The purpose of this session was to seek individual perspectives and experiences, not group consensus advice, to inform planning, engagement, and strategies in the identification and development of sustainable and efficient solutions for interoperable and streamlined data flows, shared solutions, and health data analysis for public health purposes.

This meeting was convened as a group of multisector public health partners (government, public health, industry) to increase dialogue, prioritize goals, and vet real life solutions to achieve a desired future state PH data ecosystem that provides timely, secure, adaptable access and transfer of data and information to effectively drive public health action.
USDS presented on the Public Health Data Infrastructure Pilot work with Virginia, a prototype synthesized architecture that converts HL7 messages to FHIR and exemplifies improvements to the existing process through efficient processing, enriched data quality, and deduplicated patient records. The prototype demonstrated a combined 19% reduction in the number of patients through record linkage across three raw data sets: VXU, eCR and eLR. The pilot supported a good proof of concept for this approach, and it is reasonable to expect that with more data and more sophisticated linkage, the positive results will be more pronounced. Participants mentioned similar processes and algorithms in jurisdictions such as New York City and Dallas County that could complement the pilot work.

CDC introduced a high-level preview of the discussion around types and representations of data sources needed within North Star Architecture, which will be continued during the next Consortium meeting on May 18th.
CDC presented a deep dive and current landscape of PPRL, including the value of PPRL in public health, the PPRL landscape, and current CDC PPRL projects. PPRL leverages and links data available from many datasets for more comprehensive knowledge at both the patient level and population level with minimal risk to personally identifiable information. The concept of PPRL has

Matching Across Entities Using PPRL Identifiers

Clinical and Community Data Initiative (CODI)

Discussion

- What are the uses cases across the public health ecosystem in which PPRL would be helpful to
  - Improve data quality or completeness
  - Inform public health action
- Where and when would PPRL best be implemented
  - In the public health data ecosystem
  - Along the data life cycle
- What would be important considerations in developing a sound PPRL strategy?
  - Public health ecosystem wide
  - Enterprise-wide for CDC
gained traction over the years and the landscape has matured, with PPRL pilots running in the healthcare, clinical, and pharma space. CDC has a few projects evaluating PPRL technologies and implementing PPRL in collation with data owners of public health datasets.

CDC will facilitate a small group to strategize on the value proposition and safe and secure application of PPRL in the public health data ecosystem. There will also be extensive discussions on the technical details.

For questions regarding the CDC DDPHSS-DMI Consortium, please contact DMIconsortium@cdc.gov.