PHIN Preparedness Requirements Gathering Meeting Feedback and Findings Webinar



PUBLIC HEALTH INFORMATION NETWORK



NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS





Welcome

CDC Speakers:

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Agenda

- Introduction
- Summary of Activities to Date
- Overall Findings
- Overall Post-Session Survey Results
- Session Specific Findings
- Requirements Gathering Process Findings
- Summary of Future Activities





Summary of Activities to Date

Of 59 participants, 54 provided survey responses:

- 23 state officials
- 20 local officials
- 11 from public health laboratories

APHL, ASTHO, NACCHO, CSTE representatives also attended





Summary of Activities to Date

DeKalb County, GA (Atlanta) October 19-20:

- Outbreak Management
- Connecting Laboratory Systems
- Countermeasure and Response Administration
 Tarrant County, TX (Fort Worth) October 26-27:
- Partner Communications and Alerting
- Connecting Laboratory Systems
- Outbreak Management

Boston Public Health Commission November 4-5:

- Early Event Detection
- Connecting Laboratory Systems
- Countermeasure and Response Administration



Overall Findings: Functional Priorities for PHIN

- Systems must be "dual use" and support daily activities and emergency situations
- Education, training, and certification support
- "Bureaucracy-free" information exchange: horizontal, vertical, cross-jurisdictional
- Configurable, modular toolset for state customization
- Support situational scalability and flexibility to evolve
- Ongoing partnership with CDC





Overall Findings: Functional Priorities for PHIN (cont.)

- Single sign-on user authorization
- CDC-consider Service Oriented Architecture
- Secure connectivity among all organizations
- Easy integration / communication with existing systems
- PHIN must be coordinated with Homeland Security National Incident Management System (NIMS)
- Use industry standards, when available
- Support for mapping local vocabularies to systemic standards





Overall Post-Session Survey Results

- To date we have spoken to 59 participants, and received 150 post-session form responses from 3 cities
- 46 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 4.28
- 99 out of 101 responses stated that the presenters were receptive to input





Overall Post-Session Survey Results: Overall Suggestions

- Need to include more local input
- Include end users in requirements, design and testing
- Fund specifically to support PHIN
- Provide more training & educational materials
- Integrate systems into daily operations





Overall Post-Session Survey Results: Preferred Educational Mechanisms

- Case studies/scenarios/examples
- Live demonstrations/tutorials
- Diagrams/process flows/data modeling
- More requirements gathering meetings
- Implementation guides
- Detailed technical specifications





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

- 1. Webinars
- 2. Educational websites
- 3. Published documents





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 3.4 and 4.3





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:

- "I understand how the requirements will support organizational preparedness":
- "Given the opportunity, my organization would use a CDC system that supports these requirements":





General discussion findings:

- Integrate with surveillance and other systems
- Support jurisdictional data ownership
- Routine investigations don't have specific start/stop points
- Simplicity is important
- Robustness shouldn't mean complexity
- Multiple deployment and synchronization options





Participants requested the addition of:

- Ability to track clinical observations in "treatment administration"
- Timeline support
- Integration with alerting systems
- Ensure environmental sources can be tracked
- Ability to flag self-report information
- Risk determination method/criteria (triaged or not?)





Participants requested the addition of (cont.):

- Mapping as part of system architecture (GIS/Data)
- Data warehousing component
- Ownership/jurisdiction data for investigations
- "Frequency" and "extent of exposure" to exposure data





Participants requested the addition of (cont.):

- Detailed sample information (i.e., collection time, container type, storage condition, specimen preservative, suspected agent, identify specimen as "acute" or "convalescent", date of onset)
- Detailed shipment information (i.e., instructions, packaging)
- Ability to create barcode





Lab Results may need to track the following:

- Multiple results from a single specimen
- Links between grouped samples (event ID)
- Reference testing





Respondents stated that the requirements were missing:

- Standardization
- More detailed information on messaging and integration
- Distinguish environmental vs. clinical outbreaks or incidents









Participants suggested renaming the area to:

- Campaign Management
- Treatment Management
- Post-Exposure Management and Prophylaxis
- Pharmaceutical Administration Countermeasures Management Activation Network (PACMAN)



General discussion findings:

- Clarify what "organization" means: treatment site, referring organization, follow-up location
- Jurisdictional issues exist (state of residence, state where treated, state where employed)
- Identify the subset of data that must be reported to CDC
- Need to demonstrate the value of data entry/system use
- Establish regulatory "waivers" so system bends rather than breaking





General discussion findings (cont.):

- Use the term "quarantine" not "restriction monitoring"
- Videophones in use in NY to support quarantine
- Accommodate multiple methods of data collection – web, paper
- Limit data entry and automate (bar code, wand)
- Work with Incident Command System to design this





General discussion findings (cont.):

- Organize around EVENTS not PERSONS. All can see events, but need permission to see patient records
- Change "administrator" to "treatment deliverer"
- Situations may warrant bypassing state-level, CDC may need to talk directly to local health



Participants requested the addition of:

- Timetable for campaigns
- Capture vaccine lifespan
- Track vaccine from location to dispensing points
- Track other inventory supplies





Participants requested the addition of (cont.):

- Provide restrictions on what not to use
- Track "county of residence"
- Capture patients' transitional addresses
- Master patient index (jurisdiction specific) linking persons to events
- Standard CDC Patient form (tested for fill-out times)





Participants requested the addition of (cont.):

- Pharmacy inventory system (outdates/deactivation dates, post modification)
- Links to immunization registries
- Sharing component for regional response systems
- Multiple contact information types
- Forms for people to print, publish, fill out ahead



Participants requested the addition of (cont.):

- High-level screening for registration
- Alerting/communication module
- Animal monitoring strategy
- Links to automated calling systems
- Billing interface for clinic management



Participants requested the addition of (cont.):

- Stop and start data for isolation and quarantine
- Authority of quarantine: voluntary, commissioner, law order, etc.
- Type of quarantine: work, food, shelter in place, etc.





Respondents stated that the requirements were missing:

- More practical experience involved in requirements gathering
- Local needs in relation to day to day integration













General discussion findings:

- Non-human readable codes are acceptable
- Human-readable codes need more work for clarity
 - Metro areas not equal to county
 - Append "city" to city: Add code for city/county
- Keep severity attribute
- Cross state communication does not always require federal involvement





Participants requested the addition of:

- Receipt Response: on/off control, alert level based
- Support for multi-channel alerts: phone, fax, email, web
- Support for alternate notification when alerts are not answered





Respondents stated the requirements were missing:

- Plans to train and educate partners
- "Do-ability"













General discussion findings:

- Use "aliquot" not "parent / child"
- Tag results as "initial," final," "partial," or "corrected"
- Capture critical values as well as results status
- Don't need aliquot IDs
- Discern confirmatory information from duplication





Chain of custody comments:

- Chain of custody begins before specimen arrives at a lab
- Generate a (standard) specimen collection form
- Generate a (standard) chain of custody form along with directions
- Physical forms are still preferred over electronic forms





Participants requested the addition of:

- Quality control and quality control results data
- Support splitting samples across laboratories
- Be able to provide a scalable amount of information granularity





Respondents stated that the requirements were missing:

- Quality assurance, quality control
- Enhanced chain of custody and audit control
- Need for specificity



Connecting Laboratory Systems System Use







General discussion findings:

- Support cross-jurisdictional exchange
- Robust/flexible case definitions
- Use poison control centers as possible call center
- Let the system be a common data broker
- 24x7 "on-call" information should be included in public health directory





Participants requested the addition of:

- Status transition notification (open, closed, etc.)
- Simple search functionality
- Reporting interface
- Capability to capture quality control changes
- Add a "family ID" to clinical information





Participants requested the addition of (cont.):

- Data typographies to help data visualization and analytical reporting
- Public events
- Population densities
- Add "geography" to case information





Participants suggested providing links to:

- International organizations
- Veterinary systems
- Poison Control Centers
- Cross-jurisdictional data reporting (such as to the Federal Quarantine System)





Respondents stated that the requirements were missing:

- Capacity analysis and training needs
- National assessment
- Notification of public health laboratory
- Need for more detail











Requirements Gathering Process Findings

Post-workshop evaluation results:

- 59 participants, 51 survey respondents, 3 cities
- 45 volunteered to be contacted for clarification of responses
- When asked how useful the PHIN RG meetings were, on a scale of 1 (not useful at all) to 5 (very useful), participants gave the meetings an average rating of 4.28





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
- Ability to ask questions and provide feedback
- Networking opportunity





Requirements Gathering Process Findings

Concerns cited by participants include:

- Lack of resources: funding, personnel, training
- Integration and implementation timetable
- Duplication and linkages with systems already in place





Summary of Future Activities

- Portland, Las Vegas, Chicago requirements gathering meetings
- Receiving homework documents
- Remember to gather input from colleagues as appropriate





Any questions or comments?

Thank You!



