

CONNECTIONS™

a collaboration with All Kids Count

A quarterly update on **Connections**, a community of practice working to integrate child health information systems and programs.

FACE TO FACE, FIRST HAND

Connections held its first meeting June 5-6 in Atlanta, GA, to establish common ground among its members, many of whom were coming together for the first time. Visitors from the Maternal Child Health Bureau, Health Resources and Services Administration, which has information systems and program integration projects underway in many states, also attended to learn and share information.

At the quarterly meeting to be hosted by the Missouri Department of Health, October 29-30, 2001, Connections members will see the Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC) integration project first hand. Data quality will be the topic of discussion for the group and invited experts on the meeting's second day.

A COMMUNITY OF PRACTICE

Cultivating Knowledge About Child Health Information Systems

How is knowledge transferred? Organizations are learning that knowledge is best exchanged through peer-to-peer interaction among individuals who are informally bound together by shared expertise and passion for a joint enterprise – groups known as “communities of practice.” While technology can facilitate such exchange, personal interaction and shared experiences are its foundation.

Connections is a community of practice borne of the experience of All Kids Count, a program funded by The Robert Wood Johnson Foundation from 1992 to 2000 to foster development of immunization registries. One of the most important lessons learned from the registry experience was that public health practitioners involved in registry development placed high value on the role that All Kids Count played in bringing them together through meetings, conferences, phone

calls and workshops to share problems, progress and solutions. They credited much of their progress to their interaction with peers. As All Kids Count moved into its next phase, fostering development of integrated child health information systems, it formed Connections to cultivate the body of knowledge in this domain.

Approximately 25 public health practitioners – including program managers, information technology managers, project consultants, chief information officers and health department directors – currently participate in Connections. They represent eight local and state health programs with integrated information systems initiatives under way: Kansas Integrated Public Health System, Maryland Department of Health and Mental Hygiene, Michigan Department of Community Health, Missouri Department of Health, New York City Department of Health, Oregon Health Division, Rhode Island Department of Health and Utah Department of Health.



Presentations from the June 2001 Connections meeting and profiles of the Connections projects can be found on the All Kids Count web site:

www.allkidscount.org

Presentations are also available on CD-ROM from All Kids Count.

THE COMPLEX INTEGRATION LANDSCAPE

The landscape of health information systems integration is complex and studded with difficult issues. It also is optimistic.

Through presentations about the scope and status of their health information systems integration efforts, Connections members at the June 2001 Atlanta meeting presented a picture of projects on the up-slope of a steep curve. Still, all believe that integrating information systems and programs is possible; the challenges are principally political and programmatic, not technological, in nature. Although a few projects are already implemented, most are under development and a few are just beginning. Some programs are integrating just two systems; others are integrating multiple systems and programs across the spectrum of child health, as well as with Medicaid and adult health programs. The programs most frequently integrated are immunization registries, lead screening, newborn metabolic screening, newborn hearing screening and WIC.

Connections members comprise projects that are linking existing systems as well as some that are developing comprehensive integrated systems “from scratch.” Regardless of basic differences, all projects are grappling with issues of *record consolidation/de-duplication*, *confidentiality and security*, and *data sharing* across organizations within a state or city. *Funding* was not a major barrier to integrating systems, as most projects have multiple sources of funding. Many Connections members emphasized the need for *national standards of performance and data exchange*. There is also a need to demonstrate and communicate the *utility of integrated systems* to stakeholders to generate further financial and political support and more private sector participation. Maintaining *executive sponsorship* and *understanding* is essential. Connections members agree that *satisfied customers* are the best “salespersons” of integrated systems.

Importantly, it was noted that for the first time, *federal funding streams may be converging*, with multiple agencies funding similar programs.

Finding Common Ground

In addition to letting Connections members learn about their common ground and their differences, the presentations touched off lively discussions about specific features of system infrastructure and architecture; specific software products and technical tools; end-user expectations; stakeholder involvement and education; data sharing; and managerial challenges.

All projects share the common goals of *improving health through better data* and *reducing any cost and time burdens* on providers. *Partnerships and collaboration* are believed to be essential, as is the need for *end-user involvement* in all states of planning, implementation and evaluation of integrated systems.

Surfacing Hot Topics

From the discussion of common themes also emerged hot topics – common problems/issues that are present or potential obstacles, and about which projects want more information and assistance. Hot topics that will be pursued at future Connections meetings included:

- How can technology be transferred from one state/city to another?
- How can data quality be maintained while integrating systems?
- What metrics should be used for evaluating integrated systems?
- How can hospital data be integrated with public health data?
- How can outpatient claims (billing) data be used without sacrificing quality?

Are We Integrating or Linking?

Philosophy, etymology and technology played into the group's discussion of the meanings of "integration" and "linkage" of information systems. It was generally agreed that an integrated child health information system consolidates the data about multiple health care services a child receives into information useful to the child's medical home provider and to public health authorities. Such systems should be accessible through a convenient point of access, ensure optimal health care service delivery and follow-up and support population health assessment. How that happens is less important.

More specifically, the consensus was that different functional definitions derive from the purpose and use of the information, technical requirements and tools of the developers, the service delivery perspectives of public health practitioners and clinical providers. It is clear that different vocabularies need to be developed to engage stakeholders at all levels of government, within health departments and with different healthcare delivery models. The choice of words must be sensitive to diverse concerns of special needs and culturally diverse communities and the public.

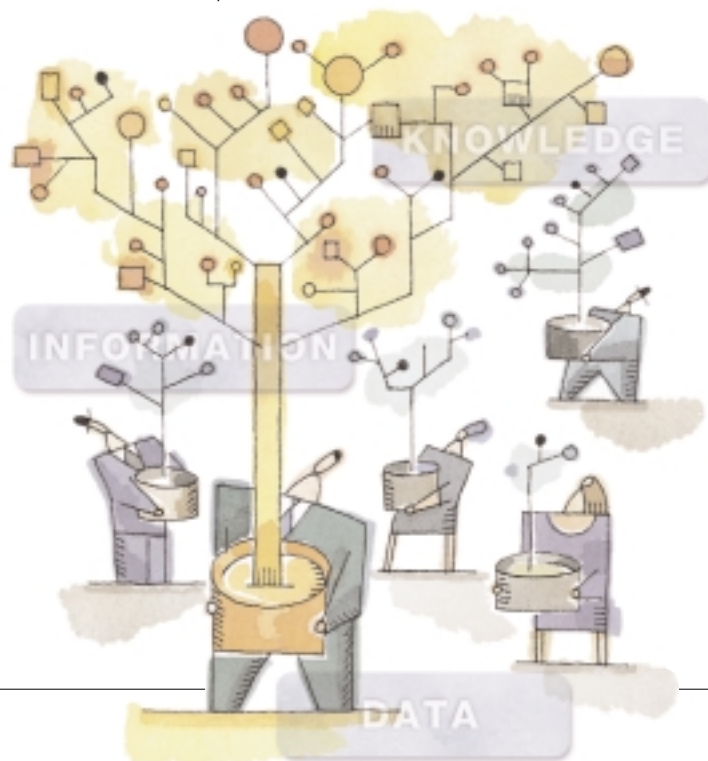
All Kids Count and Connections members will co-author a document to inform the public health community on this subject.

"In Our Wildest Dreams, Connections Will ..."

Connections members completed this sentence with their aspirations for the collaboration with All Kids Count.

Connections will:

- Be a model of collaboration.
- Demonstrate the health benefits and the financial/business case for integrated health information systems, explain and communicate the vision to federal agencies, funding organizations and other stakeholders.
- Provide leadership and coherence among agencies regarding information systems initiatives.
- Help launch integration projects and provide a body of knowledge to inform these projects.
- Increase understanding of the importance of infrastructure and help make health information systems a national priority.



Connections Members Attending the June 2001 Meeting

Kansas Integrated Public Health System

Pete Kitch, *Director*
Larry Garrett, *Staff Epidemiologist*

Maryland Department of Health and Mental Hygiene

Leesa Shem-Tov, *Consultant*
Prahald Pateel, *Technical Consultant*

Michigan Department of Community Health

Bob Swanson, *Division of Immunization*
Therese Hoyle, *MICR Coordinator*

Missouri Department of Health, Center for Health Information Management & Evaluation

Garland Land, *Director*
Nancy Hoffman, *Deputy Director*

New York City Department of Health

Deborah J. Walker, *Citywide Immunization Registry (CIR)*
Paul Schaeffer, *CIR-LeadQuest Integration Project*
Noam Arzt, *HLN Consulting, LLC*

Oregon Health Division

Barbara Canavan, *Director, Oregon Immunization ALERT*

Rhode Island Department of Health

William Hollinshead, *Medical Director, Division of Family Health*
Amy Zimmerman, *Chief, Children's Preventive Services*
Lenny Green, *Chief of Vital Records*

Utah Department of Health

Rhoda Nicholas, *Chief Information Systems Officer*
Don Gabriele, *IT Project Manager*
Stephen Clyde, *Associate Professor of Computer Science, Utah State University*

Consultants

Roy Ing, *Medical Epidemiologist*
Sue Salkowitz, *Salkowitz and Associates, LLC*

All Kids Count/Center for Innovation in Health Information Systems

Alan Hinman, *Principal Investigator*
Dave Ross, *Director*
Ellen Wild, *Manager of Program Operations*
Terry Hastings, *Communications Director*
Lorrie Alvin, *Communications Specialist*
Patricia Richmond, *Program Associate*
Gracie Saddler, *Program Administrative Assistant*

Connections is a collaboration with All Kids Count, a program of The Center for Innovation in Health Information Systems.

Their mutual goal is to foster development of integrated child health information systems and programs. The Center for Innovation is committed to improving the health of individuals and communities, especially children, through strategic application and management of information technology.

The Center for Innovation is a component of The Task Force for Child Survival and Development, a non-profit organization based in Atlanta, GA. Since 1984, the Task Force has worked to improve health and human development around the world.

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Kristin N. Saarlax, Deputy Director

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www.centerforinnovation.org
www.allkidscount.org



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The Sound Of CONNECTIONS

At the June Connections meeting, Don Gabriele, IT Project Manager for Utah's integration project, Child Health Advanced Record Management (CHARM), learned that the New York City project had a similar approach and technical solutions – integrating data across programs while maintaining independent program information systems – to those that Utah was developing. CHARM will integrate seven UDOH child health programs. NYC is integrating the Lead Poisoning and Prevention Program registry, LeadQuest, and the Citywide Immunization Registry as the first step in creating a comprehensive citywide child health registry. Utah was especially interested in NYC's process for selecting its middle-tier technology, the software connecting the programs and integrated database.

With Deborah Walker, NYC integration project manager, he planned a two-day visit to NYC. "The NYC staff had completed their technology evaluations and were beginning implementation. We felt that we could learn from the evaluations they had completed, and potentially, avoid duplication of effort," says Don.

Utah also hoped to learn about the NYC approach to project management.

Less than a month later, Utah staff members Don and Stephen Clyde visited the NYC project. In addition to learning about NYC's middle-tier technology, they attended a project coordination meeting with all programs' staff and vendors, and learned about NYC's approach to project management, project resources and staffing. They learned about NYC's geo-code address cleaning module and Master Child Index (MCI). They met with immunization program staff to investigate modifications that would be made to the immunization registry and lead screening software to support the integration project. "We brought home many new ideas to consider," says Don.

Although the timetable for the NYC integration project is ahead of Utah's, NYC staff also learned from the visit. "They are bringing innovative approaches to a similar project," says Deborah. The NYC staff hopes to visit the Utah project in the months ahead.

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Address correction requested