

APHL – CDC Joint Committee on Public Health Laboratory Service Data

April 6, 2012

Meeting Summary

Purpose

- Finalize Committee Charter
- Identify short and long-term strategies to improve the sharing and collection of test service data between APHL, state and local public health laboratories, and CDC programs

Next Meeting: TBD

Attendees, in alphabetical order

<i>State and Local Representatives</i>	<i>CDC Participants</i>
X Christine Bean (New Hampshire)	X John Besser (CDC/OID/NCEZID)
X Grace Kubin (Texas)	X Roberta B. Carey (CDC/OID/NCEZID)
X Bonnie Rubin (Iowa)	X May Chu (CDC/OSELS/LSPPPPO)
X Karen Breckenridge (APHL)	X Michael Fanning (CDC/OPHPR/DSLRL)
X Deborah Kim (APHL)	X Greg J. Jones (CDC/OID/NCEZID)
	X John C. Ridderhof (CDC/OSELS/LSPPPPO)
	X Angela Stark (CDC/OID/NCHHSTP)

Meeting Minutes

Executive Summary

As a follow-up to the December 2011 consultation on test service data APHL and CDC convened a small group of APHL staff, CDC program staff, and public health lab (PHL) directors to make recommendations and help manage improvements to the current methods of collecting and sharing PHL test service data.

A key component of the Laboratory Efficiency Initiative (LEI) is the collection and access of data that has been and will continue to be collected regarding the state and local PHLs' capabilities, capacities, organizations, testing methodologies and services. This information is currently being collected by both APHL and CDC programs separately which can result in redundant requests and increased burdens on state and local public health laboratories. However, this information on testing capabilities is critical to guide program investments, serve as a baseline maintaining a sustainable public health infrastructure. This data is also essential for states and local entities when making decisions for changes in test services, surge or shared services scenarios.

During the meeting the group developed a number of key recommendations for next steps in the areas of data sharing agreements, utility of survey questions, broader use of the CDC OID laboratory inventory database, and the consolidating and sharing of existing data. In addition the group was formalized as a sub-committee of the APHL Knowledge Management Committee to give the group both substance and a governing system. This subcommittee will be responsible for making recommendations to both CDC programs and state and local PHLs. Each recommendation is outlined below.

Data sharing agreements: Investigate existing MOU's and data sharing agreements currently in use by PHLs and PulseNet users and contributors. Leverage these existing agreements to develop a framework of recommendations for a data sharing agreement between state and local PHL staff and appropriate CDC staff for sharing of test service data.

Survey Reports: Conduct an analysis on existing reports developed by CDC and APHL to identify which formats may serve as a good framework for PHL test service data. Create an outline of a potential

standard report for review by the committee.

Consolidating survey data: Investigate the potential to create a database instead of a spreadsheet to consolidate CDC and APHL test service data that can be shared with PHL directors and CDC staff. Determine what subset of this data can be distributed broadly to improve transparency at the state and local level. A first step may be to identify which questions and resulting responses PHLs at CDC and the state and local level find most important and distribute the information more broadly.

CDC OID laboratory inventory database: Adapt the OID Laboratory Inventory Database for use at state and local PHLs. Disseminate the database to state and local PHLs for internal management and to streamline survey responses. These state based databases would then offer the potential to import and export test service data to APHL and CDC rather than responding to as many surveys.

Meeting Minutes

- Preliminary Comments: Not all Public Health Laboratories (PHLs) are part of APHL which constitutes a gap in data collection efforts. However, APHL is making efforts to reach out to non-members. For example, some nonmember laboratories were included in a recent HIV survey conducted by APHL.

Office of Infectious Disease (OID) laboratory database and survey (presented by Roberta Carey)

- Introduction
 - Information was collected at the branch level as the branch chief usually has budgetary authority even if there is more than one laboratory in the branch
 - The Access database was emailed to each branch
 - Each branch received assistance in filling out the survey and the data was validated at the branch and division level
 - Additional funds have been set aside for improvements to the database in the future
 - Opportunities to interface with HL7 reporting are also being explored
 - A next step is to collect information that will allow development of a laboratory and test directory
- Feedback from users
 - There has not been much feedback from users as the database has only been released for thirty days and CDC OID laboratories are still refining how they will use the information.
 - One of the intentions of the survey was for it to be used by branches to consolidate the purchasing of preventative maintenance and service agreements
 - Additionally, it can be used during outbreaks of undetermined etiology to determine the subject matter experts needed for the investigation
- Can the OID system be extended to the state/local PHLs in order to share information between labs?
 - The APHL Survey Resource Center is a first step for sharing of data and could be used to share data similar to the OID system if it can be adapted for use outside of CDC.
 - State and local public health officials are looking for APHL to collect similar data from members so having states collect this data onsite with this type of database would support laboratory management and provide readily accessible information.

Joint APHL-CDC Subcommittee charter comments

- Drivers of this committee beyond budget considerations need to be identified
- CDC and other Federal laboratories are not captured in the description below
- Are there any additional stakeholders that should be brought onto the committee?
 - A local laboratory representative should be included
 - Some non-laboratorians (who use the data) should also be included. ASTHO and NACCHO would be good candidates as most PHLs are part of a public health department which fall under the purview of ASTHO and NACCHO
- The decision making process on the committee needs to be defined. If the committee is primarily advising, then it is important to understand where that advice is going
 - Roles and responsibilities need to be confirmed to ensure proper execution of the strategies developed by the committee
 - The intent of the committee and its members is to make recommendations for broader actions to CDC and APHL
 - Funding support for proposed activities may come from LEI funding in the FY13 budget or from programmatic support (e.g. PHEP)

APHL Survey Resource Center (SRC)

- The intent is that selected CDC personnel in addition to APHL member laboratory directors will have access to the SRC and the lab profiles it contains.
- All users will be required to sign a data sharing agreement so that data is not shared without appropriate permissions. Access will not be provided to non-APHL members, unless APHL determines that access should be granted. APHL will manage permissions and access to the SRC however decisions on who or what agency would be granted access still needs to be determined
- The PHL community is sensitive to the possibility that funding data could be misinterpreted by legislators (e.g., cost per test data is not calculated in a consistent manner from state to state)
- The SRC is state based, which limits the ability to export data by other geographical region parameters

Topic 1 - Identifying the Current Data Sharing Capabilities in APHL and CDC

- An overlap exists between information collected in the CDC databases and the APHL SRC and it is not clear how to realize synergies between the two systems. PHLs should not have to enter information twice
 - A possible solution could be a mutual site where PHLs enter information that both APHL and CDC can access data
 - Most CDC data will now be uploaded to the cloud which is a fundamental shift in how CDC historically treated its data
- The original intent of the SRC was to make survey data available to all members. Each member would go into the system and update their lab profile instead of APHL executing numerous surveys
 - Opportunities to change and add functionality to the SRC are available in an effort to ensure usefulness of the tool to its members
 - Data restrictions are in the system using a layering method. However, there appears to be a consensus that the test services directory should be available to members
 - Data sharing agreements will be an important component of the SRC

- The SRC has not been rolled out but APHL has conducted some demonstration sessions to get feedback from key users
- Data Sharing Agreements
 - It is still unclear who at CDC will have access to the data in the SRC
 - States and other users of PulseNet have to sign an MOU before using the system. A similar approach can be applied to accessing test service data from the SRC
 - A possible framework for a data sharing agreement would require that every user sign the agreement outlining that they cannot analyze, publish, present, share, or cite the data without permission
 - The current process for granting access to APHL's survey data from third parties involves a vote by the board. A need may exist for broader engagement and additional processes to be put in place. This current process assures that APHL can sign off on the final report that utilizes their data
 - Select individuals from CDC programs need access to the APHL database in order to realize the synergies of the two systems, i.e. reduce redundant surveys
- What data should be collected, shared, and restricted?
 - Understanding the testing portfolio of the states and the method used is important. In a shared services or surge capacity scenario states may want to partner with states that use similar methods
 - Actual test volume data can be misinterpreted, PHLs may be more interested in knowing a state's capacity rather than test volume
 - The rationale for sharing this data is to enable others to make the informed decisions regarding capacity
 - If access to the SRC is restricted to APHL members and a select group of CDC personnel then laboratory test volume and other sensitive data should be included in the SRC
 - Low volume tests that are deemed critical to the state must be supported
 - Funding data – state allocation and expenditures are already part of laboratory profiles and are also on many PHLs annual reports
 - The financial data is not currently broken down by activity
 - Collecting data by program is revealing because it shows the breakout of laboratory funding and epidemiologic funding
 - Transparency with the laboratory allocation of funds within the public health community is important to communicate

Topic 2: Future state design for the consolidation of APHL and CDC test service data

- What required processes and resources would be necessary?
 - Some test coding could be used to link APHL and CDC data or a common web interface developed that populates a shared database that both CDC and APHL can access
 - This Joint Committee should consider all data collection instruments at CDC, i.e. LRN, Cooperative Agreements, etc.
 - DSLR's performs database is one of the first electronic tools to capture grant performance information and may provide a good framework
 - An optimal solution would involve downloading the information straight from the state laboratories' system without the need to fill out a survey. Each laboratory has a different LIMS which makes this model difficult to develop

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- When responding to a survey, PHLs provide information from a variety of internal sources, e.g. test information from LIMS, financial from university ledger, etc.
 - Archiving of APHL surveys would help PHLs respond to current surveys more quickly with less of a burden
 - As CDC and APHL continue to collect data, the development of consistent definitions will be important, e.g. laboratories do not count tests in the same manner
- In an ideal future state PHL test service data would be maintained at the state level for their internal use and easily exported to CDC and/or APHL. Standard mechanisms to interpret and analyze the data through canned reports will also be useful at the SRC
- What agreements or processes would need to be put in place to share APHL's member and CDC's program data?
 - Some of this information is public and therefore agreements should not be necessary
 - This data unfortunately is collected and distributed in a very different formats; a possible standard format to report and distribute the data could be in a hard copy as in the Consolidated Annual Report(CAR)
 - A print version can be done through PDFs however a database version would be useful for deep dive reference
 - A database with some built in queries for the most used reports with the additional functionality of custom searches would be helpful
 - An analysis and inventory of current questions asked from the surveys, the data necessary to answer them, and the time required to respond would help justify a need for a database
 - Working towards consolidation of the data collected by APHL and CDC should be the first step to drive standardization, as opposed to developing standards first
 - Once consolidated, the aggregate data could be available to the outside world in a public domain, state by state data however should be restricted
 - Each state could have reports of its own data along with APHL and CDC
 - Centralizing the data and making it usable while not changing the mechanism by which it is collected is the first step
 - Surveys never have a 100% response rate however if they were more easy to use and it was easier to access and reference the data collected participation could increase
 - PHLs do not have robust systems to track the data they are queried for in their databases, making responding to the surveys very time consuming
 - Some PHLs have found that it often is almost a full-time job for a staff member to respond to surveys

Topic 3: Reducing Duplication of Data Collection Efforts

- Dr. Thacker was able to spend about 30 minutes with the group and posed the following questions and obtained the following responses
 - What are some of the barriers of providing interactive reporting of PHL data?
 - Any solution that requires more than a PDF will require informatics resources
 - What are some of the barriers to sharing collected PHL data?
 - Legal and "Turf" issues do not appear to be with sharing the data with PHLs and CDC but with where the data may be passed on from there. Without context, the data can be misinterpreted
 - How can we streamline how data is currently collected from APHL and CDC?
 - APHL created an informatics solution for food borne disease that connects various LIMS systems, pulls the information, and then aggregates their food borne data. This

may serve as a good example as a first step for collection of PHL test service data and possibly be used as a model

- Another preliminary step is to determine what are the 10 most useful survey questions and aggregate that data
- Is there a need for a uniform format to collect data?
 - Uniform data collection is not that difficult if it is kept simple, i.e. the Consolidated Annual Report. As the data collected becomes more specific, the print versions become less useful
 - Financial data collection is more difficult because date ranges are different depending on the fiscal years and grant years
 - Coding for tests would help in reporting and billing at the state and local PHL level
 - Public Health Surveillance Practice Office (PHSPO) coded many tests this year
 - A database from CDC that recommended codes for different activities and tests would be useful
 - Utilizing uniform codes in PHLs makes tracking more consistent in addition to simplifying the interfaces with the various LIMS systems
 - CPT coding is needed for billing

Final Comments

- The spreadsheet of CDC program data and APHL survey data developed for Dr. Frieden should continue to be leveraged and kept current until something better is developed
 - Efforts should be made to make this spreadsheet more available. It can be leveraged to help improve accountability with the states reporting and improve the use of the data by the CDC
- An inventory of all the surveys being implemented by APHL and CDC programs is an important data point
 - The APHL/CDC committees (e.g. TB, HIV, STD, Influenza) that address specific disease areas can be tasked to look at the surveys and identify areas of duplication and ideally agree on a uniform survey
 - These committee and programs can also help determine what is the most important information to collect from state and local PHLs

Recommendations for Next Steps

- Data sharing agreements
 - Investigate existing MOUs and data sharing agreements currently used by PHLs
 - Review PulseNet MOU's and user agreements to see if can be Data Sharing template
 - Conduct analysis and make recommendations for how data sharing agreements can be used to help streamline the survey process for providers and collectors of data
 - Develop recommendations report with committee input based on analysis
- Test codes
 - Identify current activities to develop and implement standard test codes in states and at CDC
 - Conduct a situation analysis of current coding efforts to identify:
 - Gaps in the list
 - Redundancies for potential code consolidation or uniformity
 - Revenue generating opportunities
 - Develop recommendation report with committee input based on findings

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- Survey Reports
 - Conduct analysis on existing reports developed by CDC and APHL
 - Identify what information would best be leveraged for a standard report
 - Create outline for standard report that would be used in print and pdf formats
 - Review outline with committee and confirm format
 - Identify next steps to create agreed upon report format populated with survey data
- Consolidating survey data
 - Investigate the possibility of consolidating data from all/most CDC and APHL survey and data collection instruments and reports into one database that can be made available to APHL members and into the report prepared for Dr. Frieden on APHL and CDC test service data
 - Investigate potential to create searchable Access database instead of spreadsheet to consolidate CDC and APHL test service data that can be shared with PHL directors and selected CDC staff
 - Investigate feasibility of creating an accessible inventory of all data collection instruments, surveys, and reports for APHL and CDC
 - Investigate ways to make this data more visible to improve accountability for the states and to demonstrate how CDC/APHL use the data
 - Create recommendations document with committee input based on findings from the above activities
 - Conduct process with committee and stakeholders to rank usefulness and importance of questions currently asked in surveys and create a list of most useful questions
 - Distribute responses to most useful questions more broadly
- OID laboratory inventory database
 - Adapt OID Laboratory Inventory Database for use at state and local PHLs
 - Disseminate to state and local PHLs for internal management and to create the potential for exporting data directly to APHL and CDC to reduce the burden of surveys/reports.