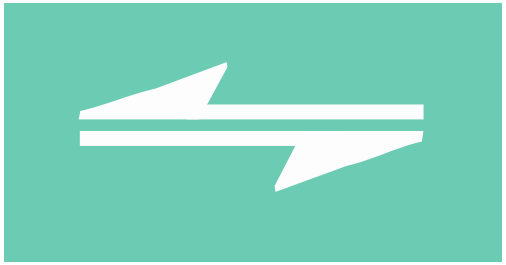
THE PUBLIC HEALTH COMMUNITY

PLATFORM



A solution for a modern public health enterprise

www.thePHCP.org

@PHCommPlatform

Problem Statement

- Hundreds of disparate, siloed, non-standards based surveillance systems in public health that can't exchange data
- Limited ability to effectively and efficiently exchange data with clinical care
- Old, duplicative infrastructure in place across the public health enterprise – including hardware, software and staff
- Current IT infrastructure, and related laws and policies, limits the ability of the PH enterprise to integrate with the transforming health care sector

- Challenges to innovation

Solutions?

- Standards need to be adopted across public health to support how data is defined, transported and used across the public health enterprise
- Shared technical solutions to reduce costs:
  - server space, software development/purchase and maintenance costs, technical support, etc.
- Improve collection of timely, accurate and actionable data of public health interest that isn't siloed into one system
- Share information back with clinical providers to support clinical decision-making for individual patient and populations
- Standardize data exchange agreements across jurisdictions

The Office of the National Coordinator for Health Information Technology

AIRA American Immunization Registry Association

NAHDO

iSDS International Society for Disease Surveillance

Develop Efficiencies

NASCIO Representing Chief Information Officers of the States

APHL

CSTE Council of State and Territorial Epidemiologists

NACCHO National Association of County & City Health Officials

PHAB Advancing public health performance

Build Capacity

Gain Capability

astho

CMS Centers for Medicare & Medicaid Services

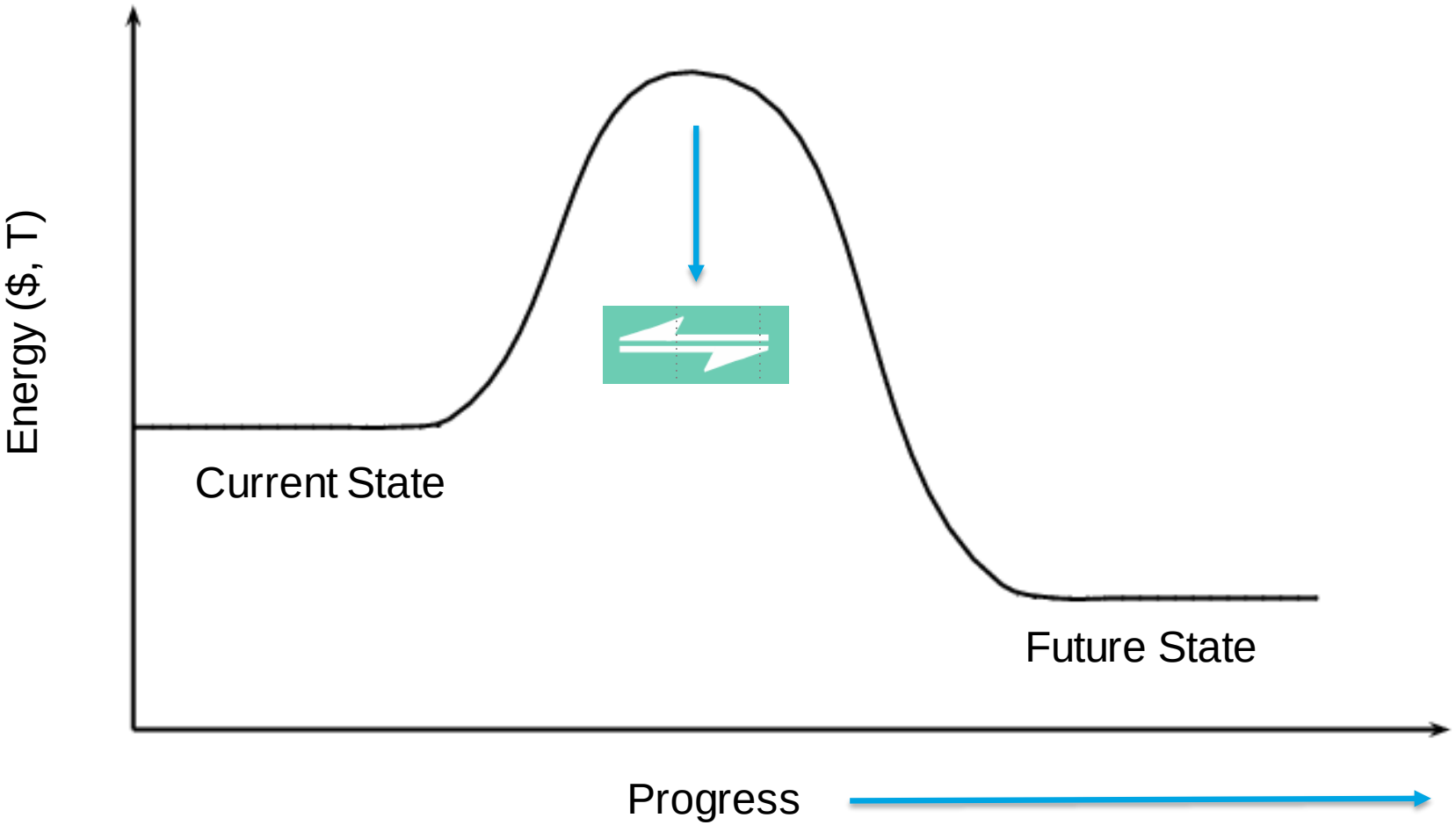
NAPHSIS Protecting Personal Identity Promoting Public Health

AMIA

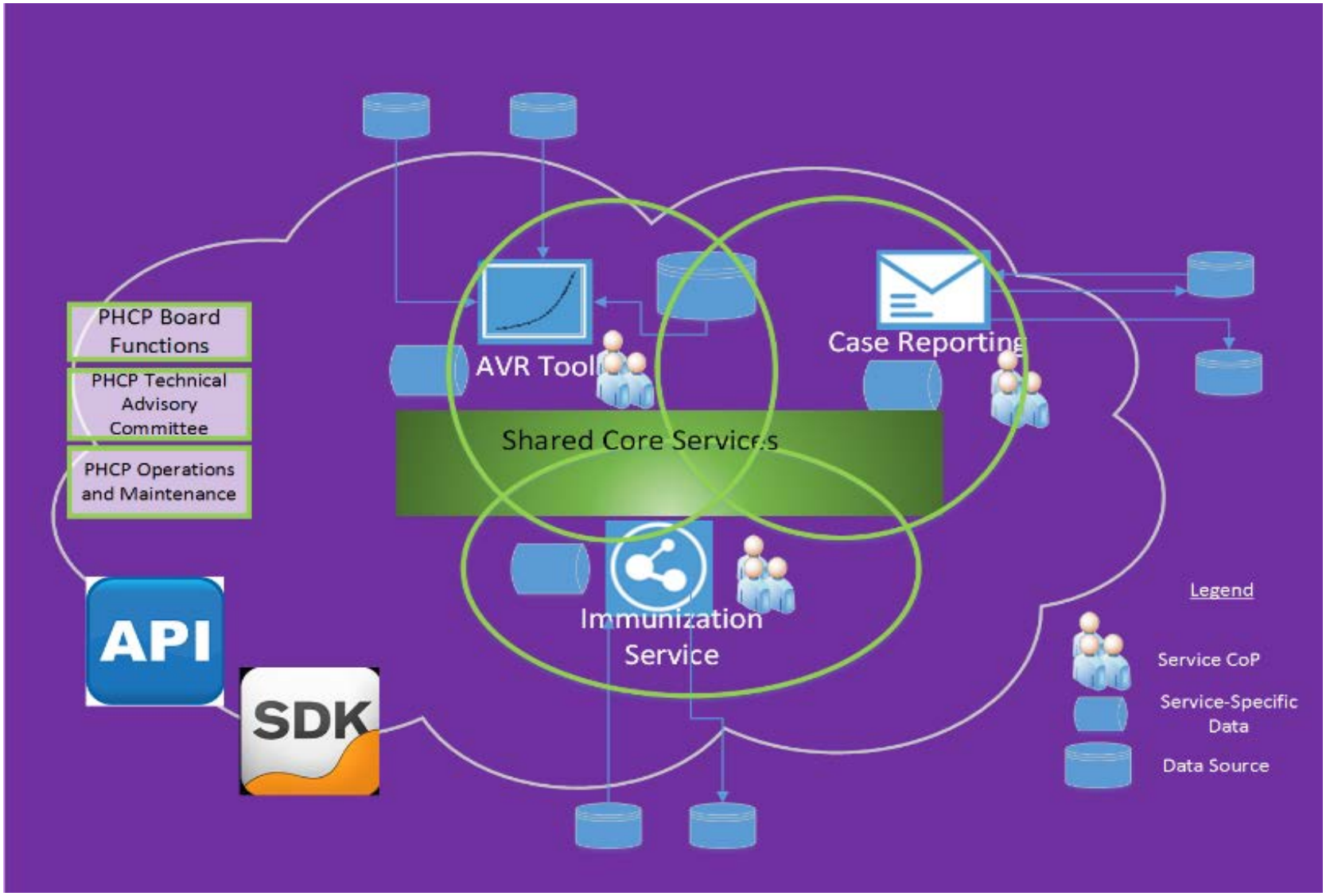
CDC

VALUE PROPOSITION

- Workflow efficiencies in PH
  - Decrease time for data collection and analysis
  - Increase capacity for non-technical staff to implement solutions
- Workflow efficiencies in Clinical Health
  - Increase data completeness of reports
  - Decrease amount of back and forth with public health
- Infrastructure efficiencies
  - Decrease needs for local systems to host and deploy solutions
  - Share developed solutions across jurisdictions
- Economies of scale
  - Pool resources to develop solutions on the common platform
  - Take advantage of enterprise-wide improvements and service offerings
  - Host innovative solutions and generalize to public health enterprise


Energy ($, T)
Current State
Future State
Progress

DRAFT SCHEMATIC OVERVIEW



Vision:

Universal access to modernized shared resources that efficiently, securely, and collaboratively transform data into action for a healthier nation.

Mission:

Provide an accessible, flexible, and secure public health information technology platform of interoperable shared solutions governed by and responsive to the public health community that enables user-driven development, implementation, collaboration, and effective use of resources to address public health priorities.

Steering Committee

Special Advisors

Bill Brand
Art Davidson
Roland Gamache
Bob Harmon
Aaron Kite-Powell
Elaine Lowery
Jim Pearsol
Dave Ross
Walter Suarez
Noam Arzt

STEERING COMMITTEE GUIDING PRINCIPLES

- Plan Broadly, Implement Incrementally
- Maintain Community Ownership
- Provide a Positive Public Health Impact

Year 1

- Key Informant Interviews and Needs
- Technical Assessments
- Use Cases
- Governance
- Communications

Year 2

- Governance Structure
- Committee Work
- Socialization
  -Funding Diversification
- Technical Design Development

Year 3

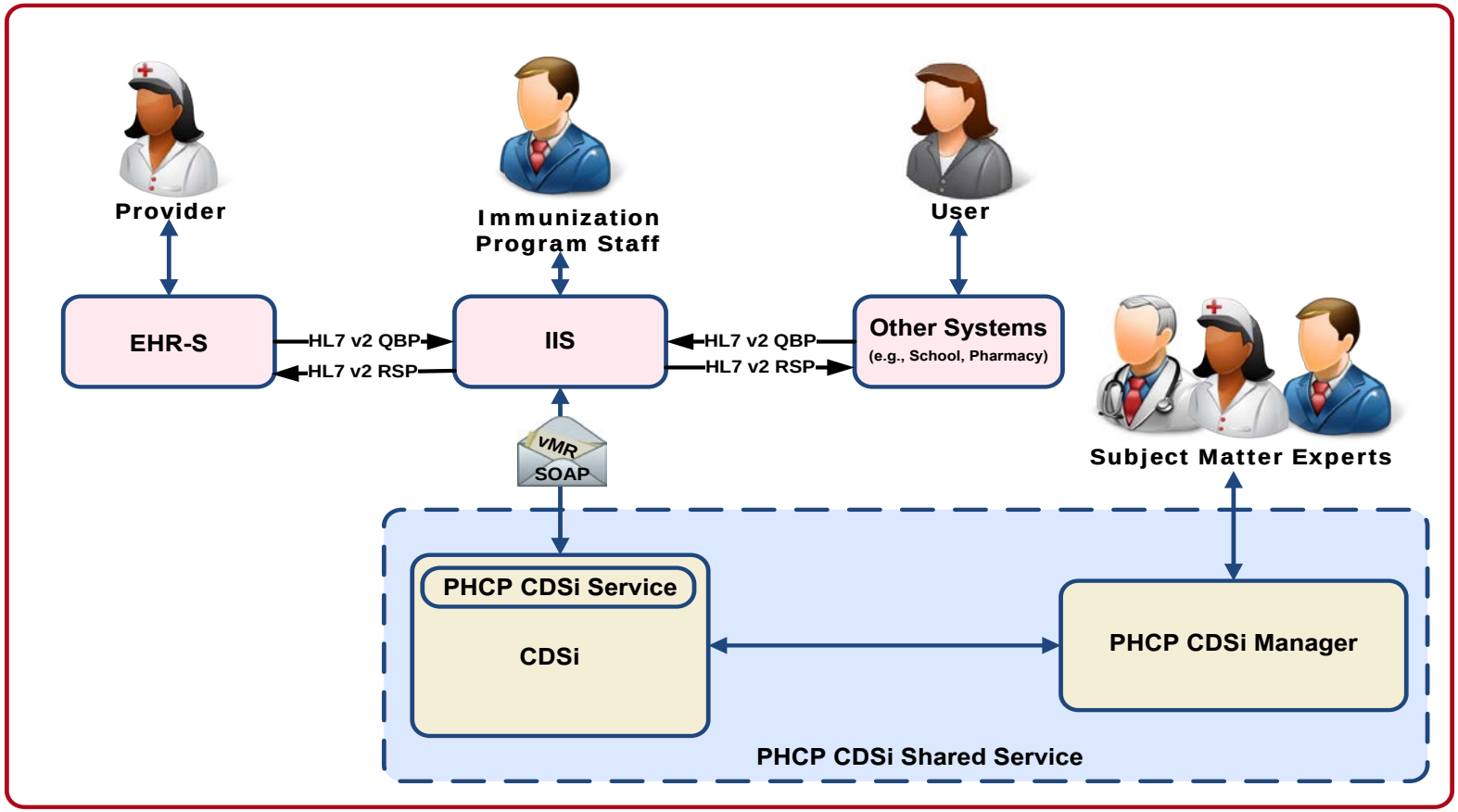
- Technical Implementation
- Pilots
- Participation Requirements
- Sustainability Plan

IMMUNIZATION COMMITTEE

THE PUBLIC HEALTH COMMUNITY PLATFORM

- Cross-domain work within ASTHO, AIRA, and ONC
- Prioritizing immunization service for the PHCP
  - Various options of a centralized CDSi
  - Generalization of cross-jurisdictional data sharing
- Addressing
  - How can this service be offered by the PHCP?
  - What are the technical/legal/business requirements to generalize the model?
  - How do the *service-specific* decision-making needs influence the overall *entity governance?*

CDSI ARCHITECTURE DIAGRAM (EHR OR OTHER SYSTEMS ACCESS THE PCHP CDSI SERVICE THROUGH AN IIS)



- Supports individual record calls and batch calls

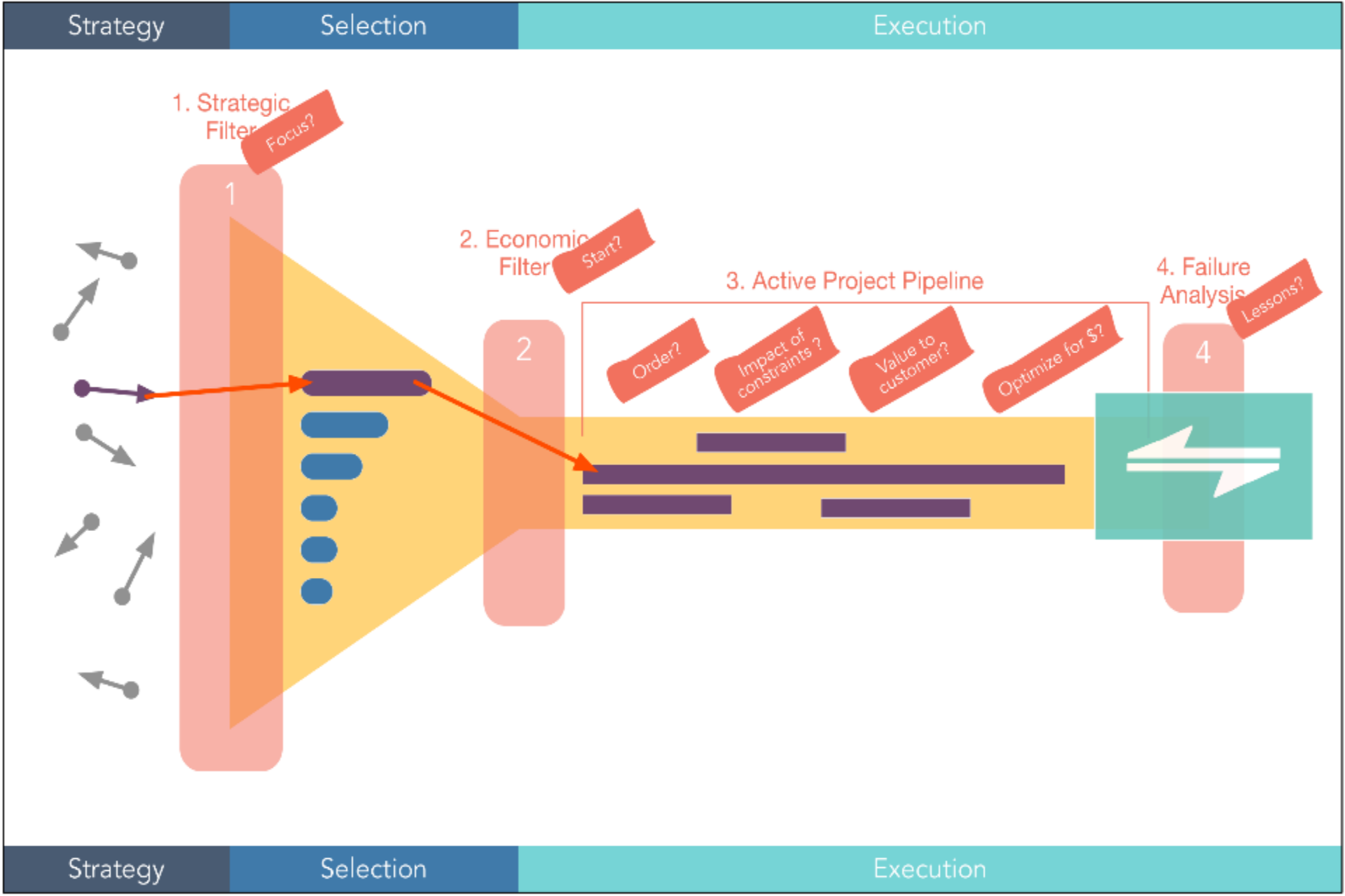
CDS- IMMUNIZATION USE CASE

The design goals of shared CDSi:

1. The ability to support multiple immunization schedules
2. The ability to simultaneously process multiple requests for CDSi
3. The implementation of a fully automated testing process
4. GUI tools that empower SMEs to update and maintain the immunization schedule without any involvement from programmers
5. That it be a self-contained module that could be deployed in diverse technical environments and accessed by other systems through a standards-based Web Service interface.

TYPES OF SHARING

1. Shared service:
   - Support multiple schedules
   - Distribute configuration management to the end user
   - Efficiencies in maintaining the system and allow for scalability during peak demand
2. Shared data (not patient data, but rules data):
   - Share rules for decision support across jurisdictions
   - Allow flexibility for jurisdictions to define their own rules
3. Shared application:
   - Allow for rules and configuration to be deployed to CDSi applications hosted locally


Strategy
Selection
Execution
1. Strategic Filter
Focus?
1
2. Economic Filter
Start?
2
3. Active Project Pipeline
Order?
Impact of constraints ?
Value to customer?
Optimize for $?
4. Failure Analysis
Lessons?
4
Strategy
Selection
Execution

CONTACT

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