Syndromic Surveillance Governance Council
July 14, 2016
1:00 p.m. – 3:00 p.m.
DSHS, 1100 West 49th Street, M-101
Austin, TX 78754
Toll free: 1/888-461-2030
Participant Passcode: 980902

Attendees (* Council Members):
*Raouf Arafat, MD, MPH, Asst. Director, City of Houston, Dept. of Health and Human Services
*Carol M. Davis, BS, MSPH, Program Mgr., Health Service Region 7, DSHS
*Linda K. Gaul, MPH, PhD, State Epidemiologist, Office of Epidemiology, DSHS
*David W. Gruber, Assistant Commissioner, Division for Regional and Local Health Services (RLHS), DSHS
*Philip Huang, MD, MPH, Medical Director, Austin/Travis County Health and Human Services
*Belinda Medrano, MPH, Infection Preventionist, Valley Baptist Medical Center-Brownsville
*Christopher Taylor, MPA Candidate, Executive Director, Cherokee County Public Health
*Don Vickers, Med, CEO/Managing Partner, HPT Healthcare

Leo Achembong, BDS, MPH, Health Systems Integration Program Fellow, CPEA, DSHS
Herminia Alva, Epidemiologist, Region 11, DSHS
Roger Barker, Deputy Regional Director, Region 4/5N, DSHS
Carrie Bradford, PhD, Team Lead for Syndromic Surveillance, RLHS, DSHS
Steve Eichner, HIT Policy Director, CPEA, DSHS
Madan Gopal, Chief Technology Office, DSHS
Dr. Sharon Huff, Regional Medical Director, Region 4/5N, DSHS
Dr. Huai Lin, Region 6/5S, DSHS
Kevin McClearran, Epidemiologist, Health Service Region 1, DSHS
Wes McNeely, Program Coordinator, Houston Health Department
Anna Nutt, Epidemiologist, Region 4/5N, DSHS
Kelly Northcott, Health Service Region 1, DSHS
Beverly A. Pritchett, Director, Office of Public Health and Deputy Assistant Commissioner, RLHS, DSHS
Lidia Robles, Health Service Region 9/10, DSHS
Kacie Seil, Epidemiologist, Central Office, DSHS
Bill Stephens, Informatics Manager, Tarrant County Public Health
Oscar Vasquez, Health Service Region 9/10, DSHS
Biru Yang, Informatics Manager, Houston Health Department
Melba Zambrano, Epidemiologist, Health Service Region 11, DSHS

Council Members Not Present:
*Peggy Hines, Health Information Technology Manager, DSHS
*Diana Martinez, MPH, PhD, Program Mgr., Harris Co. Public Health and Environmental Services
*Thaddeus Miller, MPH, Dr.PH, Associate Professor, UNTHSC, School of Public Health
*Santos Navarrette, Jr., MA, MBA, Assistant Health Administrator, Abilene-Taylor Co. Public Health District
*Carl Vartian, MD, MS, Chief Medical Information Officer, HCA-Gulf Coast Division

1. Welcome and Introductions
   - Roll call of Council members and introductions of other attendees.

2. Approval of April 28, 2016, Meeting Minutes
   - Minutes approved.

3. Old Business
   a. Agreements
      - All MOUs have been approved by legal.
      - The HHSC DUA is not required for syndromic surveillance but there are 5 different MOU versions.
      - The LHD MOU is required for all local health departments to gain viewer access to the system.
      - The MOU is a separate document from the user agreement. Anyone using the system will need to sign an access agreement to get login credentials.

   b. TxS2 Infrastructure and Registration
      - All servers have been installed.
      - Pilot is planned for September, followed by the rest of the state in October.
      - We have a new project manager – Greg Haviland.
      - MOUs have to go through the DSHS contracting procedure.
      - The registration process starts with submission of a vendor ID form. This is not the EHR vendor. This is a form facilities must complete to become a vendor with DSHS.
      - If facilities already have a vendor ID we just have to update it.
      - PCS will send out the official MOU for signature.
      - The copies sent via email were not official copies but courtesy copies.
      - Facilities need to fill out the registration of intent to submit data survey to satisfy Meaningful Use requirements.
      - IT specifications survey for technical information.
      - There are 3 flow charts. One for data providers in HSR 2/3 and 6/5S, one for data providers outside those regions, and one for LHDs.
      - Users in HSR 2/3 and 6/5S will be called System Users. If they want to view the aggregate statewide data they will still have to sign an MOU.
        - This MOU does not say you will share data with TxS2.
        - If users do not want to view aggregate statewide data they do not have to sign this MOU.
      - Discussion:
        - Dr. Phil Huang (Austin/Travis County Health and Human Services) – Do the locals know what they are supposed to be doing in terms of facilitating these MOUs? Staff say they haven't heard and are confused whether there is a pilot in terms of getting the MOUs now or we are supposed to be out there doing something?
          - Everything was sent out through the regional offices. The original intent was to work through the regions to reach the locals. Contact your regional office if you haven't seen anything.
        - Dr. Phil Huang (Austin/Travis County Health and Human Services) – The regions were contacted and they were the ones saying they thought there was just sort of a pilot going on and that we were not supposed to be actively doing anything at this point.
          - There is a call with them early next week so that will be clarified. We can also send the registration materials too. It was attached to the meeting invite as a registration

procedure. The only thing that wasn't included was the vendor form ID form but that can be sent also.
- o David W. Gruber (Assistant Commissioner, RLHS, DSHS) – If there are other similar issues where it doesn't look like we are connected or there may be some breaks in communication please let us know.
- o Dr. Phil Huang (Austin/Travis County Health and Human Services) – Is there a list of those that have signed.
  - ▪ Yes. A weekly update is sent out to the reginal offices of everyone that has started the process and what their status is. Will get with regional offices to see how we can make sure that's going out and that we are all on the same page.

c. TxS2 Website
- In accordance with federal guidelines we have declared readiness to accept Stage 3 Meaningful Use status for January 1, 2017.
  - o The Meaningful Use and Syndromic Surveillance sites are up to reflect this. Syndromic surveillance website is now live and has background information on the program. Policies and procedures will be posted as they are developed.
- Major accomplishments:
  - o Servers are installed.
  - o Back on track for the pilot.
  - o We are ready for registration to start.
  - o We have the Meaningful Use and Syndromic Surveillance websites.

d. Policies, Procedures, and Guidance Documents.
- We need to make sure the system has clear policies and procedures.
  - o This will be posted on the website.
- Some will be developed by the program, some developed as groups, and some recommended by the regional working groups.
- Need help determining what needs to be delineated to ensure standardization.
- Role of the SSGC is to vet the proposals for policies and then approve them prior to going live.

4. New Business
   a. Collaboration with Tarrant County Public Health Department and Houston Health Department
   - DSHS Central Office, Region 2/3, Tarrant County Public Health, Region 6/5S, and Houston Health Department had a conference call June 14, 2016.
   - Preparing a procedure document regarding the coordination.
   - Call on August 11, 2016, with collaborators and CDC BioSense to discuss data flow to NSSP.
   - The concept of being a system we can use different models, different parts but as long as we tie it all together that is the whole goal.
     - o Dr. Raouf Arafat (City of Houston, Dept. of Health and Human Services) – Just finished our consortium syndromic surveillance meeting an hour ago for Region 6/5S and are looking forward to having an advisory group for syndromic surveillance. Other updates have already been shared.
     - o Bill Stephens (Tarrant County Public Health Department) – We have almost completed our first expansion year in HSR 2/3 that we had going on with the CDC. We had about 10 new hospital systems in 2/3 that are 75-80% of the way onboarded. Onboarding all of the

new hospitals for Version 2 of the messaging guide. Will be compliant with the same data standards for Meaningful Use Stage 3. There is a collaboration going on with some of our epidemiologists and CDC. Some of the queries that could be used with Region 2/3 and the state will be compatible and would be happy to share the Zika queries with anyone that has any interest. These are custom queries for Zika. Some have been developed as part of the BioSense NSSP program and the epidemiologists in North Central Texas.

b. Topics from SSRACs for SSGC feedback and
c. Topics from SSGC for SSRAC feedback

- At the last SSGC meeting we all agreed that as the system matures it will be easier at the regional level.
- It has been difficult to come up with topics to discuss with the regions based on the fact that conceptually things had already been discussed.
- We should focus on what are the kinds of things that should be common areas discussed at regional meetings.
- One process for the system is that when someone identifies a need they would have to go from a regional meeting to the governance council. Then the SSGC could look at whether or not the idea seemed to be something that would be desirable.
- The regions have been meeting and in the last few months 6 SSRACs have met.
- Do not want to have meetings for the sake of meetings. Meaningful agendas are needed.
- Discussion:
  o Carol Davis (DSHS) – Our meetings have been about developing our infrastructure. Who should be on there? How to recruit? Especially hospitals to sit on our regional governance council. Capturing what our wishes for an ideal syndromic surveillance system would be and where we'd like to go long term as well as capturing pitfalls we've seen in the past. We had a bad experience with syndromic surveillance in the past and are trying to ensure the same mistakes aren't repeated. So the two main areas are building the structure and the future state and pitfalls to avoid.
  o Annie Nutt (DSHS) – We went over an update from the state level and posted the question to the hospitals in terms of what kind of recruitment they would like to see. That got good conversation flowing. We want to make sure the benefits to the hospitals for participating are mentioned.
  o Keven McClaran (DSHS) – Likewise to what has already been said. We have discussed roll out of MOUs and data use agreements. We were discussing separation of the local health departments and the data in the hospitals. We have gotten off track due to Zika preparedness and response but we are ready to get back on track.
  o David W. Gruber (Assistant Commissioner, RLHS, DSHS) – This feedback will help us as we move forward to try to develop more formalized agendas for the regions and make sure that we have productive meetings and can progress.
  o Chris Taylor (Cherokee County Public Health) – Can you speak about how as a group we are going to tie this in the larger public health picture? How will this be mapped or related to the bigger picture that public health is going to be improved because of this project? Are we demonstrating to the legislature and to the community and others that's going to be the result?
  o David W. Gruber (Assistant Commissioner, RLHS, DSHS) - Great point. Marketing what has been accomplished is very important to show that we continue to move forward. Syndromic surveillance on its own is nothing, it's a tool. There have been discussions as far as tying many IT systems together. It's worth continually revisiting letting people

know what we are doing and what it does for us and making sure it's part of a bigger system.

- o Chris Taylor (Cherokee County Public Health) – It's not just a project with an end date. There are going to be direct benefits and at some point we are going to be looking at what those outcomes or measurables are.
- o Madan Gopal (DSHS) – Great point. I would really like a discussion to happen about how we integrate public health and how we develop a roadmap where all these systems serve some overall public health goal that are all tied together. We could facilitate ongoing conversation around public health architecture. Not just IT but health architecture. The CDC has tried but it hasn't really taken off.
- o David W. Gruber (Assistant Commissioner, RLHS, DSHS) - Thank you for that information. This will be put on the agenda for discussion for the next SSGC meeting to address these points.
- o Dr. Raouf Arafat (City of Houston, Dept. of Health and Human Services) – We need to make data available for decision makers in public health. Using reports from syndromic surveillance can be really informative. It has limitations but it is the best data public health has. We need to share with the council what is working. If you can give an idea on what the problem is, it is better than just fishing in the dark with no information. So we can put together a few examples to use and share with the group to show how the data in the backend is very useful.
- o David W. Gruber (Assistant Commissioner, RLHS, DSHS) – Can you bring some examples? Our initial slides describes what we're doing on the frontend and what syndromic surveillance does but how can it be used or how is it being used? We should confess that the term syndromic surveillance and trying to explain it can be difficult. If we can go from conceptual to hard factual with good examples I think we would have a better chance of getting our message across.
- o Dr. Phil Huang (Austin/Travis County Health and Human Services) - On the MOUs when you talk about the limited data set that is essentially everything that we can currently access through the system now?
  - ▪ Carrie Bradford (DSHS) – I'm not sure what you see now but the 48 data elements are in the PHIN guide. I can share those again.

5. Open Discussion
- • Included in discussion above.

6. Remaining 2016 Meeting Dates and Times

   October 27, 2016, 1:00

7. Closing