

Meeting Summary

State, Tribal, Local and Territorial (STLT) Subcommittee

Advisory Committee to the Director of CDC

Monday, December 2, 2013
3:00 pm– 4:10 pm (EDT)

Call Objectives:

The objectives for this meeting are as follows:

- Status report for Implementation of Recommendations (Health Dept. of the Future)
- Identify ways to address new issues/refining CDC's focus to meet STLT needs
- Identify need for new sub-workgroups of the STLT Subcommittee meeting
- Milestones for consideration: ACD Meeting on April 24, 2014

Chairperson: David Fleming, MD

Prepared by the Office for State, Tribal, Local and Territorial Support (OSTLTS)

Subcommittee Members: Bruce Dart, Thomas A. Farley, Jonathan Fielding, David Fleming, James Gillan, Carol Moehrle, Jose Montero, Mary Selecky

CDC staff present (and announced): Judy Monroe (DFO), Robin Ikeda, Denise Koo, Chesley Richard, Laura Seeff, Judy Lipshutz, Andrew Rein

Notes: Kari Cady (CDC Contractor)

I. Welcome/Call to Order

Dr. David Fleming welcomed the STLT subcommittee members and the CDC presenters. Dr. Fleming took attendance and indicated there were enough attendees for a quorum.

II. Health Information Exchange/Electronic Health Records/Informatics for Public Health

Dr. Chesley Richards, Director, Office of Public Health Scientific Services, provided background and update on the CDC Surveillance Strategy the first draft of which is almost ready for vetting. Dr. Frieden charged OPHSS to come up with an agency-wide strategy that increases the availability and timeliness of data, advance the use of emerging technology, maximize the agency's use of resources for surveillance and reduces/removes redundancies in surveillance systems. The four tiers to the proposed Surveillance Strategy are as follows;

- **Accountability/Empowerment Tier**
 - Dr. Richards and his deputy are accountable for establishing measurements for assessing surveillance programs across the agency.
 - The proposed plan would review the investments in surveillance and retire redundant systems.
- **Assessment Tier**
 - This tier will focus on assessing a broad range of surveillance systems and cross walking them with established metrics (created under leadership of Dr. Richards). This assessment will serve as a baseline for ongoing performance measurement. As performance is measured, systems not meeting metrics can be retired. Metrics will be regularly updated.
- **New Tools Tier**
 - There are several new tools that require more information and review; they are as follows:
 - Cloud computing: Community-based cloud computing platform that will ultimately include a number of CDC surveillance systems.
 - Shared data storage with processing and distribution services
 - Create strategies within the agency on the use of common PH standards that reflect collaborative utility and needs of key CDC programs
 - Enhance support for PH agencies to achieve Meaningful Use 2 and 3 requirements, especially related to exchanging information electronically
 - Development of an agency plan to enhance data availability for use by public, researchers and other federal agencies
- **Pilot Projects Tier**
 - Improvement of cross-cutting surveillance activities via two pilot projects:
 - National Notifiable Disease Surveillance System
 - BioSense 2.0

Discussion

Question: Is the scope of this work more CDC-focused than STLT-focused?

Answer: Immediate response within the agency is based on messaging and accountability to Congress (internal from federal government). A CDC strategy should be seen in a broader construct that also accounts for needs of STLT health departments; there can be some synergies between the two.

Question: How do we best make the systems interoperable to help support state/local health departments?

Answer: IT standards are being reviewed and will be promoted across jurisdictions & programs - this is a way that CDC can aim for consistency within funding opportunities which should help with interoperability.

Suggestion by Subcommittee member: A Sub-workgroup of this subcommittee could help move forward some of the thinking and help ensure STLT needs are identified and addressed

III. Financing Public Health

Dr. Laura Seeff, Senior Advisor for Health Systems, Office of the Associate Director for Policy at CDC; provided an update on the progress completed towards the recommendation related to financing. Since the last meeting of this subcommittee the finance committee/small group has clarified their charge by dividing their charge into two “buckets”:

1. How can CDC influence momentum of new and developing delivery models to support population and public health which include sustainable financing mechanisms and a balanced portfolio of interventions which will realize cost savings in the short-term (less than three years), middle (greater than three years) and long-term (greater than ten years)?
2. What available options exist to sustain financing for public health services, functions and entities? Referred to usually at foundational or core capabilities or services that no one other than public health agencies would likely provide

The CDC finance committee (formed in response to the subcommittee recommendation) is primarily focusing on #1 (above). Two other efforts related to financing are: (1) Robert Wood Johnson Foundation (RWJF) through RESOLVE is working on the issue of funding for public health foundational capabilities after those foundational capabilities have been defined/modelled; (2) A billing committee within CDC will focus on the issues of public health capacity to bill for public health services. The three of these groups (finance committee, RWJF, and billing committee) will work together and remain linked via internal finance committee meetings. The internal finance committee is in process of engaging the SIMs states that have worked on funding models at the pretest and testing stages.

Moving ahead, the committee will focus on exploring population health delivery models with innovative financing mechanisms by working with HHS OpDivs to explore the concept of accountable health communities. These would aim to have a balanced portfolio of approaches to funding. The areas of focus will include:

- Interventions reach short and long term Return on Investment,
- Focus on acute care settings, control of chronic conditions, and short and longer term upstream interventions,
- Potential for more systematically addressing of social determinants of health (e.g., upstream interventions),
- Sustainable funding through innovation financing mechanisms including health and non-health sector and private funds, and
- Plan to engage Akron, Hennepin, and other innovative models to learn more.

The next steps for the committee will be to make links between this committee activity and related activity in new PH-HC workgroup; and obtain input from the STLT Subcommittee to ensure we are responding to real needs of STLTs.

Discussion

Question: Does sub-group of STLT subcommittee want to help provide some direction?

Answer: Several members agreed a sub-workgroup should be formed.

Feedback from subcommittee member: University of Kentucky is researching successful partnerships between public health and hospitals; the STLT Subcommittee should keep track of this work so that the findings can be leveraged and incorporated in PH-Healthcare collaboration work.

Question: Near term opportunities present themselves in that many states and their localities are working on SIMS grants focused on regional work.

- Is there any work that CDC can do to help cross fertilize this work?
- Is there a clearinghouse already formed or that could be formed to feature these works in progress?

Answer: There is not currently a clearinghouse set up, but it is a good idea to keep things moving forward. A sub-workgroup could further explore this option.

IV. Updates: Health Department of the Future CIO committees

Core Services

Dr. Robin Ikeda provided an update on the progress completed towards the recommendations related to core services:

- RESOLVE/ RJW will hold a meeting at the end of next week to finalize the first draft of the report on a model for ensuring foundational capabilities in all jurisdictions. The report is expected to be very robust. This work will help guide next steps for the STLT Subcommittee. Work on costs to finance these foundational/core services will follow this report. RESOLVE through University of Kentucky is leading this effort and will also help instruct the STLT Subcommittee's work in the future

Shared Services

Dr. Robin Ikeda provided an update on the progress completed towards the recommendations related to shared services:

- A website that features examples of shared services across jurisdictions will go live within the next couple of months. The website will include a standard definition of cross jurisdictional sharing, as adopted by the Center for Sharing Public Health Services (CSPHS)
- Committee members expressed great interest in the importance of this work for finding efficiencies and ensuring core services in all jurisdictions.

Workforce Development

Dr. Denise Koo provided an update on the progress completed towards the recommendations relate to workforce development:

- CDC will be publishing their workforce strategy road map which mirrors the ASTHO road map. Activities can be mapped and depicted on the map as they relate to particular strategies. The target go live date for this is early next year (2014).
- CDC will continue to work on the core curriculum/101 series; to further their use, CDC is exploring a partnership with Khan Academy.
- The practical playbook for public health and healthcare working together will be released in February. (See: www.practicalplaybook.org). If this playbook is successful, more success stories will be added.
- The CDC experience fellowship will no longer be funded via Pfizer after this year, but there will be funds for a small grant for a year or so to work on how CDC can continue to fund some medical students to learn more about public health and healthcare linkages.

Discussion

Question: Public Health Associate Program (PHAP) has been a growing training program and OSTLTS would like to continue to focus on the quality of the program as well as the training. OSTLTS would like to establish an external group to help ensure the direction of the program meets real needs in the field. Dr. Monroe asked for suggestions about who should be recruited for such an effort?

Answer: Suggestions included -- heads of organization and training within health departments, current health officers, current PHAP supervisors; ASTHO deputies; others who have worked with PHAPs

CHNA/Community Benefit

Dr. Seeff provided an update on the progress completed towards the recommendation related to community health needs assessment and community benefit:

- CDC is moving quickly towards action to capitalize on this opportunity. There are three tasks with related subtasks to work towards creating of a strategy:
 1. A standard slide deck that reflects a coordinated agency strategy
 2. Clarification/coordination of Community Health Improvement terminology (draft definitions distributed)
 3. Translating committee work into FOA guidance
- CDC is engaging with AHA regarding Community Health Improvement
- CDC is beginning to see early data on CHNAs
 - Results say there is a clear indication of lack of transparency at the implementation end of the assessment and implementation cycle
 - When hospitals conduct their CHNAs, there is typically no focus on the community as the denominator but rather on the hospital patient panel
- CDC is developing Core health priorities for communities engaging in community health improvement processes as a common starting place

The next steps will include:

- publication of standard/accepted language in one place; would like committee input on how to use terminology to reflect unified CDC front in this area
- continue to assess incoming data on CHNA,
- work towards uptake and dissemination of Principles
- focus on data sharing across public health and healthcare communities with goal of integrated measurement strategy

- create links between this committee activity and related activity in new PH-HC workgroup of the ACD
- continue to interface with IRS as we look towards 2015—focus on language that will require transparency/communication about PH engagement at the implementation end of the cycle

V. Emerging Issues for STLT Subcommittee

1. Social Determinants of Health (SDH) Update:

- OSTLTS has begun conversations with CDC’s Office of Health Equities which has been focusing on SDH issues for a while. Their director, Leandris Liburd, is the DFO for the Health Equities Subcommittee of the ACD and will likely attend the next STLT Subcommittee meeting. The two ACD subcommittees can clearly work together
- A sub-workgroup of the STLT Subcommittee was suggested as a way to determine the added value/unique perspectives of STLT health agencies in this work. Such a group could begin by collecting “stories” about how HDs are addressing SDH.

2. New iteration of PHAB standards will soon be released.

- will be a good opportunity to link standards with foundational capability work of RESOLVE/RWJ
- PHAB will be creating databases on successful applicants including status reports. Some of this data might prove useful for CDC or others. This topic will be explored with CDC staff engaged in PH accreditation to identify ways the STLT Subcommittee can be helpful.

VI. Public Comment

No public comment made

VII. Closing

Dr. Fleming thanked all the CDC presenters and subcommittee members for joining the call.

Financial Disclosures from STLT Subcommittee Members

- a. Bruce Dart – no disclosures to report
- b. Thomas A. Farley – no disclosures to report
- c. Jonathan Fielding – no disclosures to report
- d. David Fleming – no disclosures to report
- e. James Gillan – no disclosures to report
- f. Carol Moehrle – chairman of the PHAB; otherwise no disclosures to report
- g. Jose Montero – no disclosures to report
- h. Mary Selecky – no disclosures to report