

**CDC Health Information Innovation Consortium (CHIIC)  
February Forum Meeting Notes**

**Chamblee 106, 1B + Adobe Connect + Phone Bridge  
February 14, 2017, 2:00-3:00PM**

**Meeting Agenda**

1. Introduction – Brian Lee – 10 minutes
2. Prioritizing Pipelines in Data Management by Nishant Kishore, Division of Parasitic Diseases and Malaria – 40 minutes
3. Discussion & Suggestions – 10 minutes

**Attendees**

The meeting was well attended – a total of sixty-six people attended; in person (9) via webinar (57). Attendance included people from CDC centers, organizations, and government entities: CSELS, NCCDPHP, NCHHSTP, NCIRD, NCEZID, OADS, OCIO, OCOO, OID, OPHPR, OPHSS, NIAID, NIOSH, CACI, and HHS. Other participants attended the Adobe Connect session, but only their name was captured and not their location or organization.

**Minutes**

**Introduction – Brian Lee**

Brian started by introducing the presenter, Nishant Kishore who presented on Prioritizing Pipelines in Data Management. He also reminded the participants that were signed in through the webinar, to put a note into chat stating what organization they were from to increase collaboration across public health boundaries. Brian thanked Briana Hill, Randy Mitchell and Dennis Jarosz for their supportive efforts with the CHIIC forum.

**Presentation 1 –Prioritizing Pipelines in Data Management – Nishant Kishore**

Speaker bio: **Nishant Kishore** is the data manager for Malaria Zero and is based in the DPDM. He is charge of the data collection, storage and pipelining coordinated between all members of the project and builds tools ranging from mHealth implementations to client-facing analytic dashboards. He holds a MPH from Emory University and is fascinated with the intersection of Public Health and Technology. Nishant began his foray into this field while implementing an SMS sexual and reproductive health education system as a Peace Corps Volunteer in Nicaragua. He is specifically interested in automated surveillance, outbreak detection using big and high-throughput data, and making technology more accessible for public health projects.

## Presentation 1 Q&A

**[Brian Lee] For teams that are interested in this, how do other teams end up using some of these techniques?**

[Nishant Kishore] So I think it starts with understanding the creation of this resilience data structure. It doesn't have to be one specific platform, but understanding the theory. Actually building the survey and the initial data structure with the final analysis point and the quality metrics in between are the first steps. You only get it by doing it.

**[Brian Lee] You mentioned CommCareHQ, Django, R, and others, are you using some of those or all of them? Does it depend on what the data collection is? Which one do you use and how does that correspond to the teams actually in the field and the people using the data collected from it?**

[Nishant Kishore] It's sort of a modular framework. Each one has a different solution to it and there is a plethora of mobile data collection tools out there and a ton of analysis tools out there. There are some that work better than others depending on the type of data you have and the speed in which you want to show that data. It really just depends on what you need. A lot of these tools are free to use and play with to learn more about. With this modular framework you can find something that works for you.

**[Sundak Ganesan] I have a question about some of the slides that you showed in the workflow, it was something similar to Epi Info. They do also collect the data and merge with the cloud and do a lot of different things. I wanted to find out what's different, what is your approach about what Epi Info has been doing for years?**

[Nishant Kishore] I'm not sure I want to get into what's better discussion on the line. I would love to talk to you more after this. However, I think the big thing here is just the speed in which we were able to roll out something like this, and the tools that we used in terms of what's available in the field. In terms of our Excel dashboard for example, it's something that everyone has and even someone that hasn't been trained on how to evaluate data can have on a laptop, look at it and start to get feedback. I think it can work just as well with Epi Info. The importance of all this is the theory behind it, which is to consciously build these data systems from the get go with quality assurance in mind and with input analysis in mind, rather than doing it as it comes forth.

**[Chesley Richards]**

**Can you say something about how the modular in your approach can actually facilitate inoperability rather than being a barrier?**

[Nishant Kishore] I always think about these as Lego pieces and what sort of fits together and the go between between all these platforms is really having that open API. So all these different things I'm talking about are able to call out and then push out data in an open fashion by having open libraries you can look through and understand how the data is structured and how things move. I think this modular framework helps with that because you can really pull out one thing and since it does have this open API on the input and output, it should theoretically work with a variety of other system.

### Items of interest

- Next Forum – Tuesday, May 2 10am-11am ET
- Feb 22, Technology Association of Georgia Connected Robotics Event – <http://bit.ly/ccrobotics>
- CDC Office of Technology and Innovation (OTI) Roadshow – 3 sessions between March 3 – March 24 [oti@cdc.gov](mailto:oti@cdc.gov)
- OHSU Healthcare Data Analytics Online Course – 2017 <https://dmice.ohsu.edu/onc-course/>
- Please take 90 seconds to share your feedback, <http://go.usa.gov/x9b2G> . We'd love to hear from you on improving the quarterly forums.

If you would like to review other CHIIC projects, please visit the [CHIIC web site](#).

Please contact [chiic@cdc.gov](mailto:chiic@cdc.gov) to be added to the CHIIC distribution list or have any questions related to previous CHIIC forums.