

Syndromic Surveillance Governance Council

October 27, 2016

1:00 p.m. – 3:00 p.m.

DSHS, 1100 West 49th Street, M-101

Austin, TX 78754

Toll free: 1/877-820-7831

Participant Passcode: 150459#

Attendees (* Council Members):

- *Raouf Arafat, MD, MPH, Assistant Director, Houston Health Department
- *Carol M. Davis, MSPH, CPH, Public Health Preparedness & Epidemiology Program Manager, HSR 7, DSHS
- *David W. Gruber, Associate Commissioner, Division for Regional and Local Health Services (RLHS), DSHS
- *Peggy Hines, Health Information Technology Manager, Chief Technology Office, HHSC
- *Philip Huang, MD, MPH, Medical Director, Austin Public Health
- *Diana Martinez, MPH, PhD, Epidemiology Program Manager, Harris County Public Health and Environmental Services
- *Belinda Medrano, MPH, Infection Preventionist, Valley Baptist Medical Center-Brownsville
- *Santos Navarrette, Jr., MA, MBA, Assistant Health Administrator, Abilene-Taylor County Public Health District
- *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, MPH, CPH, Disaster Epidemiologist, Health Emergency Preparedness and Response, DSHS
Mary Anderson, MD, MPH, Regional Medical Director, HSR 9/10, DSHS
Laura Balli, Syndromic Surveillance Administrative Assistant, RLHS, DSHS
Carrie Bradford, PhD, Syndromic Surveillance Team Lead, RLHS, DSHS
Shannon Creekmur, HIPAA Privacy Officer, CPEA, DSHS
Steve Eichner, HIT Policy Director, CPEA, DSHS
Carla Gutierrez Tyler, Epidemiologist, HSR 11, DSHS
Greg Haviland, Syndromic Surveillance Project Manager, DSHS
Dave Heinbaugh, Tarrant County Public Health
Salvadore M. Hernandez, Epidemiologist, HSR 8, DSHS
Dr. Huai Lin, Epidemiologist, HSR 6/5S, DSHS
Jyllisa Mabion, Syndromic Surveillance Epidemiologist, RLHS, DSHS
Andy Mauney, Epidemiologist, Emerging & Acute Infectious Disease Branch, DSHS
Kevin McClaran, Epidemiologist, HSR 1, DSHS
Wes McNeely, Houston Health Department
Sharon K. Melville, M.D., M.P.H., Region Medical Director, HSR 7, DSHS
Kelly Northcott, Epidemiologist, HSR 1, DSHS
Vanessa Palacios, Epidemiologist, HSR 9/10, DSHS
Angela Rodriguez, HSR11, DSHS
Ruben Sanchez, Application Portfolio Manager for RLHS, DSHS
Eunice Santos, Houston Health Department
January Smith, Epidemiologist, HSR 4/5, DSHS
Vinny Taneja, Tarrant County Public Health
Paula Williams, IT Strategic Planning and Efficiency, DSHS
Biru Young, Houston Health Department

Council Members Not Present:

- *Thaddeus Miller, MPH, Dr.PH, Associate Professor, UNTHSC, School of Public Health
- *Carl Vartian, MD, MS, Chief Medical Information Officer, HCA-Gulf Coast Division
- *Linda K. Gaul, MPH, PhD, State Epidemiologist, Office of Epidemiology, DSHS

1. Welcome and Introductions
 - Roll call of Council members and introductions of other attendees.
2. Approval of July 14, 2016, Meeting Minutes
 - Minutes approved.
3. Old Business
 - a. TxS2 Infrastructure and Registration
 - We have worked through all things that we needed to with John Hopkins University and they are ready to move forward.
 - However, there is a discussion among the State of Texas IT regarding whether or not the Amazon cloud is secure enough for Texas State information. That cloud is where we had intended to reside the syndromic surveillance system. We are unable to move forward with implementation until the decision is made at the Governor's Office level. We do not have an estimated date for when we will be able to move forward.
 - One of two things will happen:
 - Authorization to use the Amazon cloud, at which point we will immediately move forward.
 - If it is determined that the Amazon cloud is not secure enough, we would move forward with hosting it on the existing Texas system.
 - Registration status update – map shows distribution of data providers that have indicated their intent to submit data to date. Continuing to add additional facilities.
 - Many facilities are no longer a single hospital but are part of a corporate structure and DSHS headquarter staff are reaching out to corporate offices. Suggestions on reaching out at the corporate level:
 - Going through the corporate office should help in moving forward, utilizing IT at the regional or state level, gather interest at the hospital level to take to the corporate level, showing this is ongoing, not just one hospital.
 - Go through the local hospital to get to the IT coordinator, Meaningful Use coordinator, or utilizing the EHR vendor.
 - Utilize the Meaningful Use coordinator, corporate addendum to data use agreement to include hospitals within a system that are included, technical issues go through the corporate level.
4. New Business
 - a. Data Sharing
 - Handout with 48 data elements from the PHIN Messaging Guide, including the required fields.
 - Data sharing and viewing handout showing who can see what data:
 - Hospital/Hospital Systems – can see data within hospital and within the system and aggregate HSR and statewide data
 - Local Health Departments – can see data within their Health Service Region and aggregate HSR and statewide data
 - DSHS HSR offices – can see statewide data and aggregate HSR and statewide data
 - DSHS Central office – can see statewide data and aggregate HSR and statewide data
 - Does viewing the data include the ability to download the data and the associated metadata to use additional tools to analyze the data? Data set would be the 48 data elements as provided by facility, intent is to allow the ability to download the data, but we don't know exactly how

that will work yet within the system. The goal of syndromic surveillance is to provide useful data.

- Data sharing categories and accessibility are based on DSHS General Council determination based on Chapter 81 of the Texas Health and Safety Code which states that authorized DSHS personnel in any Health Service Region can view the Limited Data Set for any other Health Service Region. Furthermore, Local Health Departments also have authority under Chapter 81 to access the Limited Data Set for all counties within their Health Service Region. This was a legal decision, not a policy decision.

b. Uses of Syndromic Surveillance

- One of the key things to think about at both the Governance Council level and the local level is what additional data streams would be useful in order to do our jobs better.
- Need to make sure this is part of a bigger system.
- Take inputs from the field to provide to the Council to make decisions on what data should be added to the system.
- What critical things are not present in the current data set? Request for future discussions on how to better the system and provide information needed to do the job.
 - Houston is interested in school surveillance and over the counter medications.
 - RODS over the counter medications is a separate system outside of ESSENCE accessed over the web through Pittsburg but ESSENCE may have the capability to take the same feed and utilize the data.
 - Over the counter drugs application is a national database housed at the University of Pittsburg. ESSENCE has some over the counter capabilities but it is not used outside the Washington DC area and would require a large number of additional connections.
 - Tarrant County suggests linkage with the University of Pittsburg. Database includes agreements with major vendors across the United States. Capability is only housed at the University of Pittsburg set up more than 10 years ago.
 - How valuable is the over the counter medications feed? Does not provide actionable information but does provide corroborative information. Adds value but not a must have. Can be used for situational awareness and add to the knowledge of what may be going on in the community based on what people purchase. Can be a powerful tool to add to the knowledge. Can see trends on over the counter purchases. Also useful in rural communities where there might not be a hospital to see if after a flooding event if there is an increase diarrheal illness base on purchases of antidiarrheal medicines.
 - There could be additional data elements added later, but we will be busy doing data quality and aligning with the national system. Users need to see what they do have and utilize it and see capabilities before consideration of adding additional data elements.
 - Would 911 data be of value?
 - What's the process that you see when we get a request to add a specific data set? Recognizing again we are going to seek the advice of the Governance Council as what to add to the wish list. What do we need to define as the input from others regarding rationalization for their requests? We need to have a defined process so it is not viewed as an arbitrary decision.

c. Communication between SSRACs and SSGC

- 3 of the 8 regions met/provided updates since last Governance Council meeting
- Several inquired as to whether they should have meetings or had meetings scheduled that were canceled due to our current status and not being able to provide much updated information.
- If we could move forward now, we would be looking at pilot in January.
- The decision on using Amazon cloud is not specific to syndromic surveillance. There are at least five major programs within DSHS that are impacted.

5. Open Discussion

a. Review of Charter

- Need to review the charter to make sure it is what it needs to be, that we are comfortable with the wording, the intent, and the way it describes the system.

b. Draft Guidance Document – Response Protocol

- Document was sent out for review and comment and have only received a few comments.
- Document was based on Tarrant County information and other states conducting syndromic surveillance.
- Feedback indicates some of the language is strong, will be changed to be more guidance for those new to syndromic surveillance, not to dictate what has to be done in response to an alert.
- Document will not be finalized at this time, will be updated as we move forward.

c. Additional Group Discussion

- Is there a list of those facilities that have been approached and their responses, not just those that have intent to connect? For the corporate systems, staff have been reaching out but not much success, will try again based on information today. For non-corporate facilities it is up to the regions and local health departments to reach out and we do not have information on who they have approached.
- If the MOU has not been sent to a facility, is there something they are supposed to be doing at the local level? The actual MOU will be sent out by our procurement and contracting services. If facilities have submitted the vendor information form, the MOU will be sent out but takes a while to get through the process.

6. Next Meeting Date and Time

January 26, 2017, 1:00

7. Closing