KALHD Informatics Subcommittee
Planning Meeting

Introduction

On January 20, 2017, members of the Kansas Association of Local Health Departments (KALHD) Informatics Subcommittee met for a full day planning session to outline the scope of the group’s work, clarify the authority they carry, and identify a plan for the next 12 months of work. This session was facilitated by staff at the Wichita State University Center for Public Health Initiatives (CPHI).

Aaron Davis, who provides coordination and facilitation support for the group, presented information on the Subcommittee’s Vision, Mission, and current approach to the work. (See Attachment A). Participants were then given the opportunity to reflect on the information presented and ask any clarifying questions that came to mind.

Subcommittee Scope and Authority

Subcommittee members who were present determined that the scope of the group includes the development of recommended standards for the use of electronic health records (EHRs) and/or other technology for the collection and utilization of public health data. This Subcommittee will work to engage all local health departments (LHDs) in the process and serve as a representative voice to advocate on behalf of these LHDs within the larger system.

The Subcommittee has the authority to make recommendations within the scope of work to the KALHD membership, including KALHD leadership. KALHD, in turn, will make recommendations to the larger system and stated partners.

Within this scope and authority, the Subcommittee identified the following potential deliverables:

- Identification of best practices related to public health informatics and prioritization of projects.
- Development of a process for providing input (via KALHD) to the public health system in Kansas – and the Kansas Department of Health Environment (KDHE) – regarding the type of data collected, as well as methods for the collection, analysis and sharing of this data.
- Serve as a mechanism for access to and delivery of information regarding system progress and changes.
- Development of a bi-directional communication plan that will enhance the flow of information into each of the KALHD districts.

Subcommittee roles include:

- Representation to the KALHD board (Nick Baldetti is willing to do this)
- Represent and link to local KALHD districts which includes active efforts for trust and relationship building
- Collective and proactive voice of LHDs regarding informatics within the larger system
- Assist in identifying potential partners and how to interact with those partners
• Provide education regarding why it is important to collect and share public health data
• Framing information in a relevant way – helping LHDs understand the work and its importance to their local departments and communities. This include defining what it means to be an “informatics” and creating a common language
• Identify informatics needs across the system
• Serve as a mechanism to vet EHR systems and other technology
• Serve as leaders – “chief health strategists” – for public health informatics
  o Ask questions that move the work forward and “raise the heat”
  o Encourage experimentation
  o Empower system partners and colleagues to do more
• Normalize informatics as part of LHD work and language
• Facilitate conversations for improved transparency across the system

Creating Focus

Through previous conversations, the Subcommittee have identified four areas of focus: Coordination/Collaboration; Data Utilization; Systems and Interoperability; and Workforce Development. Using small and large group conversations, the Subcommittee defined success within each area for both the system and local health departments as well as identifying potential activities for the next twelve months.

Coordination/Collaboration

What does success look like?

As a liaison between KALHD and its membership, the KALHD Informatics Subcommittee have a clear understanding of informatics gaps within the Kansas public health system, allowing them to be prepared to answer questions from partners and meet system needs. The system, local health departments, and partners have an understandable and accepted way to work toward solutions that include a common language and belief that coordination and collaboration leads to greater return on investment. Information and data is reliable, valid and accessible to those who need it. Processes for collection, analysis, and utilization are embedded in the Public Health Infrastructure with a bi-directional communication system that enhances trustworthiness among internal and external partners.

Local health departments have a baseline knowledge regarding informatics, including what tools they have available to them and how to use them for positive change. With support from and trust in the larger system, local health departments of all sizes have a greater understanding of the common work being done and work together and share data to allow for saved time and resources. Local health departments experience decreased duplication of work, increased efficiency, and improved transparency with the public and with KDHE.

Proposed Activities

• Strategize an internal communication plan to interact with KALHD membership
  o Identify a common language for informatics in LHDs
  o Gather feedback from the membership
  o Develop recommendations for action for KALHD
• Implementation of the communication plan
• Translate Kansas Health Institute (KHI) data regarding systems for LHDs
• Identify inefficiencies and support LHDs in learning about alternatives
• Directly reach out to LHDs to assure good response rates to requests for information
• Provide Subcommittee updates when attending other related meetings (ex: Preparedness meetings, etc.)

**Data Utilization**

**What does success look like?**

The Public Health system has a broad understanding that everything we do begins with information. Siloed information is shared across jurisdictions to allow for evidence-based decision making and actionable data for policy making.

Local Health Departments have real-time access to valid and reliable data and an increased capacity for analyzing the data to drive and inform programs and practice. Defined principles around data needs and its use allow LHDs to better understand local situations and better tell the story of public health in their communities and across the system.

**Proposed activities**

• Develop messaging about why informatics matter
• Research and share best practices
• Create a repository for information
• Develop a white paper to outline request for access to data from KDHE with justification for use

**Systems and Interoperability**

**What does success look like?**

The Subcommittee is involved in developing a model that allows the Public Health system in Kansas to have one system for informatics with multiple interoperabilities. The Kansas Health Information Network (KHIN) is a highly inclusive system that has extensive participation. Partners within the system are able to push and pull data on every client, including all data regarding their physical and mental health, starting with public health information.

Local health departments have a standard agreement about the functionality of EHRs that allows for information to be shared in a way that is bi-directional and transparent.

**Proposed activities**

• Complete current survey regarding LHD systems and their use
• Translate results from the survey for LHDs
• Identify how the Subcommittee will use this information
• Develop recommendations regarding interoperability
Workforce Development

What does success look like?

The Public Health system has a common understanding of informatics related language and skill sets with a uniform method of gaining training on the subject. Recommendations from the Subcommittee are trustworthy and allow for a clearer delegation of activities and tasks.

Local Health Departments integrate informatics into their daily activities, including succession planning, to allow for continuity of services and data gathering. Staff have an increased sense of value knowing their work is being utilized to improve programs and services. LHD staff have an improved understanding of informatics systems that leads to better communication with their local boards of health and community partners.

Proposed activities

- Create a description of skill sets needed for LHDs around informatics (i.e. Job description)
- Identify training regarding informatics that is currently available

Next Steps

The Subcommittee reviewed the proposed action steps and began to map activities for calendar year 2017. At their regular January meeting, the group continued the discussion and created assignments. That information is also included below.

<table>
<thead>
<tr>
<th>Quarter 1</th>
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<tr>
<td><strong>Activity:</strong> Complete current survey gathering.</td>
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<tr>
<th>Who?</th>
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<tbody>
<tr>
<td>KALHD Informatics Subcommittee (KIS)</td>
<td>Reach out to LHDs who have not yet responded to the survey.</td>
<td>2/10/17</td>
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<tr>
<td>AAron Davis</td>
<td>Compile and analyze data from the survey.</td>
<td>2/28/17</td>
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**Activity:** Outline steps for communication plan.

| Jonna, Nick, Lindsay, Paula (and Tracy), Michelle | Outline steps for internal and external communication | 03/28/17 |

**Activity:** Review KALHD resources for storing and sharing information to distribute to LHDs and determine content.

| Lynnette, Janice | Review resources | 02/28/17 |

**Activity:** Continually brainstorm with KALHD membership regarding informatics needs.

| KIS | Collect via KALHD forum and analyze by LHD function | 03/28/17 |

**Activity:** Translate survey results to useful information for LHDs.

| KIS | Review and translate results | 03/28/17 |
# Quarter 2

**Activity: Description of informatics skill set developed and disseminated.**

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<tr>
<td>Janice, Lynette, Anna Brown (Reno Co.)</td>
<td>Develop and distribute document.</td>
<td>05/23/17</td>
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**Activity: Develop white paper to request access to STI information from KDHE with a simultaneous development of a process/template for future white papers.**

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<tbody>
<tr>
<td>Janice, Dan, Shelley</td>
<td>Develop white paper and template</td>
<td>04/2017</td>
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**Activity: Communication Plan Development**

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<tr>
<th>Who?</th>
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<tbody>
<tr>
<td>KIS</td>
<td>Check in on plan progress</td>
<td>04/2017</td>
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**Activity: Informatics Brainstorm**

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<th>Who?</th>
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<tr>
<td>KIS</td>
<td>Analyze LHD functions and create priority list</td>
<td>05/23/17</td>
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**Activity: Translate KHI data regarding systems for LHDs.**

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<tr>
<td>Jason Orr, Aaron</td>
<td>Discuss results and present to KIS</td>
<td>06/27/17</td>
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# Quarter 3

**Activity: Complete draft communication plan for review and approval by the Subcommittee.**

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<tr>
<td>Joanna, Nick, Lindsay, Paula (and Tracy), Michelle</td>
<td>Present draft to KIS</td>
<td>07/25/17</td>
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**Activity: Identify informatics training that is currently available.**

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<tr>
<td>Lynette, Jonna</td>
<td>Identify what is available and what the system needs</td>
<td>07/25/17</td>
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**Activity: Informatics Brainstorm**

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<tr>
<td>KIS</td>
<td>Determine actionable activities and make assignments for completion</td>
<td>07/25/17</td>
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### Quarter 4

**Activity:** Implementation of the communication plan.

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<tr>
<td>KIS</td>
<td>Begin implementation and monitor progress</td>
<td>12/31/17</td>
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KALHD Informatics Subcommittee
Vision & Approach

Vision & Mission
This subcommittee will be a resource for local health departments to utilize as a place for questions and answers on best practices for collecting and utilizing Public Health Data. The committee will work to prioritize activities that align with the strategic priorities as outlined in this document. This subcommittee will be “A unified voice to enhance Kansas Public Health Data.”

Core Values
Innovation, strategic context, outcomes focused, development of others, problem solving, issue resolution, member support

Foundational Committee Priorities

1. Coordination & Collaboration
   i. This subcommittee will work with LHDs and all relevant organizations to help address the complex issues surrounding Public Health Information. The subcommittee will look to make recommendations for organizational and system level enhancements in all relevant informatics areas and act on behalf of all KALHD members.

2. Data utilization (assessment, surveillance, policy and advocacy)
   i. All efforts by this subcommittee will look to address how Public Health Information is utilized. The committee will research best practices to share with KALHD members in the areas of assessment, surveillance, policy and advocacy.

3. Systems & Interoperability
   i. This subcommittee will work on behalf of all members to identify areas to enhance system utilization across the state and advocate for system interoperability. This includes all areas in terms of information, data formatting, and technology.

4. Workforce development
   i. This subcommittee recognizes the value of workforce development as part of this work. The subcommittee will put a priority on training members of the committee and make workforce development opportunities available for all KALHD member.
Structure & Approach

Subcommittee Chair
The chair of the KALHD subcommittee will be expected to lead discussion and assist in the prioritization of activities. The chair will represent the subcommittee to the KALHD board and other system stakeholders as needed.

Subcommittee Members & Project Activities
Subcommittee members will be expected to help prioritize activities and assist in the development of problem and solution identification. Activities will be addressed by individual member, ad-hoc groups, or the committee as a whole. All members are expected to participate at a level that supports positive outcomes for the committee.

Facilitation Support
The KALHD board will support the subcommittee with facilitation and planning support through the Center for Public Health Initiatives

Ad Hoc Workgroup Possibilities
  1. Community Data & Assessments
  2. Surveillance, Data Analysis & Epidemiology

Attachments:
  1. List of activities (to be updated quarterly)