KALHD 2017 Informatics Discussion Notes
KALHD District Meetings, Spring 2017

Introduction:
The following notes are those collected from conversations during the six separate KALHD District meetings in the Spring of 2017. The structure of the informatics conversations was consistent across all meetings. Each meeting addressed two specific follow-up questions from the KALHD Kansas Local Health Department Informatics Structures Assessment. These questions included the identification of technology system needs and training, and data needs and training. High level concepts were captured during the conversations and those summaries are located below.

District 1
1. Identified system needs:
   - Couldn’t there just be one?
   - Want in-person TA at regional meetings
   - HL7 processes
   - Getting CVX correct (KIPHS ↔ WebIZ)

2. Identified data needs:
   - Who else is collecting population health data?
   - Questions about validity
   - Breastfeeding data
   - Mumps Outbreak: How could we look up past vaccine lot numbers?
   - Percentage of clients and population on Medicaid
   - Managing client data for reporting, i.e. Medicaid

District 2
3. Identified system needs:
   - How to get staff up to date/on board with different systems
   - System silos at both local & state level
   - Communication & consistency among systems (standardization)

4. Identified data needs:
   - Are results of data truly reflective and how do we know? (IMR)
     - Example: County of residents vs. county of service?
   - Linking breastfeeding rates to WebIZ
     - KHM pulls WIC #s
   - Childhood obesity rates – where do we get accurate numbers?
   - How does foster care manipulate (change) data?
District 3
1. **Identified system needs:**
   - Knowing which data systems to use
   - Identifying the capacity of LHD’s

2. **Identified data needs:**
   - Regional possibility?
   - What are the possible uses?
   - Data interpretation & analysis

District 4
1. **Identified system needs:**
   - DAISEY isn’t that big of a deal
   - System changes can be tough but eventually we figure it out
   - Not sure how/if EHR can help w/ BP measures & documentation
   - How is KIPHS used as an EHR?

2. **Identified data needs:**
   - Can’t get community specific data because we are small (i.e. BRFSS)
   - Regional data but not my county data, but this is not acceptable
   - Need the data for annual/awards; community partners need access too
   - Making sense of what some data means for my community
   - Making sense of the measures; how/why was it collected

District 5
**Informatics Notes & Comments**

- Some LHDs too small to “do all of this” where does the capacity come from?
- Report on satisfaction with various EHR products in KS LHDs
- Support for the best data sources – example of multiple sources with different numbers
- Opportunity to move to more environmental health data
District 6

1. **Identified system needs:**
   - Systems “talking” eg. WIC & MCH
   - Grant reports in catalyst too long
   - KDHE people don’t talk to each other
   - How can data processes and systems help when people don’t know what others are doing?
   - QuickBooks training for admin/billing

2. **Your data needs:**
   - Not just the data but communicating about it
   - Losing CTC data
     - Family support, drug, sexual activity
     - Opt “in” policy
     - Decrease RPCs
   - CHA data (contracted w/ KHI through grant)
   - Get told “never had this problem”
   - Call Greg Crawford when there are questions
   - Chronic disease data
   - Infectious disease data, reporting by providers, track flu, etc
   - CHA w/hospital, access to useful data
   - Life expectancy – CHA
   - Breast feeding rates – MCH grant
   - Child/youth data – MCH grant