



Syndromic Surveillance Governance Council

October 18, 2018

1:00 PM–3:00 PM

DSHS, 1100 West 49th Street, M-101

Austin, TX 78756

Conference Call Line: (877) 820-7831

Participant Passcode: 467953#

Attendees (*Council Members):

- * Herminia Alva, MPH, CPH, Disaster Epidemiologist, Health Emergency Preparedness and Response, Department of State Health Services
- * Weizhen Bao, PMP, CSM, CTCM, Branch Manager for Consumer Protection and Regional and Local Health Operations, Texas Health and Human Services IT, Public Health Applications
- * Brittany Burgess, MPH, Epidemiologist, Victoria County Public Health Department
- * Carol M. Davis, MSPH, CPH, Deputy Regional Director, Public Health Region 7, DSHS
- * Linda K. Gaul, MPH, PhD, State Epidemiologist, DSHS
- * David W. Gruber, Associate Commissioner, Division for Regional and Local Health Operations, DSHS
- * Talmage M. Holmes, PhD, MPH, Associate Director, Disease Control and Prevention, Tarrant County Public Health
- * Thaddeus Miller, MPH, DrPH, Associate Professor, University of North Texas Health Science Center, School of Public Health
- * Joann Schulte, DO, MPH, Chief Physician and Deputy Health Authority, Houston Health Department
- * J. Don Vickers, MEd, CCHP, CMP, CNE, CEO/Managing Partner HPT Healthcare

Allison Banicki, PhD, Epidemiologist, Office of Border Public Health, DSHS
Carrie Bradford, PhD, Syndromic Surveillance Team Lead, RLHO, DSHS
Crystal Dennstedt, CTO, Texas Health and Human Services IT
Steve Eichner, HIT Policy Director, CER, DSHS
Sylvia Garces-Hobbs, Deputy Regional Director, Public Health Region 11, DSHS
Paul Grunenwald, Communicable Disease Manager, Public Health Region 6/5S, DSHS
Jyllisa Mabion, Syndromic Surveillance Epidemiologist, RLHO, DSHS
Kylie Mann, Epidemiologist, Public Health Region 6/5, DSHS
Kevin McClaran, Epidemiologist, Public Health Region 1, DSHS
Bonnie Morehead, Epidemiologist, Public Health Region 7, DSHS
Kikelomo Oduba, Epidemiologist, Houston Health Department
Olubukunola Okulate, Biostatistician, Houston Health Department
Vanessa Palacios, Epidemiologist, Public Health Region 9/10, DSHS
Victor Rosas, Administrative Assistant IV, RLHO, DSHS
Elise Rush, Epidemiologist, Public Health Region 8, DSHS
Albesa Salinas, Epidemiologist, Public Health Region 11, DSHS
Bill Stephens, Informatics Manager, Tarrant County Public Health
Rachael Straver, DVM, Medical Research Specialist, Emerging and Acute Infectious Disease Branch, DSHS
Kimberly Wolboldt, MD, MPH, Regional Medical Director, Public Health Region 1, DSHS
Biru Yang, PhD, Informatics Manager, Houston Health Department

Council Members Not Present:

- * Philip Huang, MD, MPH, Medical Director/Health Authority, Austin Public Health
- * Johnathan Ledbetter, MPH, Epidemiologist/Invasive and Respiratory Infectious Disease Team Lead, Emerging and Acute Infectious Disease Branch, DSHS
- * Belinda Medrano, MPH, Infection Prevention, Valley Baptist Medical Center-Brownsville
- * Carl Vartian, MD, MS, Chief Medical Information Officer, HCA-Gulf Coast Division

1. Welcome and Introductions

- Roll call of Council Members was conducted and introductions of other attendees were made.
- Two new council members were introduced and welcomed.
 - HHS/DSHS Information Technology - Weizhen Bao, Branch Manager for Consumer Protection and Regional and Local Health Operations, Public Health Applications, Texas Health and Human Services.
 - Small Local Health Department - Brittany Burgess, Epidemiologist, Victoria County Public Health Department.
- There was a member resignation, which has created a vacant position on the council.
 - Santos Navarrette, Jr., Abilene-Taylor County Public Health District has retired.
 - The Medium Local Health Department (population 50,000 - 250,000) is vacant. A request for nominations/applications has been sent to regions, Local Health Departments (LHDs), and Texas Association of City and County Health Officials (TACCHO). The deadline to apply will be October 19, 2018.

2. Approval of August 16, 2018, Meeting Minutes

The meeting minutes were approved as written.

3. Old Business

a. TxS2 Operations Update

- Of the approximate 752 statewide facilities: 202 have started the MOU process, 193 have fully executed MOUs, 117 are currently in production, and 117 facilities remain to engage.
 - There are a total of 222 hospitals in production, including those onboarded directly through DSHS and those from the Tarrant County feed. Houston Health Department onboarding will continue throughout the winter season.
- Tarrant County Update:
 - There are currently 96 facilities in production stage and reporting to TxS2 in PHR 2/3.
 - 5 hospitals have yet to engage.
 - 4 facilities are awaiting onboarding. They have been registered for over a year, but these hospitals are in the process of transferring over to new EHR systems.
 - The third in-person training seminar (focused on northern counties) was held in Grayson County.
 - There are approximately 102 users on the regional system and a smaller number of users viewing data through the CDC's National Syndromic Surveillance Program (NSSP) portal. There have been no interruptions or outages as of late and the tracking between the two systems has been "almost perfect."
 - There has been a trend in western counties switching from Healthland to Athena Health because Athena has increased marketing in those rural counties. The downside to this is that Athena has been "extremely slow" in developing a Meaningful Use-compliant Syndromic Surveillance interface.
 - Some data providers have expressed concern about Athena not having the seamless Meaningful Use switchover they were hoping for and stated they heavily rely on Meaningful Use compliance for performance measures. Also, with the new Inpatient Prospective Payment Systems (IPPS) anticipated for 2019, some data providers are concerned about required waiting periods that may be associated with the optional participation in syndromic surveillance reporting.
 - Tarrant County will continue to work closely with Athena to get the remaining hospitals transitioned over as soon as possible.

- Houston Status Update:
 - A Governance Council meeting was held last month, new members were elected to the council, and Montgomery County joined the Jurisdictional Etiquette Committee.
 - The health department participated in a conference call with CDC to discuss syndromic surveillance definitions, as they relate to injuries.
 - There are currently 62 facilities in production.
 - The health department provided support for the infection case associated with the injection of stem cells into joints that occurred over the weekend.
 - They plan to publish the Week 40 Flu Weekly Report by the end of the week.
 - The county will continue to work on data validation with the NSSP and anticipate finishing NSSP testing in full by the end of the year.
 - The Houston Fire Department received some opioid funding from SAMHSA. The health department will work to find a way to fit this funding into their program.

- DSHS Update:
 - DSHS Emerging and Acute Infectious Disease Branch (EAIDB) asked Jyllisa to provide ESSENCE training at the Epidemiology and Laboratory Capacity (ELC) Conference at the beginning of October. She provided training to approximately 25 regional staff and members of LHDs from around the state. Mr. Gruber stated that the fact that she was asked to present at this event indicates that people are starting to want to know more about ESSENCE. This is a good testament to the hard work and effort everyone has put forth within the last couple of years.
 - Opioid Grant Activities
 - DSHS applied for a grant concerning opioid-related work. There are currently six projects that are being worked on, two of which are directly related to syndromic surveillance. One project will focus on adding ESSENCE enhancements over the next year, such as additional functionality to make writing and sharing queries and viewing others' work easier. The other project will work to integrate two additional data feeds into the TxS2 system: statewide EMS data and data from the Texas Poison Control Network. Both of these data feeds will be uploaded to the TxS2 system once a day.
 - In collaboration with the Center for Health Statistics, there will be one-day workshops in each of the Regions over the next year. Syndromic Surveillance will provide ESSENCE training, specifically related to using opioid and other substance abuse queries and the Center for Health Statistics will share additional data sources within DSHS that can also be used for opioid surveillance.

- b. Former TALHO system

November 30, 2018, is the TALHO shutdown date. DSHS is no longer supporting TALHO domain after this date. All 19 of the remaining data providers were notified to complete the transition by this date. We have started terminating connections based on the transition plan and copying the data into TxS2.

- c. Meaningful Use

The Centers for Medicare and Medicaid Services (CMS) has yet to issue final rule regarding ambulatory care. The final rule announcement is expected to occur soon. The current expectation is that the final rule will give credit to urgent care providers participating in syndromic surveillance and will give the states the option to invite providers who do not provide ambulatory care to participate in syndromic surveillance.

4. New Business

a. Query and Data Analysis Sharing and Standardization

- All TxS2 users have access to queries for routine, seasonal, substance abuse, and other public health event surveillance. Suggestions for new queries and topics of interest to utilize the Syndromic Surveillance tool were requested. It was suggested that Suicide Clusters be considered.
- The ESSENCE User Discussion Group meetings will commence next year. The meetings will be held via webinar.
- A request for continual submission of success stories and system usage examples to post on TxS2 website was made. Furthermore, Mr. Gruber stated that as we enter the upcoming Legislative Session, Syndromic Surveillance will be presented as a success story as a statewide system that allows all public health and hospital members to access data. He also stated it is a good return on investment, but more importantly it provides statewide linkage and serves as a “stepping stone” to conversations which in turn allow for interactions between different health departments regarding different activities that would not have occurred otherwise. He acknowledged and thanked the Public Health Funding & Policy Committee for recommending the implementation of a statewide system approximately 3 years ago, as well as all the people who have worked hard to get the system where it is right now.

b. Regional Advisory Committees

• Region 1:

A few regional staff members attended the ESSENCE session at the Epidemiology and Laboratory Capacity Conference in Austin on October 3, 2018. They are currently working on creating a tool that documents review of syndromic surveillance on a regular basis.

• Region 2/3:

Not in attendance

• Region 4/5:

Not in attendance

• Region 6/5:

Three epidemiology staff completed the ESSENCE training. They now have access to the TxS2 system and have created county-specific dashboards. They are currently working with the Houston Health Department and once their data is validated they will begin setting up queries to be used during the current flu season.

• Region 7:

They have had difficulty regrouping the Regional Advisory Committee due to high turnover rates at LHDs and hospitals. One regional staff member attended the ESSENCE session at the Epidemiology and Laboratory Capacity Conference in Austin. The Baylor Scott & White System is now onboard, resulting in more LHDs becoming interested in ESSENCE. They are currently looking into integrating syndromic surveillance data into the Weekly Flu Surveillance Reports that are shared with stakeholders.

• Region 8:

A few regional staff members attended the ESSENCE session at the Epidemiology and Laboratory Capacity Conference in Austin. They have continued to work on the development of a training plan for regional staff, LHDs, and hospitals. Also, they are currently working on integrating syndromic surveillance data into Weekly Flu Surveillance Reports that are shared with stakeholders.

• Region 9/10:

Currently planning to hold a Regional Advisory Committee meeting on November 9, 2018. A few regional staff members attended the ESSENCE session at the Epidemiology and Laboratory

Capacity Conference in Austin. They are currently planning training for new regional epidemiology staff, as well as moving forward to plan ESSENCE training for LHDs to become more familiarized with the system.

- Region 11:

Held their last Regional Advisory Committee meeting on August 29, 2018, where they encouraged health departments and hospitals in attendance to become better familiarized with ESSENCE. A few regional staff members attended the ESSENCE session at the Epidemiology and Laboratory Capacity Conference in Austin.

5. Open Discussion

- Dr. Gaul stated she and her team are currently working on bloodstream infections associated with stem cell injections into the joints. It has been challenging since this is an uncommon situation and they were unsure of who regulates them or how they are reported. The team eventually requested a TxS2 query that replicated what had been used in similar cases in Florida. After entering a query of stem cell injections during Emergency Room visits, a similar case was identified. Additionally, an epidemiologist in the Dallas area did another search excluding the word “injection” and found seven or eight potentially similar cases in that region alone. The Houston Health Department was also aware of the situation and ran a query based on what Florida had done. The Houston Health Department suggested exchanging findings with Dr. Gaul and her team to compare their query information.
- Mr. Gruber stated that Regions should be having quarterly meetings and reporting back on activities during Syndromic Surveillance Council Meetings. He also stated that the council is responsible for providing topics for regional meetings. He stressed how important it is for everyone to continue helping to come up with ideas for information the council should share. He also asked that members share information about new and potentially beneficial queries encountered in the field.

6. 2019 Meeting Dates and Time

Meeting invites for all upcoming meetings have been sent out via email.

- February 7, 2019 (1:00 PM) will be the in-person meeting and poster session (PDF versions of the posters presented will also be published on the SSGC webpage). This event will be heavily publicized so that not only those within DSHS, but HHS and others can view what you have provided. Mr. Gruber stated it would be a good idea for everyone to personally invite their respective legislators. (He will check with the Office of Government Affairs to ask for the best way to invite members of the Legislature and asked that he be notified if a legislator plans to attend.) Mr. Gruber asked that anyone who has accomplished getting their system to work with no issues, have had higher than average success in engaging your communities to learn about the system, or have created work on a syndromic surveillance topic you feel is important to share with everyone else, to please offer to speak at this meeting to share your success strategies with others. (If you would like to speak at the meeting, please let us know as soon as possible so that you can be added to the agenda.) Lastly, he invited everyone to feel free to send any additional suggestions or thoughts they think is/are needed to make this in-person meeting as valuable and informative as possible.
- April 18, 2019, 1:00 PM meeting will be held via conference call.
- July 11, 2019, 1:00 PM meeting will be held via conference call
- October 24, 2019, 1:00 PM meeting will be held via conference call

7. Closing