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PHIN Conference 2009: Closing remarks

As the 7th Annual Public Health Information Network conference drew to a close, it became important for me to show appreciation for the extraordinary work that was put into this meeting.

The [conference planning committee](#) represented a cross-section of all our key stakeholders, as well as a co-sponsorship with NACCHO, and exemplified our professional ability to work together in the interest of public health informatics.



Dr. Stephen B. Thacker

The record-breaking submission of posters, where our state/local partners displayed innovative practices for their peer community to review, is further evidence of how informatics can support epidemiology and public health surveillance at the state and local levels.

Many breakout discussions were highlighted by vigorous question and answer sessions, and our moderators did a terrific job keeping the discussion on a forward path.

We now turn our attention to a global pandemic that requires us to respond and align our informatics assets to the larger public health response. Our mission to strengthen systems to monitor H1N1 patterns, not only disease incidence, but also hospital utilization, intensive care unit use, vaccine uptake, and vaccine adverse events, requires us to be flexible, as it is impossible to predict with confidence what will happen.

Congratulations to the planners, implementers, moderators, and participants of PHIN Conference 2009—we seek to leverage your talents as we move forward.

Stephen B. Thacker, MD, MSc

Acting Director
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Plenary session focuses on public health impact of HITECH

by: Claudia Vousden

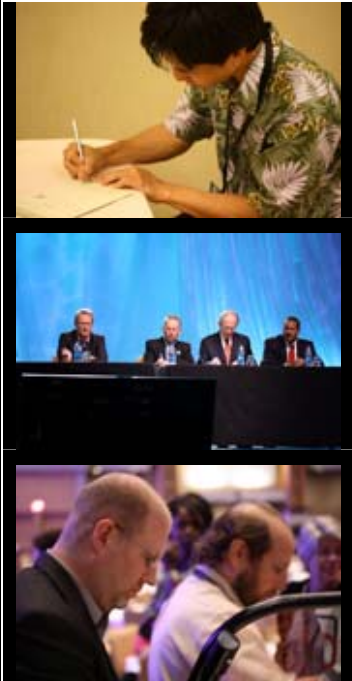
Tuesday's plenary session, "Institutions Investing in Public Health Informatics," featured four panelists who addressed the current status and emerging trends of public health informatics from the local, state, national, and international perspectives. Speaking for local public health was Marcus Cheatham, PhD, Assistant Deputy Health Officer of the Ingham County Health Department in Lansing, Michigan, while William Hacker, MD, Commissioner of the Kentucky Department of Public Health, addressed the issues from the state level. Also included on the panel was David Hunt, MD, FACS, Chief Medical Officer in the Office of the National Coordinator (ONC) for Health Information Technology's Office of Health IT Adoption, and Ties Boerma, MD, PhD, Director of Measurement and Health Information Systems at the World Health Organization.

The primary focus of the session was on the Health Information Technology for Economic and Clinical Health (HITECH) Act and its impact on public health informatics. The HITECH Act, or Title XIII of the [American Recovery and Reinvestment Act of 2009](#), supports the development and use of health information technology through these key strategies:

- National coordination through the ONC,
- Payment incentives to hospitals and eligible health care providers who demonstrate [meaningful use](#) of electronic medical records (EMR),
- Six supportive grant programs,
- Improvements in health information privacy and security provisions.

Dr. Hunt explained that the initial focus of HITECH is on deployment of health IT at the level of patient care practice with manifestation of its full potential occurring when a critical mass of health care practitioners uses interoperable health IT. Dr. Hunt also described HITECH as "a prelude to health reform" as it leads to increases in efficiency of health care services. In addition, the resources provided through HITECH will facilitate an increase in workforce capacity in both the public and private sectors. Support for an increase in standards will further enable the acquisition, collation, and analysis of data needed for decision making at the local, state, and national levels regarding the health of communities.

Acknowledging the focus of the HITECH Act on meeting needs in the United States, Dr. Boerma expressed the hope of WHO for "spill-over effects" that will benefit the global community. Improvements in standards and tools that increase interoperability and strengthen links between health care information and public health surveillance can be applied and contribute to improving health globally.



Plenary session *(continued)*

Dr. Boerma also encouraged the integration of evaluation to determine the impact on health care costs, data quality, and decision making as short-term measures, and health outcomes as long-term measures.

From his perspective, Dr. Hacker described HITECH as “a tremendous opportunity for public health on the state level.” The data and information it intends to provide would be useful in determining population-based needs, effectiveness of public health programs, coordination of care with physicians, and market focus of services. However, Dr. Hacker also stated: “With HITECH, the opportunity is there. Unfortunately, it doesn’t clearly delineate the funding that will be available for public health—at the state level or at the local level—to be able to connect and maximize the opportunity that’s coming.” He also reiterated the need for workforce development and suggested that academic institutions be incentivized to provide certificate training to the current public health workforce and incorporate public health informatics in graduate education programs as a sub-specialty.

Dr. Cheatham voiced the need for public health participation in the evolving process of HITECH. He noted that “HITECH is really focusing on EMR adoption and, for electronic medical records to be maximally useful, we all understand that there really needs to be exchange between electronic medical records and the rest of the care and prevention community, and that includes public health.” He encouraged conference attendees to consider how communities can influence the process and how resources that may be provided to public health through HITECH can be maximized “so that the health of the public is truly benefitted.”

To stay abreast of progress and opportunities, Dr. Hunt encouraged attendees to visit the [Health IT website](#) regularly and subscribe to the list serve to receive news and updates. Additional gateways for public health involvement include the Health IT [policy](#) and [standards](#) committees. Both committees hold monthly webcast meetings, and their agendas identify opportunities for testimony and other forms of input.



Poster competition draws record numbers

by Lisa A. Williams

Over the last three years, the number of entries to the PHIN Poster Competition has steadily increased. This year's competition was a huge success, with 68 poster submissions and 28 judges from academia, state and local health departments, CDC, WHO, and NGO's (non government organizations). Several of the judges returned for their second (John Abellera, CDC and Barbara Massoudi RTI) and third (J A Magnuson, OR State DoH and Laverne Snow, University of Utah) year of judging. Competition chairpersons, Janise Richards, PhD, CDC and co chair, Laura Franzke, PhD, CDC, worked diligently to ensure that the judging process was fair and unbiased. The competition was keen and kept the judges on their toes until the final judging round.

Poster judges evaluated content, appearance, innovation/originality, and applicability to other public health practice settings. The first round of judging included the category of relevance to the conference theme, followed by the second round of judging during which authors were asked to discuss their posters with judges and respond to questions about the project or research being displayed.

Submissions were received from state and local public health professionals, academia, CDC, WHO (World Health Organization), CDC China, MOH (Ministry of Health) Ethiopia, as well as private industry. Poster topics included but were not limited to: Outbreak Management, Electronic Health Records, Business Process Analysis, GIS, Data Transport/Exchange, Knowledge Management, Collaboration, Interoperability, Information Security, Grid Technology, and Communities of Practice and Governance. After careful deliberation, winners were selected.

The 2009 PHIN Conference Poster winners:

- **First place**
Listening to Your Users: Use of the Common Ground Experience in the Requirements Development of an Outbreak Management Solution
Fred Theadore, MS, BS, CMA Consulting
- **Second place**
The Flea Pushing the Boulder: Informatics Addresses Data Integration for the Child Health Record
Dina Dickerson, MPH, State of Oregon
- **Third place**
Development and Utilization of a Spatial and Temporal Modeling System to Investigate Disease Outbreaks in Vermont
Charles L. Hulse, MD, PhD, University of Vermont College of Medicine



Poster competition *(continued)*

Honorable Mention:

- *Utilizing the PHINMS Route-Not-Read to Transfer Hospital ED Syndromic Data Back to Healthcare Facilities*
Emily Y. Cheng, BS, MS South Carolina Department of Health and Environmental Control
- *Establishing a Global Collaboration to Support the Global Public Health Grid Initiative*
Muzna Mirza, MD MSHI, Centers for Disease Control and Prevention

The competition chairpersons and judges are grateful for the thoughtful submissions this year and thank all conference attendees who visited the poster exhibits at this year's conference.



PHIN 09 Interoperability Showcase

by Behnoosh Momin

The challenges in health care have never been greater and the need to adopt health information technology systems that can exchange and effectively utilize healthcare data has proven to be a great endeavor. Interoperability Showcases worldwide highlight the Integrating Healthcare Enterprise (IHE) framework for delivering interoperability across local, regional, and national health information networks.

IHE is an initiative by healthcare professionals to improve information sharing in healthcare. It engages the efforts of numerous stakeholders and promotes the use of established standards to address specific clinical needs, allowing for easier implementation and more effective communication. Patients, clinicians, provider organizations, vendors, consultants, government, and public health can all benefit from IHE. They provide an avenue to learn first-hand how healthcare providers can benefit from leveraging this framework when purchasing new applications, devices and systems.

The PHIN 2009 Interoperability Showcase attracted nearly 175 attendees, providing them with an opportunity to experience the ultimate reality show in healthcare interoperability. The showcase was designed as a PHIN Health Information Exchange (HIE)-based environment featuring multiple scenario-based demonstrations, including a first-time demonstration of cancer registry interoperability, clinical scenarios, Emergency Medical Record (EMR) alerting, immunization, public health surveillance of influenza-like illness and H1N1, all enabled by the IHE framework and HITSP interoperability specifications.

With over 18 vendors at this year's PHIN 2009 Interoperability Showcase, the size nearly doubled from the previous year. The showcase highlighted collaborative efforts with many CDC projects, including the National Program of Cancer Registries and the PHIN Vocabulary and Distribution System. Attendees were provided with a brief background of the initiative before they were divided into several groups to experience the showcase come alive and observe the various scenarios that were displayed.

At a critical time in public health, the IHE provides a framework in building an interoperable system to ensure that technology is integrated in today's complex healthcare environment, allowing for effective use of data.



Value of PHIN Communities of Practice Evident at the 2009 PHIN Conference

by Adam B. Arthur



Repeatedly during the 2009 PHIN Conference, [Communities of Practice \(CoPs\)](#) demonstrated their successes and commitment to collaborative sharing and problem-solving to improve public health informatics. From CoP-led scientific sessions and Community meetings to an interactive road mapping event and a plenary talk on Community collaboration, members of PHIN CoPs made valuable contributions at this year's conference.



Submitting Abstracts

CoPs demonstrated their effectiveness by successfully competing in the scientific abstract submission process, earning the right to present in or lead 8 scientific sessions at the PHIN Conference. Some of the topics included the increased involvement of public health in Health Information Exchange, case studies of successful state implementations of the Health Alert Network, and synergies in Lab Messaging exchange. Recordings of these and other scientific sessions will be available on the PHIN Conference website.

Demonstrating Collaboration

CoPs have advanced in their efforts to collaborate and innovate among partners by utilizing state-of-the-art communication and collaboration technologies. PHIN CoPs were chosen earlier this year by the Public Health Informatics Institute (PHII) to test pilot phConnect.org, an online collaboration space designed to support geographically dispersed professionals working in the field of public health informatics. phConnect was officially introduced during the PHIN Conference by PHII, demonstrating how the PHIN CoPs were beginning to connect and share expertise for solving problems in the exchange of public health information. PHIN CoP members at the conference, as well as those not able to attend the conference, were kept in-the-loop with real-time Twitter updates from the CoP Program.

Making Contributions

In their individual Community Meetings at the Conference, members gathered to discuss strategies for tackling the major issues and opportunities in each domain area given current public health challenges. The Laboratory and Messaging CoP (LMCoP) and the Vocabulary and Messaging CoP (VMCoP) made significant contributions towards the H1N1 novel influenza response effort. The LMCoP coordinated a meeting between representatives from the [Public Health Laboratory Interoperability Project \(PHLIP\)](#) and the [National Electronic Disease Surveillance System \(NEDSS\)](#) to discuss ways that each program could leverage the existing work in place to support H1N1 laboratory reporting.





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CoP *(continued)*

Additionally, the group identified several possible strategies to lessen the reporting burden on state public health labs for H1N1 laboratory data. The VMCoP reviewed and validated vocabulary and messaging structures associated with H1N1. For further examination, the activities and artifacts related to H1N1 were posted on phConnects in the VMCoP Community space in a post titled, "[Novel Influenza \(H1N1\) Messaging & Vocabulary.](#)" VMCoP members and the public health informatics community can download the workbooks, case report forms, and message mapping guides associated with H1N1 at phConnect.org.

Showcasing Achievements

PHIN CoP value was evident in the video that kicked off the 2009 PHIN Conference. Attendees saw and heard CoP members highlight the personal and professional impacts their CoP participation provides them in their daily work, to their organizations, and to public health as a whole. The video can be viewed on [phConnect](http://phConnect.org).

Shaping the Future

During the CoP Reception and Road Mapping event on Monday evening, the CoP Council members shared the successes of their respective CoPs and the impact on the larger PHIN Community, (see picture of Council). Breakout sessions followed to gather feedback from the 180 event attendees in four areas: a) *Bi-directional Communication*- exchange of information, feedback and guidance between the CoP's and NCPHI and the facilitation of communication between the PHIN community, CoP's and the CDC; b) *Collaborative Workspace and Open Repository*- the types of spaces and tools needed, the types of documents that would most likely be in a repository, and the guidance needed on repository use and access; c) *Tools and Guidance to Support Individual CoP's Goals*- the tools that would be useful and the types of support that may be needed; and d) *Evaluation, Feedback and Improvement Mechanisms*- the metrics that are important and the evaluation methods and feedback needed to gather them. The Council will use the responses to shape future Council and CoP direction.

A CoP event also closed the Conference with a plenary talk by collaboration platform architect and knowledge manager, Steven Dale. Sharing frankly the challenges and successes experienced in the network of CoPs for UK local government, Dale stressed the value of people in the collaborative process, the need to revisit the way people have conversations, and learning how to utilize new technologies effectively.

More than 450 PHIN community members from state and local public health, CDC, academia, and the vendor community have interacted in CoPs to develop innovative tools, methods and practices for improved electronic exchange of public health information. Launched and supported by the [CDC Communities of Practice Program](#), PHIN CoPs are providing open communication among members in the same field and collaborative opportunities to further the work of PHIN. To receive more information about getting involved in CoPs, please contact [Mamie Jennings Mabery](#), CoP Program Manager, CDC/NCPHI/DAMC.

