

## NOTES

Public Health Improvement Partnership

**Public Health Information Technology Committee**

January 23, 2006 via iLinc

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

Co-Chairs: ~~Ed Dzedzy, Lincoln~~ ; Frank Westrum, DOH

Members: ~~Jean Brewster, DOH; Kathy Carson, Sea-King; Melanie Dalton, Kitsap; Jo Hoffman, DOH; Teresa, Jennings, DOH; Bryant Karras, UW; Sherri McDonald, Thurston; Tim Murphy, Snohomish; Patrick O'Carroll, HHS-Region X; Patty Schwendenan, Sea-King; Torney Smith, Spokane; Greg Story, Chelan-Douglas; Brent Veenstra, Sea-King; Carol Villers, NE Tri.~~ (Strikeout = member absent from meeting).

Staff: Marie Flake, DOH

Materials: [http://www.doh.wa.gov/phip/info\\_tech/committee/meetings/current\\_meetings.htm](http://www.doh.wa.gov/phip/info_tech/committee/meetings/current_meetings.htm)

**Regroup** - Frank

**Meeting schedule** - Beginning this month, we are scheduled to meet every other month, via iLinc, 10am-noon, generally the 4<sup>th</sup> Monday of the month – July is the exception to the 4<sup>th</sup> Monday concept. Meeting dates are below, please mark your calendar. We will cancel these or schedule face-to-face meetings as needed.

- Jan 23
- Mar 27
- May 22
- July 10
- Sep 25
- Nov 27

**PHIT Committee Membership** – There has been a proposal to merge the PHIT and WEDSS Steering Committee. However, as WEDSS is winding down, the general consensus on the WEDSS Steering Committee is that their task is done, and merging the two committees is probably unnecessary. As user groups for the various WEDSS applications continue - PHIMS UG; SECURES UG; PHIT will need to consider how to connect with these groups. **ACTION: Consider adding more technical folks to the PHIT. Cody Lewis, Benton-Franklin was specifically suggested. March agenda item.**

### Objectives

Frank briefly reviewed discussions at the June and September 2005 PHIP Steering Committees; and the Committee's 05-07 Objectives. One key suggestion from the Steering Committee discussion was to avoid using the word "governance" in objective #1, because of the concerns this word raises and instead focus on the word "oversight".

**Objective 1.** Policy recommendation for oversight entity – Evaluate options for statewide, cross-agency, shared oversight of technology planning and resources in public health. What type of entity could bridge many governments, with different resources levels, and enable some system wide standardization? Internal do DOH, incorporate WEDSS and LMS work in PHIT.

Discussion included the suggestion that in order to create a clear focus and mission for the PHIT Committee, that its name be changed to reflect this objective – something along the lines of Oversight for Public Health Washington IT.

**ACTION: March agenda item.**

**Objective 2.** Study local assessment needs (joint with Key Health Indicators) – Determine technology tool features to best support local community health assessment.

Jennifer Tebaldi, DOH and co-chair of the Public Health Assessment Technology Tools (PHATT) Committee provided an update on this work. Bobbie Berkowitz, UW, is the other co-chair. Ed Dzedzy is a member of the committee. See attached handout and roster (soon, these will also be filed on the web site under the 1/23 meeting data and under Resources / PHATT).

**Objective 3.** Increase informatics skills in the workplace – This effort may link with performance measurement and workforce development. This may involve a consultant. The objective would be to get needed information technology skills into the workforce. **ACTION:**

a) Committee members to review report on 2005 Basic Computer Skills mini-grants

[http://www.doh.wa.gov/hip/info\\_tech/resources/materials/categories/informatics\\_competence.htm](http://www.doh.wa.gov/hip/info_tech/resources/materials/categories/informatics_competence.htm).

b) Torney – post policies related to SmartPH on PHIT web site, if possible.

c) March agenda item – update from SmartPH (LMS); differentiate between SmartPH (LMS) and access to Skillsoft courses via SmartPH; report from Spokane & SeaKing regarding experience with SmartPH and Skillsoft.

**Objective 4.** Best practices recommendations – This would involved a consultant. It would help local health jurisdictions identify what is working best in the field today and possibly outline standard or desired hardware, or applications. Ideas guidelines sheets, group purchase options if saving can be realized.

Brief discussion here focused on the question of whether or not we really need to do this ourselves or if others might already be doing this. **ACTION: Committee members to review and prepare to discuss at a future meeting: NACCHO Model Practices Database** <http://www.naccho.org/topics/modelpractices/index.cfm>  
**Municipal Research and Services Center** <http://www.mrsc.org/>

**Web Site** – Marie

The entire PHIP Web site [www.doh.wa.gov/hip](http://www.doh.wa.gov/hip) has been redesigned with the goal of making it more user-friendly for committee members and for accomplishing work. The PHIT Committee site is [http://www.doh.wa.gov/hip/info\\_tech/](http://www.doh.wa.gov/hip/info_tech/)  
The most significant chance is that we will be trying to have a more organized approach to storing materials here to serve as an electronic resource library for the committees. Materials will be filed and can be located via association with a meeting date (past or future) or by topic. Under the “Committee” tab, you can find meeting dates, and all association materials. We will be as timely as possible in adding material in advance of meetings and immediately after. Meeting materials and other materials of interest to the committee will also be filed under the “Resources” tab, under “Materials by sub-topic”. **ACTION: Committee members to review meeting materials and organization of materials under Resources. Provide suggestions on sub-topics, organization of materials, and send any relevant materials to be uploaded to the web site to Marie.**

**PHEPR Applications** – Sam Watson-Alvin on behalf of John Erickson

You may recall that during the national small pox vaccination initiative, DOH elected to purchase and deploy a privately developed registry application called PVMS, because the CDC product was not yet ready. Subsequently, Washington state converted over to the CDC product called PVS. Currently in the PHEPR program, CDC has mandated that public health have a registry system capable of tracking both pre-event (first responder) immunization / prophylaxis and post-event mass immunization / medication dispensing. To achieve this deliverable, DOH has purchased Emergency Preparedness and Response Registry Modules that will fit seamlessly with the larger Child Profile Immunization Registry (CPIR). This was a carefully thought-out decision largely based on feedback from and consultation with local health.

The Emergency Preparedness and Response Registry include three modules: the First Responders Module, and two Mass Immunizations Modules—one web-based and one stand alone.

a) First Responders Immunization Tracking System: this application tracks the demographics and vaccinations for personnel authorized to respond to public health emergencies. This module also generates reports on the state's first responder immunization status relative to specific events (ability to respond).

b) & c) Mass Immunizations Modules: Provide rapid entry of demographic and vaccination information gathered in mass immunization or mass prophylaxis situations. The primary module is web-based and seamless with CPIR. The secondary module is stand-alone for use in areas lacking connectivity or in mobile clinics and fully interoperable once connectivity is restored.

The system is flexible enough to permit placement anywhere in the workflow. The system includes vaccine management and administration features, as well as the capability to track and record the dispensing of medications, and to record and report on adverse reactions and contraindications. The system creates local, regional, and state level reports necessary to assess patient flow and inventory levels in real-time. Additional reports, reminder/recall, and assessment functions can be conducted from the central registry. It will contain all data currently in the CDC Pre-event Vaccination System (PVS). The system will be CDC certified and Counter-Measures Administrations System (CRA) compliant. The system will be piloted for the first time in spring 2006.

Discussion: Torney asked if these modules could easily import and export data; for example, Spokane has a client registration system (KIPS) where they enter all clients. Could this data then be import into the Emergency Preparedness and Response Registry to satisfy DOH and CDC needs? Torney also asked what the process is for seeking and using LHJ input on the implementation of these modules. **ACTION: Sam offered to look into both of these questions and provide a response to the committee.**

### **Business Process Analysis** – Sherri, Torney, Pete Kitch

This is national work funded by RWJ, sponsored by the Public Health Informatics Institute (PHII) and NACCHO. Torney and Sherri are on the national committee that is identifying and documenting the business practices of public health. This work again highlights that local public health agencies are more alike than different, in the work they do and how they do it. Identifying business practices includes 1) context analysis – the environment in which the organization performs a set of activities; this helps to identify the players involved in the process and the ways in which they interact; and 2) task flow analysis – illustrates each specific step / task, in sequence, required to accomplish the activity. A file for this information has been started on the PHIT web page under “Resources / Materials by Subtopic / Business Practices Analysis” <http://www.doh.wa.gov/hip/InfoTech/resource/category/BusPracAnalysis.htm>.

Approximatly 80-100 business process have been identified as a starting point. These will be further honed by the committee. Compare this with say hospitals, for which there are only 12 key business practices. This works includes sorting business practices by the 10 Essential Public Health Services, since NACCHO’s definition of a local public health agency is designed around these; and Torney will be developing a cross-walk of this work with the Washington State Standards for Public Health.

### **ACTION:**

- a) Plan a 1 day training on Business Process Analysis, with Pete Kitch as the instructor, for PHIT Committee members.**
- b) Plan a 1 day, face-to-face meeting of the PHIT Committee, after April, to review the national work in more detail.**

### **March Agenda**

- Objective 1 - Oversight
- Objective 3 – Informatics Skills - update from SmartPH (LMS); differentiate between SmartPH (LMS) and access to Skillssoft courses via SmartPH; report from Spokane & SeaKing regarding experience with SmartPH and Skillssoft.
- Committee membership
- Standing Agenda Item – New Flashes

### **Future Agenda Items**

Unified Interface / Interoperability - Frank