

# PHIN Preparedness Requirements Gathering Meeting

## Feedback and Findings Webinar #2



NATIONAL  
ASSOCIATION OF  
COUNTY & CITY  
HEALTH OFFICIALS



**SAFER • HEALTHIER • PEOPLE**



# Welcome

## CDC Speakers:

- John Loonsk
- Sunanda McGarvey
- Jennifer Johnson
- Tricia Gallagher

## AIR Moderators:

- Chris Hass
- Debbie Goff



# Agenda

- Introduction
- Summary of Activities to Date
- Positives of PHIN Requirements Gathering Meetings
- Suggested Changes for PHIN Requirements Gathering Meetings
- Overall Findings: Functional Priorities for PHIN
- Overall Post-Session Survey Results
- Session Specific Findings
- Requirements Gathering Process Findings
- Summary of Future Activities



# Summary of Activities to Date

Of 86 participants, 76 provided survey responses:

- 30 state officials
- 37 local officials
- 9 from public health laboratories

Representatives from APHL, ASTHO, NACCHO, and CSTE also attended





# Summary of Activities to Date

## Portland, OR - November 18-19:

- Outbreak Management
- Early Event Detection
- Countermeasure and Response Administration

## Clark County, NV - December 2-3:

- Partner Communications and Alerting
- Connecting Laboratory Systems
- Early Event Detection

## Evanston, IL - December 9-10:

- Early Event Detection
- Partner Communications and Alerting
- Countermeasure and Response Administration



# Positives of PHIN Requirements Gathering Meetings

- State and local partners appreciate the opportunity for collaboration and dialogue
- Standardization is widely supported
- Process helped identify barriers to achieving PHIN vision
- Valuable hearing from participants with diverse backgrounds



# Suggested Changes for PHIN Requirements Gathering Meetings

- Collaborate to clarify requirements language and then provide glossary
- Provide more real life scenarios, especially to illustrate implementation methods and identify secondary data sources
- Organize exercises with partners, including cross-jurisdictional data exchanges
- Continue to identify dual use opportunities
- Continue to involve partners in all stages of development (i.e., requirements, design, testing, etc.)



# Overall Findings: Functional Priorities for PHIN

## System integration findings:

- Centralized vs. distributed IT has created governance/ownership concerns
- Multiple systems not integrated (i.e., clinical, billing, surveillance, reporting, etc.)
- IT should support the business, not the reverse
- Quality control of data and contention over “dirty data” cleaning responsibilities
- Integrate NEDSS into requirements process



# Overall Findings: Functional Priorities for PHIN

System integration findings (cont.):

- Conflicting requirements and data needs at federal, state, and local levels
- Vocabulary standards should be defined to support the programs
- Need standards for working across borders, particularly state and international
- Jurisdictional duplication of IT efforts should be eliminated



# Overall Findings: Functional Priorities for PHIN

## Workforce findings:

- Public health staff and IT staff don't understand each other's needs
- Funding issues prevent hiring staff with appropriate IT skill sets
- Need core training and cross-training
- Need long term human resources
- Unstable IT support due to high staff turnover and lack of training



# Overall Findings: Functional Priorities for PHIN

## PHIN capabilities:

- Need support for dual-use reporting (day-to-day and emergency use)
- Systems need to be scalable to meet urban and rural needs
- Improved facilitation of cross-jurisdictional data exchange
- Standardized vocabularies both within and across organizations
- Need to design user-friendly systems



# Overall Findings: Functional Priorities for PHIN

Adoption concerns:

- Elected public officials need to be better educated about public health needs
- Many partners are uneasy about sharing data due to perceived HIPAA implications
- Systems must be in place and exercised before emergencies
- Unclear whether IT or public health drives development, integration, and data exchange





# Overall Findings: Functional Priorities for PHIN

## Direct Assistance and Funding concerns:

- Need assistance when evaluating commercial versus non-commercial solutions
- Easier to develop in-house IT talent, but requires more training (i.e., certificates, online, mentoring, onsite, etc.)
- Funding and requirements don't match local needs
- IT procurement of standards and capabilities often conflict with lowest cost procurement pressures
- Procurement life cycle is too long



# Overall Post-Session Survey Results

- We spoke to 86 participants in the last 3 cities, and received a total of 195 post-session form responses
- 57 participants volunteered for future working groups
- When asked how effective the meeting format was, on a scale of 1 (not useful) to 5 (very useful), it received an average rating of 4.08



# Overall Post-Session Survey Results: Overall Suggestions

- Provide more guidance through training & educational materials
- Integrate systems into daily operations
- Provide funding, workforce and technical support to implement requirements
- Enhance standardized vocabulary



# Overall Post-Session Survey Results: Preferred Educational Mechanisms

- Case studies/scenarios/examples
- Live demonstrations/tutorials
- Diagrams/process flows/data modeling
- More requirements gathering meetings
- Small group meetings



# Overall Post-Session Survey Results: Top 3 Preferred Formats for Receiving CDC Information

1. Educational websites
2. Webinars
3. Published documents/Onsite training

Other suggestions:

CD-ROM, DVD or video, training CD, Web boards and chat rooms



# Session Findings:

## Post-session agreement statement ratings

We asked you to rate:

- how well you understood the requirements
- how well they would support organizational preparedness
- how comprehensive they were
- how appropriate they were to your mission

On a scale of 1 (lowest) to 5 (highest), participants rated these between 3.21 and 4.48



# Session Findings:

## Post-session agreement statement ratings

### Lowest ratings:

- “The requirements are ready to be implemented”
- “My organizations has a system(s) that will support the requirements”

### Highest ratings:

- “The requirements are comprehensive”
- “Given the opportunity, my organization would use a system that supports these requirements”



# Session Specific Findings: Outbreak Management (Portland)

General discussion findings:

- Risk communications unclear and lack standardization
- Difficult to add and configure fields for local needs
- Chain of custody not often used





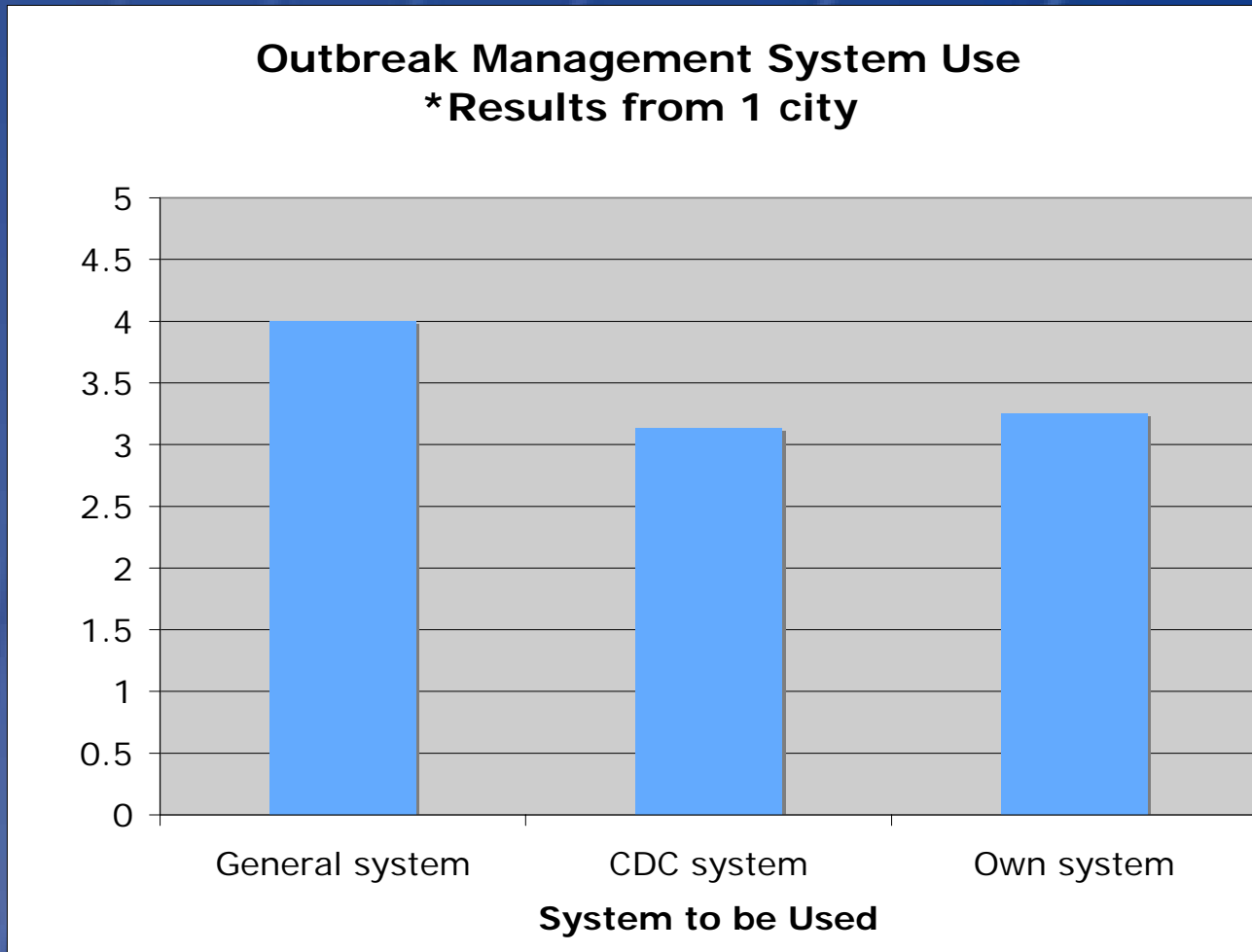
# Session Specific Findings: Outbreak Management (Portland)

Participants requested:

- Add “time” to date fields
- Categorize into types of events/outbreaks
- Provide action items
- Provide “quick forms” for capturing core data
- Clarify meaning of “case” (i.e., ill person?)



# Session Specific Findings: Outbreak Management (Portland)



# Session Specific Findings: Countermeasure and Response Administration (Portland, Evanston)

## General discussion findings:

- Define an “event” as public health *intervention* rather than as the *treatment*
- Clarify whether scope is from first to last person treated, prophylaxed, vaccinated, etc.
- Coordinate with incident command system and EMS systems
- Engage pharmacists to help vet the vocabularies
- Support rapid data entry (i.e., bar codes, etc.)



# Session Specific Findings: Countermeasure and Response Administration (Portland, Evanston)

General discussion findings (cont.):

- Determine whether volunteers should be part of an organization's staff
- Address county-to-county differences (i.e., sheriff circumventing public health organizations)
- Evaluate how IT should support isolation and quarantine monitoring



# Session Specific Findings: Countermeasure and Response Administration (Portland, Evanston)

Participants requested:

- Adding “follow-up indicated” and “was follow-up attempted”
- Creating of reporting standards (i.e., MedWatch, VAERS, etc.)
- Creating a way to easily export data into and to retrieve reports from VAERS
- Coding variables so that they are cross-platform compatible



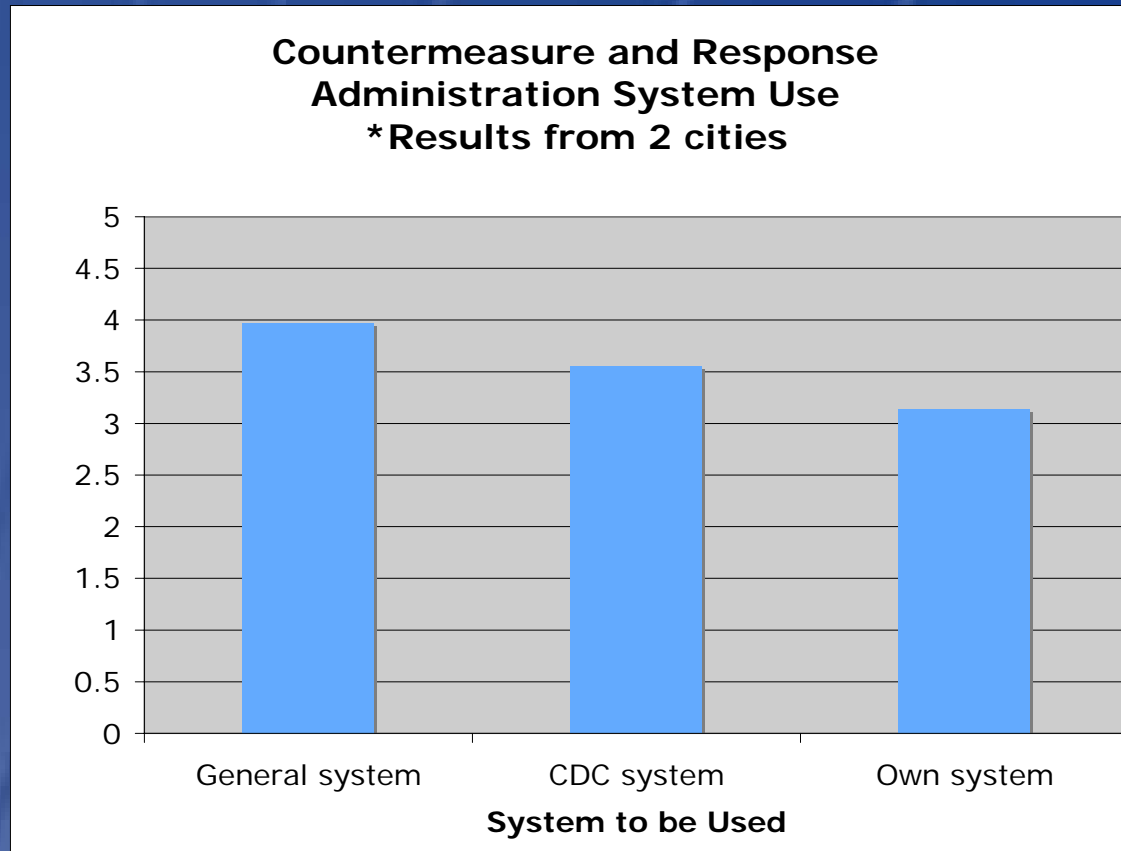
# Session Specific Findings: Countermeasure and Response Administration (Portland, Evanston)

Alternative vocabularies:

- For “Countermeasure and Response Administration”
  - “Prepared Pharmaceutical Countermeasures”
  - “Response Activities”
  - “Countermeasure/Response Activities”
  - “Countermeasure Response and Intervention”
- For “Campaign”
  - “Campaign Time/Period”
  - “Outbreak Time/Period”
  - “Intervention Period”
- For “Medical”
  - “Medical or other health based intervention”



# Session Specific Findings: Countermeasure and Response Administration (Portland, Evanston)



# Session Specific Findings: Partner Communications and Alerting (Clark County, Evanston)

General discussion findings:

- Multiple uses of “alert” are confusing
- Partners will have to be efficient and prudent to avoid over-messaging
- Receipt verification should be automated, where possible
- Communicate with agriculture, animal control, civil support (National Guard), schools and universities
- Role-based alerting simplifies message addressing





# Session Specific Findings: Partner Communications and Alerting (Clark County, Evanston)

General discussion findings (cont.):

- Large distribution lists may create system bottlenecks that may negatively affect performance measures
- Consideration for alternate communication methods during emergencies (i.e., if the power is out, or if phone lines are destroyed, etc.)
- Allowing users to select the delivery method regardless of urgency levels



# Session Specific Findings: Partner Communications and Alerting (Clark County, Evanston)

Participants requested:

- Simplifying the urgency attributes
- Establishing guidelines regarding appending to or editing original messages
- Mapping of urgency levels that are different from those used in other systems
- Adding “Sign and fax back” verbiage to faxed messages for receipt verification
- Disseminating information on how to contact federal partners (i.e., who should be called)



# Session Specific Findings: Partner Communications and Alerting (Clark County, Evanston)

Participants requested (cont.):

- Establishing an event identifier to associate multiple alerts to a single event
- Adding “month” to message identifiers, not just “year”
- Differentiating cities and counties with the same name in agency identifiers
- Supporting a new header on cascade alerts to show the edits made (i.e., audit trail)

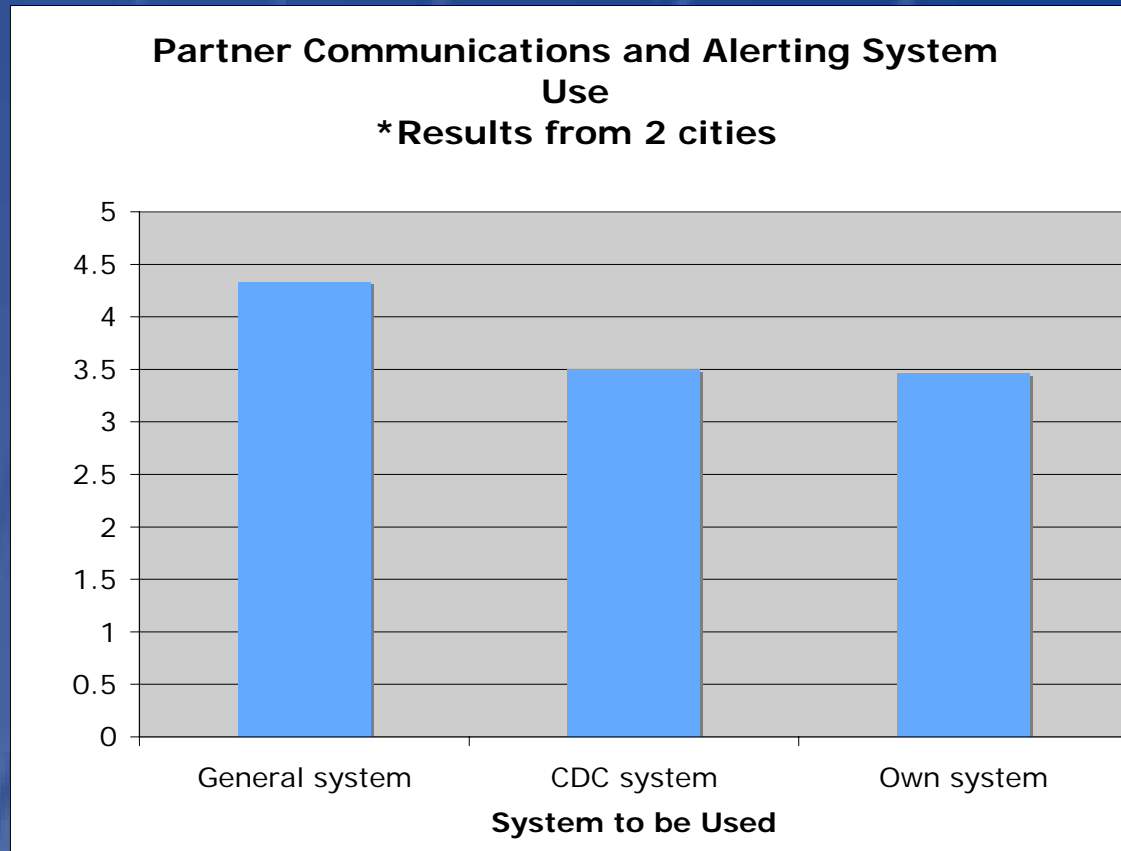


# Session Specific Findings: Partner Communications and Alerting (Clark County, Evanston)

- Participants requested (cont.):
- Clarifying alerting requirements for international messages
- Adding pharmacists to Appendix A roles for emergency alerts
- Adding requirement that if multiple delivery methods are used, receipt verification from a single method should stop the process



# Session Specific Findings: Partner Communications and Alerting (Clark County, Evanston)



# Session Specific Findings: Connecting Laboratory Systems (Clark County)

## General discussion findings:

- Integrate accessioning process
- Will be difficult to get commercial data senders to standardize
- System vendors aren't in compliance with the requirements
- Will be difficult to get commercial partners to standardize shared data
- Non-technical summaries will be key to achieving upper level organizational support
- Grants don't reflect these requirements



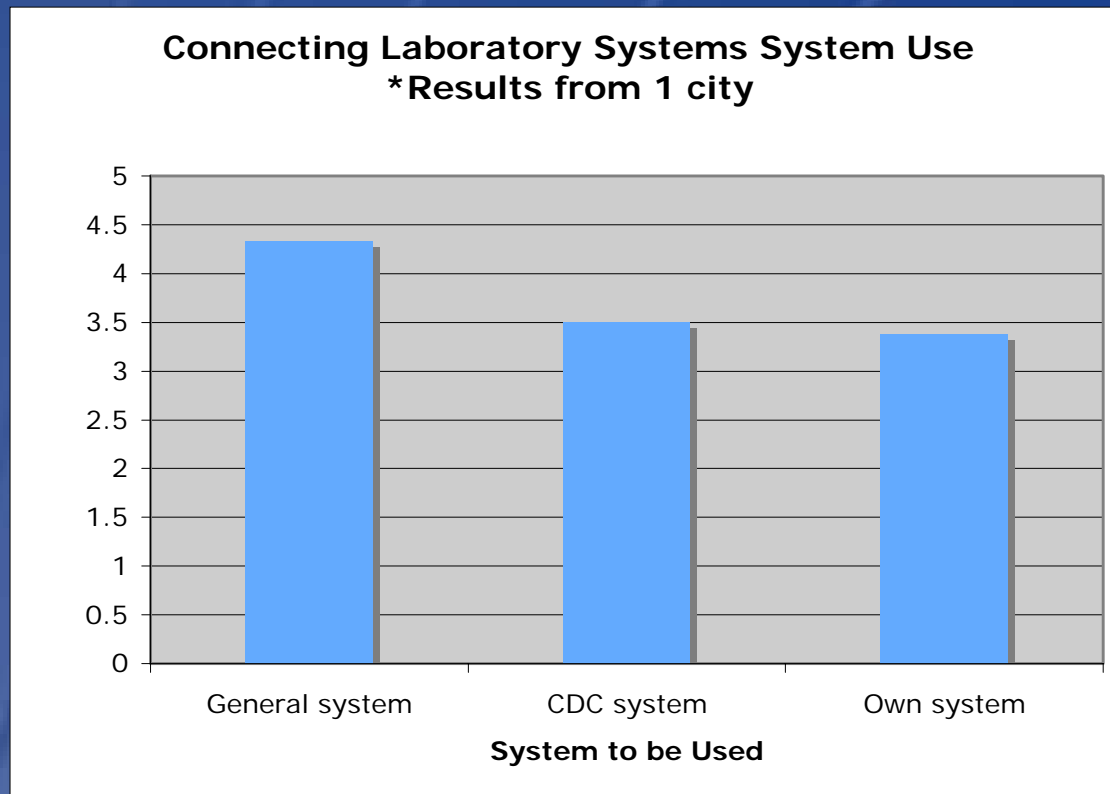
# Session Specific Findings: Connecting Laboratory Systems (Clark County)

Participants requested:

- Adding links between the Patient ID and Specimen ID



# Session Specific Findings: Connecting Laboratory Systems (Clark County)





# Session Specific Findings: Early Event Detection (Portland, Clark County, Evanston)

General discussion findings:

- Currently, return on investment of collecting secondary use data may not justify the cost and effort required
- Core data sets not clearly defined, and too many required fields will hinder the process
- Physician resistance to reporting early impacts reporting goals (i.e., physicians are more comfortable reporting diagnoses rather than syndromic data)
- Checks and balances should be established to prevent false signals



# Session Specific Findings: Early Event Detection (Portland, Clark County, Evanston)

General discussion findings (cont.):

- Standards and clear definitions for data collection needed
- Geospatial mapping needs an address, not just zip code
- Public health data needs for health departments differ from needs for laboratories
- Depending upon condition, treatment data may not need to be included as part of the core data set
- No clear requirements regarding non-infectious disease cases (i.e., chemical, etc.)
- Poison control centers may be viable alerting hubs



# Session Specific Findings: Early Event Detection (Portland, Clark County, Evanston)

## Participants requested:

- Adding EMS, 911, ambulance, and hotel security reports as viable secondary health data sources
- Changing “marital status” to “family status”
- Adding time/date stamp to every entry
- Adding “Severity”, “Occupation”, “Provider”
- Support de-duplication using phone and address



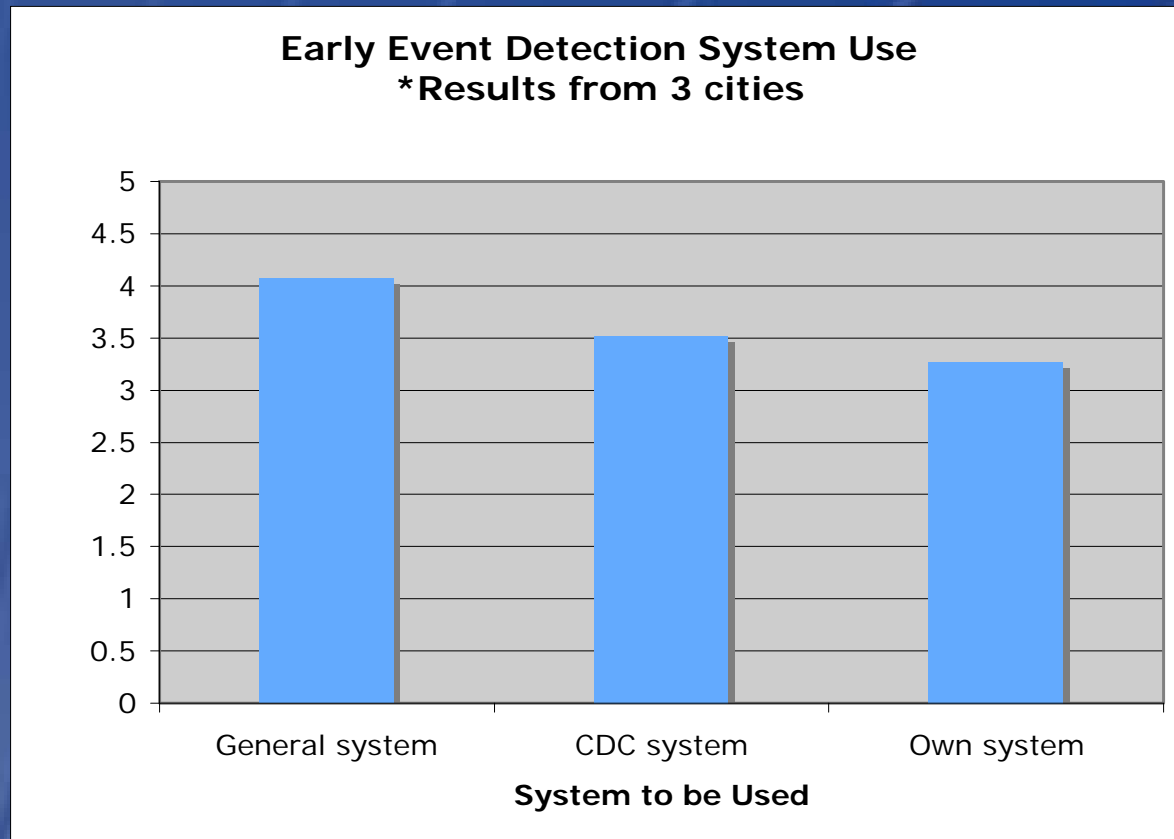
# Session Specific Findings: Early Event Detection (Portland, Clark County, Evanston)

Participants requested (cont.):

- Establishing communication guidelines, including call-down lists
- Adding requirements for capturing non-health data (i.e., environmental, animal, etc.)
- Providing indicators for “non-infectious” and “communicable”



# Session Specific Findings: Early Event Detection (Portland, Clark County, Evanston)



# Requirements Gathering Process Findings

Post-workshop evaluation results:

- 86 participants, 76 survey respondents, 3 cities
- 64 volunteered to be contacted for clarification of responses
- When asked how useful the meetings were, on a scale of 1 (not useful at all) to 5 (very useful), participants gave the meetings an average rating of 4.33



# Requirements Gathering Process Findings

Advantages cited by participants include:

- Insight into CDC efforts
- Insight into what other organizations are doing
- Heightened understanding of requirements
- How to incorporate requirements in the future
- Sharing problems and solutions with colleagues
- Networking opportunity



# Requirements Gathering Process Findings

Concerns cited by participants include:

- Process is complex
- Too much reading in too little available time
- Audio difficulties
- Partners should be included earlier in the process
- Administrative frustrations





# Summary of Future Activities

## Partners:

- Submit electronic comments
- Continue to gather input from colleagues
- Use requirements as guide for system development and implementation
- Provide suggestions for improvements to this process
- Continue to participate in future collaborations



# Summary of Future Activities

## CDC:

- Continue evaluating feedback
- Update requirements documents
- Work with OTPER on '05 cooperative agreement
- Post information to the PHIN website and inform you that changes are available
- Broaden requirements into other functional areas
- Establish ongoing process of communication and collaboration



Any questions or comments?

Thank You!

