



CSTE Annual Conference Surveillance/Informatics Steering Committee Meeting

Monday, June 5, 2017 at 1:00-1:45 pm (Salmon Room – Boise Centre)

Steering Committee Chair: Kathy Turner, PhD, MPH

CSTE Staff: Meredith Lichtenstein, MPH, Becky Lampkins, MPH, Janet Hui, MPH, Monica Huang, MPH, and Shaily Krishan, MPH



Surveillance Practice and Implementation Subcommittee – Gillian Haney (MA)

- State Reportable Conditions Assessment (SRCA): CSTE conducted and finalized the 2016 SRCA and built the SRCA Query Tool, which contains searchable 2015 and 2016 SRCA data:
http://www.cste.org/members/member_engagement/groups.aspx?code=SRCAQueryRes
- Reportable Conditions Knowledge Management System (RCKMS): CSTE is working on RCKMS Phase III activities for the initial implementation of the tool. (see next page).
- Other activities:
 - Follow up on CDC interdepartmental working group effort to coordinate/streamline language across FOAs for funding IT and informatics activities
 - Ongoing discussions regarding public health electronic case reporting initiatives (e.g., Digital Bridge)
 - Reviewed CSELS/DHIS plans to make nationally notifiable disease data more accessible and useful
 - Discussed potential for 90/10 match funding through HITECH and new Medicaid Directors Letter



Surveillance Policy Subcommittee – Janet Hamilton (FL)

- Ongoing discussions regarding the feasibility of jurisdictions receiving ELR results from CDC where CDC is the performing laboratory
- Discussed CDC's plan and timeline for changes to presentation of NNDSS data (transitioning *MMWR* annual and weekly summary tables to CDC WONDER)
- Reviewed Public Health Task Force recommendations to the Health IT Policy and Standards Committees regarding standardization of pregnancy status in EHRs and how best to transmit the data to public health
- Reviewed revised STD data re-release guidelines (Division of STD Prevention)
- Submitted comments on Federal Register notice regarding National Parks Service Office of Public Health Disease Reporting and Surveillance System (recommended coordination with National Syndromic Surveillance Program and data sharing practices with state health departments)
- Future topics to consider in subcommittee: data suppression guidelines for nationally notifiable conditions; standardized guidance for submission of NND data (*MMWR* week and year; when to send notifications, etc.)



Electronic Laboratory and Disease Reporting Subcommittee – Kate Goodin (Maricopa County, AZ)

- Reviewed and made recommendations to the Public Health Task Force on the draft set of minimum data elements for capturing pregnancy status and transmitting data to public health through ELR
- Discussed CDC's ELR pilot regarding animal rabies test results
- Reviewed and discussed the HL7 implementation guide (IG) for initial electronic case reporting and the IG for reportability response
- presentation on the CDC Surveillance Data Platform (SDP), launched in 2016, and proposed projects for the SDP
- Held demonstration of RCKMS Authoring Interface
- Discussed Reportable Conditions Trigger Codes (RCTC) implementation and content with CDC

- Developing an ‘electronic surveillance systems’ assessment as a follow-up to the 2012 NEDSS Assessment (spring 2017)
- CSTE National ELR Workgroup formed a subgroup to create a best practices document for CRE Surveillance via ELR as part of the larger work of addressing antimicrobial resistance reporting via ELR collaborating with both the AR Surveillance Task Force and 2017 position statement authors. Workgroup members will finalize the 2017 National ELR Assessment for launch in summer 2017. The workgroup continues to meet monthly and covered the following topics:
 - Zika virus lab reporting experiences
 - Receiving PFGE results via ELR
 - HL7 Lab Reporting Initiative Implementation Guide
 - Topics from the 2017 ELC Grantee’s Meeting
 - State experiences with the APHL AIMS platform.

Funded Project Reports

- Electronic Death Record System (EDRS) Assessment: In 2016, CSTE convened a small workgroup to develop an assessment tool to explore the feasibility and utility of EDRS for surveillance and emergency response. The workgroup representing state and local health department epidemiologists (surveillance and disaster epidemiology), state vital registrars, medical examiners, and CDC SMEs. The assessment pilot was completed in March 2017 and full launch will be completed in 2017. A portion of the assessment will be sent to State Epidemiologists and a portion will be sent by the National Association of Public Health Statistics and Information Systems (NAPHSIS) to the State Registrars. A summary report will be available in late 2017.
- Informatics Field Assignee (IFA) Pilot Project: CSTE, in collaboration with CDC, identified 3 jurisdictions (through an RFP process) to participate in the IFA pilot project to advance CDC Surveillance Strategy goals (NMI, ELR, syndromic surveillance, electronic death reporting, or eCR) and address gaps in existing informatics capacity at the jurisdiction. CSTE is providing funding to recruit and hire an IFA for a 1 year assignment (summer 2017-summer 2018) to work at the jurisdictions’ health department. An evaluation of the IFA model for increasing informatics workforce capacity, as well as statements of impact from each participating jurisdiction will be available summer 2018.
- NNDSS Modernization Initiative (NMI): CSTE continues to support the NMI project, in coordination with CDC and APHL. CSTE manages the NMI Technical Assistance (TA) Leadership Team, the NMI Communications & Training Workgroup, and the NMI Evaluation Workgroup, specifically focusing efforts on the TA project evaluation. APHL continues to provide TA support to NMI pilot jurisdictions for Genv2, Hepatitis, STD, and Congenital Syphilis message mapping guides (MMGs). CSTE continues to evaluate the cost, time, and effort of implementing MMGs and onboarding to MVPS. As of May 30, the following states are in production:

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| • Florida: Gen v2, Hepatitis, Arbo v1.3 MMGs | • Idaho: Hepatitis and Arbo v1.3 MMGs |
| • Michigan: Gen v2 and Hepatitis MMGs | • South Dakota: Arbo v1.3 MMG |
| • Minnesota: Gen v2 and Hepatitis MMGs | • Tennessee: Arbo v1.3 MMG |
| • New York: Gen v2 and Arbo v1.3 MMGs | • Texas: Arbo v1.3 MMG |
| • Oregon: Gen v2 and Hepatitis MMGs | • Wisconsin: Arbo v1.3 MMG |
- Antimicrobial Resistance (AR) Surveillance Taskforce: The Taskforce developed a vision, strategic map, and scheme of organizational roles and responsibilities for strengthening AR surveillance in the United States. Over the next three years, the Taskforce will be co-led by CSTE, CDC, and APHL and will focus on implementing priorities identified in the strategic plan, including providing a structure for interdisciplinary and inter-organizational collaboration; improving exchange of AR laboratory data among healthcare providers, clinical laboratories, public health epidemiologists, and public health labs; and leveraging public health informatics tools.
- Reportable Conditions Knowledge Management System (RCKMS): CSTE is currently in Phase III of the RCKMS project, focusing on an initial implementation of RCKMS. The activities for this funding year are:
 - *Technical Development*: CSTE continues to partner with OpenCDS implementer HLN Consulting LLC and APHL on the development of RCKMS. Major milestones included:

- *HIMSS 2017 Interoperability Showcase (Feb 2017)*: CSTE and APHL demoed the RCKMS decision support tool on AIMS at the HIMSS Interoperability Showcase in February 2017. The CDC-funded showcase demonstrated the eCR flow to an audience of EHR vendors and healthcare providers.
- *New release of RCKMS Authoring Tool (April 2017)*: CSTE released a new version of the RCKMS Authoring Tool in April 2017, with usability enhancements based on feedback from the RCKMS Focus Group in August 2016. This release will be available for jurisdictional users to train on beginning in June 2017.
- *Digital Bridge (DB) eCR Implementation Sites (Feb 2017 onward)*: RCKMS will be available for use for the DB eCR initial implementation sites. DB implementation sites will use RCKMS for 5 pilot conditions (*Chlamydia*, gonorrhea, pertussis, salmonellosis, and Zika Virus infection).
- *Completion of Phase II Content Development*: CSTE has been reviewing and re-vetting the default reporting specifications and value sets for Phase II conditions (74 nationally notifiable diseases (NND) with a CSTE position statement case definition). Updated content, including associated Reportable Condition Trigger Codes (RCTC) will be released on a rolling basis in 2017.
- *Content Development for non-NND Reportable Conditions*: The content development team is assessing the scope of other reportable conditions that need to be represented in RCKMS. However, work on creating the content has been postponed until next year, to allow completion of the Phase II content.
- *Implementation of Content*: CSTE has implemented the default content for *Chlamydia*, gonorrhea, pertussis, salmonellosis, and Zika virus infection, for use in the DB eCR initial implementations.
- *Training*: CSTE will provide in-person RCKMS training for the DB initial implementation sites during the 2017 CSTE Annual Conference. Online training for all other interested jurisdictions will be conducted in summer 2017.
- *Communications*: The RCKMS team has brought on a part time communications specialist to create materials including branding, promotional videos, one-pagers, and training materials.
- *Coordination with other eCR activities*: Representatives from the RCKMS team actively participate in other eCR related activities including the Digital Bridge Initiative, the HL7 Public Health and Emergency Response (PHER) Workgroup, CDC/Mitre eCR Environmental Scan and Roadmap work, and the CSTE eCR Adoption Toolkit work.
- eCR Adoption Toolkit: CSTE has contracted with Kelley Chester of C3 Informatics, LLC to lead the development of the CSTE eCR Adoption Toolkit. In fall 2016, Kelley conducted one-on-one interviews with each jurisdiction represented on the eCR Adoption Toolkit Development Workgroup and revised the toolkit's Table of Contents based on those interviews. CSTE hosted an in-person working meeting in January in Atlanta to identify and prioritize tools to be included/developed in each section of the toolkit. CSTE continues to identify and develop tools that will be housed in the online toolkit, which will be available summer 2017.

Liaisons

Association of State and Territorial Health Officials (ASTHO) Informatics Directors Peer Network – *Vacant*
 BioSense Governance Group – Jim Collins (MI)

HL-7 Public Health and Emergency Response Workgroup – Erin Holt Coyne (TN)

International Society for Disease Surveillance (ISDS) – *Vacant*

Joint Public Health Informatics Taskforce (JPHIT) – Janet Hamilton (primary) & Kathy Turner (secondary)

MMWR Annual Summary of Notifiable Diseases – Janet Hamilton & Leah Eisenstein (FL)

NEDSS Base System (NBS) User Group – Erin Holt Coyne (TN)

National Association for Public Health Statistics and Information Systems (NAPHSIS) – Kate Goodin (Maricopa County)