Joint Commission on Public Health
Data Assessment Advisors Committee
February 9th, 2018
1:00 – 2:15 PM
Conference Call

Attendees:
Becki Moore (Office of Management and Enterprise Services)
David Kendrick (University of Oklahoma, MyHealth Access Network)
Kelly VanBuskirk (Tulsa Health Department)
Derek Pate (Oklahoma State Department of Health)
Megan Holderness (Oklahoma City County Health Department)

Handouts:
Agenda, Minutes from 01/26/18

----- Agenda Topics -----

1. Welcome & Approval of Minutes

- The purpose of this conference call will be to finish recommendations that will be sent to the Joint Commission on Public Health and update on projects.
- The minutes from the last conference call on January 26th were e-mailed to the group for review. Dr. Kendrick asked for clarification regarding the 3.7 million dollars reference in the minutes. Per Ms. Moore, this is money they asked for in advance for staffing. Since they are not able to use it at this time, they are requesting to shift these funds to cover other costs. They are awaiting approval. She is unsure how much of this money has already been spent but guesses around 2.5-3 million.
- The minutes were approved as presented without correction.

2. Review Presentation to JC

- Dr. Kendrick believes this group has made great progress in our mandate. He reported this progress to the Joint Commission at the last meeting which included a Power Point presentation. He has been providing our recommendations all along but the official recommendations are due February 12th.

3. Status Update on High Priority Activities and Longer Term Items

- A project manager has been assigned but meetings with them are not yet scheduled. They are still reviewing the documents.
- The death records issue was resolved at the last conference call. Both Ms. Holderness and Ms. VanBuskirk received the information from Mr. Pate. The exchange will continue on a monthly basis.
- Dr. Kendrick looked into pricing ($12,000 per month) for a service to monitor death records. Since State already has a data exchange set up, they do not need this. This would primarily be used for Healthy Oklahoma. In MyHealth, they currently have a conflict in their data regarding one zip code. Their data is showing there is more people in one area than people actually live. Dr. Kendrick asked the group if this
discrepancy could be due to the absence of death records.

- Regarding the 90/10 funds, the meeting was cancelled. They were not able to get a CMF number in time. They are still waiting for approval. Once they do, they will re-schedule the meeting. It usually takes about 4 weeks for the requests to be reviewed. Ms. Moore will let Dr. Kendrick know when this occurs.

- API’s – At this time, they are pulling data down only. It is currently incomplete. It will not be possible to finish until they get the Project Manager. They do have a plan in place to show for March 1st.

- PHIDDO/PHOCIS/OSIIS Interface – There is currently no API set up for PHIDDO right now. It is still in the planning stage. We need to see what variables need to be represented in the EHR that addresses the needs of both City-County Health Departments. Once the Project Manager is on board, they hope to have the initial meeting and SOW by March 1st. The implementation guide for OSIIS has been shared with Mr. Singleton but they are not sure when it will be completed. They plan on OSIIS being completed first.

- The group still agrees that the need for a statewide Public Health EHR is a long term goal that Dr. Kendrick will add to his slide as a recommendation. Also, we will need the continued support of the Statewide Interoperability Project. The consultant has been selected and the kick off meeting will be at OMES on February 12th.

- HIE - The eMPI needs to be discussed in the recommendations, especially regarding how to handle it and the unique identifier. There are currently 60 million records and 16 million unique identifiers. Also, data assessment should be added. It is currently being conducted annually. It would be nice to have county level and zip code level data feeding into the HIE more frequently but right now that is a couple of years out. When comparing to large systems, it takes a significant amount of time to compare. One example is the cancer registry. They just completed 2015 and are currently working on 2016. We might want to consider electronic case reporting that is more real time surveillance.

4. Next meeting

- Conference calls will be scheduled in the gap weeks between Joint Commission meetings. Dr. Kendrick will circulate the information to the group.