Atlanta, GA

Tuesday, August 28, 2007

Today's Highlights

Plenary Session – Mining the Clinical Health Information Technology Policy Landscape: Opportunities and Challenges for Public Health
Grand Ballroom, M4 North Tower
8:25 – 9:30 a.m.

Networking Lunch, Poster Awards, and Recognition
Grand Ballroom, M4 North Tower
11:30 a.m. – 1:00 p.m.

PHIN Open Conversation: A Facilitated Dialogue
Maple A-B-C, South Tower
3:00 – 6:00 p.m.

PHIN Messaging and Standards Workshop
Cottonwood A-B, North Tower
3:00 – 6:00 p.m.

Exhibit Hall Hours

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

Tomorrow
8:00 a.m. to noon

Program Change

Today's morning plenary session will begin at 8:25 a.m. Please be on time.

"Perspectives on Harmonization" Focuses on Meeting Public Health IT Goals Through Collaboration

Monday's "Perspectives on Harmonization" plenary session—introduced by Steven L. Solomon, M.D., director of CDC's Coordinating Center for Health Information and Service—discussed Health Information Technology (HIT) harmonization challenges and the solutions provided by public health IT leaders.

Dr. John Lumpkin, senior vice president and director of Robert Wood Johnson Foundation's Health Care Group, outlined the history of public health information tools and some health information exchange (HIE) problems, including paper-based or non-interoperable systems, information silos, limited interstate data exchange, and the public's misperception of public health's function.

Dr. Lumpkin explained goals for effective HIE for population health: interconnectivity between public health and healthcare systems, case reporting, and bidirectional communication and response. He also described several potential solutions: leveraging the Public Health Information Network (PHIN); involving the Health Information Standards Technology Panel (HITSP) and Certification Commission for Healthcare Information Technology (CCHIT) in developing requirements; using an open partnership process for certification; improving the business case for data and information exchange between public health and clinical systems; and initiating a national case-definition process.

Dr. John Lumpkin during yesterday's plenary session.

Janet Marchibroda, chief executive officer of the Washington, D.C.-based eHealth Initiative and its foundation, discussed the future of healthcare reform; gave 55% as the number of Americans who currently do not receive needed healthcare services; and noted the United States' aging population, current and projected challenges with medical errors, rising healthcare costs, and chronic condition and care costs.

She discussed strategies for managing these concerns, including transparency, financial incentives, consumer engagement, and health IT. She also stated the importance of national standards, noting

Continued on page 4

Dr. Charles Friedman delivered yesterday's keynote.

Building the Workforce: An Imperative for Public Health Informatics

Public health will increasingly be enhanced by a wide range of information technology applications. To do this well, many more public health informaticians need to be trained and added to the workforce. This was the message of Dr. Charles Friedman, keynote speaker for the opening of the 2007 PHIN Conference.

As a preamble to describing the characteristics of public health informaticians, how they can best be trained, and how many are needed, Dr. Friedman identified some misconceptions about the field of informatics. It "is not routine use of information technology to do professional work, keeping the computers and networks running, nor the writing of computer programs for use just by the people who wrote them." He also noted that "while epidemiologists and biostatisticians absolutely need information technology to support their work," the fields of epidemiology and

Continued on page 2

NACCHO Cosponsors PHIN Conference

By Robert Pestronk,
President, NACCHO

The National Association of County and City Health Officials (NACCHO) is pleased to cosponsor the 2007 Public Health Information Network (PHIN) Conference. Informatics is a high priority in NACCHO's strategic plan, which gives particular attention to advocacy "…for full participation of and resources for local public health in the development and implementation of the national health information infrastructure."

We are working to increase our members' understanding of informatics and their participation in local informatics activities. Local health departments have much to contribute to and gain from informatics and robust, regional health information systems. Through these systems, local communities can better understand how the process of care relates to the outcomes that community members seek from their health care systems. We have much work to do to ensure the full participation and involvement of local health department representatives in regional, statewide, and national informatics initiatives.

We count on those of you attending this conference to invite your local public health colleagues to participate in dialogue about informatics, to participate in informatics activities convened by local health departments, and to welcome representatives from local health departments to developmental activities as they seek to participate. Our combined efforts will increase the likelihood of developing an interoperable system that meets the needs of many constituencies.

Pan Flu Preparedness

The Pan Flu Preparedness session took a look at the role played by surveillance systems to measure and track influenza. Kristin Uhde, Ph.D, from the Centers for Disease Control and Prevention (CDC), moderated a panel of three presenters: Daniel Jernigan, M.D., M.P.H., CDC; Marc Paladini, M.P.H., International Society for Disease Surveillance (ISDS); and Jacqueline Cattani, Ph.D., M.P.H., M.A., University of South Florida. Each topic covered a different way that surveillance can be used to enhance influenza preparedness.

More than 130 people attended the standing-room only session. The speakers discussed how surveillance aids in monitoring, tracking, and providing emergency response for flu. Specific highlights from each panelist follow.

Dan Jernigan, M.D., M.P.H., CDC, Pan Flu Preparedness at CDC

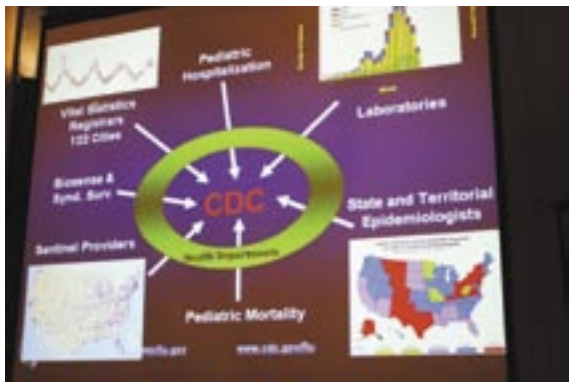
According to Dr. Jernigan, influenza is a "virus that touches on every aspect of public health." He cited statistics that seasonal flu infects 20% of the population, that there are 200,000 flu-related hospitalizations per year, and that there are 36,000 flu-related deaths per year.

The government takes a multi-pronged approach to influenza response, including surveillance, vaccine development, and improving prevention, with a focus on improving detection. Once flu is detected, the steps taken are enhanced surveillance, exhaustive investigation and laboratory confirmation, rapid response, and containment.

Marc Paladini, M.P.H., ISDS, National BioSurveillance: DiSTRIBuTE

Mr. Paladini began his presentation with an overview of ISDS and its programs. Most of the presentation was spent discussing the Distributed Surveillance Task Force for Real Time Influenza Burden Tracking and Evaluation (DiSTRIBuTE), their surveillance system project.

The Distribute Project uses aggregate data from existing sources (state and local emergency department syndromic data) for influenza-like illness. Its goal is to support national awareness, provide situational awareness, establish a mechanism and network that can connect health departments, and provide public health practitioners with useful and timely influenza morbidity benchmarking.



Jacqueline Cattani, Ph.D. M.P.H., M.A., University of South Florida, Multi County Syndromic Surveillance, Pan Flu Detection and Response in Florida: The Human in the Loop.

Dr. Cattani provided an overview of the BioDefendTM surveillance system in use in central Florida. A local surveillance system, BioDefend provides the flexibility needed for use in a variety of settings, an ability to be customizable, and near real-time capability. The system was implemented in 2005.

Unconventional Wisdom 2

The RFP—NOT the Way to Choose a Public Health Information System

By Raymond D. Aller, M.D.

But wait a minute—every textbook, or governmental procedure manual, tells me to create a Request for Proposal listing everything I want the system to do, send it out to every vendor I can find, score the responses, and choose the response with the highest score… what could possibly be wrong with that?

The RFP approach rests on the mistaken assumption that you are choosing a system. What you need to be choosing is a long-term business partner for your organization. It is much more important that the vendor you choose is responsive to your future business needs—which you cannot anticipate today—than that it has every widget you might have called for in an RFP. Some of the most successful system selections used a small RFP, no RFP, or ignored the numeric rankings of a larger RFP. Some of the biggest and most expensive failures relied on an RFP of hundreds of pages, and spent months massaging the numbers.

If we don't ask about 23,000 microtrivialities, what do we ask?

• Please provide a list of ALL sites and clients currently using your software, together with contact information. Don't let the vendor dictate who you're going to talk to—that must be your choice. And a "selected" list of references means they have something to hide.

• A few pages of questions, to establish fundamental characteristics and broad capabilities of the vendor and software. Compliance with PHIN 2.0 communication standards is a must. Your umbrella organization (governmental entity, etc.) may insist on certain characteristics—for example, all servers must be painted red… Be clear, though, that you will never be able to ask about all details of functionality—a much better measure is to see the system in operation in a working environment—so don't start down the path of total enumeration of features. If you've exceeded 10 pages (unless it's mostly governmental boilerplate), you've written too much.

Then call most, or all of these sites. On the phone, ask: How does the vendor do in supporting your organization's business objectives? Are they responsive when the software needs to be repaired? If starting from scratch, would they choose this vendor/system again? If possible, it's best to talk to a colleague you know at a site – they may be more willing to discuss things that might not be hunky-dory with the vendor.

For the 1–2 finalist vendors—visit a couple of sites for each. Look at how the operation interacts with the software. Is it smooth, or must the staff resort to awkward workarounds, or dozens of sticky-notes to get their job done? Try to talk to staff out of earshot of the boss – would they like to keep the system or can it?

In appreciation for the small forest that you have spared as you bypassed the RFP flail, we wish you an enjoyable day at PHIN 2007.

Workforce

Continued from Page 1

biostatistics and the management of large datasets are distinctly different from informatics.

Dr. Friedman is senior advisor to the Office of the National Coordinator for Health Information Technology. Based on his past experience in informatics education at the University of Pittsburgh and the University of North Carolina, Dr. Friedman described synergistic cross-training as the best among several approaches for training public health informaticians. This approach combines basic information and computational sciences with health care, biology, public health, clinical research or other similar domains. For public health informatics, the cross-training, or formal immersion of people in both of these fields as part of their professional preparation, causes them to think differently. When they think about public health problems, they automatically frame them in informational terms, or conversely, when they think of informational problems, they frame them in terms of public health."

Currently there are only about 200 cross-trained public health informaticians in the United States. Based on the magnitude of public health enterprise in the U.S. and the informatics needs of public health organizations on the national, state, and local levels, approximately 1,000 new public health informaticians are needed. Current training opportunities, however, provide only about 100 new public health informaticians each year resulting in the "informatician gap" that will take at least 8 years to fill.

PHIN Attendees Network on a National Scale

About 1,300 PHIN attendees enjoyed the fifth annual PHIN Conference Meet and Greet Social and opening celebration in the Exhibit Hall on Sunday night. Serenaded by a live jazz band, conference goers visited vendor tables and sampled a variety of scrumptious hors d'oeuvres. Guests who traveled from across the country and around the world to attend the conference had the opportunity to mingle and network with their PHIN colleagues.

The Exhibit Hall was filled with energized conversations of technology experiences and discussions about upcoming sessions, workshops, and presentations. Many were implementing this year's conference theme, "Harmonizing Public Health Voices in National Health IT," by exchanging ideas and opportunities for collaboration during the social. They were also anticipating meaningful connections throughout the conference week.

Michael Suralik, an exhibitor for HLN Consulting, LLC from San Diego, California, says he sees the conference as an "opportunity to demonstrate their company's new product systems and talk to new users and stakeholders about their services."

Many people were repeat attendees of the PHIN conference. James Hicks from Little Rock, Arkansas, is the PHIN coordinator for his state. He says he is attending PHIN "to get a better understanding of the PHIN certification guidelines." Mr. Hicks is looking forward to convey this valuable information back to his state.

The Meet and Greet Social was a successful grand kick-off to this year's conference. People took advantage of the opportunity to share ideas and gain new insights about improving pubic health information standards and electronic data exchange. Attendees anticipated the week to be filled with inspiring sessions and speakers, combined with awesome poster presentations. The social reception served as an enjoyable place for people to connect, network, and begin collaborations.

Attendees at yesterday's Breakfast with the Directors.

Conference Opens with a Whisper

In past years, the first official event of the PHIN conference has been a keynote or plenary session. The 5th annual PHIN Conference started on a quieter note: breakfast.

This year's conference committee introduced several changes, including adding "Breakfast with the Directors." This special breakfast provides a way for people to meet informally with the directors of the National Center for Public Health Informatics (NCPHI) and the Coordinating Center for Health Information and Service (CCHIS).

Monday's breakfast was quiet, and most people preferred the standard continental breakfast buffet. The topics at the tables ran the entire gamut, from personal stories to discussions of PHIN grants and current reporting practices.

For this first breakfast, the directors present were Les Lenert, M.D., M.S., the new director of NCPHI; and Steven L. Solomon, M.D., CAPT USPHS, director of CCHIS.

Future breakfasts will feature directors from the five divisions within NCPHI:

Tuesday
- Jason Bonander, Division of Knowledge Management (DKM);
- Tim Morris, Division of Informatics Shared Services (DISS); and
- C. Scott Danos, M.P.H., Division of Integrated Surveillance Systems and Services (DISSS)

Wednesday
- Robert Martin, M.P.H, Dr.P.H., Division of Emergency Preparedness and Response (DEPR); and
- Lynn Gibbs-Scharf, M.P.H., Division of Alliance Management and Consultation (DAMC)

We invite you to take advantage of the new "Breakfast with the Directors" session. You'll get to enjoy your quiet morning hours in one of the most small, subdued gatherings at the entire conference.

Design and Conduct of Evaluation Studies in Public Health Informatics

The American Medical Informatics Association (AMIA) hosted the tutorial, Design and Conduct of Evaluation Studies in Public Health Informatics, on Sunday afternoon. The featured speaker, Dr. Charles P. Friedman, Office of the National Coordinator, Department of Health and Human Services, used principles outlined in his book, Evaluation Methods in Biomedical Informatics, 2nd Edition, to provide an overview of evaluation principles and demonstrate how they impact public health informatics.

Using lecture, discussion and group activities, Dr. Friedman explored the definitions of evaluation principles and how evaluation studies can enhance health informatics projects. He touched upon various evaluation methods and reviewed case studies to show how these methods impacted the projects.

According to Dr. Friedman, "Evaluation is NEVER definitive." He explained to the participants that one should remember that a successful evaluation need only be helpful to an identified audience. It does not have to be judgmental; it merely needs to be perceived as helpful by the stakeholders.

Fifteen attendees participated in the session, primarily from the bioinformatics world. There were many surveillance analysts and epidemiologists, along with a bioengineer and a biostatistician. Many stated that they attended the session because they wanted to use their data better, learn evaluation methods, and apply evaluation to their surveillance systems.

Please recycle all cans and bottles. Look for the PHIN recycle bins throughout the Omni Hotel.

Part 2

What's Happening with NEDSS?

One of the most exciting NEDSS projects is the NEDSS Message Solution (NMS). Notice the word "solution" is used here, as it accurately suggests a breakthrough in the way electronic messages among public health stakeholders are managed.

Traditional paper-based reporting to public health departments is being phased out. For example, electronic versions of positive lab tests and physician case reports will replace paper, fax, and phone reports. The result? More reports will reach public health departments more quickly.

Getting electronic public health reporting methods adopted quickly presents some barriers. The greatest barrier is the problem with receiving and processing messages that do not fully conform to data standards. NMS is working to address this problem.

The goal of NMS is to establish a self-sustaining network of stakeholders dedicated to the adoption of electronic messaging among public health partners, including commercial, local, state, and federal ones. The primary components of this project include the following:

- NEDSS Message Subscription Service—Orion Rhapsody and NEDSS Broker Tool (free software);
- Free training and technical support;
- Facilitated collaboration among NMS users
- Templates and other technical work products that are freely shared; and
- Funding to states through the CDC ELC cooperative agreement.

Based on Orion Rhapsody, NMS aims to support the needs of public health professionals through successful exchange of electronic messages in any format—proprietary- or standards-based.

Get more information about NMS software (Orion Rhapsody) and other NEDSS projects at the 7:00 a.m. breakfast session roundtable (BR2) on Wednesday. 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)

Vendor Theater and Interoperability Showcase Opening Festivities

The Vendor Theater was a new component added to the 2007 PHIN Conference. It provided the perfect venue to allow vendors and exhibitors the opportunity to showcase their latest products and services. The Vendor Theater began with two innovative vendor presentations made available to conference participants. Deloitte Consulting, LLP introduced Pennsylvania's National Electronic Disease Surveillance System followed by the Healthcare Information and Management Systems Society (HIMMS), which presented a topic on deploying real-time, Public Health Information Exchange (HIE).

New this year is an Interoperability Showcase using the Healthcare Information Technology Standards Panel (HITSP) use cases. This informative display had ten different organizations presenting two human health events, Tuberculosis Morbidity Case Reporting and Influenza Outbreak.

George Cole, principal engineer for Allscripts and one of the exhibitors for the Vendor Theater, was excited to demonstrate these systems to many PHIN conference attendees. Cole says the interoperability showcase system "fosters connectivity of healthcare" and "reduces the burden of reporting."

A demonstration was preformed using The Influenza Outbreak and Tuberculosis Morbidity Case Reporting examples. Each system's interoperability was represented within settings of an emergency department, primary care physician office, and public health agency. Several significant values were shown from these systems, which included early event detection and timely response to saving lives; information available to support local, regional and national preparedness and response; a near real-time view of the community's health; and information available to support public health event monitoring and rapid response management.

PHIN exhibitors had great opportunities to listen to people's views about their newest products and services from a user and stakeholder perspective. Cole says the chance to exhibit at the PHIN conference "provides ways to reach new audiences with the latest information."

Sunday night's opening reception concluded with a night filled with tremendous energy and excitement among the exhibitors and conference participants. Thousands of interested attendees enjoyed visiting new exhibitor booths and listening to the vendor presentations. They learned about the most recent products that meet the demands for standards-based, interoperable systems that follow national health IT standards and enhance the practice of public health.

The Vendor Theater and Interoperability Showcase tours will continue to feature vendors throughout the conference. Please check your *Exhibitor, Interoperability Showcase, and Sponsor Book* for a detailed schedule.

Attendees interact at the Interoperability Showcase.

Harmonization

Continued from Page 1

the rapid increase in health IT legislative activities nationwide, and described the importance of funding a sustainable model for data exchange.

Marchibroda pointed out that several local and regional health information organizations (RHIOs) have succeeded in exchanging laboratory and claims data.

During the final presentation, Dr. Les Lenert, director of the Centers for Disease Control and Prevention (CDC)'s National Center for Public Health Informatics (NCPHI), focused on NCPHI's changing role in harmonization initiatives. "NCPHI is moving from an application development approach to greater levels of partnership and collaboration, and a service-oriented approach," he said.

Lenert explained the importance of accelerating the development of informatics in the public health community by using open source software, creating communities of practice, using service-oriented architecture for a modular approach, developing federated systems, focusing on customer service, and providing value-added information. He also stressed the importance of developing a systematic set of tools and components that will enable NCPHI partners to develop their own custom applications and of converting data to information to knowledge to improve decision-making, planning, and implementation ability.

He noted that with help from a wide range of partners—federal, local, state, and regional agencies—the current public health network model will become a public health grid where information will be shared in a collective environment but still reside with the data owners, not in a central repository. "A critical element of [developing this grid] is identifying the services that we can build as a community of practice," he stated. "CDC will be a trusted third party. We'd also like to look at lowering the barrier for RHIOs, make it easier for hospitals to participate, and lower the cost for people who are creating health information exchanges."

Question of the Day

What is the most exciting thing that you learned yesterday during the PHIN Conference?

Shannon Orr
Northrop Gorman
Atlanta, GA

"One of the biggest insights for me was Dr. Lenert's quote during the plenary: 'If you want to travel fast, travel alone. If you want to travel far, travel together'."

Ravi Nagubadi
Sofbang LLC
Chicago, IL

"Ideas such as a health information exchange, new standards, and a collaborative exchange of data are very interesting."

Jessica Jungk
New Mexico Department
of Health
Santa Fe, NM

"I learned about electronic lab reporting being done through the cancer registry. It will be interesting to try to compare that to what we have been doing for infectious diseases."

Vendor Sponsored Activity

Colleagues,

Please join us for our Vocabulary Community of Practice walk on Wednesday morning.

We will be meeting at 7:00 a.m. at the Omni's CNN Center Entrance across from the park (McCormick & Schmick's Restaurant is just inside this door) and stepping out at 7:05!

Our walk will take us through part of the park and downtown, and we'll have refreshments at Starbuck's across from Woodruff Park (the address is 100 Peachtree Street) before returning to the Omni.

We look forward to seeing you there!

Best Regards,
The PH VCoP Planning Team