

Lessons Learned: How Broad and  
How Collaborative?

When planning and developing your EHR-based surveillance or program evaluation effort, you may face the difficult choice between taking a singular, narrow focus for short-term results, or taking the longer-term approach and laying a broader, deeper foundation that can more readily support future expansions. An old maxim advises, “Plan broadly and implement incrementally.” But how broad and how incremental? Answering these questions can be challenging, especially if working with a variety of community partners.

Public health agencies certainly are familiar with the tension between needing to show short-term, immediate results, particularly to a funder, and taking a long view of building broad partnerships and infrastructure. The benefits of staying focused often seem more compelling when under the pressure to “go live.” However, the practical experiences of collaborative surveillance projects such as Colorado Health Observations Regional Data Service (CHORDS) and MDPHNet in Massachusetts highlight the advantages of building a broader foundation.

### Leverage existing data exchange projects

Projects that take a more collaborative approach to surveillance often discover other successful data exchange projects in their community. Such projects can provide valuable insights and information on everything from effective governance models and data sharing agreements to existing data exchange networks, analyses, visualization tools and experience. Leveraging such experiences helps partners accept a new initiative, avoid past mistakes, ease legal review and even enable cost sharing.

When trying to build a network of data sharing partners, strongly consider leveraging existing networks. Don’t re-create systems and relationships that others have already built; instead develop the value case for why you, a public health entity, bring value to the table and to the community.

In addition, for an existing network and its members to likely be partners, they must have compelling (and quite specific) reasons for partnering with you. These may include having missions and interests that match those of your agency and program and having a genuine interest and commitment to population health improvement, even if only for the population of their patient panel. Or their interests may be in satisfying public health reporting requirements in a more efficient, less costly way that reduces the burden on their clinical or IT staff.

### Promote a long-term vision, implement incrementally

Both CHORDS and MDPHNet developed and promoted a long-term vision that gained buy-in from others but built out its infrastructure and capabilities step by step, as resources, interest, bandwidth and perceived value allowed. By taking this incremental approach, CHORDS demonstrated to its clinical partners that implementation costs decreased as they added successive capabilities—and value—to their surveillance program.

While taking the short-term, focused approach to launching a new program may reward you with faster progress in the early planning phases, the speed of implementation of these “silo” programs may slow considerably if you are not leveraging existing networks or capabilities. Such programs may end up costing more in the long run because the systems that you create independent of each other don’t connect, undermining the mutual benefits these programs could gain from sharing their data or even software tools.



## Supplemental Information

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#### General lessons learned

Projects such as CHORDS and MDPHNet offer simple but powerful lessons for other projects:

- Pursue a patient but relentless approach to developing your programs, systems and partnerships
- Achieve what is doable at each step
- Build trust with your community partners
- Establish a working technical product
- Pick the right partners whose missions and interests align with yours
- Use EHR data to both conduct surveillance and to examine the effectiveness of programs and policies

The old African proverb states, “If you want to travel fast, travel alone. If you want to travel far, go together.” Although in public health we often feel we have no choice but to travel fast, we need to remember that public health is at its best when we travel together.