

Input from the Workforce Requirements Feedback Session at the 2003 PHIN Conference

PHINFeedbackFINALver 4.doc

Introduction

The Workforce Requirements Session at the 2003 PHIN Conference was moderated by Dr. Larry Hanrahan (WI) and included presentations by Jac Davies (WA) and Dr. Allen Craig (TN State Epidemiologist). The facilitated feedback portion of the session focused on “How are you preparing the workforce for the new reality of PHIN?” and “What next steps should be considered by CDC and its partners?” Appendix A below includes all the questions proposed to the participants of this session. Session participants dispersed into four small groups. Drs. Hanrahan, Joan Cioffi and Ruth Ann Jajosky provided assistance. This report summarizes the ideas, comments, and recommendations made by one or more persons in this part of the session. It does not represent a consensus opinion among all participants.

Summary

PHIN is not yet well understood. It must be distinguished from NEDSS. It is not an Information Technology (IT) project. It must be marketed to executives and leaders. The workforce is open to change if PHIN solves day-to-day operational problems and assures data security. Policy makers can facilitate elimination of the “my data” mentality that arises from categorical and programmatic thinking.

An incremental approach to PHIN implementation and training is desirable. Training must be targeted, relevant and immediately applicable to adult learners, and address the need to cross train staff. Information and work overload makes learning difficult right now. PHIN can build upon current CDC and academic partner training assets, e.g. Informatics Fellowships, Public Health Training Network, and Academic Centers for Public Health Preparedness (ASPH). Public and private partnership may be needed to fully address short and longer term workforce training needs.

CDC should facilitate county-to-county and state-to-state knowledge sharing. In addition, CDC should consider developing the following to support workforce needs: job descriptions, staffing requirements, national core training modules in the 9 PHIN functions, distance learning and education training certificates.

A balance is needed between local and national implementation priorities.

General comments and recommendations:

Public health staff are experiencing information and work overload (e.g., Health Insurance Portability and Accountability Act, West Nile virus, bioterrorism preparedness and response, and Severe Acute Respiratory Syndrome, etc). An incremental approach with PHIN is needed. SAS and HL7 messaging are too much at one time! Keep the

PHIN implementation plan simple. At local site, replace paper and do other complex “stuff” later. We need local versus national prioritization.

To assure an orderly transformation to PHIN, we need to pay attention to legacy systems and data transfer. Also, it is important to recognize that people want “their data” protected.

CDC should consider developing the following to support workforce needs: job descriptions, staffing requirements, national core training modules, and provide distance learning and education training certificates.

CDC needs to continue to provide clarity of PHIN and standards.

We need to do a better job of teaching PHIN basics. What is PHIN? Differentiate PHIN and NEDSS.

We need to acknowledge that informatics does not represent IT. Informatics is more than IT.

We need to think of PHIN as an ongoing system of doing work and not as an IT project that has a beginning and an end.

Public health staff at the local level are very interested in change, if that change makes their job easier. We need to dispel the notion that people at the local level aren’t interested in change.

CDC seems to be viewing PHIN and NEDSS as IT projects. These are surveillance-related projects. IT is a tool to help facilitate conducting surveillance and is not itself an “end.”

CDC should model things about relationships for us. Who should our partners be? We are still operating in silos at the state level (e.g., chronic disease, infectious disease, maternal and child health).

CDC should go back and review Adult Learning Theory. The PHIN plan diverges from the principles espoused by Adult Learning Theory.

To facilitate the transformation of workers’ knowledge and experience, a clear definition of the expected outcome needs to be articulated and staff need to participate in the development of new systems.

In terms of public health outcomes, states need timely disease investigation and management systems.

Development of Training Resources

Develop training and communication materials on why standards are important in general and why PHIN standards in particular are necessary.

Identify specific technical expertise necessary to implement PHIN standards in state and local health agencies.

Utilize the public health informatics competencies to develop training and educational materials for public health workers (current and future).

Fund cooperative agreements (with the American Public Health Association or the Association of Schools of Public Health, etc) to foster training in informatics competencies. The cooperative agreement should identify what universities should provide training in for MPH students, for example. Cross training is critical—IT staff should have some basic public health training and epidemiologists should have basic IT training.

Consider outsourcing or partnering with universities, nonprofit organizations, or institutions, etc in order to accomplish our training goals

Develop and disseminate training modules (simple HTML pages) on the CDC web site that can be customized to meet the needs of the states. For the 9 PHIN functions, provide training modules in the PHIN functions and provide training certificates. CDC could also provide satellite training. Coordinate training with Centers for Preparedness.

Staff Training

Market PHIN as an “all encompassing initiative.” Market PHIN to executives and public health leaders—the supervisors and managers. Identify what type of leaders are needed. This will make everyone’s job easier. Also, review and implement the Gartner recommendations.

Need to cross train staff in order to build in flexibility and redundancy, to cover gaps, increase efficiency to all (‘big thinking’) and dispel the mindset that it is “not in my job description.” For example, IT staff need training in epidemiology and in national health care standards (e.g., HL7 and other protocols). And, IT training is needed for epidemiologists, including in advanced database development. Also, we need to train the next generation of epidemiology and IT graduates with the basics of public health systems—surveillance, epidemiology, and use of integrated databases.

We need to train staff to use new PHIN systems such as in NEDSS and aberration detection.

CDC should make grants and funding available for training staff on new programs.

Training needs need to be better defined all the way down to Excel.

There are training issues with regard to a change to SAS. Three days of training are okay, but it provides too basic of a training opportunity and there is a need for more training. SAS is not widely taught at universities. What needs do we have for data analysis? Is SAS overkill? Would Epi Info or SPSS suffice?

Who needs to know HL7 messaging and what does each party need to know about HL7 messaging? We need to be able to communicate our needs to IT staff, but IT is not necessarily dedicated staff. There is a need to define 'baseline' understanding of HL7 and other issues, and to define the levels of competencies (e.g., informatics competencies).

There is a lack of funding for and access to appropriate training at the county and local level. [Comment from CDC staff in PHPPPO's Division of Professional Development and Evaluation: The CDC BT Cooperative Agreement includes funds for building state/local capacity for Education and Training. Workforce development coordinators (Focus Area G leads) may be able to collaborate in short and long term training plans for PHIN implementation.]

Incorporate public health informatics competencies into training plans and position expectations.

Assure ample training is incorporated into all IT project plans.

There is work overload at the country level which competes with time for staff training.

Staff Hiring Issues

There is a net wash on funds to public health, which is secondary to the state budget deficits. States are not able to hire. Consider the following models used by states to hire additional staff: 1) Michigan Public Health Institute, which allows the state to hire staff outside the state hiring freeze, and 2) states may be able to redirect funding for projects to be housed at local health jurisdiction to avoid state hiring freeze.

Suggestions for CDC's Public Health Informatics Fellowship Program

Expand the CDC Informatics Fellowship program. Have the CDC Informatics Program operate more like the Epidemic Intelligence Service program. Expand the program to three years—two years of training at CDC and one year in the field at the state or local level.

Knowledge Sharing

CDC should facilitate state-to-state and county-to-county knowledge sharing. Shared resources within and across states are needed.

The CDC website could provide information on state and local health departments and where they are in the process of implementing PHIN to help facilitate other states contacting them.

CDC needs to provide and share options with states and local jurisdictions when there are good working models.

Other comments made by participants:

There are internet/network connection quality issues that need to be addressed for successful PHIN implementation.

There are some hardware deficiencies.

Senior level commitment to sharing data is needed.

We need standardization of data collection requirements.

What technical capabilities in the workforce are critical success factors for implementing the PHIN? Project management and technology understanding, and enough money to implement cutting edge solutions are critical.

Make a list of PHIN conference attendees available as a database or spreadsheet on the PHIN web site.

Leadership and training modules are needed by states to assure an orderly transformation in the short and long term.

Shared resources between and across states are needed.

One person indicated that PHIN training needs should not be addressed at the national level. Instead, the national level should focus on standards, standards dissemination, and adherence to standards.

The CDC BT cooperative agreement includes funds for building state/local capacity for Education and Training. Workforce development coordinators (Focus Area G leads) may be able to collaborate in short and long term training plans for PHIN implementation

Appendix A

Questions for the Post-Presentation Feedback Session Workforce Requirements

How are you preparing the workforce for the new reality of PHIN?

1. How are you tackling these issues in your jurisdiction?
2. What barriers have you found to transforming workers' knowledge and experience?
3. What have you found facilitates the transformation of workers' knowledge and experience?
4. Which technical capabilities in the workforce do you consider critical success factors for implementing PHIN?

What next steps should be considered by CDC and partners?

5. Should PHIN training needs be addressed at the national level? How?
6. What is needed to assure an orderly transformation in both the short term and long term?
7. What recommendations can be made to CDC now?
8. Are you interested in specific actions CDC might take to support workforce needs? - E.g. job descriptions, staffing requirements, national core training modules, distance learning, certifications
9. Other issues or concerns (use back of page if necessary).