

Data Modernization Implementation Center Program

BY PHIG PARTNERS



SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

Objectives

- Share vision for IC Program
- Provide overview and objectives of IC Program
- Outline the types of support offered through the IC Program
- Detail how and when to apply for Wave 1 of IC Program
- Provide expectations for participation in the IC Program
- Outline resources available to support PHAs in the application process

CDC Public Health Data Strategy

Implementation Center Program

Accelerating Public Health Data Exchange

Massimo Pacilli
Director, Technology Implementation Office

Office of Public Health Data, Surveillance and Technology (OPHDST)
Centers for Disease Control and Prevention (CDC)



The Public Health Data Strategy (PHDS) has put us on a path to achieve our vision

by outlining the data, technology, policy and administrative actions needed to exchange critical core data efficiently and securely across health care and public health.

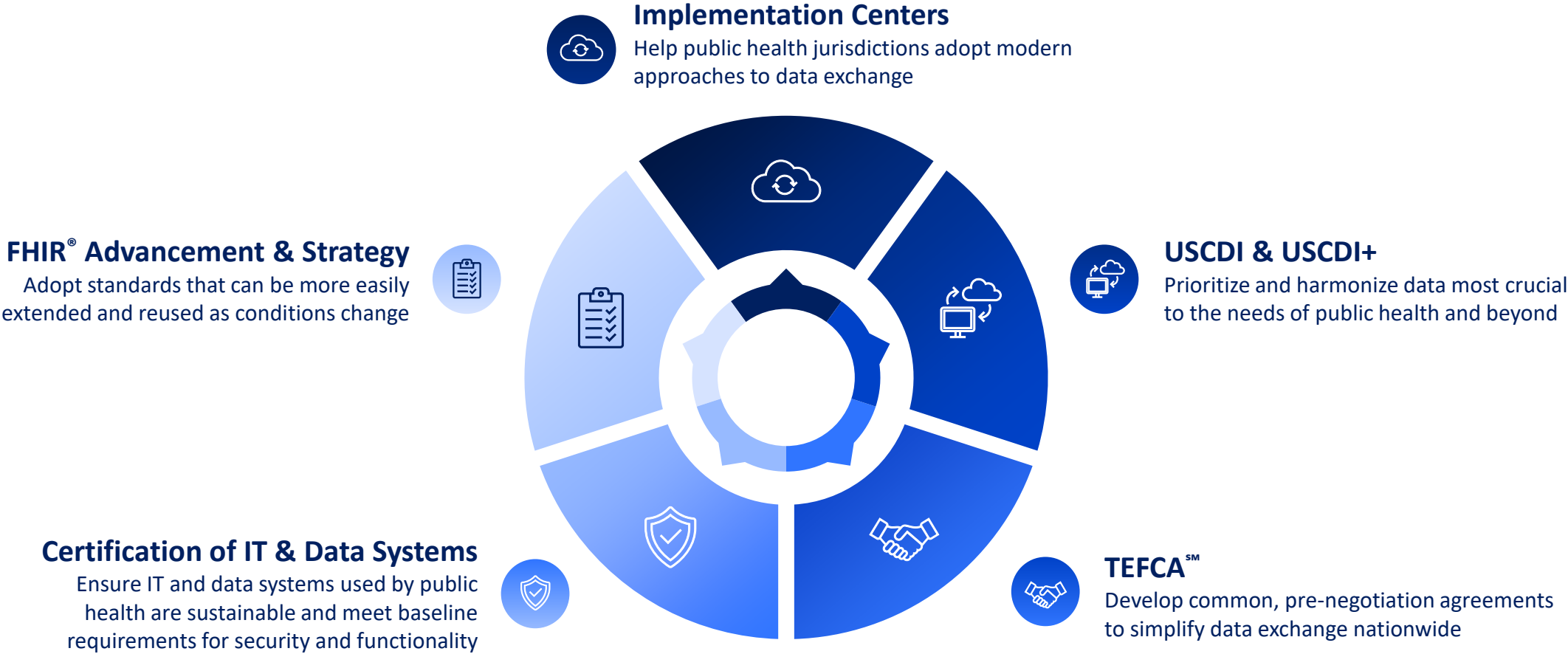
Core Public Health Missions:



Public health data goals:

1. Strengthen the core of public health data
2. Accelerate access to analytic and automated solutions to support public health investigations and advance health equity
3. Visualize and share actionable insights to inform public health action
4. Advance more open and interoperable public health data

Strategies for Public Health Interoperability



[Section 508 Alternative Text Version on page 6](#)

Implementation Centers



National Partners selected to build four implementation centers

- ASTHO (Association of State and Territorial Health Officials)
- NNPHI (National Network of Public Health Institutes)
- PHAB (Public Health Accreditation Board)



\$255 million dedicated to driving public health data modernization

- Three implementation centers to provide support to state, local and territorial jurisdictions (CRISP Shared Services; Guidehouse; Mathematica)
- One implementation center to provide tribal support



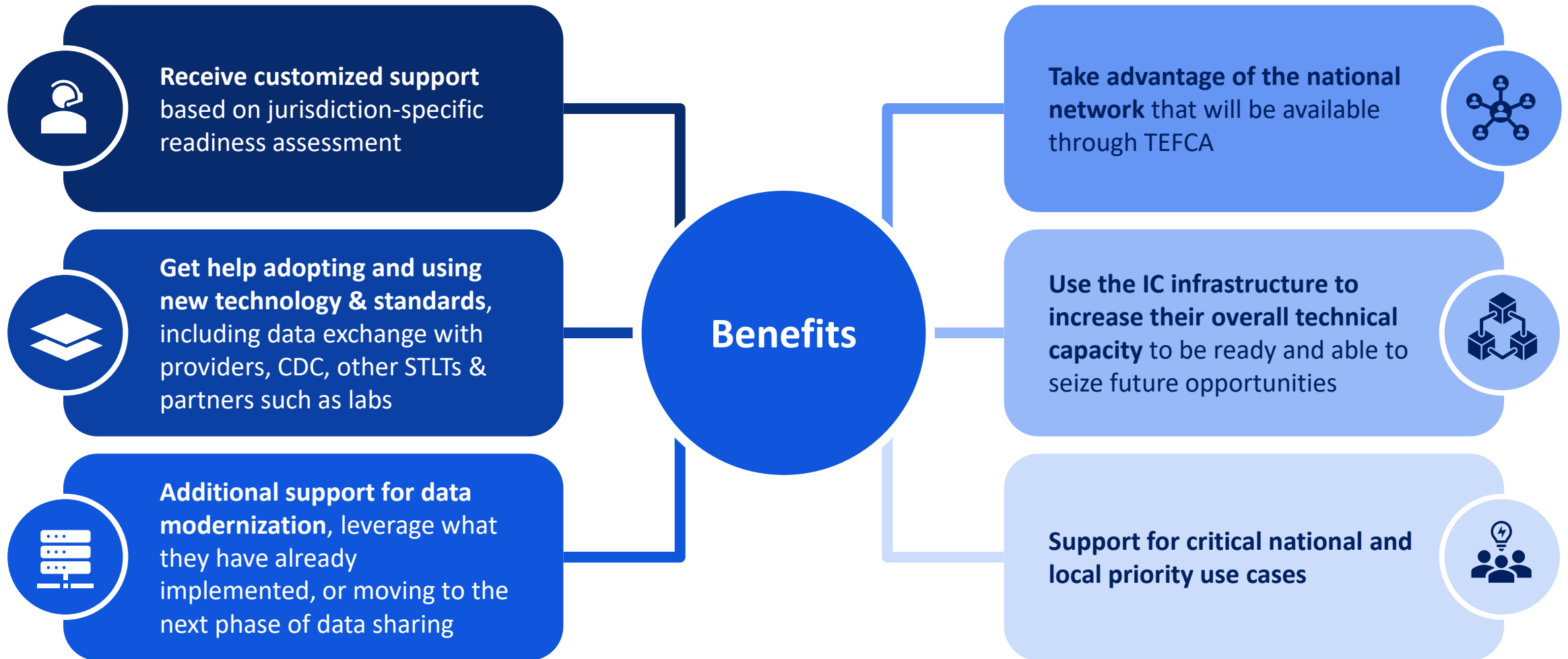
This funding is layered on top of public health infrastructure and capacity grants and data modernization funding



Goals for Implementation Centers:

- **Increase timeliness of data exchange** between health care and public health for public health reporting and priority use cases
- **Improve response time** to public health threat detection, prevention and/or time to intervention
- **Reduce burden** on health care systems/providers and public health jurisdictions for public health data reporting and data exchange
- **Improve data quality and completeness** through the identification and implementation of data linkage methods

Benefits of the Implementation Centers for STLs



[Section 508 Alternative Text Version on page 7](#)

IC Program Overview

What is the Implementation Center Program?

The **Public Health Data Modernization Implementation Center Program** (IC Program) is a new multi-year program to help public health agencies (PHAs) to accelerate their data modernization activities.

The IC Program establishes **4 Implementation Centers** (ICs) to provide **direct implementation, financial and sustainability planning support** to public health agencies at the state, tribal, local, territorial, and freely associated state level.



National Partners & Implementation Centers



Provides funding for the initiative through the Public Health Infrastructure Grant (PHIG)

National Partners

Oversee governance, provide strategic direction for the IC program, and lead coordination across the implementation centers.



Implementation Centers

Support day-to-day execution of IC program activities including engaging with PHAs and providing technical assistance.



***Tribal
Implementation
Center****

Note: The fourth Implementation Center to be announced will specifically provide support to Tribes and Tribal-serving organizations and will launch **Fall 2024*

Objectives of IC Program

The IC Program aims to achieve the following outcomes:

- **Outcome 1:** Participating PHAs are using the **latest health IT standards** to exchange data with health care and/or other data providers for at least one priority use case, such as *electronic case reporting or immunizations*
- **Outcome 2:** Where feasible, participating PHAs are onboarded to a QHIN or QHIN Participant and are conducting **TEFCA-based exchange** for at least one priority use case, such as *electronic case reporting or immunizations*
- **Outcome 3: Findings and lessons** learned from the priority use cases are documented and **shared with the broader community** involved in public health data exchange, including non-participating PHAs, national associations, federal agencies, and existing consortiums and communities of practice focused on data modernization.



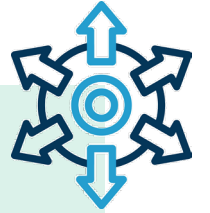
Types of Support Offered

The IC Program aims to support public health agencies through:



IMPLEMENTATION PROJECT SUPPORT

- **Assistance offered to PHAs participating in the program** to implement data infrastructure enhancements, includes:
 - **Implementation assistance in four key domains** (people, process, governance, and technology).
 - **Potential financial assistance** through grants or other funding mechanisms aligned with their selected use case.
 - **Sustainability planning** to identify strategies to maintain systems past project period.



IC PROGRAM COMMUNITY SUPPORT

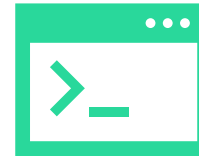
- **Assistance offered to the broader PHA community** involved in public health data exchange by disseminating findings and lessons learned from implementation project support participants.
- Dissemination activities may take a **variety of formats** (e.g., webinars, communities of practice, playbooks, etc.).

Overview of IC Program: Implementation Project Support

PHAs can propose any implementation project that aligns with **Program Outcome 1 or 2:**

1. Using the latest Health IT standards to exchange data for a *proposed use case*
2. Participating in TEFCA-based exchange for a *proposed use case*

All PHAs may apply for support that raises their capacity to implement priority use cases.



Use of Health IT Standards for Data Exchange

- Electronic Case Reporting (eCR)
- Immunizations
- Other priority use cases*



Participation in TEFCA-based exchange

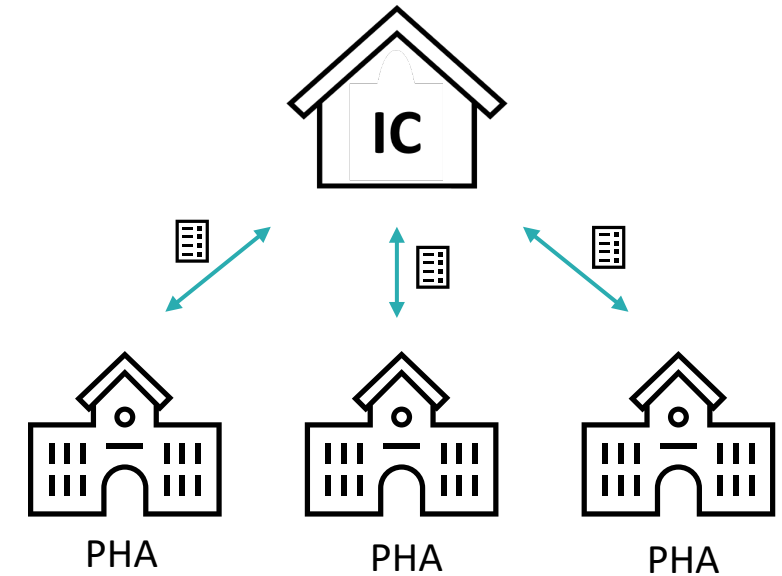
- Electronic Case Reporting (eCR)
- Immunizations
- Other TEFCA use cases*

* *The IC Program will prioritize **eCR and immunization use cases** for initial rollout; additional priority use cases associated with CDC's Data Strategy will be considered.*

Overview of IC Program: Implementation Project Support

To achieve IC program objectives, each Implementation Center will provide **implementation project support** to PHAs.

- Interested PHAs can propose implementation projects that they would like to work on through the program.
- Each year, the IC Program will identify a set of projects to support.
- For identified projects, PHAs will be paired with an Implementation Center and receive individual, customized support over the course of the project.



Example Implementation Projects

Use of Health IT Standards for Data Exchange (Outcome 1)

1



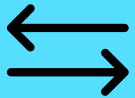
Build out a rules engine for eCR consumption into state surveillance system, start with 5 high priority conditions

2



Develop a process for eCR/ELR reconciliation to ensure all relevant information is being stored in case surveillance system without duplication

3



Migrate from CDA to FHIR HL7 and assess improvement in data quality, timelines, and onboarding

4



Convert all providers submitting production level electronic data to IIS/IR from older versions of HL7 and/or flat file to the HL7 v2.5.1 Release 1.5. Support outreach, testing, and message validation

5



Build out interstate interoperability via the IZ Gateway

Example Implementation Projects

Participation in TEFCA-based exchange (Outcome 2)

1



Connect to a QHIN via existing HIE relationship to expand/improve capture of COVID, MPOX, and RSV eCR messages from 35% to 85%

2



Connect to a QHIN to conduct query exchange and utilize reportability response messages to complete case report forms for high priority diseases (e.g. Measles)

3



Connect to a QHIN to expand/improve electronic lab reporting for reportable conditions

4



Leverage a QHIN to capture data around state registries (birth/death/cancer) for required reporting

5



Connect to a QHIN via an HIE to improve information capture for Fatality/MDI reviews

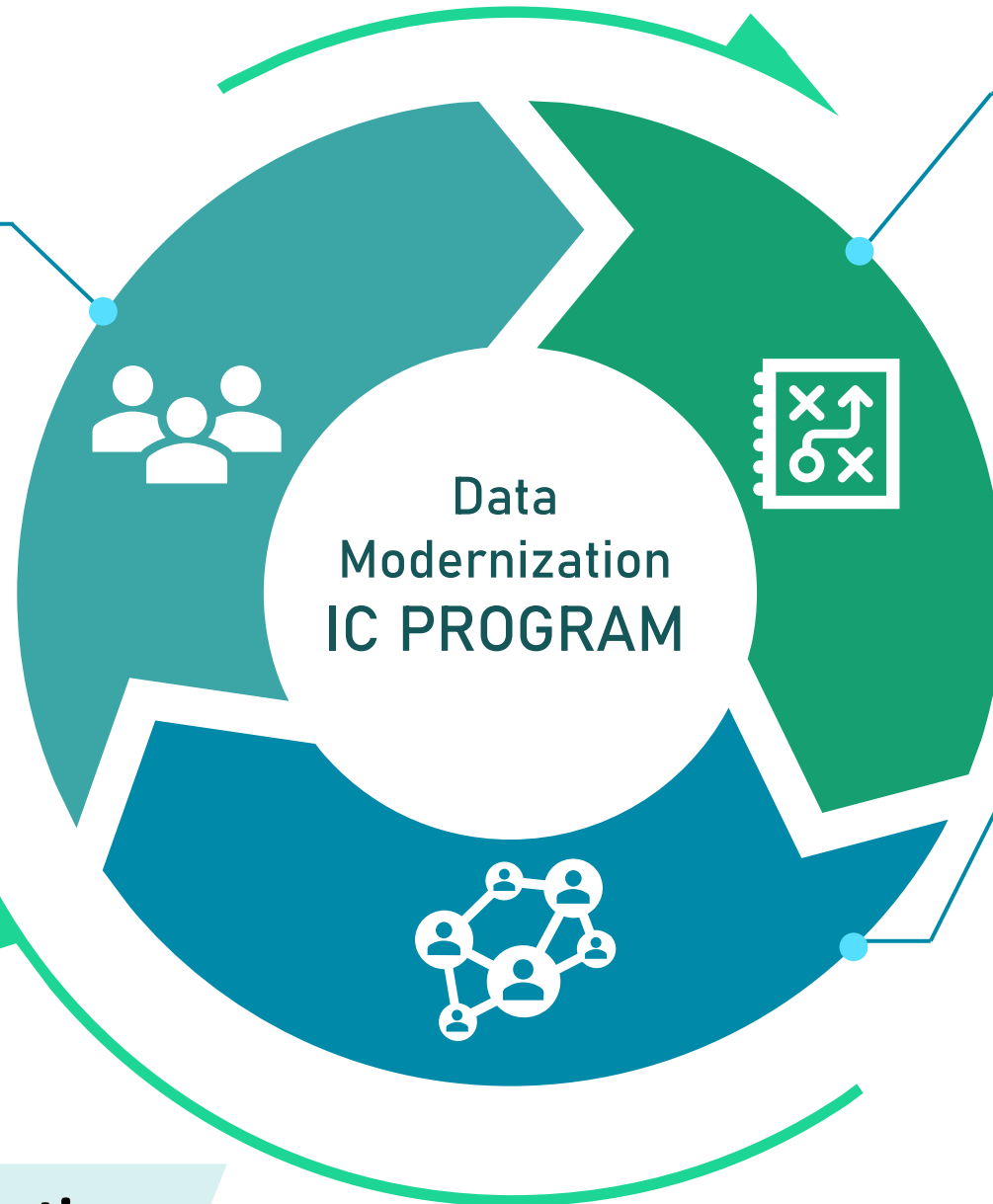
Implementation Project Support

Key Domains of Implementation Project Support



Phase I: Engagement

- Interested PHAs complete an Expression of Interest (EOI) form to propose an implementation project.
- Eligible PHAs meet with NPs and ICs to discuss funding and technical support needs.
- For Wave 1 of the program, *approximately 30 PHAs* will be paired with an IC to receive implementation project support.



Phase II: Planning

- PHAs and assigned IC will develop design, implementation, and sustainability plans for their project.
- PHAs will also sign a participation agreement.

Phase III: Implementation

- PHAs work with assigned IC to complete implementation projects and achieve goals
- PHAs will receive tailored implementation, financial and sustainability support for IC
- PHAs will also participate in evaluation activities to collect lesson learned to disseminate to the broader PH Community

Overview: Implementation Project Support Lifecycle

PHAs not participating in the initial wave of implementation projects can still receive IC Program Community Support or be engaged in subsequent waves!

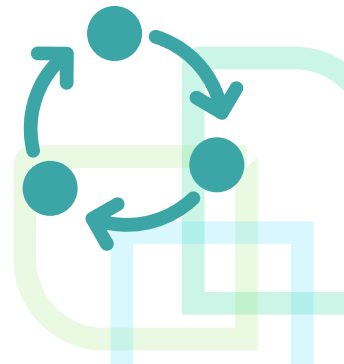
Implementation Support: People

- **Communicating** with partners
- Facilitating **change management**
- **Training** on how to use and support new technologies and systems
- **Providing education** on health IT standards, new technology approaches, and industry best practices
- **Promoting alignment with existing workforce programs** and resources
- Supporting **relationship management and engagement** with healthcare organizations and other implementation partners



Implementation Support: **Process**

- **Ensuring alignment with policies** and regulations at the state and federal levels.
- **Supporting PHAs in participating in TEFCA**, including selection of a participation model, and selection of QHIN or Participants.
- Supporting reporting **performance measurement** and **project management** activities, **monitoring and evaluation** of activities and outcomes.



Implementation Support: Governance

- Assisting with developing **policy and participatory frameworks**, common policies and standards, DUAs, and consent management practices
- Assessing **role of state regulation and policy** on data sharing practices
- Assembling and facilitating **diverse data governance structures**
- **Defining data exchange processes** with data providers
- **Facilitating engagement** with state leadership
- Identifying strategies for **adopting and a scaling solutions** for additional PHAs and/or use cases.



Implementation Support: **Technology**

- Ensuring **alignment with standards** and data exchange policies and participation in relevant standards development organizations
- Ensuring **technology and functional requirements**, infrastructure/architecture, security, and systems
- Conducting proof of concept, demonstrations, and **implementation for priority use cases**
- Conducting maintenance and **support of data exchange systems**



Implementation Support: **Financial Assistance**

- In addition to the direct support the ICs provide, the IC program will provide potential financial assistance for implementation projects
- Funding will be **tailored** to the PHA based on project scope and requirements gathered during planning phase
- While the award amount will vary, **the maximum award is \$750,000**
 - Funding may be made available directly to the PHA and/or procured on behalf of the PHA
 - Funding can support costs allocated across four domains of support (People, Process, Technology, Governance) and include support for TEFCAs participation fees, vendor fees or system costs (e.g. hardware, software)



Implementation Support: Sustainability Planning

- A goal of the IC Program is to ensure investments and system changes can be maintained beyond the duration of the project period.
- ICs will be offering **sustainability planning** support, which may include:
 - Developing sustainability strategies and plans as part of project planning project
 - Support implementation of sustainability planning plans
 - Identification or development of other sustainability tools



IC Program Community Support Offerings

Implementation Centers and National Partners will offer assistance to accelerate capacity for PHAs not immediately receiving implementation project support. This support may include:

- **Engagement with peers and IC Program staff to share lessons learned**
 - Communities of practice
 - Webinars to share implementation project lessons learned
 - Peer-to-peer connections
- **Trainings and learning sessions on data exchange and standards**
 - Synchronous and asynchronous
 - IC-developed trainings and connections to external trainings
 - Webinars with subject matter experts
- **Guides and playbooks**
 - Practices for navigating legal barriers to data exchange
 - Playbooks and other accelerators based on lessons learned from direct implementation support
- **Connection to other DMI initiatives and programs to meet specific needs**
 - For example, CDC Foundation's Workforce Acceleration Initiative and PHIG A3 Technical Assistance

IC Program Benefits



Customized support based on agency-specific needs.



Support in adopting and using new technology and standards to exchange data with providers, other PHAs, labs, and federal partners.



Support to build on existing data modernization initiative (DMI) funded projects that are focused on the adoption of health IT standards.



Assistance in participation in the national data exchange network that will be available through TEFCA



Capacity building resources for all PHAs (e.g. trainings, learning sessions, guides, playbooks)



Pathways to connect with other DMI initiatives and programs



All PHAs eligible to receive support through IC Program.



Eligibility and Application Process

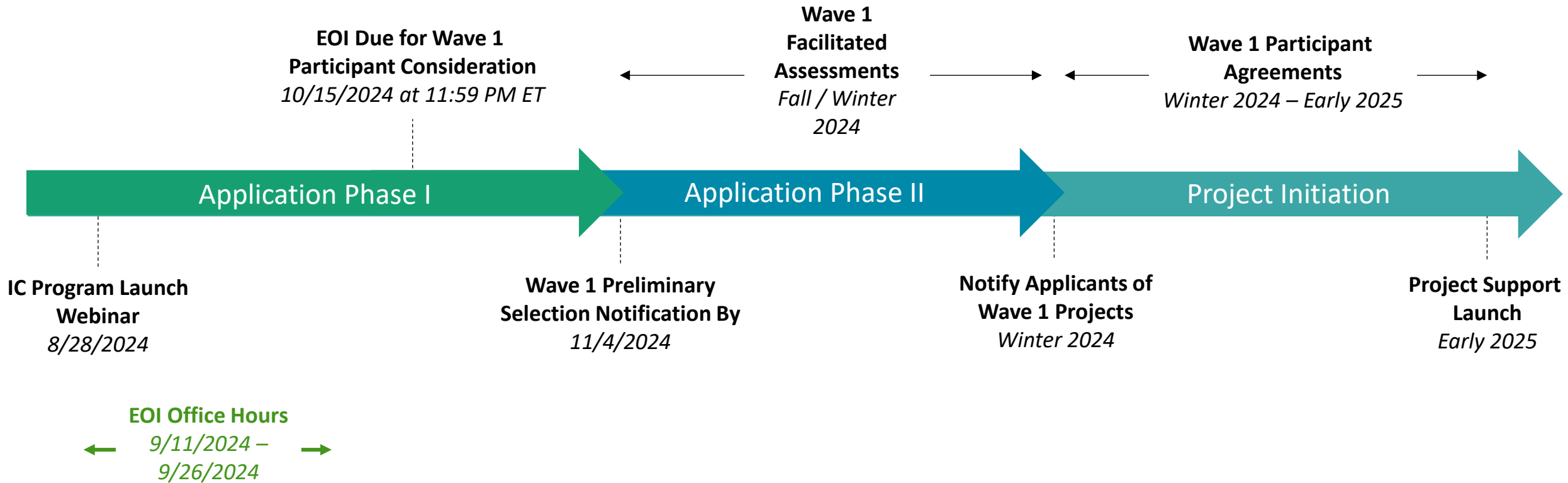
Eligibility and Participation Requirements

All public health agencies at the state, local, territorial, and freely associated state level are eligible to participate in Wave 1 of the IC Program.

- This includes agencies who may have received previous DMI funding via the Public Health Infrastructure Grant (PHIG) or other funding sources (e.g. ELC, WAI etc)
- More information will be coming out soon regarding Tribal Implementation Center eligibility.



Application Timeline



Overview of Application Process

1

Expression of Interest (EOI)

- The EOI is an electronic form that captures information about PHAs interested in receiving implementation project support.
- The EOI will be open until October 15, 2024 for submissions for Wave 1.
- After the EOI submission window for Wave 1 closes, PHAs will be notified of advancement to Phase 2 of the application process or be directed for IC Program community support.

2

Facilitated Assessment

- PHAs will receive invitations for a facilitated assessment with the ICs.
- The facilitated assessment, a list of standardized interview questions, will help identify existing resources and specific needs, which will ultimately lead to tailoring support needs for adopting health IT standards and participating in data exchange networks.

EOI: Confirmation of PHA ability to sign participation agreement

- In EOI, PHAs indicate anticipated ability to sign a **participation agreement** and any other required agreements for project.
- Participation agreement is intended to confirm everyone's commitment to an implementation project (e.g., confirm scope, allocate staff, provide evaluation data).
- Depending on PHA's implementation project, additional agreements **may** be necessary to:
 - Participate in TEFCA
 - Allow Implementation Center staff to access to protected health information
 - Receive funding from National Partner
- Draft participation agreement and additional guidance available in November.

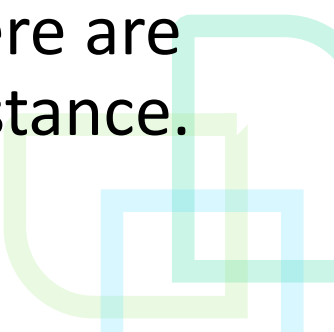


EOI: Confirmation of PHA Leadership Support

To encourage alignment of DMI activities both within agencies, and between agencies (e.g. state – local), the IC Program is asking for PHAs to confirm that their agency leadership is aware of and supports the proposed project.

- **States:** Letter of support from their State/Territorial Health Official (S/THO).
- **Local Health Departments:** Attestation that your agency has notified your S/THO or S/T DMI Director of intent to submit EOI.

PHAs are asked to submit this information in the EOI if possible. If there are challenges with providing this, please contact the IC program for assistance.





The EOI form is now available on the [Public Health Infrastructure Grant website!](#)



EOI submissions for Wave 1 are due **Monday, October 15th, 2024 at 11:59 PM ET.**



Submissions received before the Wave 1 deadline will be prioritized for consideration for Wave 1.

EOI is available now!

**Wave 1:
30 projects**

Additional projects may be supported in Wave 1 based on resource availability.

Thank You!

<https://www.phinfrastructure.org/implementation-centers/>