TEXAS Department of State Health Services

Syndromic Surveillance Governance Council

Meeting Minutes
July 30, 2015
1:00 p.m. – 3:00 p.m.
DSHS, 1100 West 49th Street, M101
Austin, TX 78754

Attendees (* Voting Member):

*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
*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, Abilene-Taylor Co. Public Health District, Assistant Health Administrator
Emily Augustine, Intern, RLHS, DSHS
Carrie Bradford, PhD, Team Lead for Syndromic Surveillance, RLHS, DSHS
Bruce Clements, Director, Health Emergency Preparedness and Response Section, RLHS, DSHS
Steve Eichner, HIT Policy Director, Center for Program Coordination and Health Policy, DSHS
Jay Jackson, Project Manager, RLHS
Beverly A. Pritchett, Director, Office of Public Health and Deputy Assistant Commissioner, RLHS, DSHS
Mary Starboard, Public Health Team Lead, RLHS, DSHS
Otis E. Williams, Business Mgr., RLHS, DSHS
David Zane, Epidemiologist, Health Emergency Preparedness and Response Section, RLHS, DSHS

Voting Members Not Present:

*Christopher Taylor, BS, CM, Executive Director, Cherokee County Public Health
*Don Vickers, Med, CEO/Managing Partner, HPT Healthcare
*Peggy Hines, Health Information Technology Mgr., DSHS

Proceedings:

1. Welcome
    - Mr. Gruber welcomed everyone to the Syndromic Surveillance Governance Council (SSGC) meeting and the importance of this meeting as the project is moving forward.
    - Moving past the beginning stages and toward building a statewide system.
    - New people to be introduced later.
    - Beginning of actual project versus groundwork for the project.

2. Introductions
    - New people were introduced:
        - Dr. Carrie Bradford, Team Lead for Syndromic Surveillance, started in early June.
        - Emily Augustini, intern from Columbia University, graduate of Rice University, Dallas native, did a lot of work on the technical planning project.
    - Everyone was asked to introduce themselves and provide the category of organization they were representing.

3. Approval of April 30, 2015, meeting minutes
    - The previous meeting minutes were approved as written.

4. Old Business
   a) Charter
      - Charter had been approved at previous meeting with a few changes that have been made.
      - Now have an approved, signed charter.

   b) Syndromic Surveillance Regional Advisory Committees (SSRAC)
      - None of the Regional Advisory Committees have met since the last meeting.
      - Policy developed for Governance Structure to be discussed later.

   c) Date Use Agreements
      - Most recent version of HHSC DUA posted on website distributed.
      - Local health departments may have signed another version.
      - Distributed diagram of DUA and MOA understanding.
        - Local health departments that have signed version 7.4 or later will not have to sign another.
        - Local health departments that have not signed a DUA will have to sign something.
        - Hospitals will not have to sign a DUA because HIPAA-covered entity, but will need to sign some agreement, probably an MOA.
        - Hospitals could have a single agreement, universal agreement, or multiparty to share information with the local health department and DSHS.
      - Data sharing options were discussed.
        - Hospitals will only see their own data.
        - TORCH and THA were asked about data sharing internal to health service regions.
        - Detailed data across the region and aggregate view of the state.
      - DUAs/MOAs under TALHO no longer valid.
      - Question was asked about if hospitals were willing to share information with the local health department but not the state, what are the options? Once discuss with legal on how to move forward, determine how to approach.
      - Meetings with THA and TORCH to help spread message.
      - Question was asked on how will we get hospitals to sign agreements. Our intent was to work with THA and TORCH to get the message out, then work through our health service regions and local health departments, utilize whatever is the most effective way.
      - Major focus is hospital ED, Tarrant has some outpatient data, data segregation, Houston no ambulatory care.
      - Question was asked if the DUA/MOA will leave room to allow for ambulatory care clinics to be added later.
      - Electronic lab reporting goes on a normal lab reporting path.
      - Primary focus is on admission, discharge, transfer data (ADT data), de-identified data.
      - Hospitals submitting data to Health Information Exchanges (HIEs).
      - DUAs require a more in-depth discussion, make topic for next meeting, could also do a special focus call of Council to discuss MOA.

d) Technical Planning Project
   - Purpose – inform Council members of Technical Planning project completed in June.
   - Reviewed agenda of the briefing.
   - Reviewed syndromic surveillance background and history in Texas, April 2001 survey showed 6 types of systems, ESSENCE is the only current operation.
   - System has been named "Texas Syndromic Surveillance" or "TxS2".
   - Regions act as hubs with ESSENCE in the center, individual hospitals submit and access data.
   - Reviewed Governance Structure of overarching Syndromic Surveillance Governance Council and regionally located Syndromic Surveillance Regional Advisory Committees.
   - Assumptions are that the former TALHO operation will be migrated into the statewide system, Tarrant County will manage Health Service Region 2/3 using ESSENCE, providers currently in the Tarrant County system that are external to Health Service Region 2/3 will be incorporated into the appropriate health service region, and that providers in the former TALHO system operated by the City of Houston will be incorporated into the appropriate health service region.
   - Technical planning project methodology included interviews (technical support, current users, current non-users, and vendors), web research, and review of user manuals.
   - Data Flow is that data providers (hospitals) submit data through the network infrastructure and data ingestion software to the data hosting method where is it stored in a database. That database is accessed by users (local health departments and DSHS) through the user application. Options for these components were analyzed in the technical planning project.
   - User Application – The purpose of the user application is to analyze admission, discharge, and transfer or ADT messages and issue alerts when aberrations are detected. It allows users to visualize the data. It does this by using algorithms to compare current data to baseline. Options evaluated included ESSENCE, BioSense 2.0, EpiCenter, and in-house development. Advantages and disadvantages of each option, as well as the scoring matrix used to analyze the options, were discussed. Overall, ESSENCE was determined to be the best option.
   - Hosting and Data Center – This component is somewhat dependent on the front-end application because EpiCenter is all inclusive and would not require a hosting and data center. Five options were evaluated, but three of these, third party hosting, Tarrant County Data Center, and DROC Data Center, were eliminated because they are not in line with the IT strategic direction of using Amazon Cloud or DCS. The other two options that were evaluated included Texas Data Center Services (DCS) and Texas State Amazon Web Services Cloud (pending contract). The two options using Amazon include pay-as-you-go and upfront payment. Advantages and disadvantages of each option, as well as the scoring matrix used to analyze the options, were discussed. Overall, Texas Cloud with upfront payment was determined to be the best option; however, Texas DCS is the only option that is currently available.
   - Communication and Data Management – less analysis was conducted because there are existing DSHS contracts for these components. The network infrastructure establishes connections between data providers, local health departments, and DSHS using secure file transfer protocol or SFTP. The Health Services Gateway (HSG) is in place for this component. The data ingestion software performs data clean-up and quality management and DSHS has an existing license for Rhapsody.
   - A graphic of the proposed project milestones was presented. These milestones are based on how long it takes to get contracts awarded. We plan to conduct a pilot project in San Antonio, migrate data providers in the former TALHO system, and then obtain a data stream from Tarrant County.
   - The local health departments are not expected to spend money on data connections. Our intent is that hospitals would cover their costs.

- Best practice would be that hospitals do a self-audit and be vigilant to track and correct deficits when they occur. Epidemiologist may notice dropped connections first.
- Regions act as hubs, and SSRACs consist of more epidemiologist than IT personnel.
- Goal – 100% of hospitals with electronic health records and emergency departments.
- Question was asked regarding who is responsible for recognizing new hospitals. Hospitals have to be licensed and we will have to have communication with DSHS regulatory section to be notified of new hospital openings.
- Potential Concerns –
  - Data ownership issues – local health departments may want to retain their data and migrating hospitals to the appropriate health service region.
  - Roll Call – not included in current project plan and method of data ingestion in TxS2. Question was asked if the ESSENCE license can include the ability to look at Roll Call by local health departments. ESSENCE is used for lots of surveillance data, data goes to the cloud/DCS, but not sure how the data gets to the system. This is something that we could look at in the future.
  - Question was asked if local health department can have formatted data that can be pointed to ESSENCE installed on a server and how to get data in format in ESSENCE.
  - Comment was made that local health departments also have to have access to data, just like state, in public health. We are not doing this for the state, it is more useful for locals using the system statewide.
  - Comment was made about the need to see data at least as the county or even region level. The region level is a good place to set boundary.
  - This is a scalable system and everyone can use the system at their level from getting the data and doing analysis to waiting for alerts and reacting to waiting for regions to notify local health departments that something is going on.
- Next Steps include continued stakeholder communication through the SSGC and the SSRACs, initiate procurement actions, develop agreements for use with local health departments and hospitals, develop training plans and documentation, develop IT protocols, and continue the development of IT deliverables.
- The recommended system configuration was presented in which data providers (hospitals) submit data using SFTP to the Health Services Gateway. The data goes through Rhapsody and is stored in a database on the Texas State Cloud (or DCS depending on contracting). Users (local health departments and DSHS) access the data through ESSENCE.
- A suggestion was made that the syndromic surveillance background slide (slide 3 in this presentation) should be changed to more accurately reflect what syndromic surveillance does and does not do.
  - “Situational awareness” or “better characterization” of emerging health conditions – more realistic of what to expect.
  - Additional suggestions on slide revisions can be submitted.

e) Action Items from April

- An action item from the last meeting was to develop a wrap around document that discusses the limitations of the system; what we foresee as the business, technical, and user documents, and their intended uses.
- The Systems Requirements document (summarized in the presentation) does this.
- The limitations are dependent on getting ESSENSE as sole source contract.

5. New Business
    - Syndromic Surveillance Governance Structure Policy
        - A policy has been developed that outlines the governance structure for syndromic surveillance, which includes the SSGC as well as SSRACs located in each region.

    - Website
        - A website is being developed that will include meeting minutes.
        - Everything on the website has to be accessible and have notes so slides will not be posted.
        - Should be ready by the next meeting.

6. Open Discussion
    - Comment was made that Tarrant County should be invited to listen to future meetings.
    - There was additional discussion on the ownership of the data.
        - Local health departments seeing another local health department.
        - Hospitals should be asked to share data at the health service region level.
        - Question was asked if data can be downloaded from the system – it can be downloaded.
        - Concern for hospitals is that other hospitals do not get information on their patient load.
        - Local health departments have the same concerns with HIPAA as state.
        - Guidance is needed on what allowed to do with the data that is downloaded, included what can be published, what can be shared, and what does sharing mean. This is a good discussion for regions to make recommendations for data sharing protocols.
        - There is precedent (Texas A&M) – submit a request for data (not an IRB) and there is a review mechanism that includes groups similar to the SSGC.
        - ESSENCE includes a lot of functionality and the need for downloading data may be less.
        - Data points are based upon criteria for Meaningful Use.

7. Future Meeting Date
    - Proposed meeting dates for 2016 were presented to the Council. Members should check for conflicts as these will be finalized at the next meeting.
        - October 29, 2015
        - January 28, 2016
        - April 28, 2016
        - July 28, 2016
        - October 27, 2016

    Actions Pending - None

8. Closing
    - Motion to adjourn the meeting was passed and the meeting was adjourned.