Kansas Local Health Department Informatics Structure Assessment

for

Kansas Association of Local Health Departments

(June, 2017)
Kansas Local Health Department Informatics Structure Assessment

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Executive Summary

The purpose of the assessment conducted is to determine and share the level of capabilities related to informatics in Kansas Local Public Health Agencies based on the systems and structures of public health work. This includes what systems are utilized to perform various program functions as well as how that information is collected, stored and communicated to other parties. The assessment did not inquire into how specific data was utilized in decision making. What the assessment confirms is the range of systems and capabilities that exist across 100 public health agencies and the numerous programs and functions in question.

Below is a list of key examples that have led to the conclusions and recommendations of the subcommittee:

- Total number of ‘systems’ identified being used by LHDs: 59
- (of those 59) Total Number of systems utilized to communicate with KDHE or other organizations: 18
- 30 of the 91 respondents utilize Intuit QuickBooks for financial recordkeeping
- There are multiple instances of Cross Jurisdictional Sharing (CJS) reported (see WIC section below)
- There are two ways to submit information to Kansas WebIZ (the state immunization registry); automatic HL7 messaging or through direct (hand) entry on a web portal. Local practices report multiple occurrences of double and triple data entry, which increases the risk of data errors and possible inefficiencies.
- 31 responding agencies noted using KIPHS for billing purposes, but only 25 for submitting insurance claims. However, 46 agencies utilize KIPHS. This reveals a number of departments who might not be utilizing systems to their full capabilities.

Of the 91 responses to the survey, 28 agencies reported utilizing an EHR. This amounted to nine different EHR vendors being utilized in the county Public Health agencies. Of the 2.9 million individuals in Kansas, 1.88 million (65%) live in counties where the local Public Health Agencies utilizes an Electronic Health Record system.

The results of this assessment were meant to inform public health stakeholders about the systems information that exists within local public health agencies. Additionally, results are also being used to inform the future work of the KALHD Informatics Subcommittee. Key recommendations from the subcommittee can be addressed in two separate areas of work; those related to the managerial operations of the public health agencies and those related to the interpretation and use of public health data. A more detailed list of recommendations can be found in this document, but the main highlights include the subcommittees desire to use this information to:

- Identify and address areas of noted double and triple data entry.
- Catalog and note why and how certain systems are used in an effort to share best practices.
- Work with state partners to identify areas of redundancy related to specific data elements.
- Identify and share best practices in regards to what data to use (internal and external) and how to interpret public health data for better decision making.
Introduction/Background

Understanding the current informatics capabilities of Local Public Health agencies is the first step to determining their ability to address state-wide informatics needs. The Kansas Association of Local Health Departments (KALHD) Informatics Subcommittee (hereon referred to as “the subcommittee”) was created to determine a baseline for system utilization, with a review of areas public health agencies could find room for improvement in informatics capabilities. This subcommittee is comprised of eleven local health departments, the KALHD executive director, and two members of the Public Health System Group’s State Informatics Workgroup. The group is facilitated by members of the Center for Public Health Initiatives at Wichita State University.

To construct this assessment, the subcommittee created an online survey (See Appendix A) requesting detailed information on what systems the agencies used to complete various tasks. The assessment was organized by both program and function. After the assessment was completed, it’s results were analyzed by the subcommittee and a summary of results were shared at six separate KALHD district meetings. The results of the conversations from these meetings are compiled in Appendix B. Through the subcommittee’s review of the assessment results and notes from the district meetings, a series of recommendations were made.

It should be noted up front that some data from the assessment has been modified based on follow-up information provided by agencies from February to May, after the online assessment was closed. This, for example, includes the addition of an EHR in one agency, and the discontinuation of an EHR in another.

Members who have participated in the KALHD subcommittee and the details of this report include:

- Nick Baldetti, Reno County Health Department
- Jonna Gaffney, Harper County Health Department
- Aften Gardner, Wallace County Health Department
- Paula Bitter & Tracy Axtell, Russell County Health Department
- Paula Rowden, Stevens County Health Department
- Dan Partridge, Lawrence-Douglas County Health Department
- Janice Powers, Butler County Health Department
- Lynnette Redington, Harvey County Health Department
- Shelly Schneider, Barton County Health Department
- Jennifer Green, Riley County Health Department
- Lindsay Payer, Coffey County Health Department
- Jason Orr, Kansas Health Institute
- Bruce Miyahara, Kansas Health Foundation
- Michelle Ponce, KALHD
Methodologies

The Kansas Local Health Department Informatics Structures Assessment was an online survey of up to 52 questions. The assessment was structured in a way that if an agency did not provide services for a specific program, follow-up questions related to that program were not shown. All agencies were asked 3 open-ended questions specific to operations and informatics needs.

The request to participate in the assessment was sent out to all KALHD members and additional outreach was provided for nonmembers. Additional emails and phone calls were made in a follow-up effort for those not responding. At the closing of the assessment 91 out of 100 county public health agencies had responded. Details on the survey results are located in Appendix C.

Upon review of the results, there were a number of areas where it was determined that if this assessment was to occur again, there are modifications that should be addressed. These include:

- Questions on Home Health programs
- Questions on Home and Community Based Services
- One type of question that needed to be asked but was not, was how many departments had MCH (and other) “like” programs, but no state/federal funding
- Clarification on current cross jurisdictional sharing occurring in the agencies. This could be identified by asking the question if another agency offers a program for your community
- Data in action capabilities such as how are systems used to help make decisions
- Program trends; a number of agencies made comment where available that programs had either been recently discontinued or would be shortly

A baseline of the survey results was shared at KALHD district meetings from March to May, 2017 to report initial conclusions from the results, as well as provide additional insights based on regional differences.

Conclusions of the KALHD Informatics Subcommittee

While there is anecdotal evidence to suggest the numerous programs and services in operation at local public health agencies leads to a large number of information systems to be used, to the knowledge of the subcommittee, this type of measurement has never been attempted. The relative size of the agencies noted in the assessment also provide insight into the complexities of staff needing to utilize multiple systems; keeping in mind that 72% of the agencies have fewer than 10 employees.

Summary of Results

Multiple programs and activities require diverse systems

Public Health agencies reported up to 59 different ‘systems’ (software, web portals, etc.) to complete their work. Systems used are often dictated by the program, but also by the needs, skills, and funding.
available in the agencies. Of the 59 systems noted, 18 are utilized for communication between the health agencies and other entities. A number of these systems are utilized for various aspects of Public Health Emergency Preparedness. A full list of systems can be seen in Appendix C.

While the assessment did not measure the opinions of agencies on the number of systems, six agencies made note of the struggles of too many systems being utilized to communicate information back to the state department. This also became a recurring theme during the KALHD District meetings, however there is acknowledgement by departments that this would be a complex problem for the state to address.

Adding to the list of systems are those utilized for billing and financial activities. With nine different Electronic Health Record (EHR) systems, the widely used KIPHS system, and multiple financial record keeping systems, agencies are regularly discussing and sharing information on systems. This topic is one that will attempt to be expanded upon using an online forum for KALHD members. The types of systems used are seemingly balanced between the costs of the systems, the departments abilities to implement new systems, and the dissatisfaction of how current systems operate.

**Results of Note (by program)**

**Immunizations**

**HL7 vs Direct Entry**
There are two ways to get immunization information into Kansas WebIZ (the state immunizations registry). This is through HL7 automatic messaging, or through direct entry into the Kansas WebIZ website.

- 41 Agencies utilize HL7 to connect to WebIZ.
- 59 Agencies do direct entry.
- Of these, 19 agencies utilize KIPHS or an EHR that “could” be connected to WebIZ through HL7 messaging, but currently are not. Anecdotally the reasons given for this are either issues with the systems they use not calculating properly or fear of the loss of reporting capabilities only found through direct entry users.

**Double and Triple Data Entry**
Double and triple data entry for Immunizations is occurring regularly. Based on the Immunizations responses, 26 agencies only collect/key-in data once and it is automatically transmitted to the State Immunization Registry. Those adding an extra step (generally collecting information on paper and hand-keying the record into the registry) were tallied at 53 agencies. There were 10 departments who noted entering the same data three different times. This process included recording the transaction on paper, in an electronic system (EHR or KIPHS) and then they are hand keyed into the registry. This does not count the possible fourth recording of data for billing. It should be noted that processes can and will vary based on certain situations such as mobile clinics, where paper records are noted as being easier to handle. This level of multiple data entry is prevalent across all programs, not just immunizations.
Maternal Child Health (all programs)

<table>
<thead>
<tr>
<th>Program</th>
<th>State (n:91)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCH Program</td>
<td>72.5% (66)</td>
</tr>
<tr>
<td>Family Planning</td>
<td>57.1% (52)</td>
</tr>
<tr>
<td>Healthy Start Home Visitor</td>
<td>69.2% (63)</td>
</tr>
<tr>
<td>Becoming a Mom Program</td>
<td>8.8% (8)</td>
</tr>
<tr>
<td>Children with Special Healthcare Needs Program</td>
<td>8.8% (8)</td>
</tr>
<tr>
<td>Teen Pregnancy Targeted Case Management</td>
<td>6.7% (6)</td>
</tr>
<tr>
<td>Pregnancy Maintenance Initiative</td>
<td>2.2% (2)</td>
</tr>
</tbody>
</table>

Maternal Child Health (MCH)

41 out of 68 (60%) agencies reported using paper to either initially capture or store MCH data prior to submitting into the DAISEY website. Nineteen agencies noted the use of their EHR system for capturing and storing MCH information and 14 of those use EHRs to create aggregate reports to submit data to DAISEY. It is assumed that the remaining 14 agencies with EHRs do not input MCH data into their EHRs.

Family Planning

46 out of 52 agencies (88%) reported using paper to either initially capture or store Family Planning data prior to submitting into the DAISEY website. When reporting client information back to KDHE, the majority of programs do direct data entry into DAISEY. However, ten (10) noted they submit aggregate information (all EHR users), and 4 noted they use an import/export option utilized for KIPHS users.

Healthy Start Home Visitor

39 of 64 agencies (61%) reported using paper to either initially capture or store HSHV data prior to submitting into the DAISEY website. Fourteen agencies noted the use of their EHR system for capturing and storing MCH information and 11 of those use EHRs to create aggregate reports to submit data to DAISEY. It is assumed that the remaining agencies with EHRs do not input HSHV data into their EHRs. It should be noted that eleven agencies responded that information is keyed directly into DAISEY with no use of paper records or other systems. This is a higher percentage than those noting the same method in other programs.

Becoming a Mom (BAM)

With a much smaller pool of agencies implementing the BAM program, the method of recording patient information on paper and then submitting online to DAISEY is most popular. Two agencies noted triple data entry by recording patient information on paper, into a computer system, and then onto the DAISEY website.
Children with Special Healthcare needs
7 of 8 agencies (61%) reported using paper to either initially capture or store HSHV data prior to submitting into the WebBSH website. WebBSH does not allow for any other methods of data submission other than direct entry of patient data.

Teen Pregnancy Targeted Case Management (TPTCM)
Four of the six agencies with this program record information on paper. Two of those four enter that information into DAISEY while the other two record the information into KIPHS and then into DAISEY. One agency noted utilizing a system called PIMS of which no other agency made note.

Pregnancy Maintenance Initiative (PMI)
Only two agencies noted having the PMI program. These agencies follow suit with other practices mentioned, noting information on paper first. From there one agency utilized the KIPHS system, while another did not. One noted directly entering patient information into DAISEY and the other failed to respond on how information was submitted to DAISEY.

Women, Infants & Children (WIC)
The WIC program utilizes a federal platform known as KWIC to capture and store data. Outside of the direct use of the KWIC platform, only 12 agencies noted the use of paper record. Six noted the use of KIPHS and only 2 noted the use of an EHR system.

Three counties noted that their residents’ WIC needs are serviced through the Sherman County Health Department. Therefore, those counties do not claim to have had a WIC program and provided no additional detail as to how information was submitted.

Communicable Diseases

STI and HIV Testing and Investigation
Comments noted in this section indicate that more detailed questioning was needed to differentiate clinical services, testing and investigation. Several departments noted that they assumed they would offer investigation support, however, had little or no cases, especially with regards to HIV. Paper record is noted as the most popular method for collecting information (71%). Twenty-six agencies noted the recording of information into an EHR or KIPHS.

Anecdotally the methods for communicating STI and HIV information varied widely. Some noted the use of fax while other utilize Epitrax. Several agencies noted utilizing the Postal service. One agency noted the use of EvaluationWeb and explained that most agencies should be using this system. Five agencies noted that they do not submit any records to KDHE. More information is needed on these responses before any conclusions can be drawn.

Tuberculosis (TB) Investigations
Similar to responses for STI and HIV investigations, several agencies noted not having any cases, therefore, they were unsure how to answer questions as they assume they would help with investigations if they were needed. Eighteen agencies noted the use of an EHR system for TB investigation and 12 noted the use of the KIPHS system. This leaves 57 agencies noting the use of
paper or direct use of EpiTrax. While more agencies note some use of EpiTrax (76 of 87 responses), 35 noted other or additional methods of communication existing. This mostly included fax, phone and email.

Public Health Emergency Preparedness

Through conversations with KDHE and subcommittee members, a total of 9 systems were identified for use in the Public Health Emergency Preparedness Program. The use of these systems vary based on county specifics such as population. Upon review of the systems by the subcommittee, it is recognized that each system is associated with a specific function, program, or agency. The number of system in use do help illustrate the additional system burden on agencies, especially those with lower numbers of staff.

There are many different Public Health Emergency Preparedness Systems active in the state, however not all LHDs are required to utilize them all. Below is a list of all known active systems. Please select all of the systems your department currently utilizes or would utilize in an emergency. If you are unfamiliar with a system, assume you are not required/expected to utilize it.

<table>
<thead>
<tr>
<th>Program</th>
<th>%</th>
<th>Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS Health Area Network (KS-HAN)</td>
<td>100.00%</td>
<td>(91)</td>
</tr>
<tr>
<td>Catalyst - regular submissions of requirements</td>
<td>100.00%</td>
<td>(91)</td>
</tr>
<tr>
<td>KS Planner / BOLD (COOP)</td>
<td>83.52%</td>
<td>(76)</td>
</tr>
<tr>
<td>Comprehensive Resource Management and Credentialing System (CRMCS)</td>
<td>81.32%</td>
<td>(74)</td>
</tr>
<tr>
<td>KS Countermeasure Response Administration (KS-CRA)</td>
<td>59.34%</td>
<td>(54)</td>
</tr>
<tr>
<td>WebEOC</td>
<td>51.65%</td>
<td>(47)</td>
</tr>
<tr>
<td>EMResource: HAvBED</td>
<td>21.98%</td>
<td>(20)</td>
</tr>
<tr>
<td>EMResource: eICS</td>
<td>15.38%</td>
<td>(14)</td>
</tr>
<tr>
<td>BioSense</td>
<td>5.49%</td>
<td>(5)</td>
</tr>
<tr>
<td>Other: (responses listed below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• eLog</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• We currently don't use WebEOC but were told we may in the future.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• We work close with our region and our local EM who helps input most of our information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unsure what is used - new at this</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dispense Assist (for POD use during medication distribution)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• KIPHS for patient information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Programs

Car Seat Checks
The service of offering car seat checks presents a window into how non-routine information for a program is collected. Of the 40 agencies offering car seat checks, 35 capture information on paper
with the remaining five noting the use of an EHR or Excel spreadsheet. All 9 agencies that noted the use of KIPHS recorded information first on paper and then stored the information in KIPHS. Car seat check information is submitted to the Kansas Highway Patrol (KHP). Methods for submitting information to KHP vary widely and include 9 different combinations of: fax, email, postal service, DAISEY, or no records being submitted. The highway patrol program coordinator could not be reached to seek guidance on the information presented in this assessment.

**Early Detection Works (EDW)**
Thirty-one agencies noted having an EDW program and four more noted having an EDW referral program. Methods for collecting and storing information varied and included 24 agencies reporting the use of paper records and 17 utilizing KIPHS or an EHR. However, half of those noted the use of paper record also, meaning information was being reported on paper, in an electronic system, and also reported to catalyst.

**School Inspections**
Only 14 agencies noted the occurrence of a school inspection program, with several others in the process of getting a program up and going. Two agencies shared information that their local commission passed exemptions for school inspections. Of the 17 that reported information was being captured, 14 reported the use of paper records and three noted the use of a form on a computer or tablet. It should be noted that school inspection information is not reported to anyone outside the public health agencies.

**Childcare Licensing**
Childcare licensing information is reported in a system called CLARIS. Nineteen departments noted only using CLARIS for the collection and storing of information, 14 reported the use of paper records and only 6 noted the use of an EHR or the KIPHS system. Two counties noted that their childcare licensing is handled by Brown County Health Department.

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**Results of Note (by Activity)**

**Finance / Billing Systems**

**KIPHS**
There are 32 departments who noted they utilize KIPHS for billing/claims. KIPHS can serve two financial functions, one is to bill individuals through invoices and the other is through the creation of electronic claim submission files that are utilized for billing insurance claims. The point of note in regards to KIPHS is that only 31 agencies report utilizing KIPHS for billing purposes, however, only 25 noted use of the program for insurance claim submission. The KIPHS program staff shared that 46 county agencies have licenses for the software. Through several informal interviews, it has been determined that the gap from those who have KIPHS but do not use it for billing or claims submissions, is most likely caused by staff turnover. This has led to a possible inability to utilize the software correctly and thus the dissatisfaction of how the system operates. KIPHS reported to the subcommittee that their records indicate that 37 of the 46 users utilize the system for claims submission purposes.
Paper Ledgers, Excel & QuickBooks
The progression of financial tracking tools is seen in the systems identified, most notably the 24 departments who noted they still utilize some form of a paper ledger, 15 who utilize excel, and 29 who utilize QuickBooks. It is not uncommon for an agency to utilize multiple systems. Eleven (11) agencies, for example, utilize QuickBooks for certain financial tracking and another system (EHR or KIPHS) for records and insurance billing purposes. Of the 24 agencies that noted they only utilize paper ledgers, 11 reported no other support software. This makes running reports and doing analysis on current finances more difficult, however due to department size assumptions should not be made that more robust systems are needed without further information.

Insurance Claim Submission
Through anecdotal evidence it is known that billing insurance is a difficult process that often entails jumping through a number of hoops to meet the needs of the insurance carrier or the situation. For example, there are some agencies that note some insurance providers respond faster if claims are submitted on the payers’ portal as opposed to utilizing KMAP or a clearinghouse. Other have noted that some claims will go through in one system but might get hung-up in another.

There are multiple systems used, many by the same agency, depending on the payer. This includes but is not limited to: EDI-Midwest, TransactRX, KMAP, WPS, C-Snap, VaxCare, ClaimShuttle, Availity, Office Ally, and others are assumed to be utilized but not reported on the assessment.

Electronic Health Record (EHR) Systems
At the time of the survey, 28 departments noted the use of an EHR system. A total of 9 different systems were noted. One agency reported the use of an EHR but later clarified it is only used for the Home Health program and not used for any traditional Public Health services/programs. Since the closing of the Assessment, one county has noted the discontinuation of their EHR system (Sedgwick) and another has implemented a new system (Reno). Noted from the regional KALHD meetings there is wide interest in the use of EHR systems however there is often a lack of funds and backbone (IT) support.

Health Information Exchange

Kansas Health Information Network (KHIN)
KHIN is one of the Health Information Exchanges (HIE) in the state. No questions were asked about the utilization of LACIE, however, this should be added if the assessment is to be repeated. State HIEs are seen as powerful sources of information for population health, however, few Kansas Public Health agencies are noting use of the system. There are three identified methods for utilizing KHIN. This includes secure messaging with providers, electronic data exchange, and looking up patient information through the KHIN portal. As noted in the graph below, few agencies utilize the KHIN system and a small percent (9-12.4%) are unsure if their agency is utilizing KHIN in these ways.
Does your department utilize the Kansas Health Information Network (KHIN) for:

### Secure messaging with providers (n:88)

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
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<tr>
<td></td>
<td>13.6%</td>
<td>77.3%</td>
<td>9.1%</td>
</tr>
<tr>
<td></td>
<td>(12)</td>
<td>(68)</td>
<td>(8)</td>
</tr>
</tbody>
</table>

### Data Exchange (n:88)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8.0%</td>
<td>81.8%</td>
<td>10.2%</td>
</tr>
<tr>
<td></td>
<td>(7)</td>
<td>(72)</td>
<td>(9)</td>
</tr>
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</table>

### Patient Information Lookup (n:89)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16.9%</td>
<td>70.8%</td>
<td>12.4%</td>
</tr>
<tr>
<td></td>
<td>(15)</td>
<td>(63)</td>
<td>(11)</td>
</tr>
</tbody>
</table>

### Results of Note (open ended questions)

Agencies were asked a series of open ended questions at the end of the assessment. The purpose of these questions were to inform the subcommittee of the needs of public health agencies and also identify gaps in the assessment itself. The text from all responses is captured in Appendix C. These responses helped to create the conclusion and next steps offered by the subcommittee. It should be noted that a large number of the training and support requests are in regards to current state systems such as DAISEY and Catalyst.

The questions asked in this section included:

- Thinking about when you are analyzing your internal and community-wide data, what additional systems or software (if any) do you use? (SAS, GIS, etc.)
- In terms of Public Health Information and the systems mentioned in this survey, are there areas or software you feel your staff could utilize more training and support?
- Thinking through all of these questions, it is clear that your department handles a LOT of programs and services. It also deals with multiple information systems, either as part of your internal processes or in communication with other organizations and KDHE. Can you think of any programs and/or systems that have not been addressed in this survey?
Conclusion/Next Steps/Offer of additional Support

The types and number of systems Local Public Health agencies utilize varies widely based on the assets and capabilities of the individual agencies. The driving forces behind these systems can be separated into two separate functions; Managerial Informatics Capacities and Public Health Informatics Capacities; some systems will address both. Developing the managerial informatics capacities mentioned below will help public health agencies streamline daily functions and become better equipped to focus on Public Health Informatics; making better decisions on both internal and external public health data.

Managerial Informatics Capacities
The number of systems and variance of use across the state leads to the need for better coordination among state and local agencies. This is not an easy task due to the number of agencies involved, as well as limited funding and authority. The KALHD Informatics Subcommittee has identified that the current splintered systems are hindering the managerial capacities of local public health agencies. To continue the conversations around the results of this assessment, the subcommittee is making the following recommendations. These recommendations will be prioritized and addressed by the subcommittee in the following two years of funded convening.

1. A catalog of LHD utilized systems will be created to help communicate the types and purposes behind the systems identified. This will include what the systems are used for and the perceived benefits from using them. This will lead to the identification and sharing of best practices related to software and systems.
2. Discussions on the value of creating standardized data elements to be shared across programs. Limiting the silos of data will enhance both the efficiency of how the data can be used and also how agencies spend time collecting and submitting the same data repeatedly.
3. Identify and prioritize the instances of double and triple data entry to determine if the subcommittee has the capacity to educate departments on opportunities to become more efficient. This will be best served by addressing redundancies that exist within subcommittee members before being broadened to all agencies.
4. Continued prioritization of the needs identified by respondents to create and implement a workforce development plan focused on the operations of the agency. This includes a coordinated effort to enhance training on state systems such as Catalyst, DAISEY, WebIZ and others mentioned.

Public Health Informatics Capacities
As identified in the open ended questions of the assessment, as well as at the in-person district meetings, Public Health Agencies are being pulled in multiple directions when it comes to data utilization. There is a need to make better use of internal systems and data, as well as analyzing and interpreting the data of external sources. A number of systems are utilized for data submission,
however, are limited in capabilities for public health agencies to pull the data back out for actionable decision making. Examples of this include KSWebIZ, EpiTrax and DAISEY.

Because of these reasons the KALHD Informatics Subcommittee will continue to develop and prioritize the possible system and data analytics capabilities of all public health agencies in the state. Specifically, those mentioned in the assessment and subsequent discussions include:

1. Utilizing systems such as GIS and SPSS to assist with analysis
2. Navigating the multiple data sources of information to determine what is most accurate and relevant
3. Understanding where to obtain community level data and how to analyze it
4. Interpreting community data from sources such as Kansas Health Matters to help inform decision making
5. Partnering with state agencies to identify areas where program data can be leveraged for quality improvement and better client care