DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Board of Scientific Counselors (BSC)
National Center for Public Health Informatics (NCPHI)

Minutes
March 20, 2009
Teleconference

Table of Contents	Page
Acronyms	3
Call to Order, Welcome, Introductions	4
NCPHI Update	5
Meeting Objectives	5
Working Group Updates and Discussion: BioSense, Open Source, Organizational Issues	5
New Topics for Discussion: Next BSC Meeting May 26, 2009, Stimulus Package	8
Member Comments	11
Public Comments	12

Acronyms

AHIC	American Health Information Community
AMIA	American Medical Informatics Association
ARRA	American Recovery and Reinvestment Act
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
COTPER	Coordinating Office for Terrorism Preparedness & Emergency Response
GAO	Government Accountability Office
HHS	Department of Health and Human Services
HIEs	Health Information Exchanges
IHS	Indian Health Services
MTC	Maximum Technology Corporation
NIH	National Institutes of Health
NHIN	Nationwide Health Information Network
ONC	Office of the National Coordinator
PHIN	Public Health Information Network

Board of Scientific Counselors (BSC)
National Center for Public Health Informatics (NCPHI)

March 20, 2009
Conference Call

Summary Report

The Department of Health and Human Services (HHS), and Centers for Disease Control and Prevention (CDC), convened an update meeting for the Board of Scientific Counselor (BSC) for the National Center for Public Health Informatics (NCPHI), hereinafter referred to as the BSC-NCPH via teleconference. In accordance with the provisions of public health law, this meeting was open to the public from 12:00 p.m. to 2:00 p.m. EST.

Call to Order, Welcome, Introductions

Scott McNabb, PhD, MS
DFO, Board of Scientific Counselors
National Center for Public Health Informatics
Coordinating Center for Health Information and Service
Centers for Disease Control and Prevention

Dr. McNabb officially called the BSC-NCPHI meeting to order and led participants in a round of introductions. The following individuals were in attendance:

Members

Arthur Davidson, MD
Julian Goldman, MD
Lawrence Hanrahan, PhD, MS
William "Bill" Hersh, MD
Martin LaVenture, PhD, Chair
Nancy Lorenzi, PhD
Sherri McDonald, RN, MPA

Ex Officio Members

Charles Friedman, PhD

Federal Employees

Netaja LaRocque-Symes
Les Lenert MD
Scott McNabb, PhD, MS, DFO
Michelle Podgornik

Non-Federal Employees

Natalie Greene, Maximum Technology Corporation

NCPHI Update

Les Lenert, MD
Director, National Center for Public Health Informatics
Coordinating Center for Health Information and Service
Centers for Disease Control and Prevention

Dr. Lenert welcomed everyone present and thanked them for calling in.

He emphasized the importance of placing population health on the HIT agenda. Dr. Lenert noted that IT monies were not part of the recent stimulus package signed into law, but this is a time of positive changes. There are great opportunities, and Dr. Lenert stressed that it is all the more important for the BSC to take action and have a strong voice as a federal advisory committee.

Meeting Objectives

Martin LaVenture, PhD, MPH
BSC-NCPHI Chair
Director, Health Informatics
Minnesota Department of Health

Dr. LaVenture discussed the framework for the meeting was to listen to workgroup updates and provide suggestion or advice on the completion of work. New topics to be discussed are the evolving environment with the stimulus package and the important role of the BSC in supporting NCPHI. Important questions to ask are what may be the important elements to ensure public health focus in ARRA and how does the board reform our process. The board needs to continually evaluate our role, and applauds Nancy's AMIA panel proposal.

Working Group Updates and Discussion: Progress to Date and Next Steps

BioSense

Larry P. Hanrahan, PhD, MS
Director of Public Health Informatics
Bureau of Public Health Informatics and Policy
Division of Public Health
Madison, Wisconsin

Dr. Hanrahan noted the success of the February 19th update on BioSense with Barry Rhodes and CDC staff. The GAO recommendations on Biosense involved reliable cost estimates, time estimates, outcome-based performance measures for stakeholder input, and a deliverable snapshot of the strategic plan.

The cost estimate methodology is based on four phases:

1) initiation and research – principle purpose cost estimates that span several years based on program schedule, develop cost estimate team approach
2) assessment – obtain data, develop points estimate, draft strategic plan, outline scope, vet plan with stakeholders, establish strategic workgroups, launch internal working group, determine path for each work lane and corresponding resource timelines
3) performance management review – convene initial stakeholder working groups, leverage conceptual framework, review existing measures, initiate meetings with subject matter experts, ensure measures are SMART (the project is currently in this third phase)
4) presentation for approval

The deliverable snapshot for the next steps is made up of the cost estimate with phase three analysis, sensitivity analysis, documentation of the estimate, presentation phase, management approval, and an update of the estimate to reflect the actual cost of the BioSense project.

It is necessary to validate SMART performance measures, convene workgroups, leverage the conceptual framework, baseline reporting requirements, incorporate new measures with the cost estimates for future recording.

Discussion Points

Dr. Davidson asked for clarification if the strategic and tactical plans were received in November or after that. How does the work fit back into the strategic and tactical plans? Have documents been modified to meet the GAO report?

Ms. Podgornik responded that yes, the documents have been updated.

Dr. McNabb asked if there has been a shift in the tactical plan since November.

Dr. Hanrahan stated that the plan has been highly revised based on GAO issues. The GAO wanted to know how BioSense was going to be built on a detailed estimate. The goal is to complete the project in four years while maintaining current levels of investment in BioSense. The tactical plan identifies areas we want to highlight so that is a good thing. We are taking carefully calculated steps to bring us closer to funding goals. Unfortunately we have very sparse resources compared to our needs. Funding is at $27 million this year with $2 million held back for COTPER.

Dr. McNabb noted that the latest versions of both plans need to be sent to the board. Imminent decisions on this topic are on the agenda for the May 26th meeting so information must be provided to the board in advance in order to ensure time to provide comments and input for discussion.

Dr. Lenert firmly expressed the need for the board to get behind the plan now or otherwise provide direction on what needs to be changed or improved. He called upon the board to endorse the plan. As we move forward, we need to ask COTPER to release some of the $7

million appropriated to the CDC for BioSense. There are strategies to free up an additional $4-5 million. The board should endorse the plan in May and call for a formal letter of support. This action will help with additional monies and to make recommendations on what we should be doing. There is a possibility of $10 million on research in 2010.

Dr. McNabb will work with Ms. Podgornik and Ms. Greene to capture the essentials of what Dr. Lenert has put forth. He asked Ms. Podgornik to provide high level summaries of these options in advance of the May 26th meeting.

Ms. Podgornik offered to forward recent documents, PowerPoint slides, strategic plans, strategy and assumptions and risk document, dictionary, and program plan.

Dr. Lenert clarified that is a lot of information for the whole group to address and wanted board members to understand that this is just subgroup material and only for their information not as additional work. The real questions are: If we generate $3-4 million what do you as a board want us to spend it on? If $6 million are redirected back to NCPHI what should we do with the other $6 million?

Dr. Hanrahan expressed his willingness to continue to help on the BioSense project.

Dr. Lenert stated that the workgroup is ready to move forward on BioSense and looks forward to the board's recommendations and approval.

Dr. McNabb offered that this action is very appropriate for the board's scope of work.

Dr. LaVenture approved and added that it is essential to make sure in the endorsement that the work is synergistic to the national center and ARRA elements.

Dr. Davidson asked if the functional requirements had been established that lead to that sort of population recording. Is that in the tactical plan?

Dr. Lenert answered that yes the requirements have been established, but they are not in the tactical plan yet. The group is working on expanding that and plugging it directly in NHIN. The strategic plan calls on states to acquire data.

Dr. Davidson asked if the functional requirements apply to whatever system the states choose.

Dr. Lenert said yes, states may choose their systems.

Dr. Davidson requested a copy of the functional requirements noting that it would be helpful to think in terms of those requirements.

Dr. McNabb responded that all of the information would be provided to the board in the next few weeks so members may be fully prepared for the meeting in May.

Open Source

Update and Discussion Postponed

Organizational Issues

Nancy M. Lorenzi, PhD
Professor, Biomedical Informatics
Vanderbilt University Medical Center
The Informatics Center

With the new Obama administration changes the organizational changes are temporarily on hold for all of HHS. HHS is operating with a new model, but it is not officially sanctioned. HHS has been operating in this manner since late fall and is hoping to continue with final approval once the new HHS secretary is confirmed.

Discussion Points

- Dr. Lenert noted that this is delay is yet another challenge for a young center and asked if the board actually endorsed the revised structure.
- Dr. Lorenzi responded yes, the board had previously endorsed the revised structure.
- Dr. Lenert suggested that a letter from the board stating that the three division structure with the matrix workplan and 11 different programs has been reviewed and endorsed by the board would be a very helpful and appropriate way to move forward.
- Dr. Friedman pointed out that the moratorium on reorganization is department wide and related to HHS not having a confirmed secretary over the department. It is absolutely normal standard procedure when administrations change and has nothing to do with any perceptions of the quality of the recommendations.
- Dr. Lenert agreed, but noted that there is a bit of controversy internally within NCPHI about the reorganization. People have complained, sometimes anonymously. The idea of moving from five to three divisions has been questioned by managers at the director level. A matrix style of operations is not widely used at CDC, and people are wavering. There is not unquestioned commitment to this activity at the coaches and OD level. It would be helpful for the committee to weigh in and voice support.
- Consensus was reached for Dr. Lorenzi and Jason Bonander to craft the letter using language from the November meeting. The letter will be signed by Dr. LaVenture.
- Dr. Lenert clarified that it would be appropriate to deliver the letter to coaches first and then go forward to the management side before asking the director to remove the prohibition regarding reorganization.

New Topics for Discussion

Next BSC Meeting May 26, 2009

Scott McNabb, PhD, MS
Coordinating Center for Health Information and Service
Centers for Disease Control and Prevention

Natalie Greene
Meeting Coordinator
Maximum Technology Corporation

Ms. Greene provided a brief update on the May meeting on behalf of MTC. The meeting will be held Tuesday, May 26, 2009 at the Dolphin which is part of the Walt Disney World Swan Hotel in Orlando, Florida. Travel arrangements will be made using the CDC Automated Travel System, GovTrip, and logistical information will be sent via email from Ms. Greene shortly. She will collect members' travel preferences in order for them to attend the BSC meeting as well as the AMIA meeting.

Dr. McNabb apologized for the need for members to travel on Memorial Day, but with the AMIA meeting schedule there was no other choice. Members are planning to stay all week in Orlando for the AMIA meeting.

Stimulus Package

Dr. LaVenture thanked Drs. Hanrahan, Hersh, Lorenzi, and McDonald and all CDC staff on the workgroups for their continued work. He introduced the stimulus package discussion by stating that Dr. Lenert would provide a brief update, particularly in terms of the CDC, public health, and population health in the package. The board needs to identify opportunities for public health, specifically NCPHI, to be a part of what is going on in terms of the stimulus package and future funding. This is a time of exciting opportunity. The office of the national coordinator must go back to the legislature and tell them what else is needed and identify the gaps in funding because public health is not adequately represented.

Les Lenert, MD
Director, National Center for Public Health Informatics
Coordinating Center for Health Information and Service
Centers for Disease Control and Prevention

Dr. Lenert began the update on the stimulus package by first discussing high tech as a component of the ARRA which deals with the issue of how we go about creating a national health information network.

1) Authorization for the office of the national coordinator
    - requirement for a large number of reports and the revision of the plan for the National E-Health Collaborative
    - two FACAs to continue the work of AHIC; one will be a policy FACA and one a standards FACA
    - new role for NIST in testing feasibility of standards
2) Investment in infrastructure of public health in terms of new grants to states for health information technology and loans to states not eligible for Medicaid funds
    - two types of educational program: academic and IT to run a national health information network
3) Changes to privacy laws
4) Incentives to providers for electronic health records
    - $17 million estimated cost to enhance EHRs in provider offices
    - incentives require "meaningful use" of electronic health records; the definition is left open to interpretation; need to define "meaningful use"
    - required to use a qualified but not certified EHR which includes the ability to exchange data or ehealth information, etc

- providers will receive a substantial amount of reimbursement; biggest investment so far in NHIN

Individual plans were designed at the ONC level. The process was based on three levels of review; the first being the HHS staff level. Dr. Lenert is CDC's representative. Each section of the ARRA has a subgroup that reviews the particular section of the ARRA and develops the plan for the section. The core function of the plan was to fund ONC activities in the area with the emphasis from both the CMS and ONC side on getting ready for 2011 and rolling out public health records. There are two camps: one is focused on the primary physician as the biggest block and the other focused on building in population health and public health. ONC wants minimal investment in this area, but the best hope may be to come around in a year. Under each subgroup is a task force set up to develop a spin plan. The ultimate conclusion is that $2 billion does not go very far; overall estimates of cost was $4 billion including only the ONC, including states the total would have been more like $5-6 billion. There are additional calls from SAMHSA, HRSA, and IHS and a wide range of activities. We need to come together as groups.

There is some inclination by the Obama administration to slow down. The money in the stimulus package is not year money so there is no absolute necessity to spend the money in any given year.

Discussion Points

Dr. LaVenture asked if the CDC was included in the proposals for stimulus money or was it only NIH.

Dr. Lenert answered that the CDC was mentioned specifically only in regard to Title 371 Vaccine Act for public health trust in administering vaccines to Alaska Native and American Indian children. The CDC did not receive much else in the stimulus package and is left out relatively speaking compared to HRSA and IHS. The CDC has begun to develop a series of health related IT proposals: high tech tutorial, training, web blog seminars. About $800 million in proposals have been generated which paints a very optimistic picture.

Dr. Davidson clarified the thought is that the ONC $2 billion will somehow be partitioned with other branches of HHS.

Dr. Lenert stated that the top two proposals were investment in laboratory infrastructure and seed grants for using the NHIN to make that happen and investments in automated health records.

According to Dr. Lenert, the next level needs to focus on funding for the HIE initiative and money for decision support initiative. There is a need to have an NHIN compatible way for doctors to receive alerts on their desktop computers when there is an outbreak in their geopost. That technology will be demonstrated at HIMSS with GE and EPIC. The CDC has brought people in from all over the agency so they could really see how informatics fits in to the big picture of public health. There is a new appreciation of informatics.

Dr. LaVenture would like the board to show support and for NCPHI to play a supporting role in defining information exchange. He suggested including disease reporting.

Dr. Davidson asked if the bill for funding next year's budget had increases for the CDC.

Dr. Lenert said yes, for 2009 funding, but that he has not yet seen funding for 2010. The increase for 2009 is not for NCPHI which stays flat in funding, but goes to environmental tracking.

The question was raised if the board should take on the definition of “meaningful use,” perhaps as a new working group.

Dr. LaVenture suggested that the board simply write a letter endorsing the important role of NCPHI and that informatics in public health reporting should be a part of “meaningful use.”

Dr. Lorenzi supported that idea and asked that Dr. LaVenture write the letter and submit to the board for approval.

The board approved for Dr. LaVenture to write the letter and submit to the board for approval.

Dr. Hanrahan stated that chronic disease is a good area for NCPHI to consider and focus on.

Dr. McNabb expressed his admiration and thanks to Dr. Lenert and staff for work on the stimulus package. He summarized that the board will draft a letter of support, define meaningful use, include a variety of aspects of public health, and provide an example of what can immediately be done.

BSC Member Comments

Dr. LaVenture stated the board needs to look at next steps and how to move forward to meet the needs of the new reorganization. The board needs to examine the 11 areas and provide initial thoughts through discussion in May in terms of how to evolve the role of the board in support of NCPHI and CDC program areas. Dr. LaVenture proposed to the board the following question: What should the board consider and what would you like to see in terms of future workgroups or approaches? He asked the board to send in thoughts and reflections and be prepared to continue the discussion in May. Dr. McNabb will send out the list and brief description of the 11 areas before May.

Dr. Lorenzi stated plans are on schedule for the fall AMIA meeting and panel proposal. Dr. Lenert will talk about NCPHI and give an update, Dr. LaVenture as BSC chair will provide an overview of the board, Dr. Lorenzi will talk about organizational issues and serve as moderator, and Dr. Friedman will discuss the interrelation between government and public health. A decision on whether the panel proposal is accepted will not be reached until June.

Dr. McNabb suggested September 2nd or 3rd for the date of the fall BSC meeting and asked that the date be finalized at the May meeting in Orlando.

Dr. Davidson thanked Dr. Lorenzi for being relentless in pursuing the opportunity to speak at AMIA in the fall. He asked if input from the board on what goes into the presentation needs to go into the May meeting agenda. He asked the board if there were any thoughts on presenting to PHIN or a town hall style meeting.

Dr. Lorenzi liked the idea and asked if the board needs a proposal for a town hall meeting.

Dr. Davidson said he would be willing to take the lead and check with PHIN.

Public Comments

No public comments were offered during this NCPHI BSC meeting.

Certification

With no further business posed, Dr. McNabb officially adjourned the meeting.

I hereby certify that to the best of my knowledge, the foregoing Minutes of the March 20, 2009 BSC-NCPHI Meeting are accurate and complete:

____________________________ ____

Date

Martin LaVenture, PhD, MPH, Chair
Board of Scientific Counselors:
National Center for Public Health Informatics