

Summary of Meeting

August 27, 2008

The Board of Scientific Counselors (BSC) of the National Center for Public Health Informatics (NCPHI), Centers for Disease Control and Prevention (CDC), was convened for its second meeting at 6:00 PM on Wednesday, August 27, 2008, in Atlanta, Georgia.

In accordance with the provisions of public law, the meeting was open to public from 6:00 PM till 9:00 PM on August 27.

Board members present were:

Nancy Lorenzi, Lawrence Hanrahan, Martin LaVenture, Bill Hersh, Cecil Lynch, Chuck Friedman (*Ex Officio*)

Board members on the phone:

Don Detmer, Julian Goldman, Sherri McDonald, Larry Kingsland

Staff of the National Center for Public Health Informatics were:

Scott McNabb (*Executive Secretary*), Jason Bonander, Glenn Moore, Barry Rhodes, Joyce Millender-Steele, Tom Savel (*Meeting Minutes*), Les Lenert, Netaja LaRocque

Staff of the Coordinating Center for Health Information and Services were:

Mary Lerchen

Public present:

Sherrilynn Fuller, Harold Lehman, Bill Lober, Laurie Williams-Peters, Rita Kukafka, William (Bill) Sonntag

Meeting Summary:

The meeting officially opened at 6:02 PM on August 27th. Dr. McNabb opened followed by introductions from the board members and CDC staff.

Dr. Lenert followed with an opening overview. He indicated that NCPHI is working to refine the National Center and improve responsiveness. He expressed the need for continued input and advice from the BSC. Dr. Lenert sent his regrets for Dr. Solomon being unable to attend, but reiterated Dr. Solomon's message from the first meeting – he is always available for discussion. Dr. Lenert closed his opening overview by indicating he was working to improve communication between the BSC and NCPHI through greater involvement by the NCPHI executive secretary.

N. LaRocque followed Dr. Lenert discussing administrative items including providing more information on reimbursement and planning for the next meeting on November 20th.

The chair, Martin LaVenture, welcomed the Board. In his welcome message, Dr. LaVenture outlined the key objectives for the meeting, which included: build on the work from June, refine the scope and charge of the NCPHI BSC, and to address the three priority areas (BioSense, Open Source and Reorganization). The critical next steps were to advise the working groups tasked with the three priority areas.

Dr. McNabb offered a proposed approach for developing the BSC charge. The goal was to provide information at the November 2008 meeting, including creating a draft decision document with recommendations for the full board. Taking the synopsis of this meeting and then having a smaller group create specific recommendations. Dr. LaVenture asked that what would be in scope and not in scope be explicitly documented. Then a suggestion was proposed that the BSC create details of the NCPHI BSC Charter and then map to the broader charge.

Dr. Hanrahan started the working group updates and discussions, including progress to date and next steps, with BioSense (reference PPT documents). Hanrahan reviewed the BioSense Charter, BioSense Tactical Plan WBS and then a background of BioSense. He then continued with a review of the BioSense strategic plan, including an assessment of current state vs. future state.

Dr. Hanrahan continued with a detailed overview of the work group's activities. (1) Review the BioSense Strategic Plan. (2) Prepare a work group charter. (3) Conduct work group meetings. (4) On-going dialogue and discussion with BioSense leadership. Next steps are for the BSC to approve the BioSense Work Group Charter. Key issues with the charter document were read to board. BioSense work group will continue review of tactical plan elements and provide recommendations to the BSC in November 2008.

Comments and discussion following the BioSense Work Group presentation as follows:

Dr. Friedman - major challenge transition from current to future state...charter not striking directly at that; Dr. Lynch - making the BioSense transition issues explicit; Chair: issues around explicitly mentioning implementation - is it feasible?; Dr. Lenert: BSC to get more information as plans become more refined; Hanrahan: Will the tactical plan drill down into performance measures?; Rhodes: NCPHI is creating sub-WBS and project plans and milestones for each lane; Lenert: BSC to focus on the Science around BioSense tactical plan, input is to be kept high-level, not managerial; Friedman: Range of challenges within BioSense including selective focus within BioSense. Need to leverage specific expertise of board members, for example mapping challenges to specific subject matter expertise of members; Lenert: Set priorities of the items in the BioSense charge; Rhodes: What it means to be "done" - thinking about specific goals in this new BioSense model; Lorenzi: Strategy, future...not get there in 5 - 10 years...leverage large hospitals; Lenert: Need to connect other biosurveillance networks - not under federal control in the BioSense strategic plan. Challenges around semantic equivalence, leveraging the human factor without pure semantic interoperability; Hersh: HMO research network - challenges around semantic interoperability; Lynch: What is the driver to have large hospitals to do this

work - what is the Return on Investment?; Lorenzi: Would like to see the stage between the current and future state of BioSense ; LaVenture: Future state of BioSense needs to leverage greater role in local and state health departments; Lenert: Agreed with this issue - the goal of the regional collaboratives; Detmer: Develop framework for evaluation...how to evaluate success in November?; Friedman: Transition of BioSense...where is the model for a transition?; Lynch: within the transition model, how or do we fund parallel systems?; Goldman: How system is designed to detect things that do not have a diagnosis?; Lenert: Response to comment lies in case detection technology that is remotely programmable – that’s the goal.; Detmer: Multiple coding systems in future state, not just ICD?; Lenert: Have not addressed that issue yet.; Kingsland: Should include UMLS as well workgroup to capture these comments - and include in their activities. Dr. Goldman expressed concerns about the ability to detect only diagnosable/diagnosed problems, and missing undiagnosed problems etc... stating further that it is critical to identify appropriate use cases to ensure that the proposed solutions will encompass the scope and depth of requirements.

BioSense Work Group Charter Approved by Board

Dr. Lynch opened the second priority area work group – Open Source. He provided an overview of the Open Source Work Group’s draft charter. Lynch reviewed the drivers for an open collaborative environment for PHIN, including both the benefits of open source and how open source functions operationally. He went into further detail, explaining NPCHI’s potential role in such an operating model (i.e. promote open source focus, transition to community, support). Lynch highlighted the transition as requiring a new culture in which organizational and program silos are dismantled. This will provide opportunities for partnership in multiple ways including between computer science and public health practice.

Lynch highlighted the tentative pathway to open source, reviewing the creating of a national toolkit for public health, development of a public health portal, and implementation of a collaborative software development model. Potential issues highlighted included support, licensing issues, and leadership. Lynch provided examples of license issues and then walked through the draft Open Source Work Group Charter. He recommended changing open source to “open collaborative.”

Comments and discussion following the Open Source Work Group presentation as follows:

Detmer: New global charge - to be considered...very supportive; Hersh: Questioned the term "computer science" as compared to "informatics," though supportive of report; Lynch: recommend - tempered enthusiasm...we must learn from NCI’s mistakes; Lenert: Discussion of licensing challenges issues - state and local health dept. vs. universities; Detmer: workforce issue must be addressed for issues of scalability with expertise in open source...AMIA to be able to provide support; Hanrahan: Centers of Excellence to play key role in this workforce issue; Lynch: Need to learn more about what a state health dept can and cannot do; Lenert: Brought up the value of funding opportunities to facilitate activities in this domain and how to be creative with limited / no funding; Hersh: Conceptually separating data and software should also consider performing environmental scan in US Government; Lynch: Must consider how much funding has been spent on non-open source products; Hersh: Data vs. system

interoperability...data interoperability is more critical; Friedman: Contractor vs. FTE support - constraints to be considered 80% contractor support for caBIG.

Charter approved with recommended changes

Lorenzi presented on the third and final priority area – NCPHI Reorganization. He provided an overview of the Reorganization Work Group Charter, explaining that reorganizations are a difficult process with a lot of change. He continued by describing NCPHI's mission and vision, the current NCPHI structure and the drivers for change. Lorenzi noted that there is a critical need for a transition plan and provided an overview of the proposed NCPHI Organizational Structure, including the following components:

- Division of Informatics Outreach and Education
- Division of Public Health Informatics Systems
- Division of Applied Informatics Sciences

He then provided an overview of the timeline for the transition, the status of the transition as well as thoughts and reactions related to the transition. He noted a challenge in communicating organizational activities through current organizational unit labels.

Comments and discussion following the NCPHI Reorganization Work Group presentation as follows:

Change proposed to NCPHI Mission to include "and application" and "and health" - no objections; Hersh: Library to go into Division of Informatics Outreach and Education?; LaVenture: Wording inconsistencies in naming of structure - need to be examined; Lenert: Is this new state an improvement? The challenge of a matrix-based organization; Friedman: Dates and deadline information is critical; Detmer: Increased organizational transparency will be very helpful; Bonander: The effort will be a significant transition - BSC input a step in the right direction and continued input needed; Millender- Steele: Described the process of submitting new org structure to CDC management; Friedman: Recommend convening working group via phone - to provide information to full BSC - by end of September; Lynch: Why portfolio organized into small units?; Lenert: To keep the scope for the program manager achievable.

Charter Approved

Next Meetings and Plans: The BSC is to reconvene on November 19th, 20th and 21sts. The first meeting following will be in Spring around AMIA and as well as the PHIN Conference next August.

Closing Comments: All agreed it was a great meeting. One request for materials electronically, and many congratulations to NCPHI staff for pulling everything together so that the BSC could have such a productive meeting.

Public Comment: Sherrilynne Fuller: CoEs to be remembered as partners; Harold Lehman-BioSense and how best to use the data; Bill Sonntag - critical value of governance; Bill Lober:

NCPHI naming - is a reflection of the challenges within the field of informatics - open source: challenges around governance - need to leverage other examples; Laurie Williams-Peters: company involved in open source and Public Health.

Action Items / Follow-up Noted:

- Settle on meeting dates for November and determine meeting type and duration.
- Settle on meeting dates for Spring. AMIA appears to be the logical choice (May).
- Follow-up on workgroups:
 - Framework for recommendations
 - Listing of subject matter experts identification in charters

Meeting Adjourned at 9:02 PM.

DRAFT