

Syndromic Surveillance Governance Council
Meeting Minutes

October 29, 2014

1:00 p.m. – 3:00 p.m.

DSHS, 1100 West 49th Street, M101

Austin, TX 78754

Attendees:

*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

*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
(by phone)

*Santos Navarrette, Jr., MA, MBA, Abilene-Taylor Co. Public Health District, Assistant Health Administrator

*Christopher Taylor, BS, CM, Executive Director, Cherokee County Public Health

*Don Vickers, MD, CEO/Managing Partner, HPT Healthcare

*David W. Gruber, Assistant Commissioner, Division for Regional and Local Health Services (RLHS), DSHS

*Peggy Hines, Health Information Technology Mgr., DSHS

Beverly A. Pritchett, Director, Office of Public Health and Deputy Assistant Commissioner, RLHS, DSHS

Monica J. Hughes, RN, BSN, Director of Public Health Nursing, RLHS, DSHS

Otis E. Williams, Business Mgr., RLHS, DSHS

Dan Smith, Public Health Liaison and Project Coordinator, RLHS

Donald Jirasek, Sanitarian, Food Safety Inspector, RLHS, DSHS

David Zane, Epidemiologist, Community Preparedness Section, RLHS, DSHS

Steve Eichner, HIT Policy Project Manager, Center for Program Coordination and Health Policy, DSHS

Leo Achembong, Health Systems Integration Program Fellow, Center for Program Coordination and Health Policy, DSHS

LindaFaye Smith, RLHS, DSHS (Scribe)

Not Present:

*Linda K. Gaul, MPH, PhD, State Epidemiologist, Office of Epidemiology, DSHS

*Natalie D. Lambert, FACHE, Regency Hospital of Fort Worth

*Voting Member

Proceedings

A copy of the agenda is attached to these meeting minutes.

1. Welcome

Mr. Gruber welcomed everyone to this first meeting of the Syndromic Surveillance Governance Council (SSGC)

2. Introductions

Mr. Gruber asked everyone to introduce themselves and provide the category of organizations that they were representing.

3. Overview of Syndromic Surveillance Project –

Beverly Pritchett provided an overview of syndromic surveillance including the topics noted below. A copy of the slides is included as an attachment to these minutes.

- Purpose
- Background for initiating project
- Data submission and analysis process
- Governance structure
- Phased approach to building system
- Next steps

Steve Eichner provided an overview of the DSHS Gateway and possible future integration of HIEs

4. Proposed Charter

Beverly Pritchett provided an overview of the draft Charter for the Syndromic Surveillance Governance Council. Initial review of the draft charter lead to specific comments noted below. A copy of the draft charter with suggested changes noted in track changes is attached to these minutes.

- Add a section regarding voting requiring a simple majority
- Consideration for adding an HIE representative was considered premature at this time.
- Stagger membership term expirations to ensure that the entire council membership does not rotate at the same time.

5. Syndromic Surveillance Regional Advisory Committees (SSRAC)

Beverly Pritchett provided an overview of the recommended membership of the SSRACs, the relationship between the SSRACs and the SSGC, and a proposed charter template for the SSRAC meetings. A copy of the proposed template is attached to these minutes.

6. Data Sharing Protocols

Beverly Pritchett provided an overview of the surveillance system data sharing options. The discussion resulted in a recommendation to add to the data sharing options matrix an “X” with “*” to each row on the chart indicating that all levels of organizations permission to view state data at an aggregated level. A copy of the Syndromic Surveillance Data Sharing Options matrix with this change made annotated in teal is attached to these minutes.

7. Data Use Agreements

Beverly Pritchett discussed concerns that data use agreements (DUAs) may slow the process of integrating organizations into the syndromic surveillance system because they may not be generic enough to allow for DSHS to be the repository of the information. Legal review of the current DUAs will need to occur before that information is known.

8. Open Discussion

Discussion of a number of topics occurred. These are grouped by major areas below.

- Data analysis
 - The system supports data analysis. DSHS will conduct state-level analysis of data. The DSHS central office will not perform custom analysis for use by specific locales, but health service regional staff may assist in analysis for locales without epidemiological capability. Actual use and interpretation of data has to occur at the local level for efficiencies and control of data.
 - There is no increased time expected in visualizing data collected by the system. Identification of “level of occurrence” regarding trigger for initiating an “Alert” to the state and other areas needs to be determined.
 - The system will be a cloud-hosted solution that will enable improved data analysis, response to requests with greater flexibility when compared with a system with constrained hardware resources. Capacity will be expandable as needs change.

- Data collection
 - Current data collection capabilities will not go away until replacement capabilities are in place and tested.
 - Current intent is that there will be parallel running systems initially.
 - Data services are intended to have minimal down time. Capability for 24/7 live help-desk support for emergency situations has to be determined, however, DSHS/RLHS is committed to developing a full program to ensure end-user support.

- For data collection purposes, this system will not have an interface with TWICES initially. It may become a part of a long-term strategy.
- RLHS will hire a contractor architect engineer to aggregate the data. Expected timeframe is late November. RLHS will have an epidemiologist position posted in the near future.
- Methods of minimizing extraneous data submissions, including the use of health information exchanges, will be considered.
- Governance Council
 - There will be a reliance on Council members to represent their constituents.
 - Has two roles – 1) Keeper of system all-encompassing of the end user requirements, 2) Ensure that the system is designed and built.

Voting - The Council is made up of 12 voting members;, the chair will only vote in the event of a tie. Seven members present constitute a quorum. A simple majority vote of those present will be sufficient to pass a motion

9. Closing

Next meeting will occur in late January. A Doodle poll will be sent to determine the best date for the majority of attendees.