

**The Ohio Public Health Informatics Committee
(TOPHIC)
March 21, 2013 Meeting Minutes**

Members Present	Affiliation	Members Absent	Affiliation
Jim Coates	Cuyahoga Co Health Dept	Amy Andres	Ohio Hospital Association
Steve Englender	Cincinnati Health District	Bill Burkhart	Public Health –Dayton & Montgomery County
Kelly Friar	ODH – Vital Statistics	Sam Chapman	ODH – Bureau Child and Maternal Health
Greg Halley	Wayne Co Gen Health Dist	Ron Clinger	Defiance Co Health Dept
Bruce Hotte	ODH – Office Mgmt Inf Sys	Joe Ebel	Licking Co Health Dept
Eddie Mink	Summit County Health Dist	Doug Fisher	Hocking County Health Dist
Joe Mazzola	ODH – Local Health	Brian Fowler	ODH - Prevention
Richard Mukisa	ODH- Prevention	Tim Hollinger	Huron Co Health Dept
Tim Sahr	OSU	Melissa Novits	Youngstown City Health Dept
Chris Snyder	Clark Co Health Dist	Gene Phillips	ODH – ODH – Env Health
		Raymond Romero	Lorain County Health Dept
		Pete Shade	Erie Co Health Dept
		Tim Snell	Lake Co Gen Health Dist
		Jeff Webb	Champaign Co Health Dept
		Roger Wren	Delaware Gen Health Dist

Note: Some material contained in these minutes may not be subject to public disclosure – You should consult with legal counsel and ODH before responding to any public requests for these minutes. This information is for Public Health information ONLY.

1. WELCOME

Bruce Hotte and Jim Coates called the meeting to order at 9:30 a.m. Bruce and Jim welcomed everyone to the meeting. Eddie Mink was introduced and welcomed as a new committee member.

2. CONSENSUS AGENDA.

- a) There were no items submitted for the consent agenda.

3. ATTENDANCE

- a) Attendance continues to be an issue with only 10 of 25 members present. Only 3 of the 15 absent members notified Jim or Bruce.
- b) If you are no longer able to serve on this committee, please let Bruce or Jim know so other members can be selected.

4. ODH STRATEGIC PLAN

- a) Kelly Friar presented the status of the Technology and Data Focus Area of the ODH Strategic Plan. ODH continues to monitor the status of each strategic area on an internal SharePoint site and with ODH leadership monthly.

5. IMMUNIZATION UPDATE

- a) Brian Napier reviewed major milestones for ImpactSIIS in 2012, highlighted plans for 2013, and explained the planned fix for practices that identify multiple products with the same lot number.
- b) Members of the committee expressed support for allowing consumers to access their own records through queries from their EHR patient portals or through a website that ODH would stand up.

6. Informatics Update

- a) NACCHO Video
 - i. The National Association of County and City Health Officials (NACCHO) extended an invitation to produce a video capturing the work of TOPHIC meetings and member's collaboration. The video would be similar to the format NACCHO had for the Boston Public Health Commission video on Syndromic Surveillance. The Boston video can be found at <http://www.youtube.com/watch?v=tKyYr7eNEVo>
 - ii. To facilitate something like this, NACCHO will be bringing a professional videographer, planning will be done with you and your staff around the story we want to tell, and then a site visit will occur for 1 to 1.5 days to work with you and your staff. They'll capture interviews and aspects of the work the committee is doing. Also it will take NACCHO some time to edit the video and get the final product to a point that makes everyone happy. NACCHO's deadline is July – so they'd like to be onsite with you and your staff in May if that is possible. Of course they are willing to be flexible – starting as early as April (as it will take some time to get our contracts in place) and going as late as early June.

Note: Some material contained in these minutes may not be subject to public disclosure – You should consult with legal counsel and ODH before responding to any public requests for these minutes. This information is for Public Health information ONLY.

- iii. NACCHO is planning on arriving in Columbus from D.C. on Wednesday June 19 through Friday, June 21, 2013, to film our TOPHIC meeting on June 20th and craft the “story” of TOHPIC, through background narration on the history of TOPHIC and the TOPHIC strategic plan and “testimonials.”
- iv. The filming is a great opportunity to highlight the collaborative dynamic of TOPHIC members, Ohio’s local and state public health information technologists/IT personnel, who guide planning to use technology and information sharing to improve the health of Ohioans.

b) HIMSS Conference

- i. Earlier this month Jim Coates had to opportunity to attend the Healthcare Information and Management Systems Society (HIMSS) Annual meeting. During the meeting Jim learned that HIMSS has plans to open an Innovation Center in Cleveland. A large part of the Innovation Center will include a year round Interoperability Showcase, where vendors can demonstrate their products ability to be interoperable based on integrating the Healthcare Enterprise (IHE) standards. More information can be found at <http://himss.newshq.businesswire.com/press-release/himss/himss-innovation-center-advances-interoperability>.
- ii. Additionally Jim was invited to attend a meeting between HIMSS and NACCHO to discuss the development of a toolkit for Health Information Exchange (HIE) and Public Health. The intent of the toolkit could include guidance for both HIEs and LHDs on what they need to know/do to build partnerships with one another. Jim will update the group on the progress of the toolkit development.

7. EHR AND HIE STATUS UPDATE

- a) The attached slide (Hospital Implementation Progress.pdf) gives an overview of the number of facilities connected (or about to connect) to CliniSync. All of the hospitals in the HealthBridge region are connected to HealthBridge.
- b) Stage 2 Meaningful Use (MU): ODH is in the process of developing a Stage 2 MU policy. Stage 2 MU includes electronic laboratory reporting, immunization registry, and syndromic surveillance as core (required) measures. Menu (optional) measures include cancer reporting and specialized registries. ODH is involved in a national workgroup to provide guidance on what types of registries will count for the specialized registry category. Our policy will be announced on or before June 30, 2013.
- c) Ohio Public Health Information Gateway (OPHIG): OPHIG is ODH’s connection to the HIEs and providers. The project is on-schedule for completion by the end of June. Please see the PowerPoint distributed with the minutes from the last TOPHIC meeting for more details.

8. ENVIRONMENTAL HEALTH

- a) Donica Cheatham provided an update on the Environmental Health Data System Integration (EHDSI) project.
- b) January 18th and February 26, ODH held stakeholder meetings to discuss the progress of the EHDSI project.

Note: Some material contained in these minutes may not be subject to public disclosure – You should consult with legal counsel and ODH before responding to any public requests for these minutes. This information is for Public Health information ONLY.

- c) March 1, ODH held a Health District Information Software (HDIS) users meeting to give those Ohio users a chance to hear about such topics as the EHDSI opportunity, conversion to HealthSpace experience from former HDIS users, hardware requirements, user licenses and new data exporting efforts within HDIS for historical importing into EHDSI solution.
- d) March 4, HealthSpace kicked off UAT of the customized EHDSI solution for the core stakeholders. HealthSpace sent import templates to core stakeholders to begin their importing of historical data into EHDSI solution. CBOSS Inc. (ePay services vendor selected) is negotiating legal user agreement documents with DAS legal. Once documents are finalized and the PO for CBOSS' services is approved, ePay services will be announced as an option that will be incorporated in HealthSpace's EHDSI solution.

9. DATA WAREHOUSE UPDATE

- a) Kelly Friar reported on the progress of the Ohio Public Health Information Warehouse. She shared that the application development will be finalized by June 30, 2013. At that point, the application will be final and will include dynamic generation of data sets, mapping, reporting and graphing functions that can be applied to various data sets contained in the secure warehouse. To print a map, secure users will need to use the "snip it" function. Secure users currently have access to birth and cancer data sets. Public health staff that need access to warehoused data sets must contact the DataCenter@odh.ohio.gov to receive access via ODH application gateway. Data confidentiality and disclosure limitations apply. User names and passwords may not be shared. Down loaded data files may not be shared with other potential users. Data is subject to small cell disclosure limitations. All requests for access to data must come to the DataCenter@odh.ohio.gov directly.
- b) ODH plans to add four more data sets to the warehouse by December 2013, and an additional 4 by December 2014.

10. Ohio 2012 Medicaid Assessment Survey

- a) Tim Sahr provided a detailed briefing on the results of the Ohio 2012 Medicaid Assessment Survey (OMAS).
- b) The 2012 Ohio Medicaid Assessment Survey (OMAS) (formerly the Ohio Family Health Survey) emphasized the rate of uninsurance, poverty, those not working, usual source of health care, self-rated health status, indicators of medical home participation, smoking, drinking, inappropriate prescription medication use, and chronic disease diagnoses. The summary noted that uninsurance has slightly declined, poor-to-fair self-rated health status has gotten slightly worse, obesity has gotten slightly worse for woman, but a little better for men, smoking continues its gradual increase, as does binge drinking, and that health care utilization has gotten more difficult for those at or below 200% of the Federal Poverty Level. Comparative analyses to the 2010 and 2008 Ohio Family Health Surveys is underway and all 2012 OMAS analysis results will be available at the Ohio Colleges of Medicine Government Resource Center's website, as they become available (<http://grc.osu.edu/omas>).

11. NEXT MEETING

The next TOPHIC meeting will be on April 18, 2013.

Meeting Dates for 2013

Note: Some material contained in these minutes may not be subject to public disclosure – You should consult with legal counsel and ODH before responding to any public requests for these minutes. This information is for Public Health information ONLY.

1. April 18, 2013
2. May 16, 2013
3. June 20, 2013
4. July 18, 2013
5. August 15, 2013
6. September 19, 2013
7. October 17, 2013
8. November 21, 2013
9. No December meeting – Happy Holidays

LINKS AND ATTACHMENTS			
Source	Attachment	Topic/Type	How to Access It
Brian Napier	ImpactSIIS TOPHC	PDF	ImpactSIIS TOPHC.PDF
Brian Fowler	Hospital Implementation Progress	PDF	Hospital Implementation Progress.pdf
Kelly Friar	EDW Timeline	PDF	EDW Timeline 03-06-2013.PDF
Kelly Friar	EDW Application Release Timeline	JPG	EDW_Application Release Timeline 03-08-2013.JPG
Tim Sahr	OMAS Presentation	PDF	OMAS Presentation ODH 03-21-2013.pdf

Note: Some material contained in these minutes may not be subject to public disclosure – You should consult with legal counsel and ODH before responding to any public requests for these minutes. This information is for Public Health information ONLY.

2012 Ohio Medicaid Assessment Survey

Key Findings Concerning Ohio's Current Health Landscape and Medicaid Expansion

Ohio Department of Health Data Committee

March 21, 2013

The Ohio Colleges of Medicine Government Resource Center





2012 Ohio Medicaid Assessment Overview

Amy Ferketich

**Associate Professor, Division of Epidemiology, Ohio State
University College of Public Health**

Timothy R. Sahr

Director of Research and Analysis

The Ohio Colleges of Medicine Government Resource Center



Background, Methods and Overview

What is the Ohio Medicaid Assessment Survey?

- **The Ohio Medicaid Assessment Survey (OMAS) is a random-digit-dial telephone survey designed to measure the health system experiences of Ohioans.**
- **OMAS provides data supporting policy making and strategy development for the efficient and effective operation of Ohio's Medicaid program.**
- **OMAS is the key research dataset for estimates of insurance rates, access to health care, health status, health risks and poverty of children and adults in Ohio.**

OMAS Survey Summary

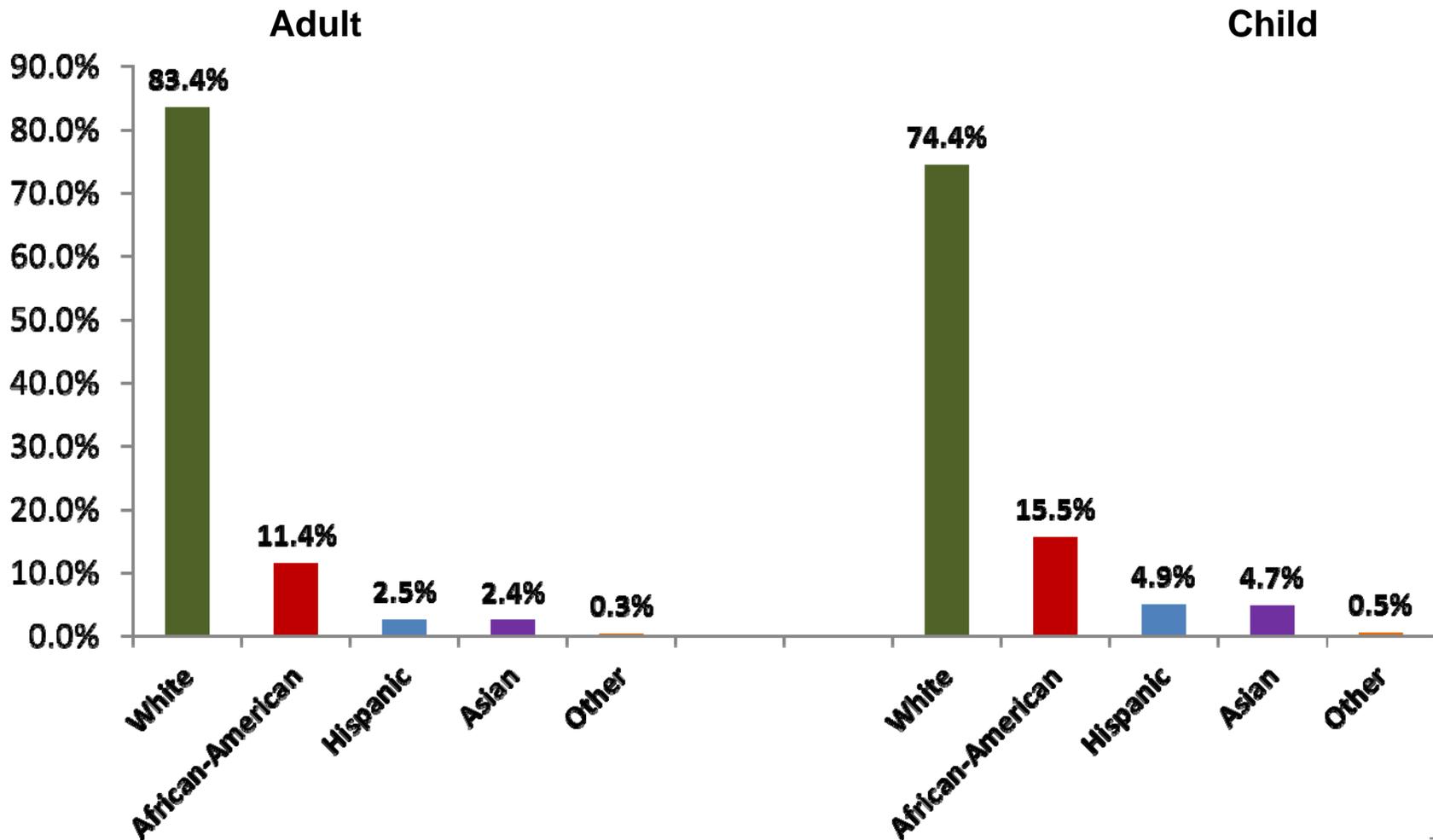
- **OMAS questions primarily used are existing, validated items.**
- **Some Ohio-specific questions were developed and cognitively tested and then tested in a pilot study of 200 respondents.**
- **Administration method was a landline and cell phone telephone survey.**
- **The survey vendor was RTI International.**
- **The data collection period was from late May to early October 2012**
- **Interviews were conducted in English and in Spanish.**
- **Institutional Review Board (IRB)**

OMAS Interview Summary

- **2012 OMAS Field Activities**
 - **Landline Interviews**
 - 17,414 Interviews (77% of sample)
 - **Cell Phone Interviews**
 - 5,198 Interviews (23% of sample)
 - **Final Sample Size**
 - 22,929 Adult Interviews (19 & older)
 - 5,515 Child Interviews (0 – 18 years)
 - Child interview is completed by an adult proxy

Adult and Child Race/Ethnicity

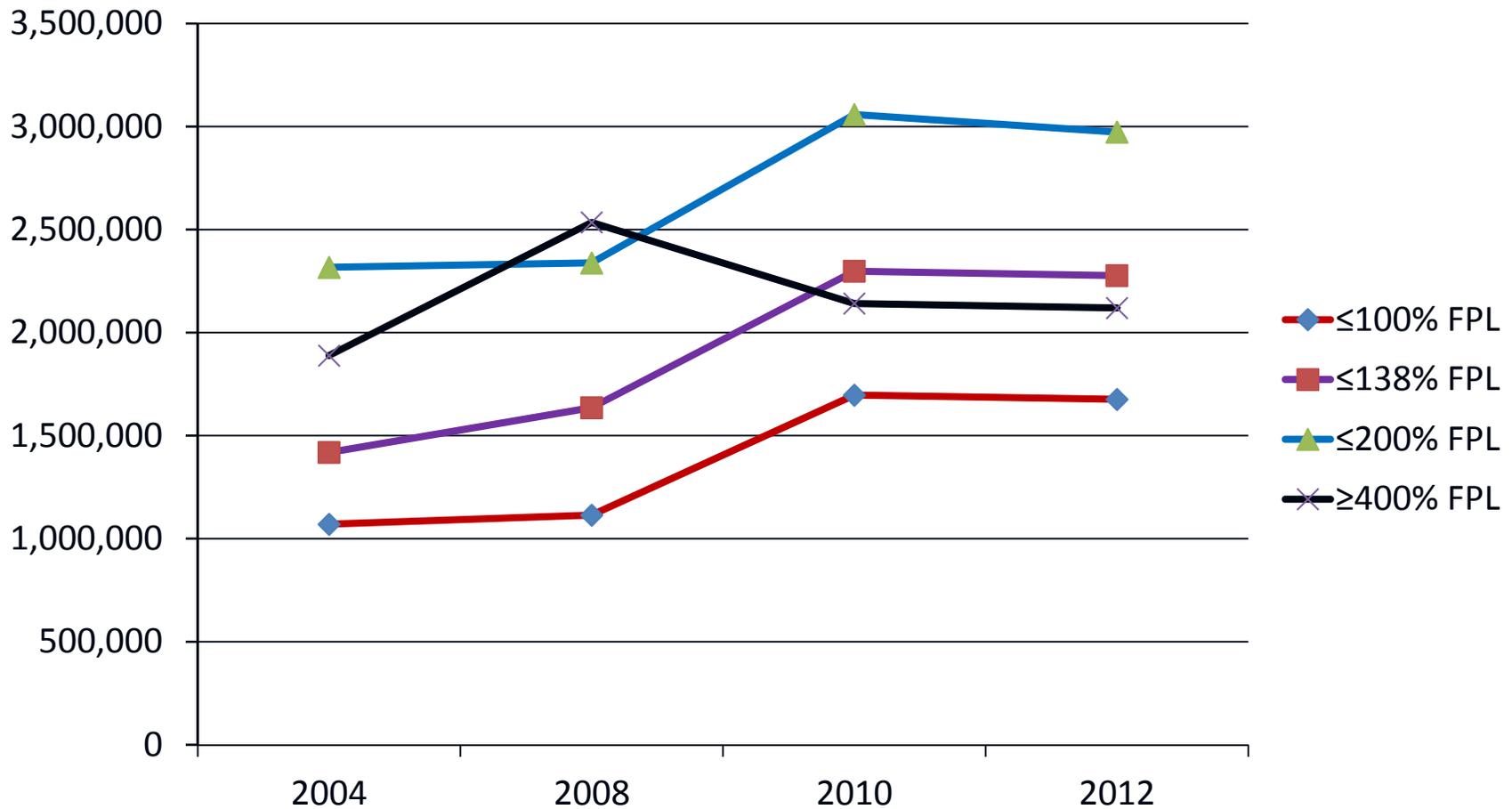
Weighted Distribution, Ohio



*Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.

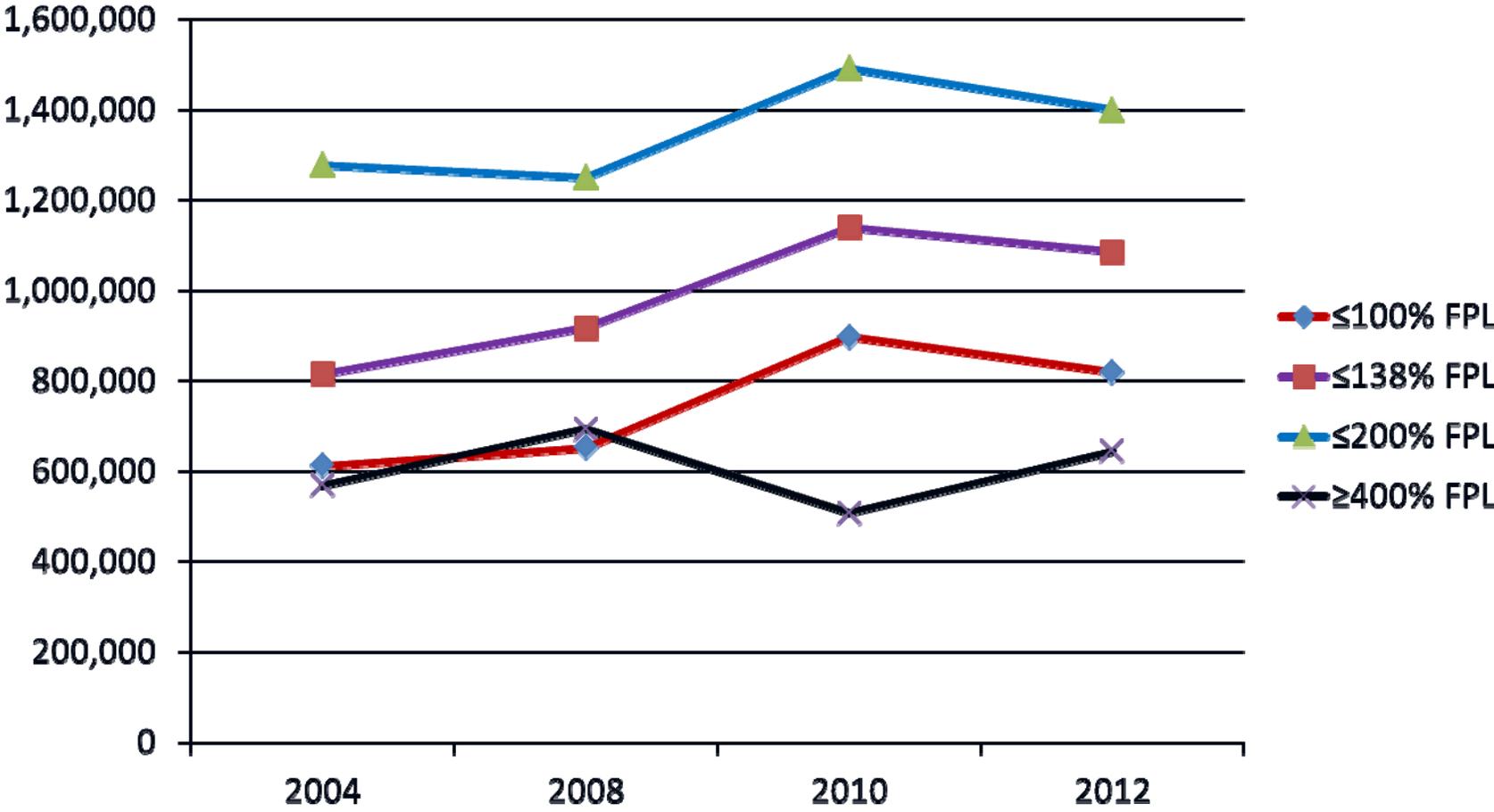
Federal Poverty Levels, Adults (19-64 Years)

by 100%, 138%, 200% and 400% FPL



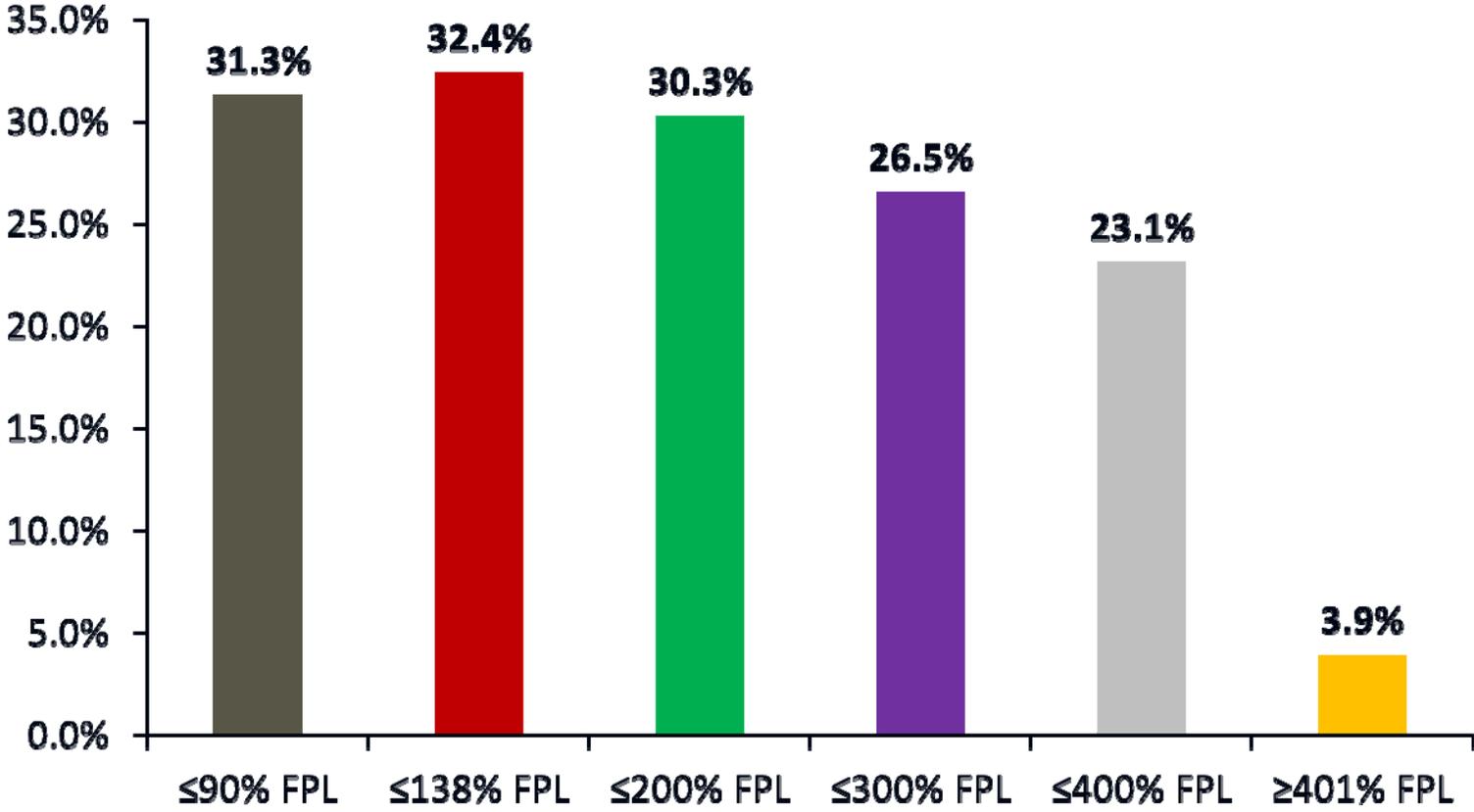
*Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.

Federal Poverty Levels, Children (0-17 Years) by 100%, 138%, 200% and 400% FPL



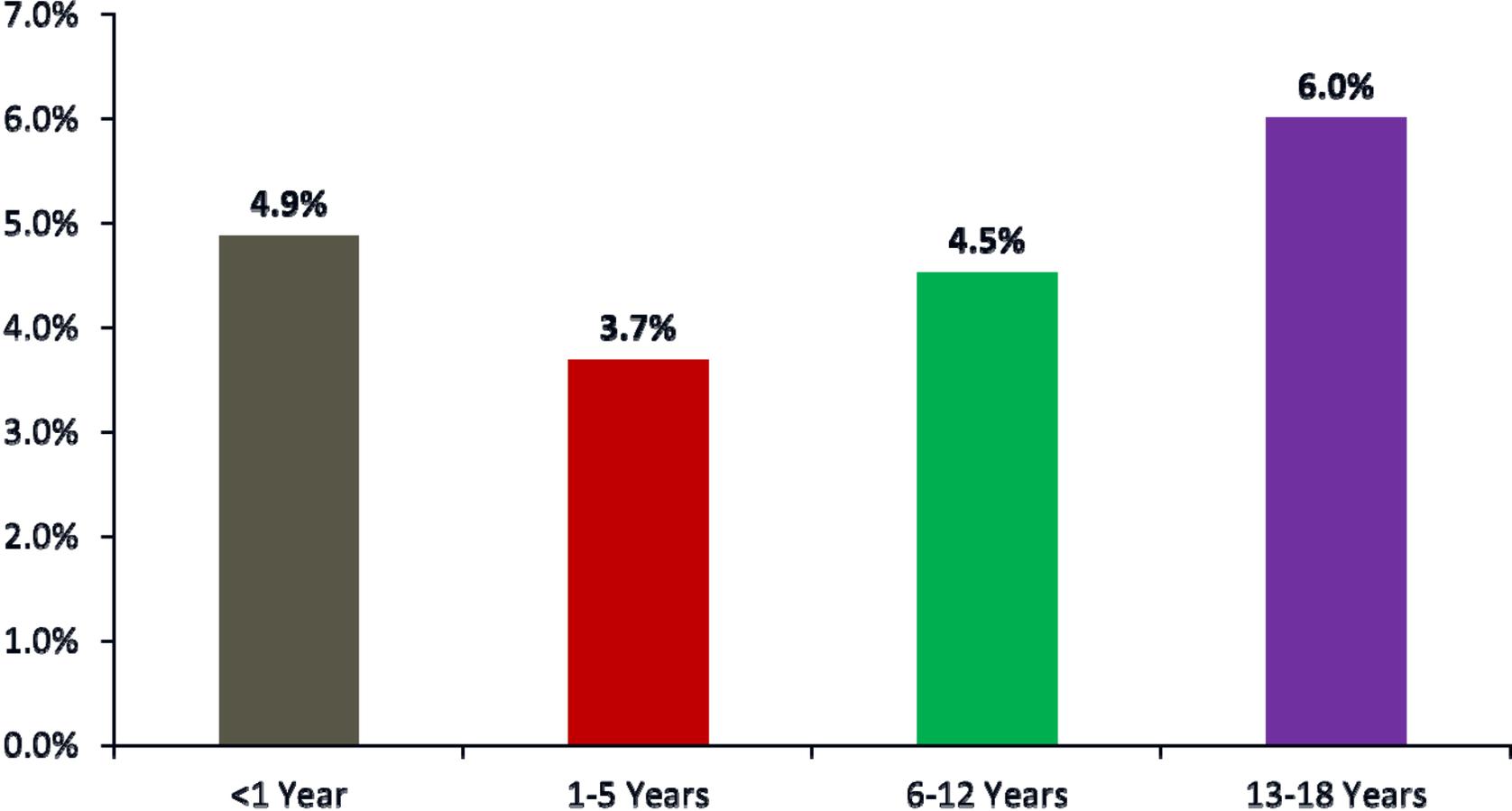
*Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.

Uninsured Adults (19 – 64 Years) by Poverty Categories



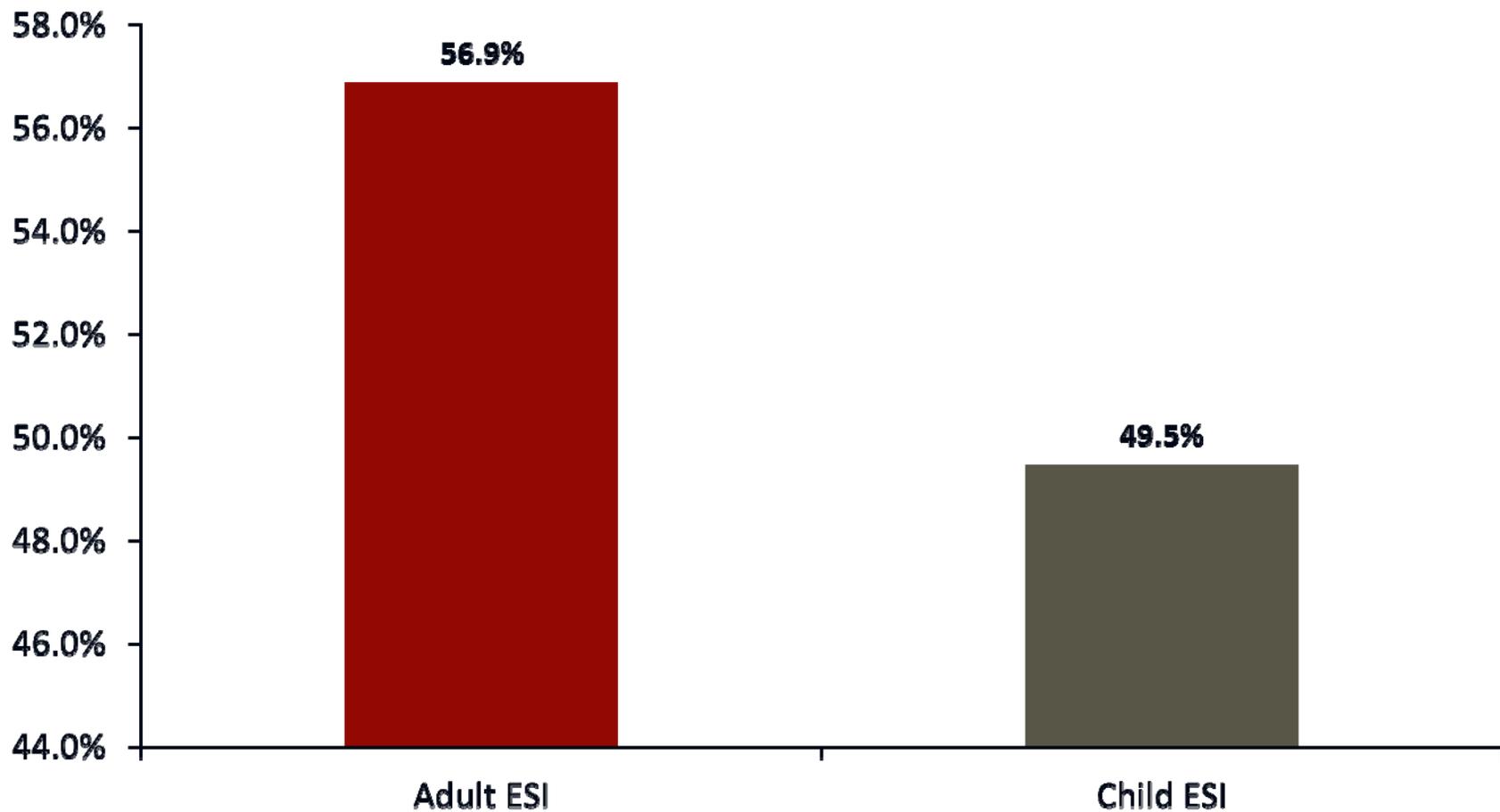
**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Uninsured Children (0 – 18 Years) by Age Categories



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

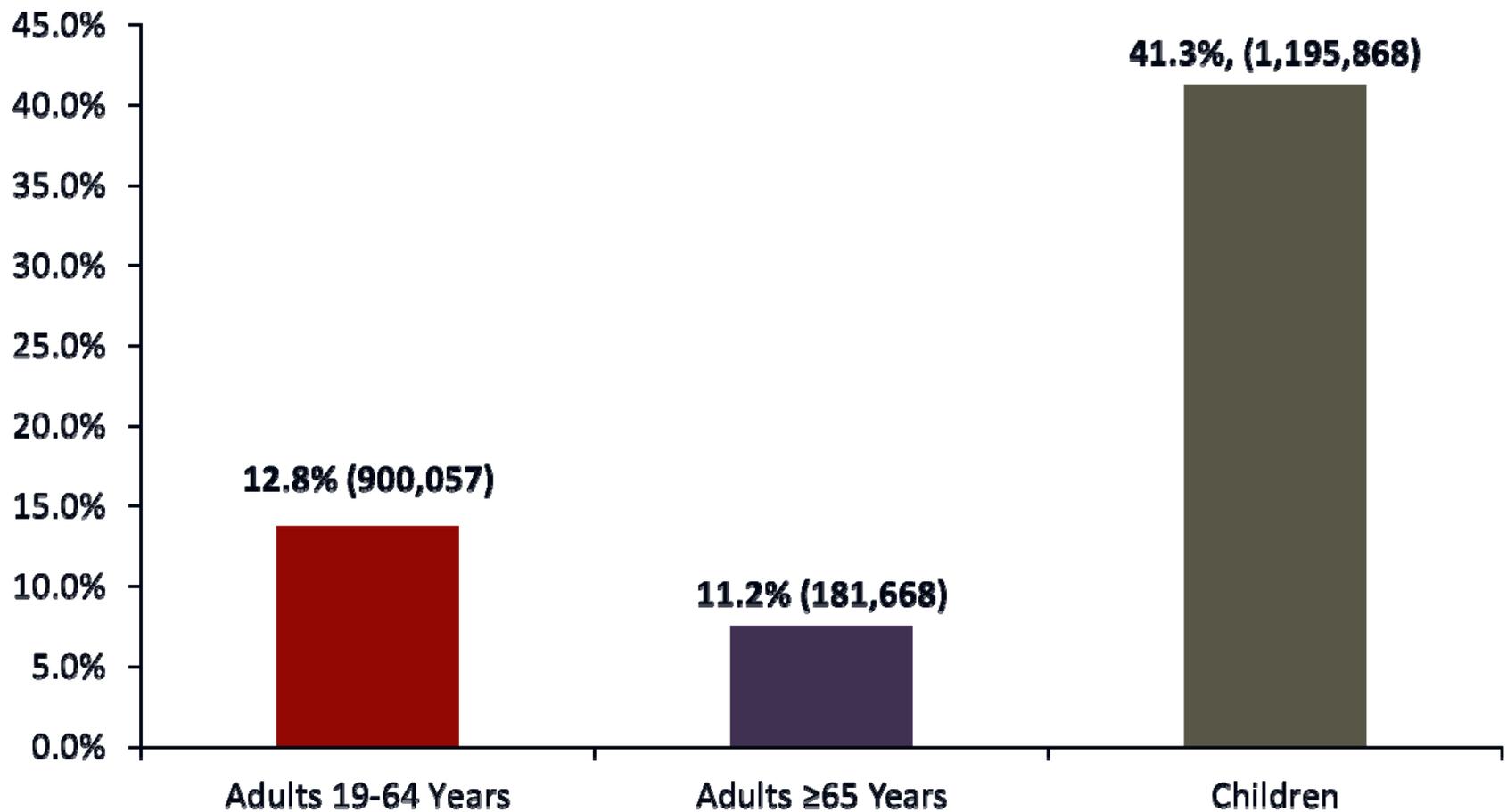
Any Employer Sponsored Insurance (ESI) Adult (19 – 64 Years) and Children Covered



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

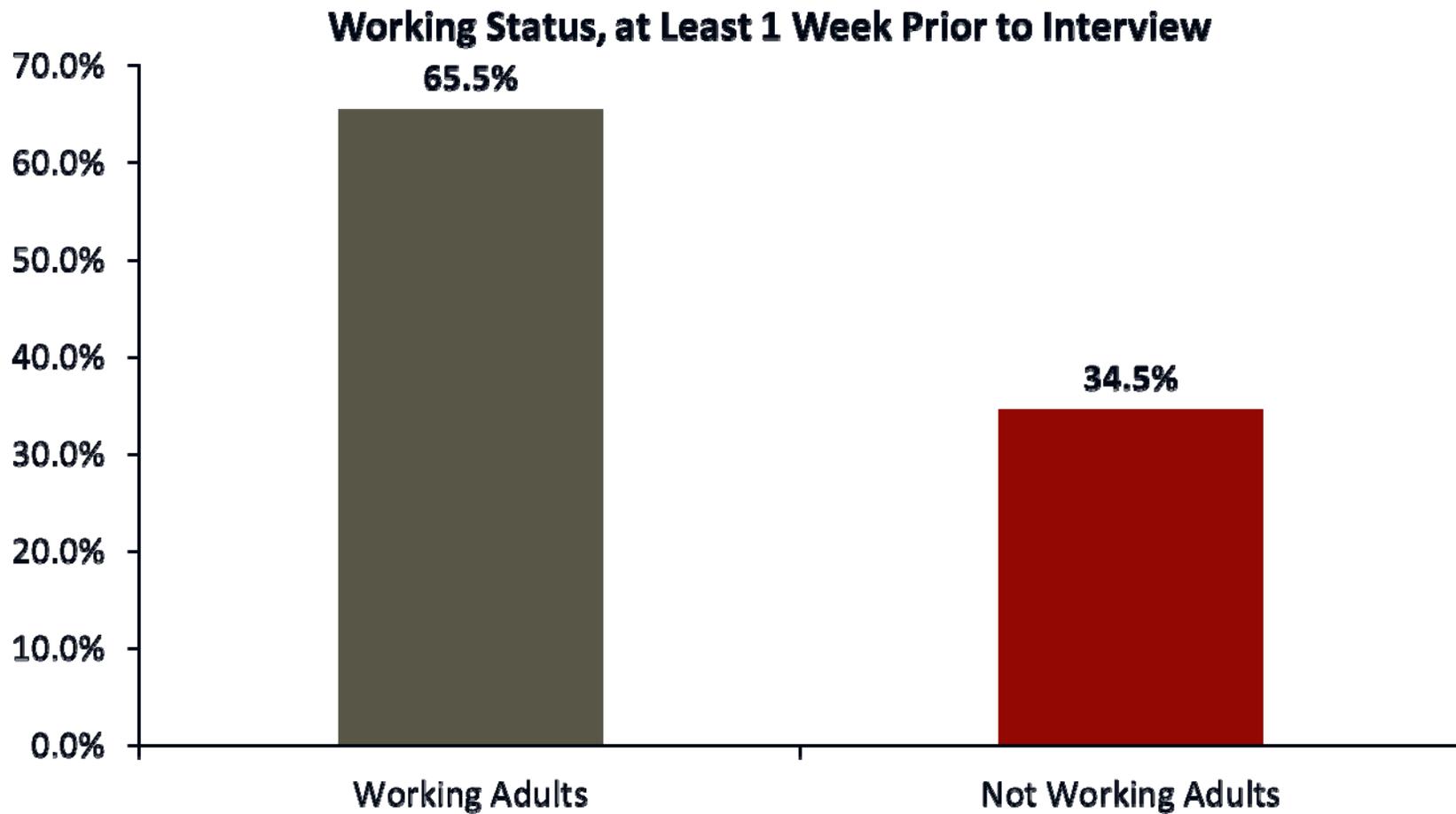
Ohio Medicaid Enrollment

Administrative Data (Source: Ohio Medicaid)



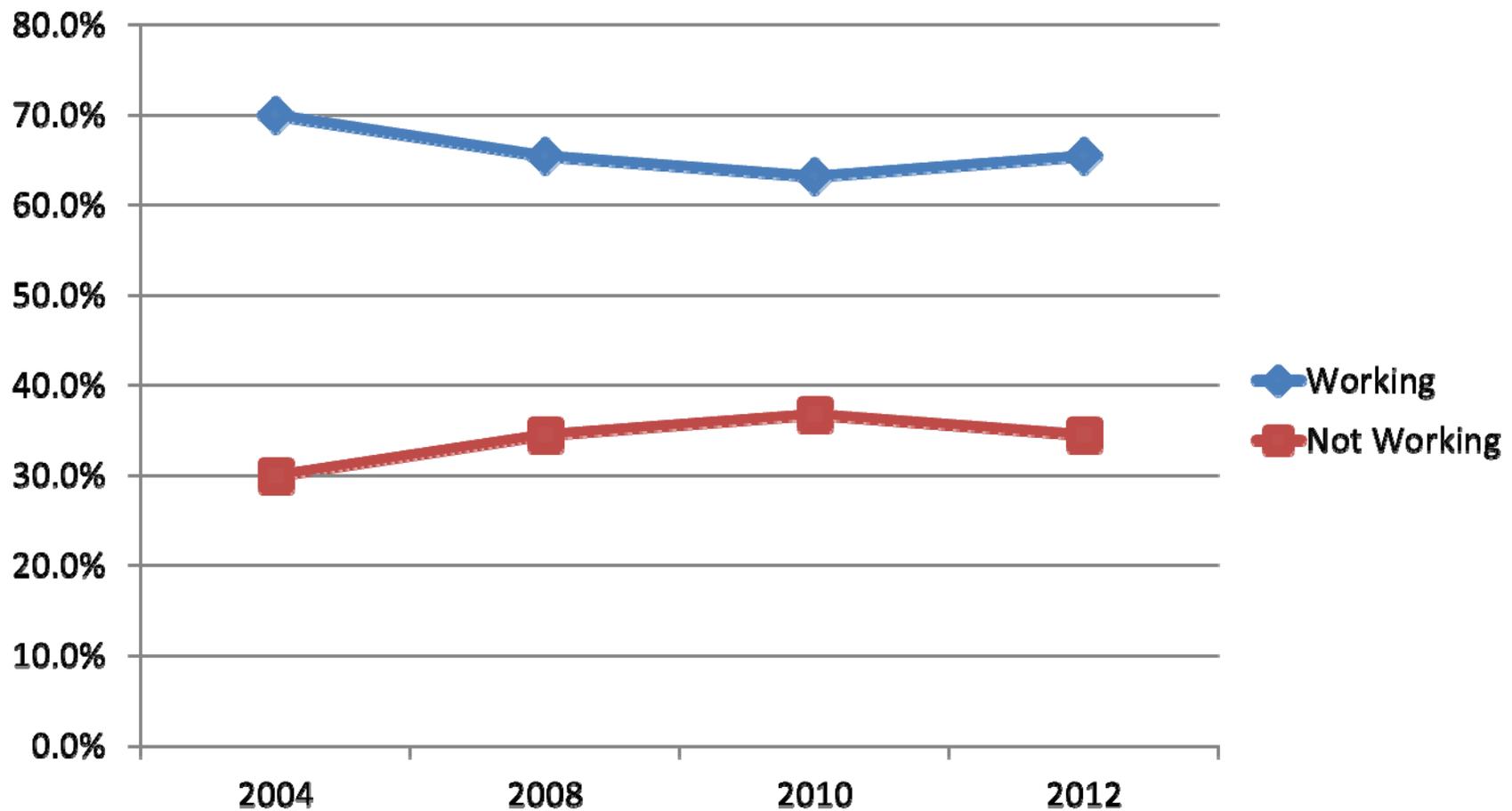
**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Working Adults (19 – 64 Years)



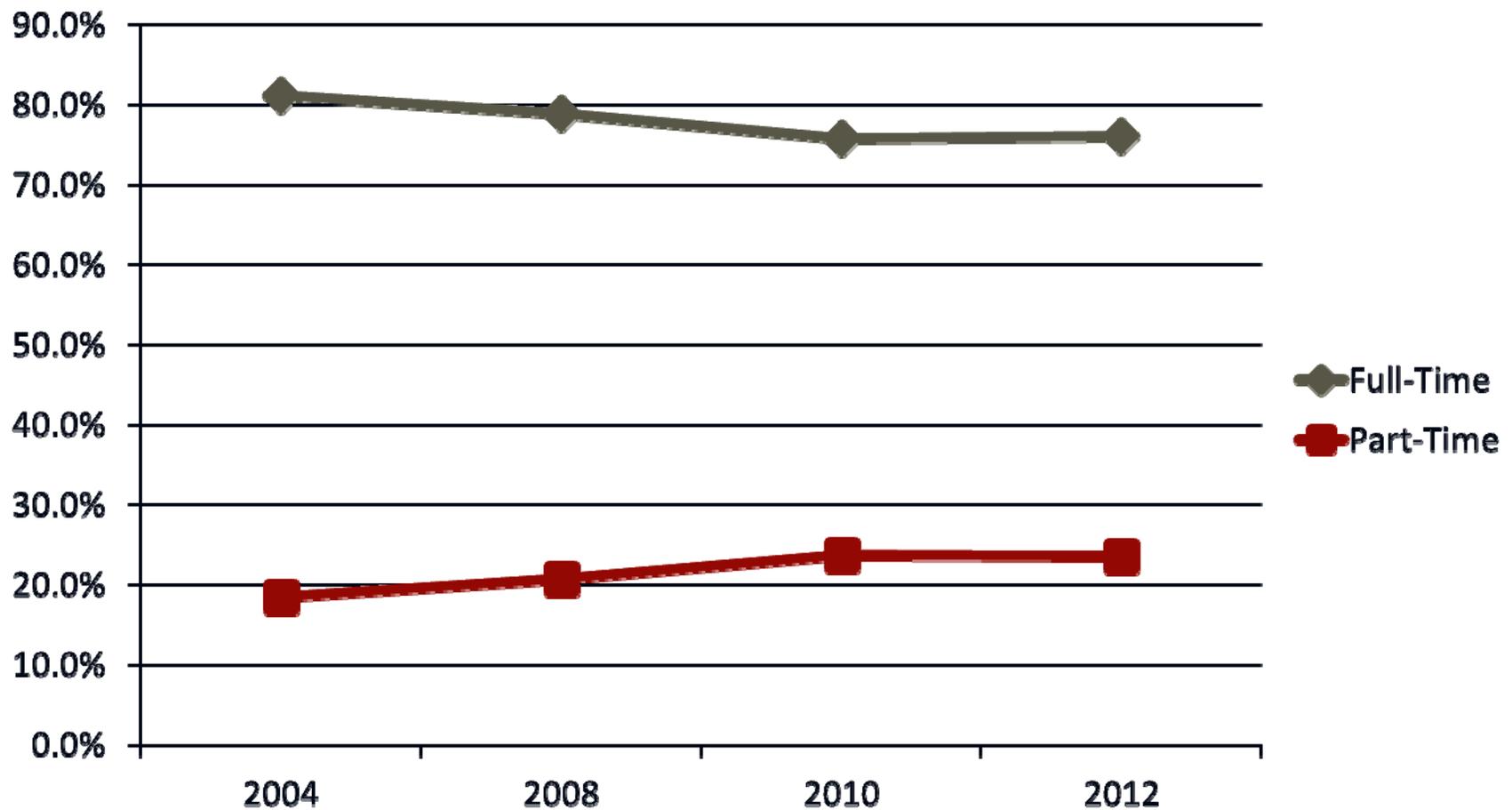
Working Adults (19 – 64 Years)

2004-2012



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Full-Time & Part-Time Working Adults (19 – 64 Years), 2004-2012



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*



Adult and Child Health Status in Ohio

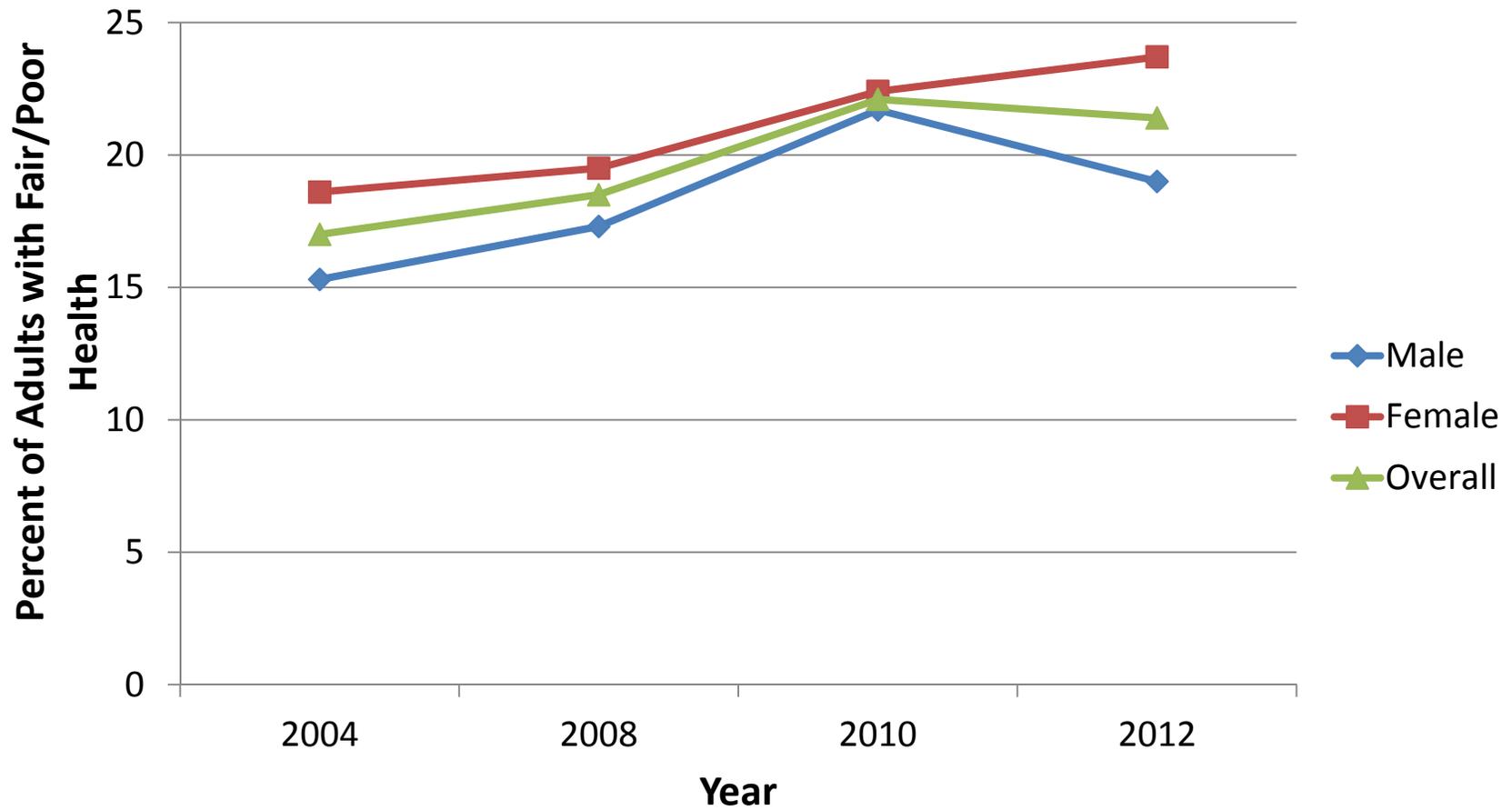


Adults

Age 19 Years and Older

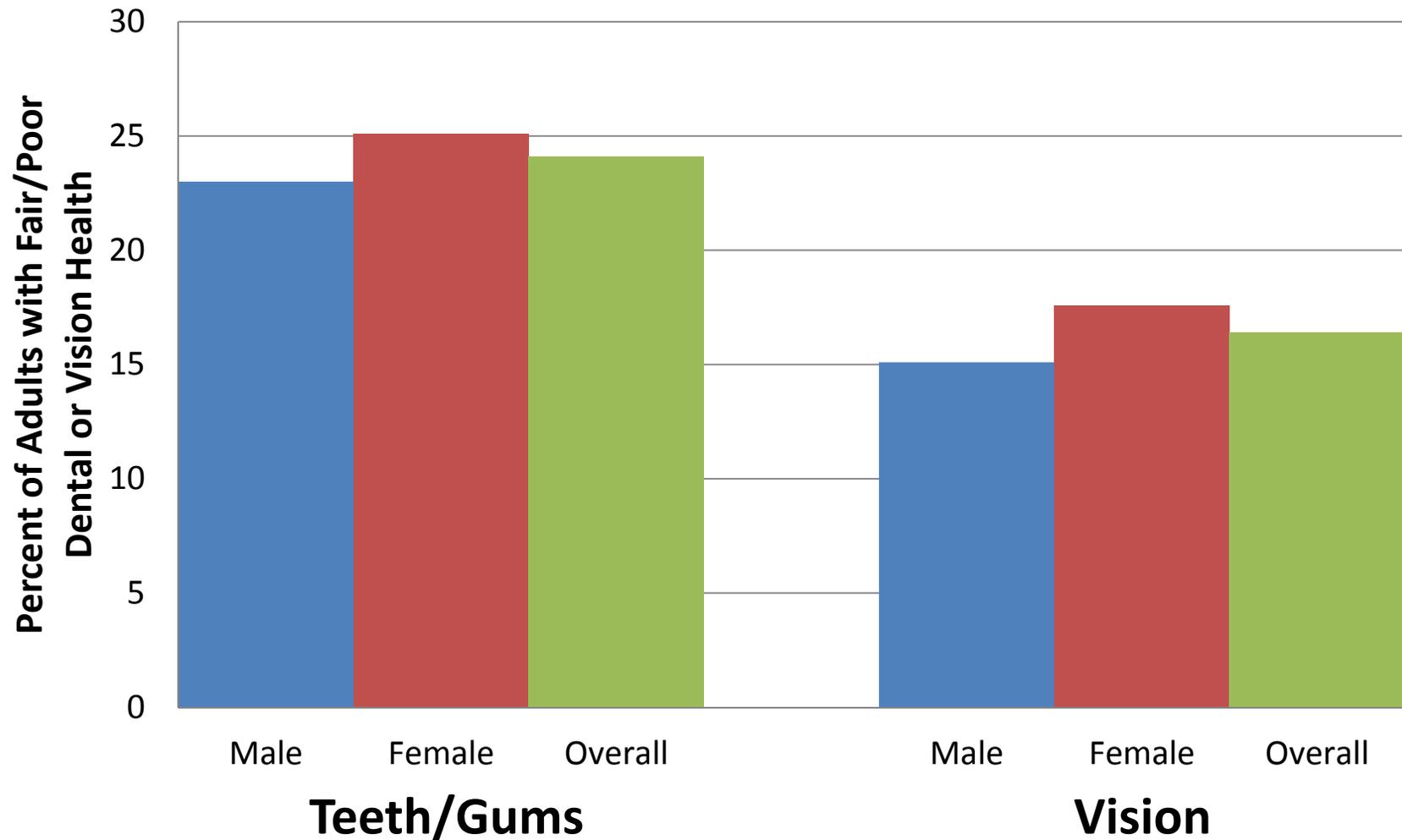
Prevalence of Fair or Poor Self-Rated Health

2004-2012



*Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.

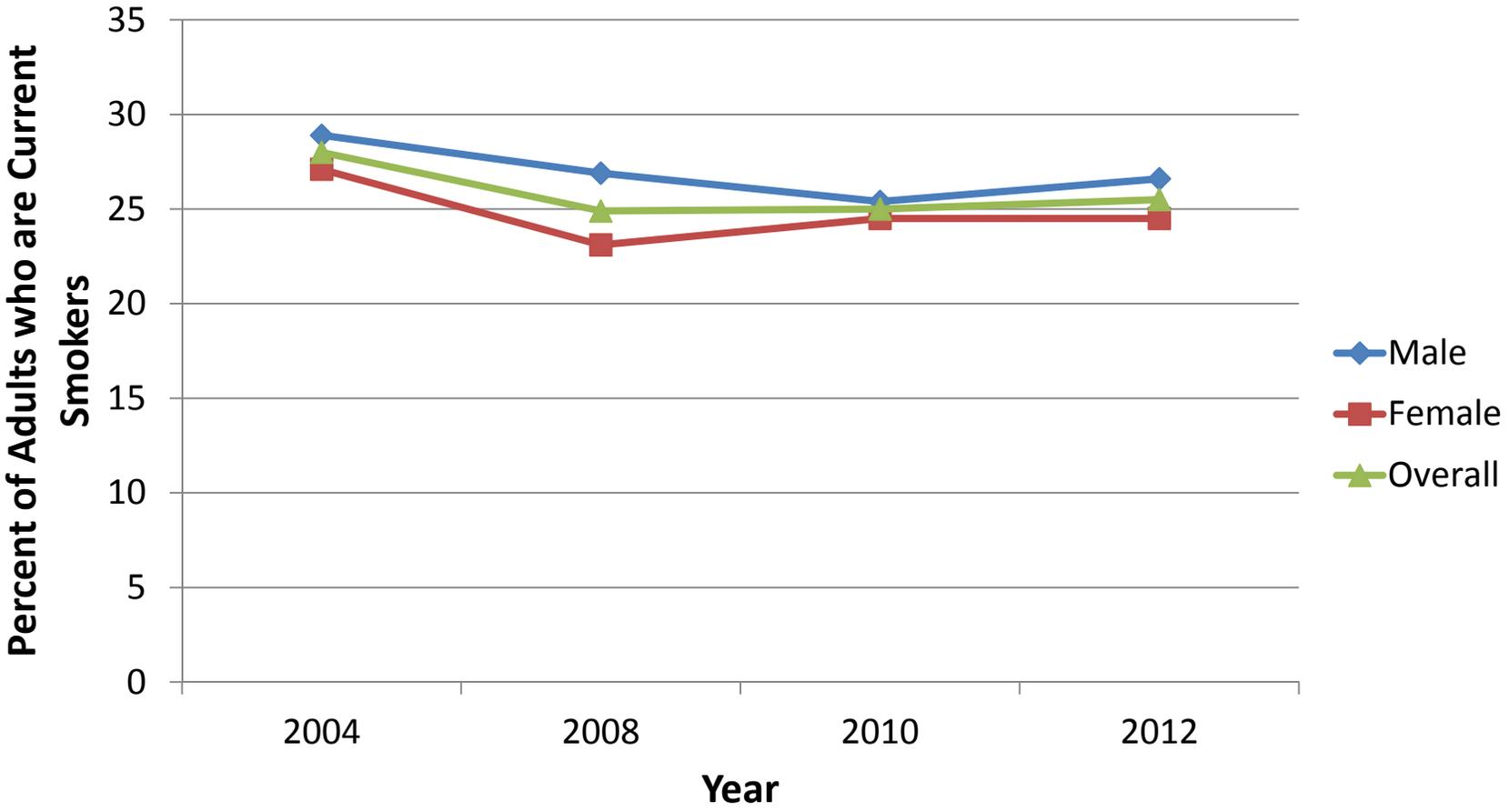
Prevalence of Fair or Poor Health of Teeth/Gums and Vision in 2012



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Smoking Prevalence

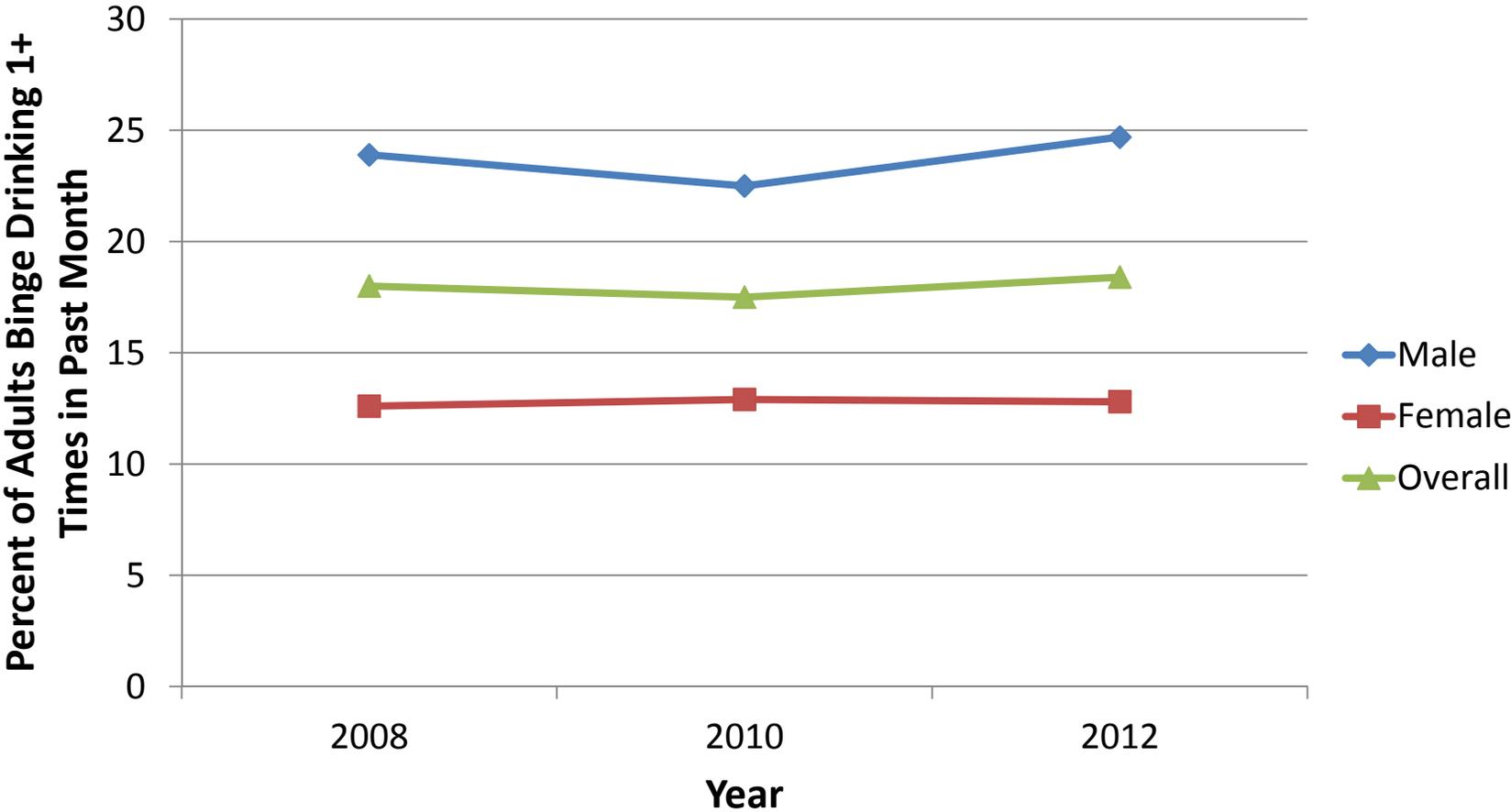
2004-2012



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

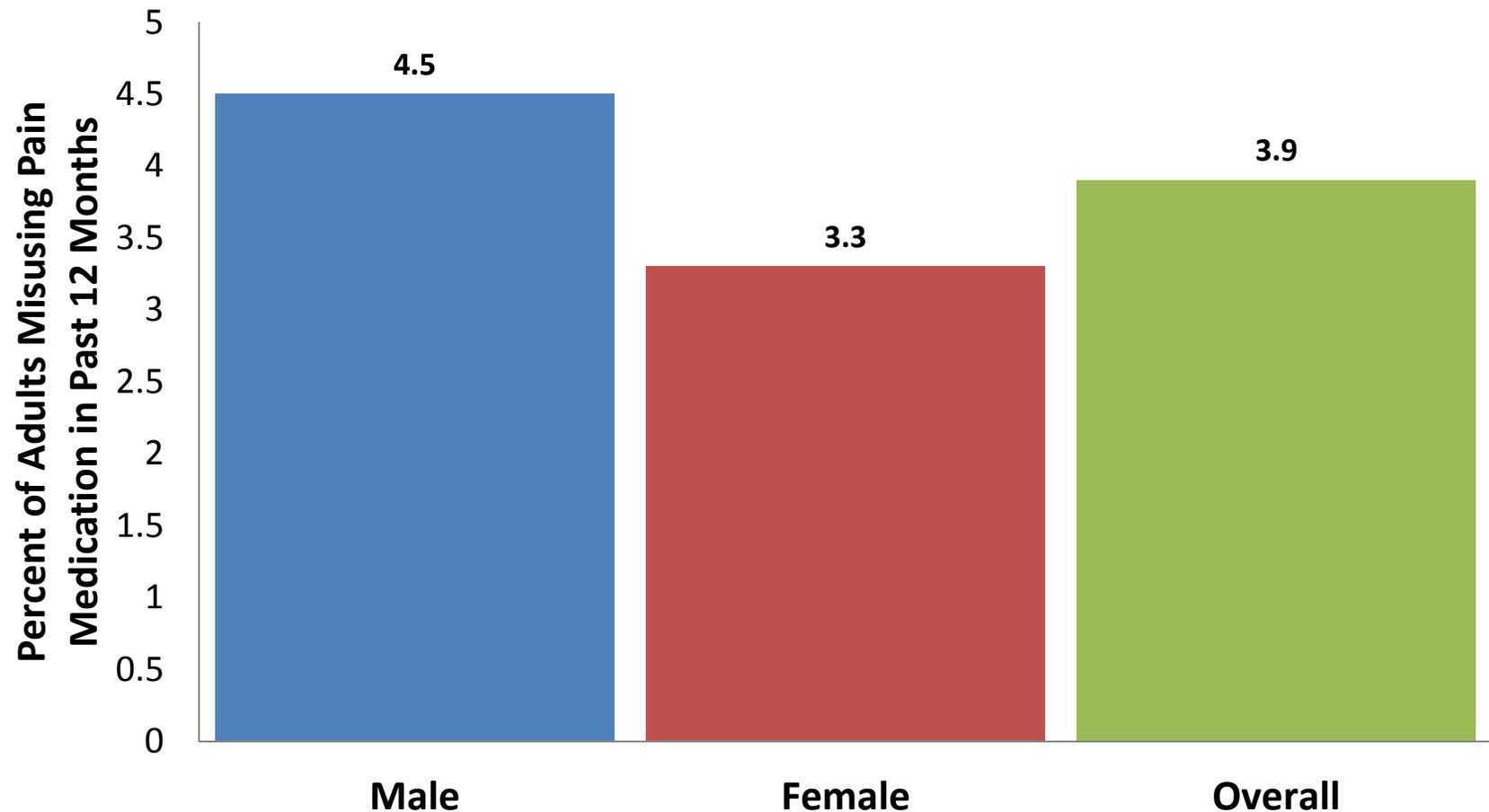
Binge Drinking Prevalence

2008-2012



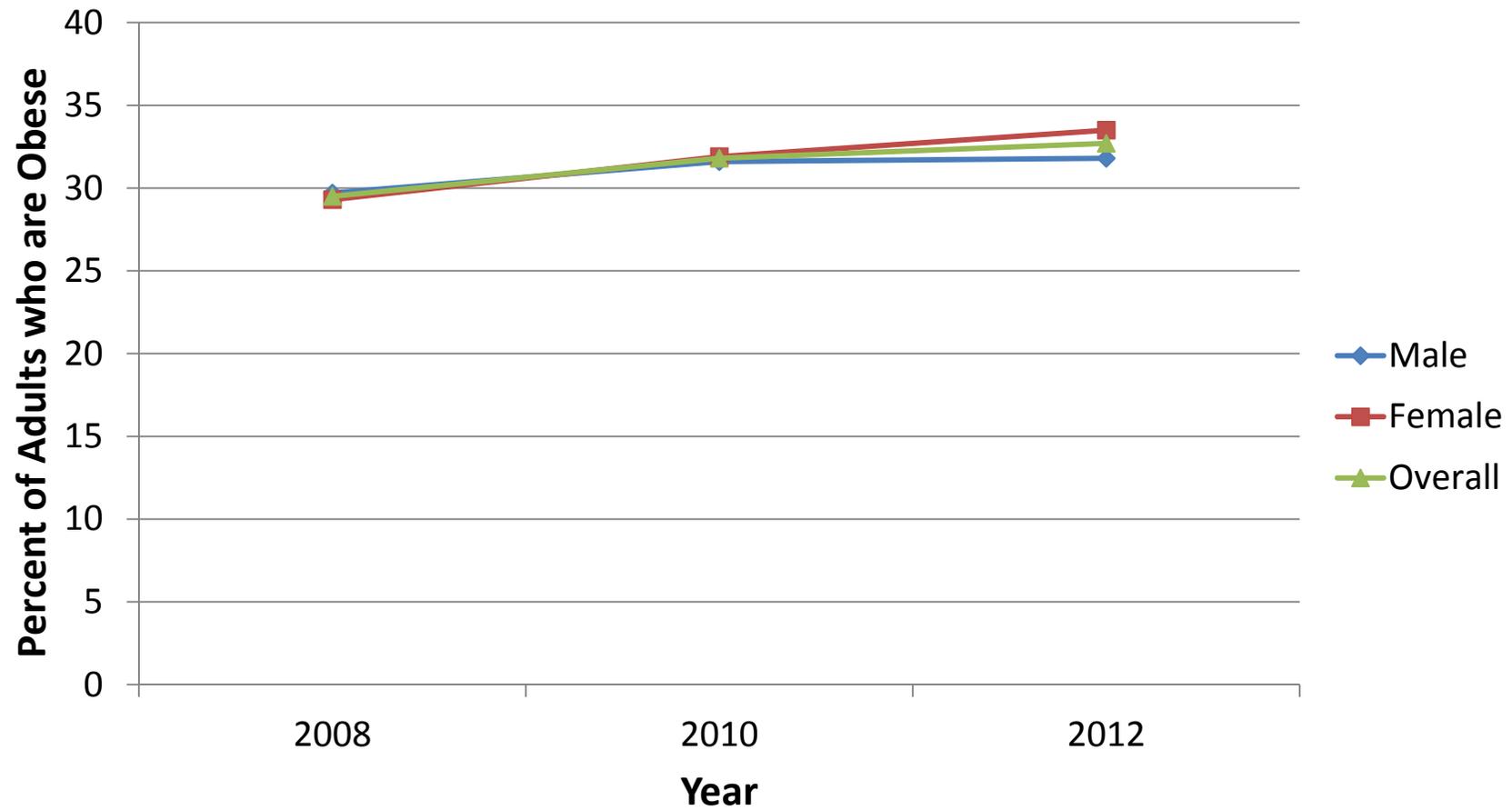
**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Prevalence of Prescription Pain Medication Misuse in Past 12 Months, 2012



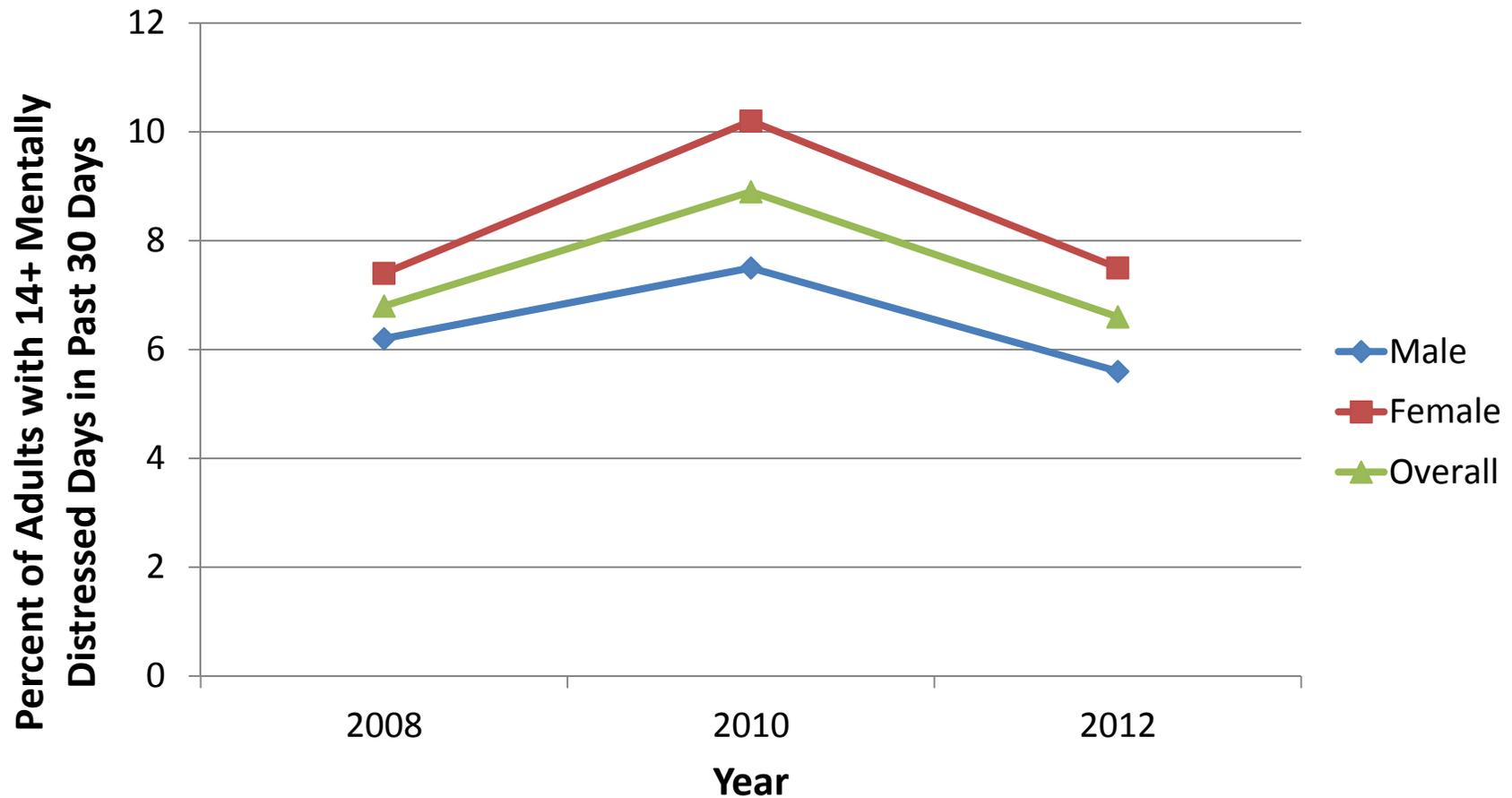
Prevalence of Obesity

2008-2012



Prevalence of 14+ Mentally Distressed Days

2008-2012

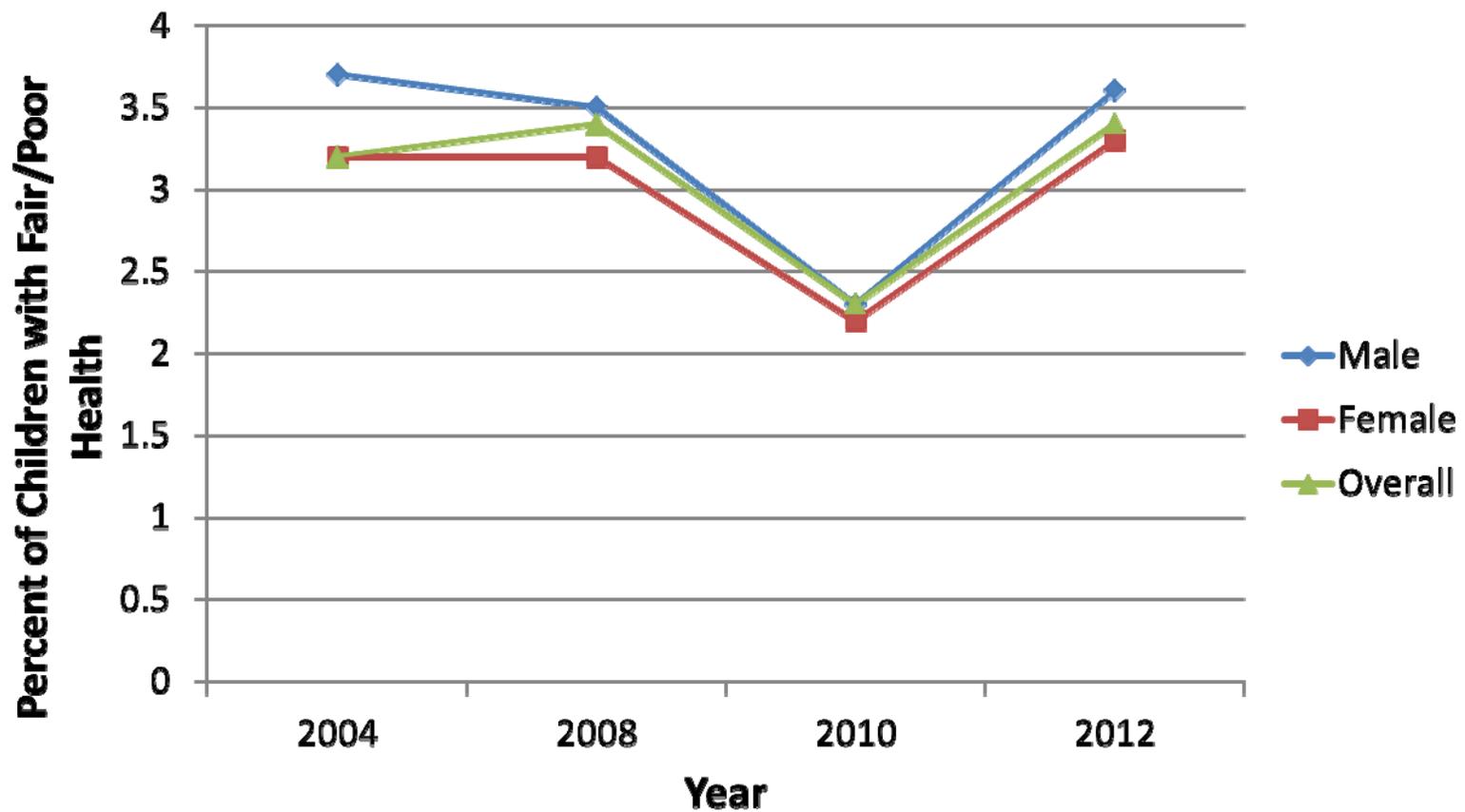


**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*



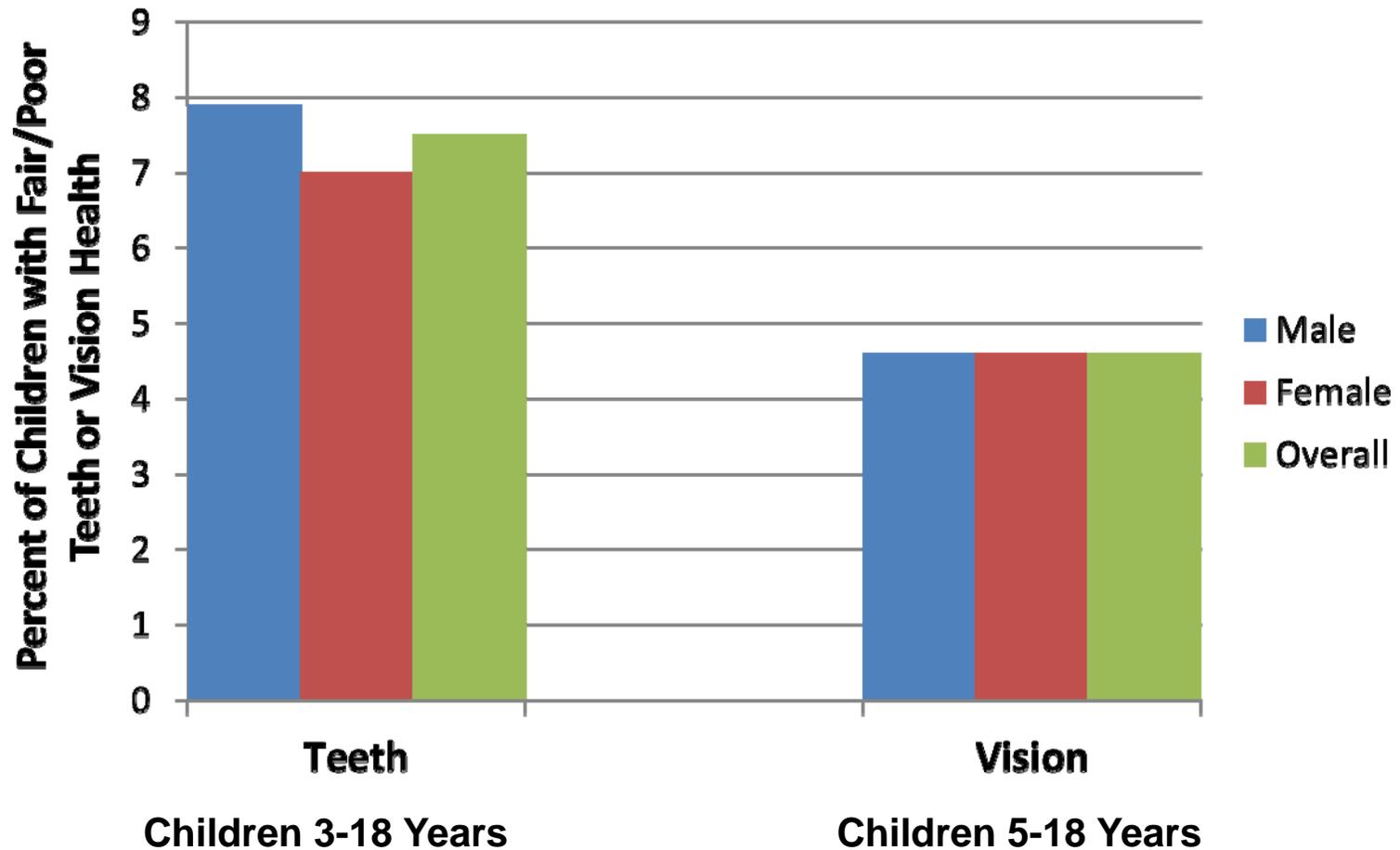
Children

Prevalence of Fair or Poor Health Status Children (0-17 Years), 2004-2012



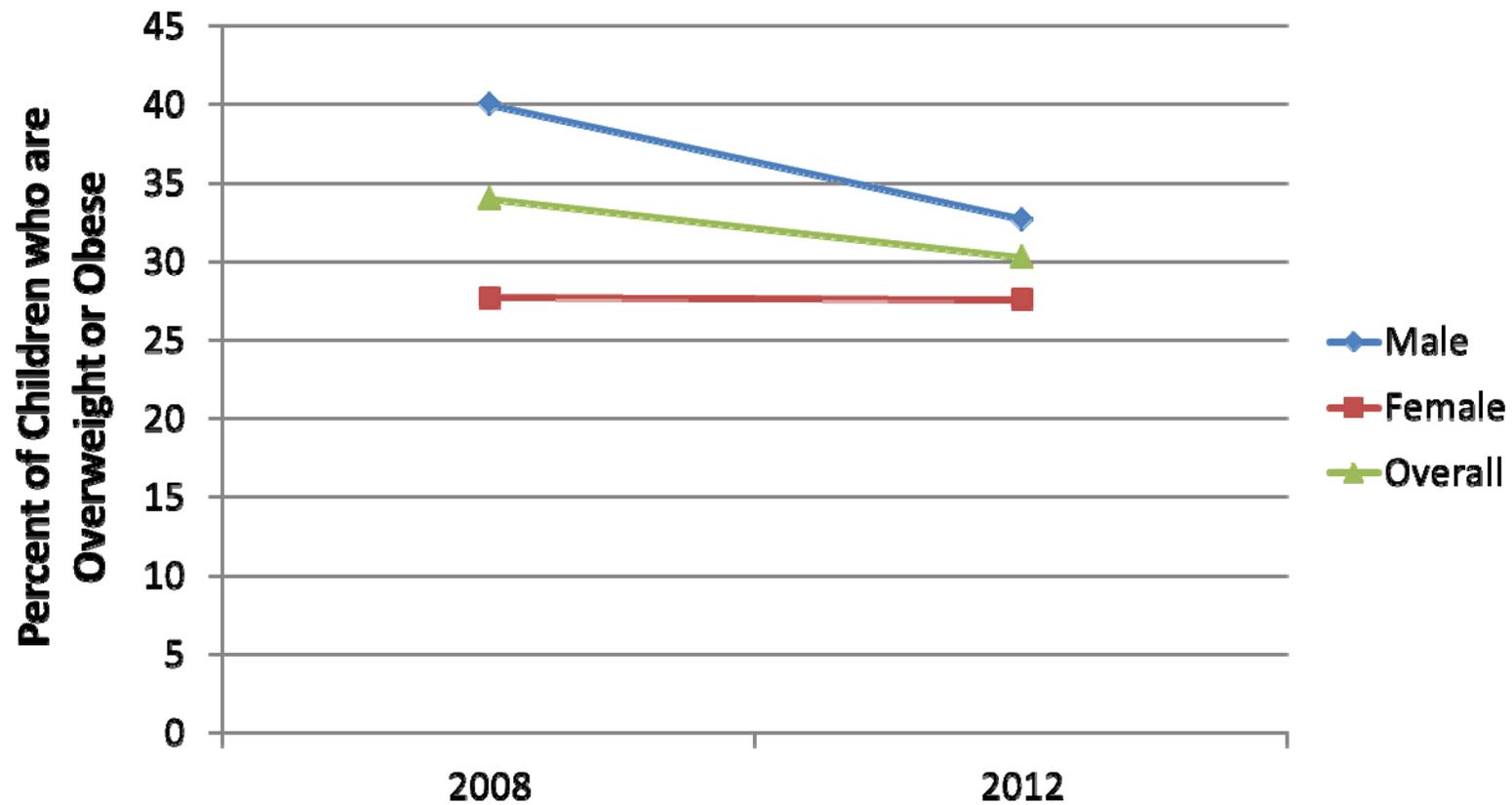
**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Prevalence of Fair or Poor Health of Teeth and Vision in 2012



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

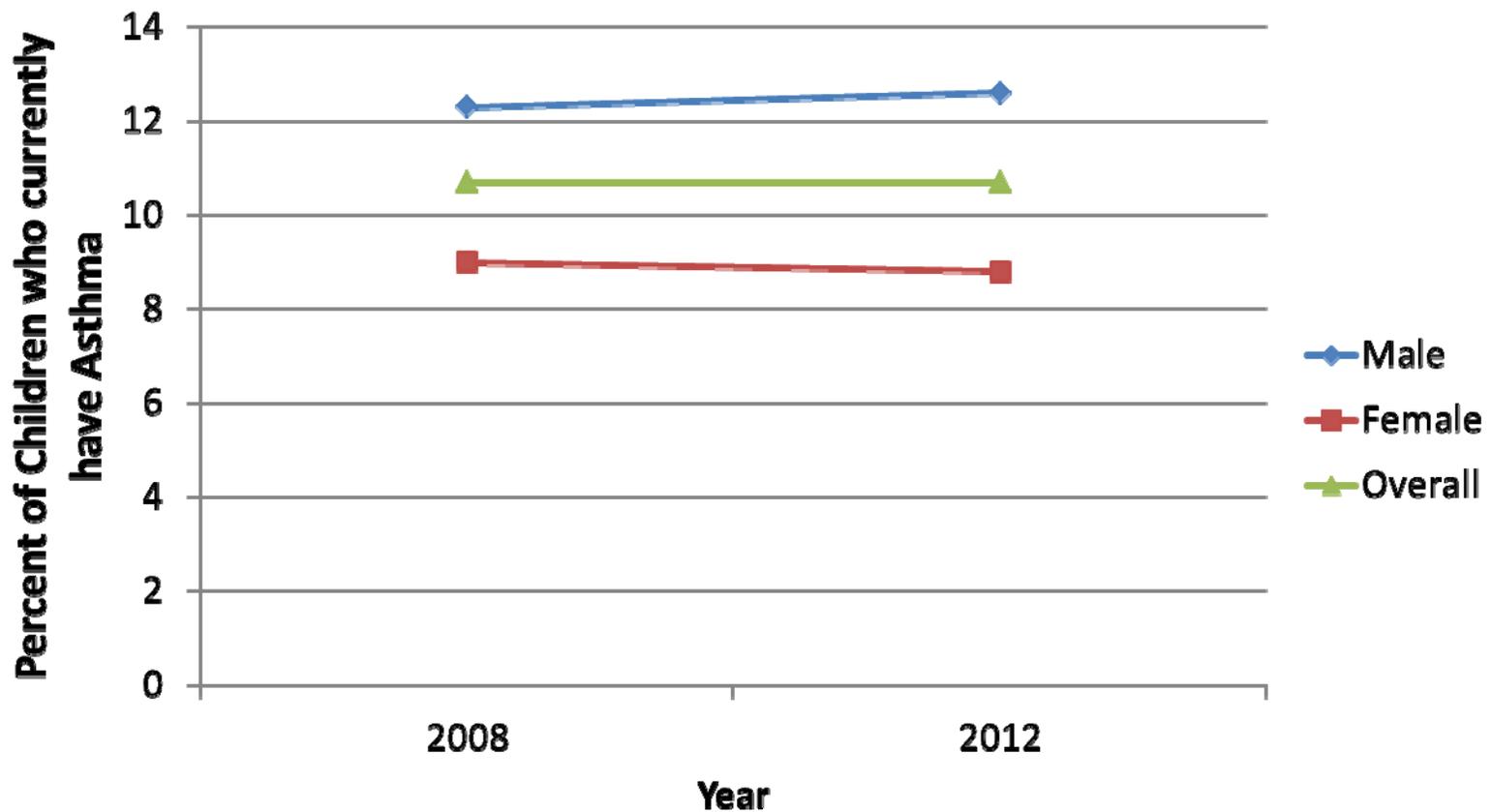
Prevalence of Overweight and Obesity Children (11-17 Years), 2008 and 2012



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Prevalence of Asthma in 2008 and 2012

Children (0-17 Years)



Key Findings

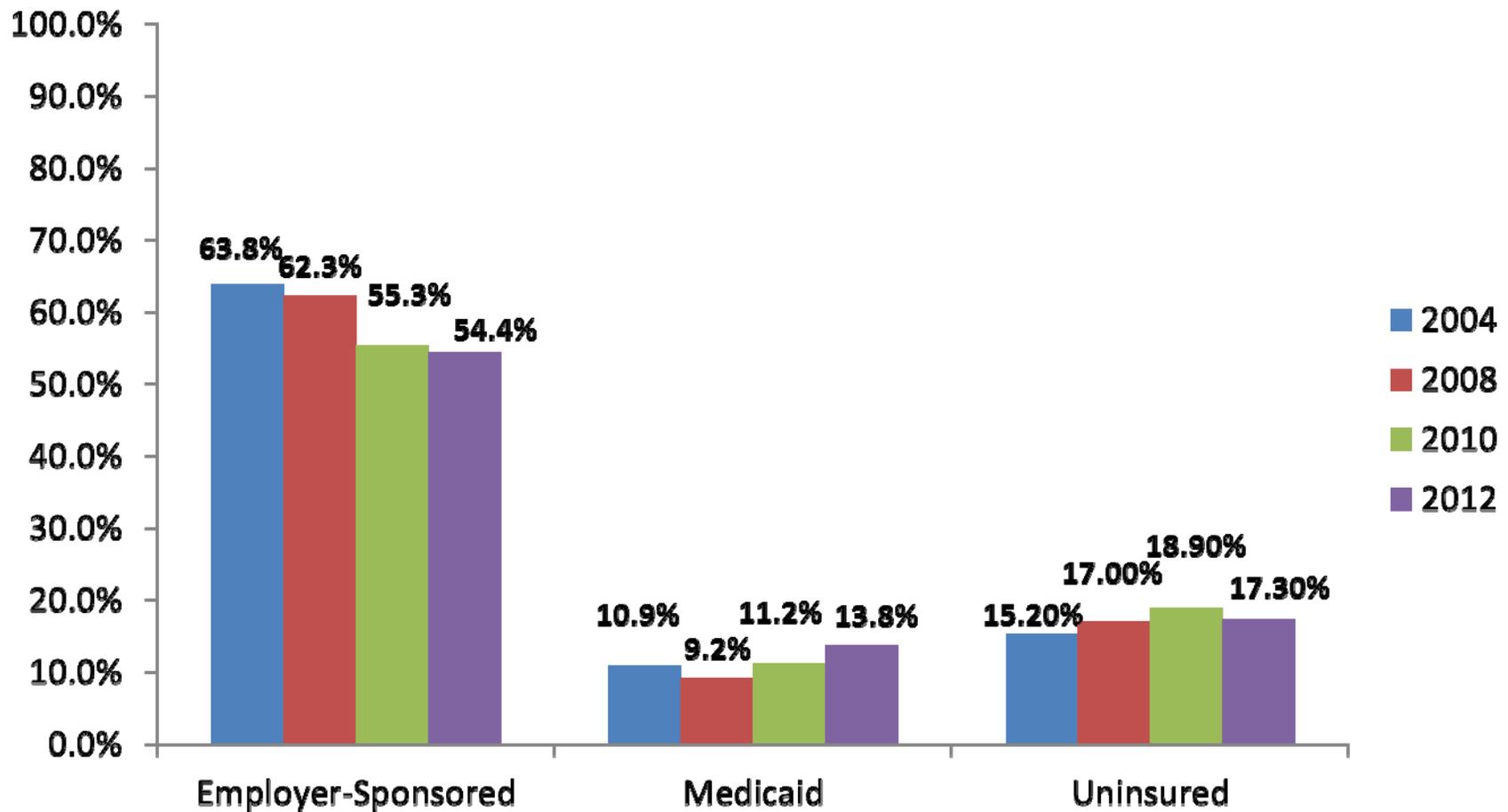
- Among adults:
 - Fair/Poor health status and obesity have increased over time
 - Smoking and binge drinking prevalence has changed little over time
- Among children:
 - Fair/Poor health status and asthma have increased over time
 - Overweight/obese status has decreased slightly among all children 11-17 years



Health Insurance and Access to Care

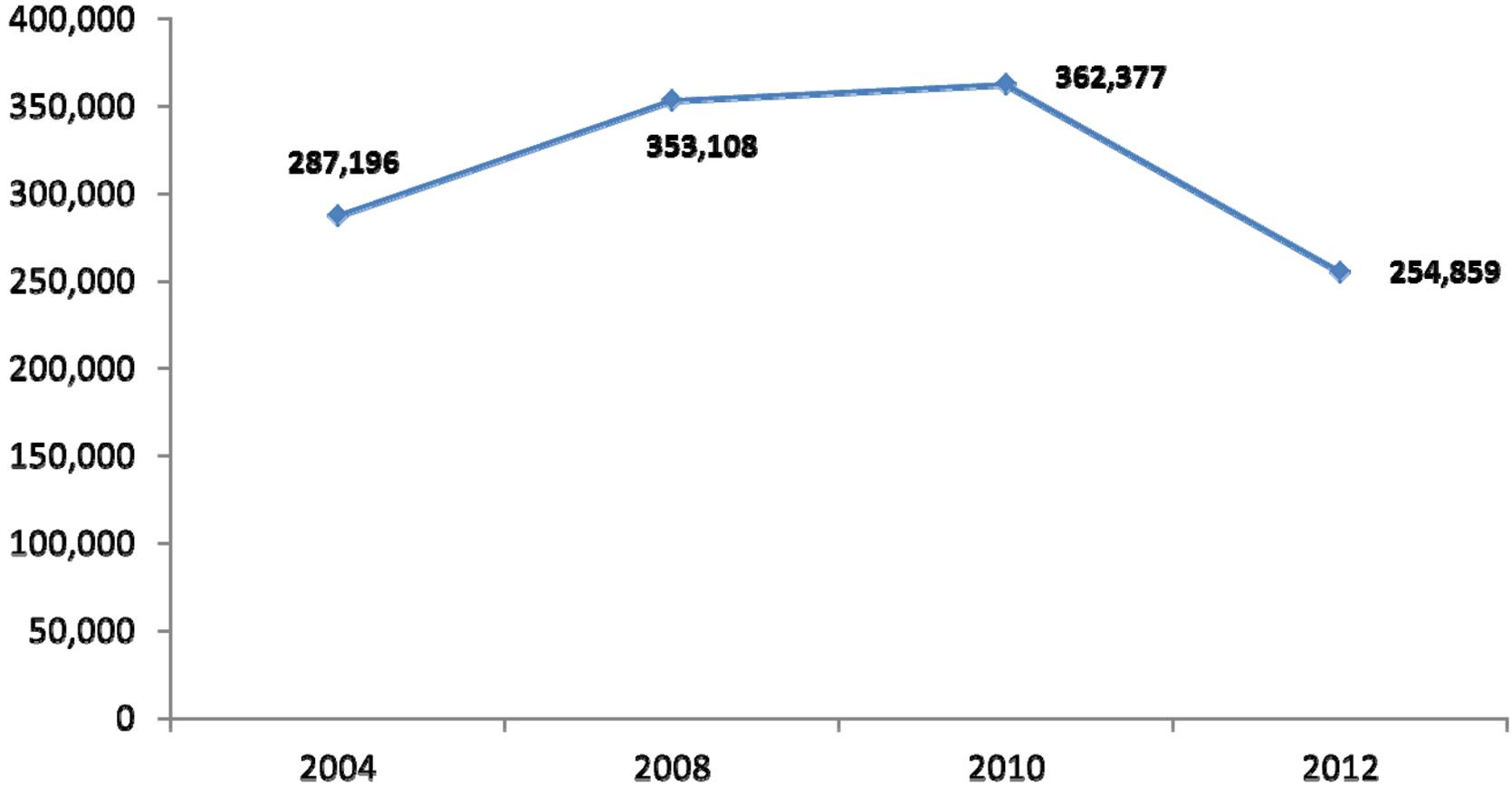
Trends in Insurance Coverage

Adults (19 – 64 Years)



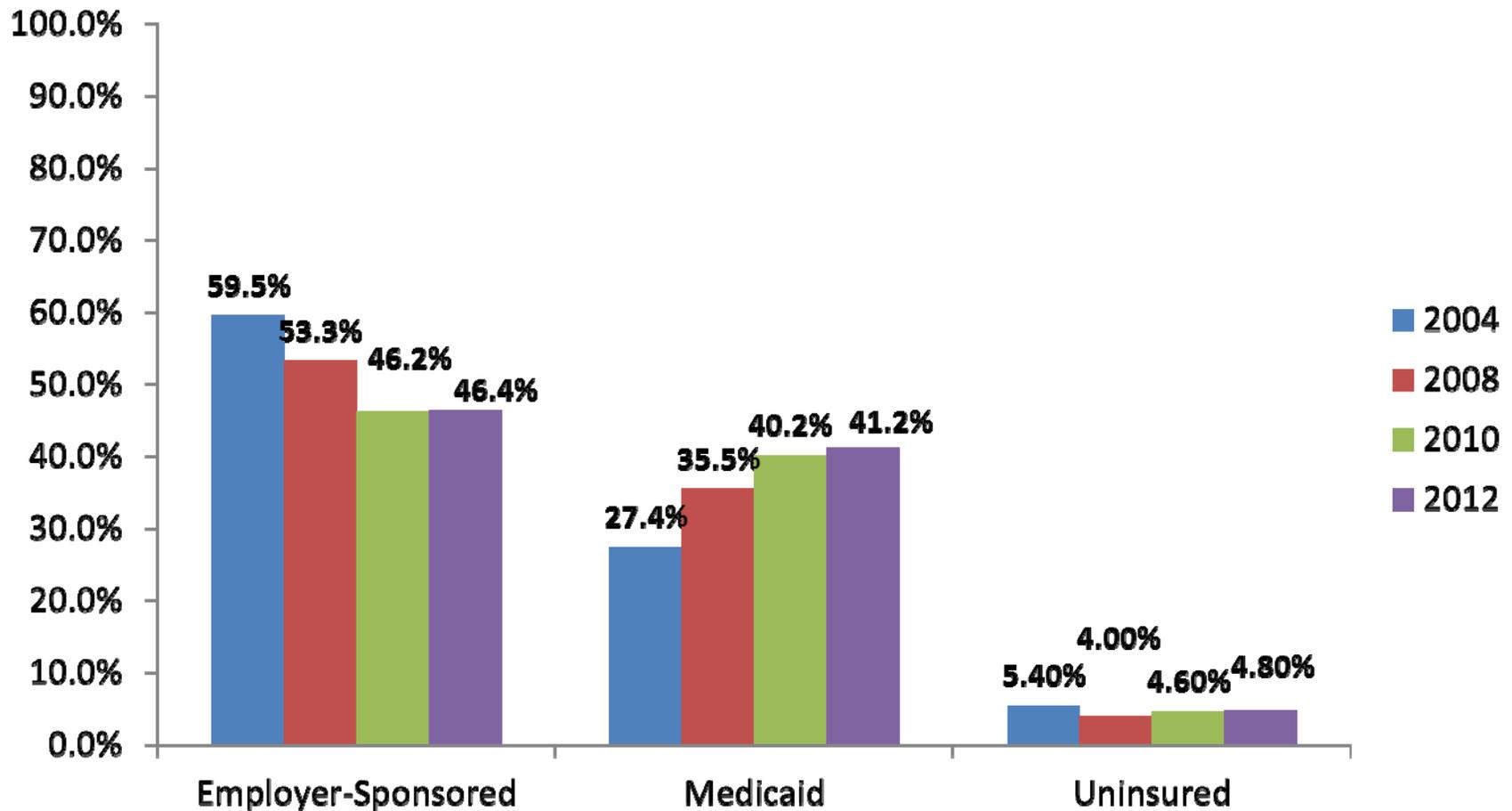
Results for Other Private, Medicare, and Unknown not displayed above

Number of Uninsured Adults (19-26 Years)



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Trends in Insurance Coverage Children (0 – 17 Years)



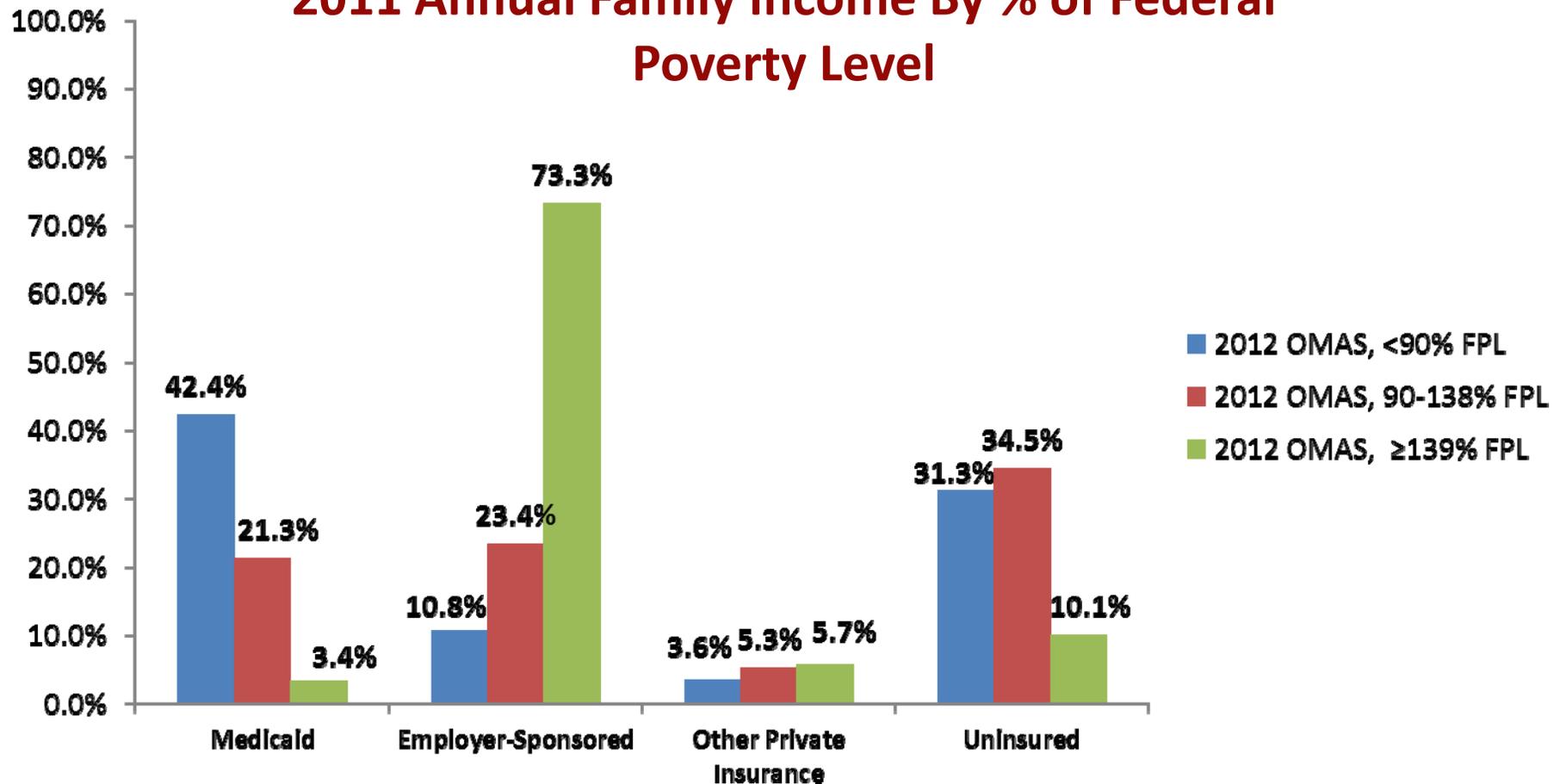
Results for Other Private, Medicare, and Unknown not displayed above

**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Insurance Status By Income

Adults (19-64 Years)

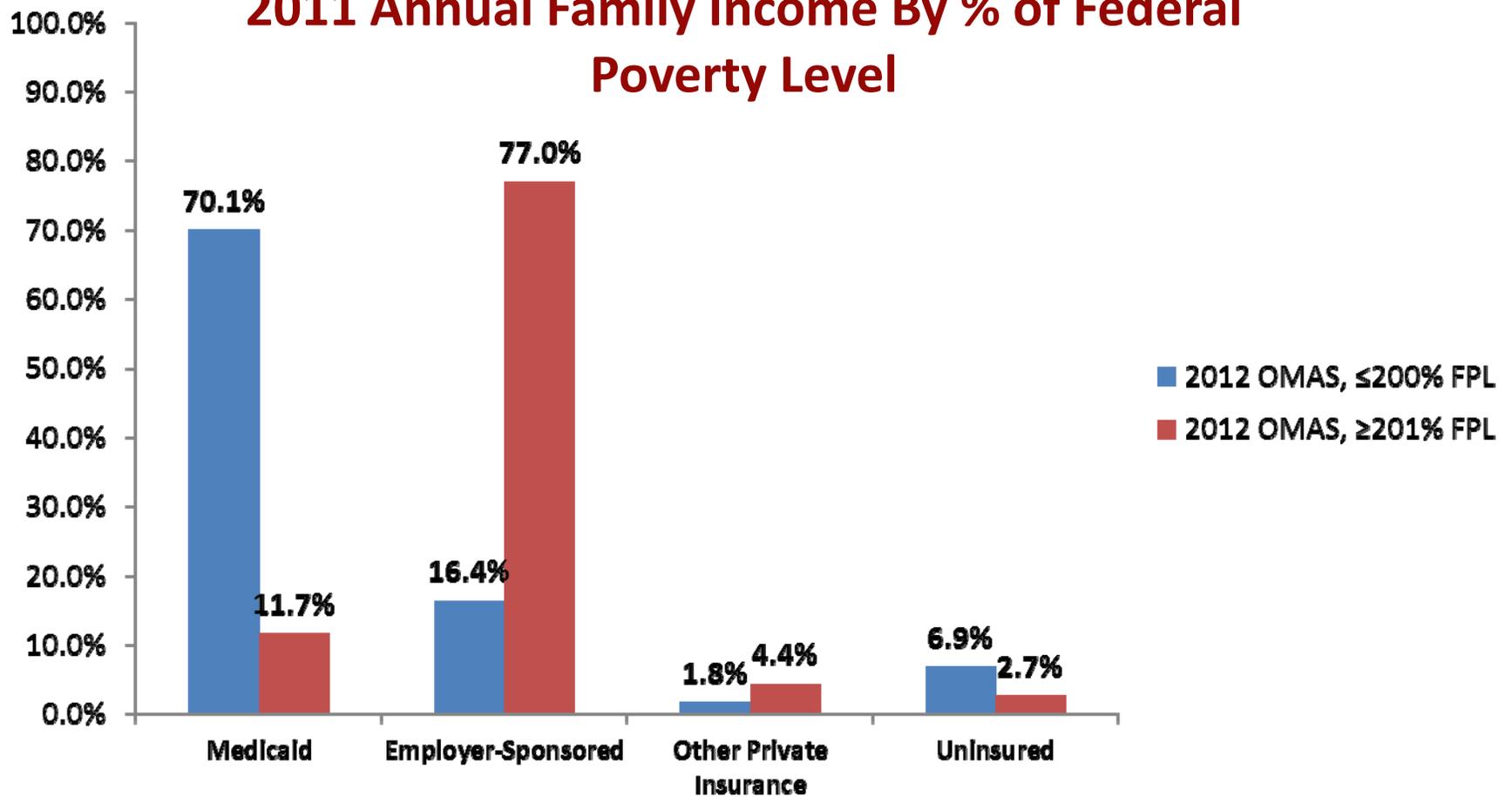
2011 Annual Family Income By % of Federal Poverty Level



*Medicare and Other not shown (Both <8% at each income level)

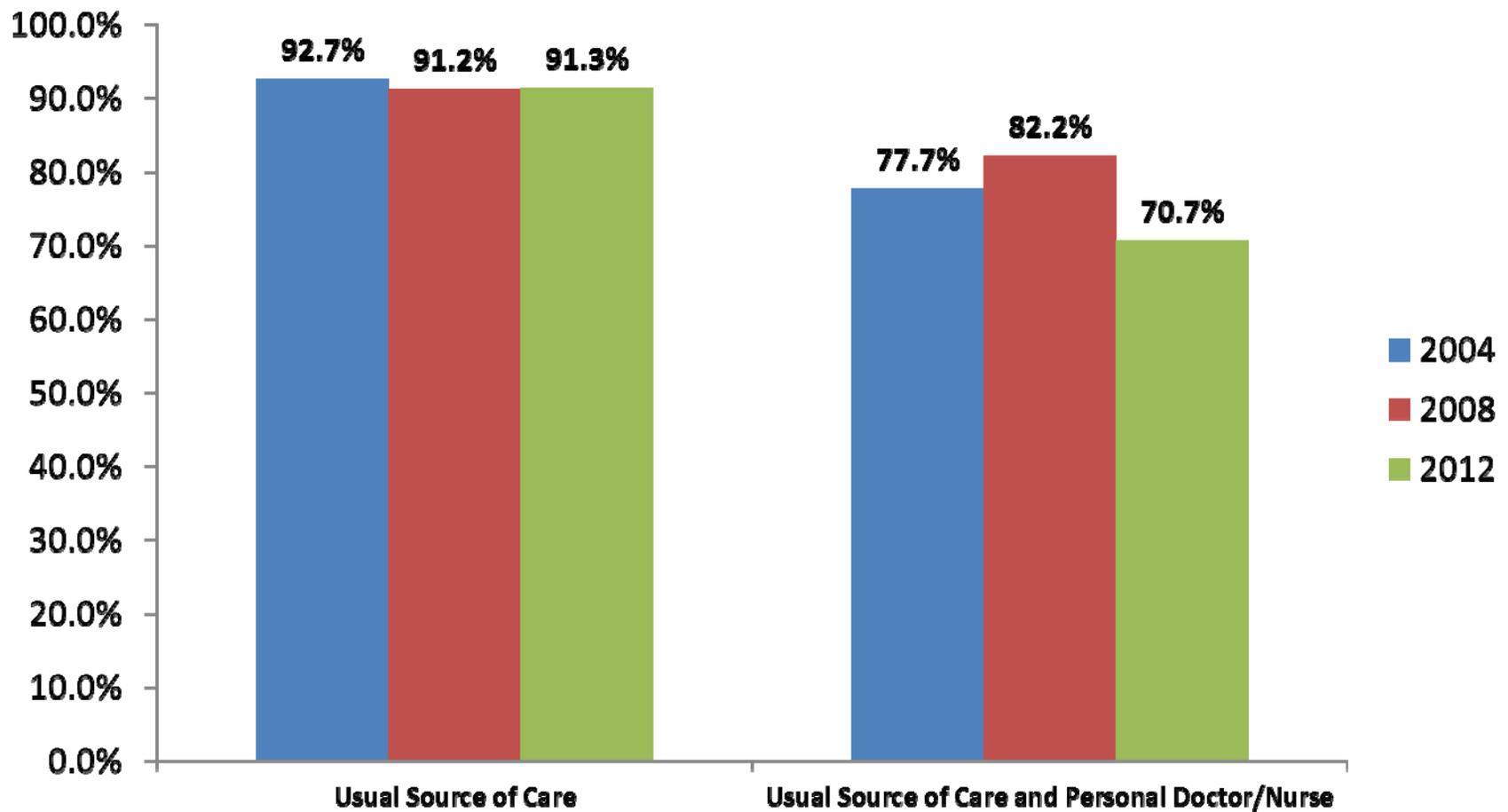
Insurance Status By Income Children (0-18 Years)

2011 Annual Family Income By % of Federal Poverty Level

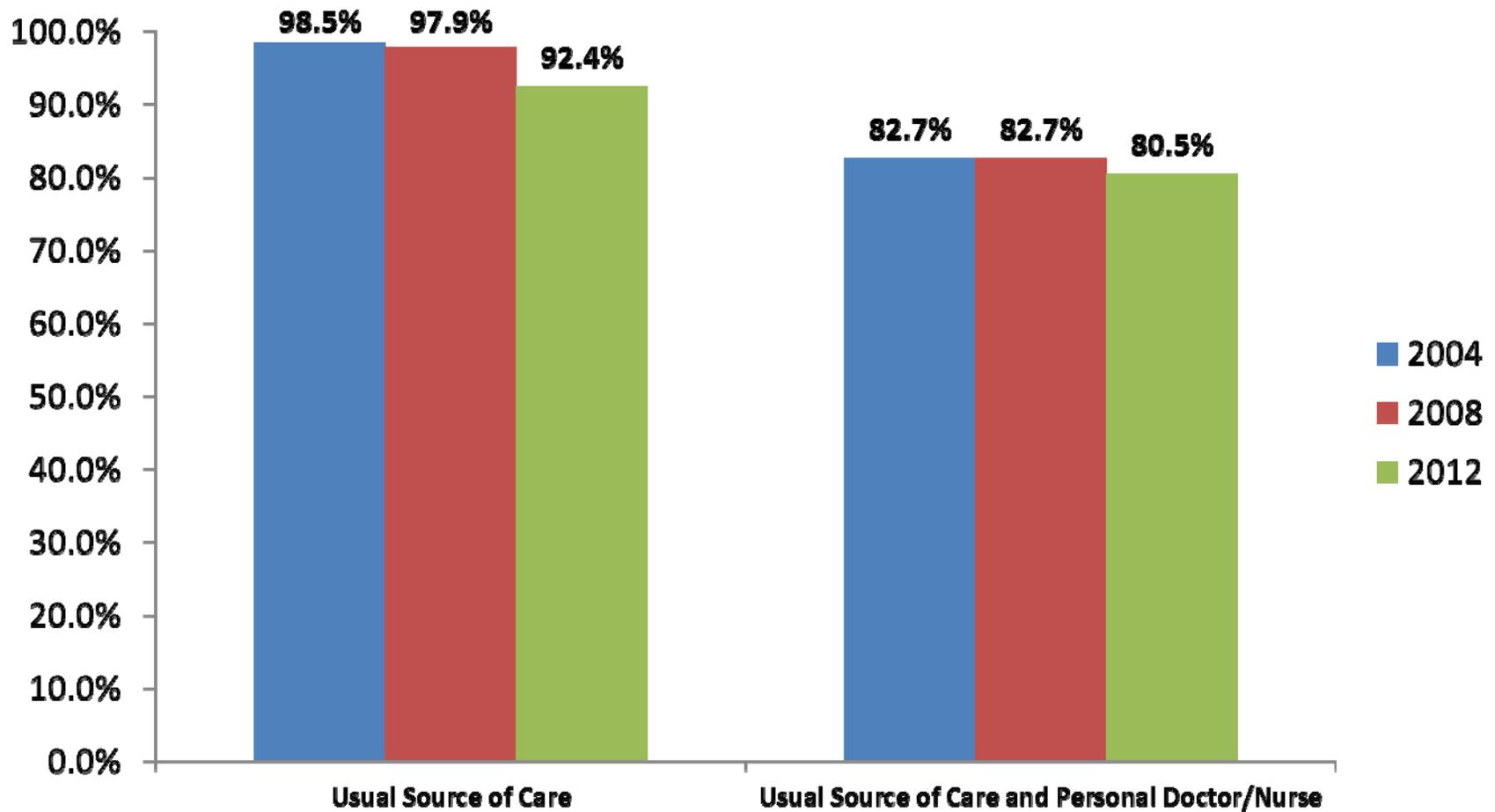


*Medicare and Other not shown (Both <5% at each income level)

Usual Source of Care Adults (19 Years & Older)



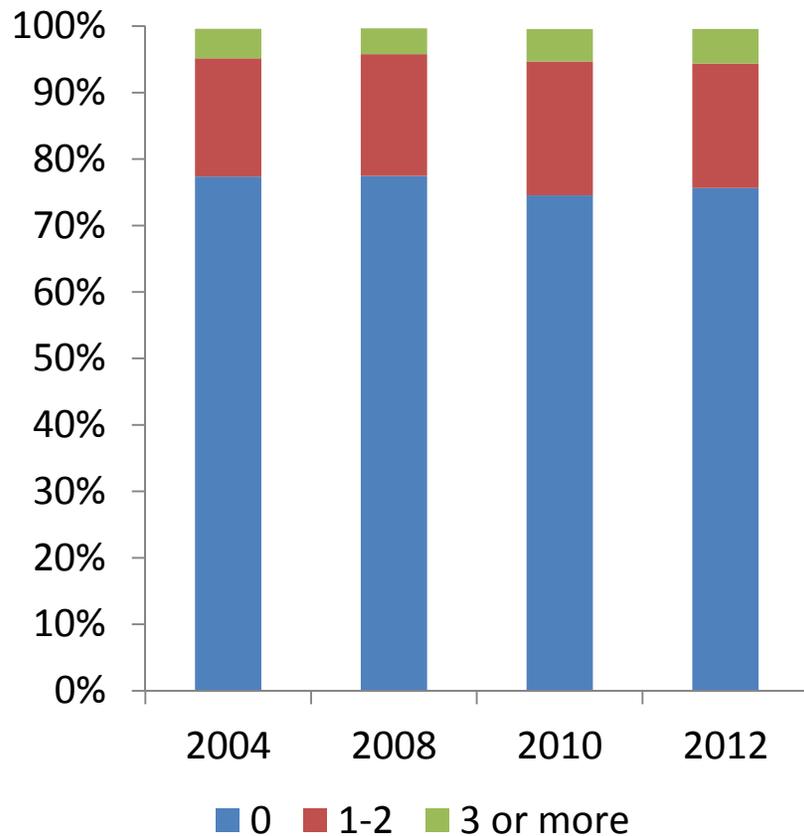
Usual Source of Care Children (0 – 17 Years)



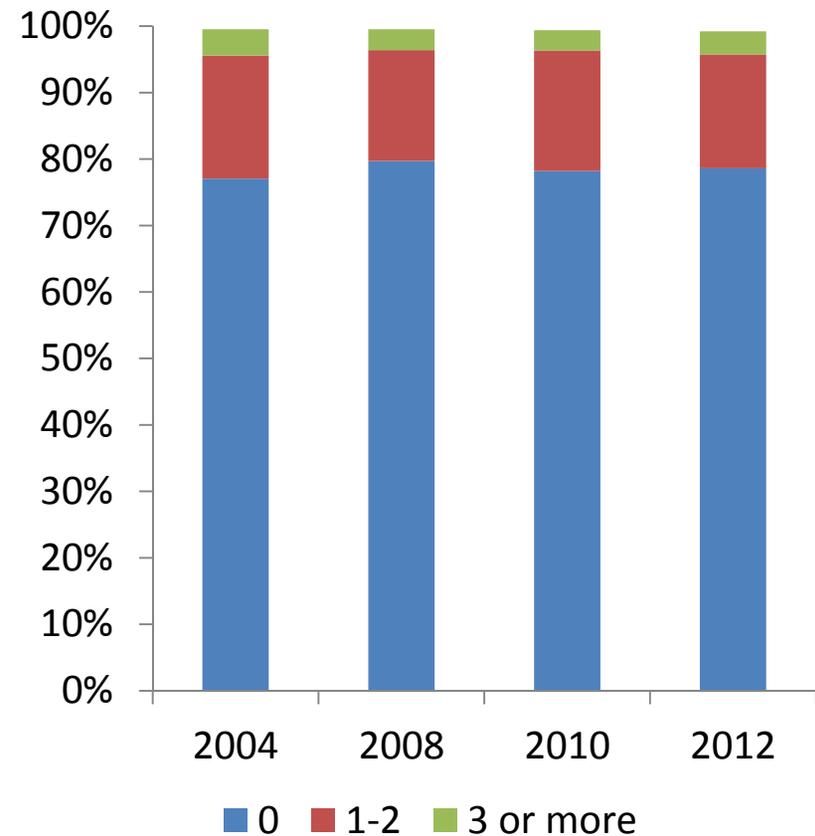
**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

ER Utilization (0,1-2, 3+ visits per year)

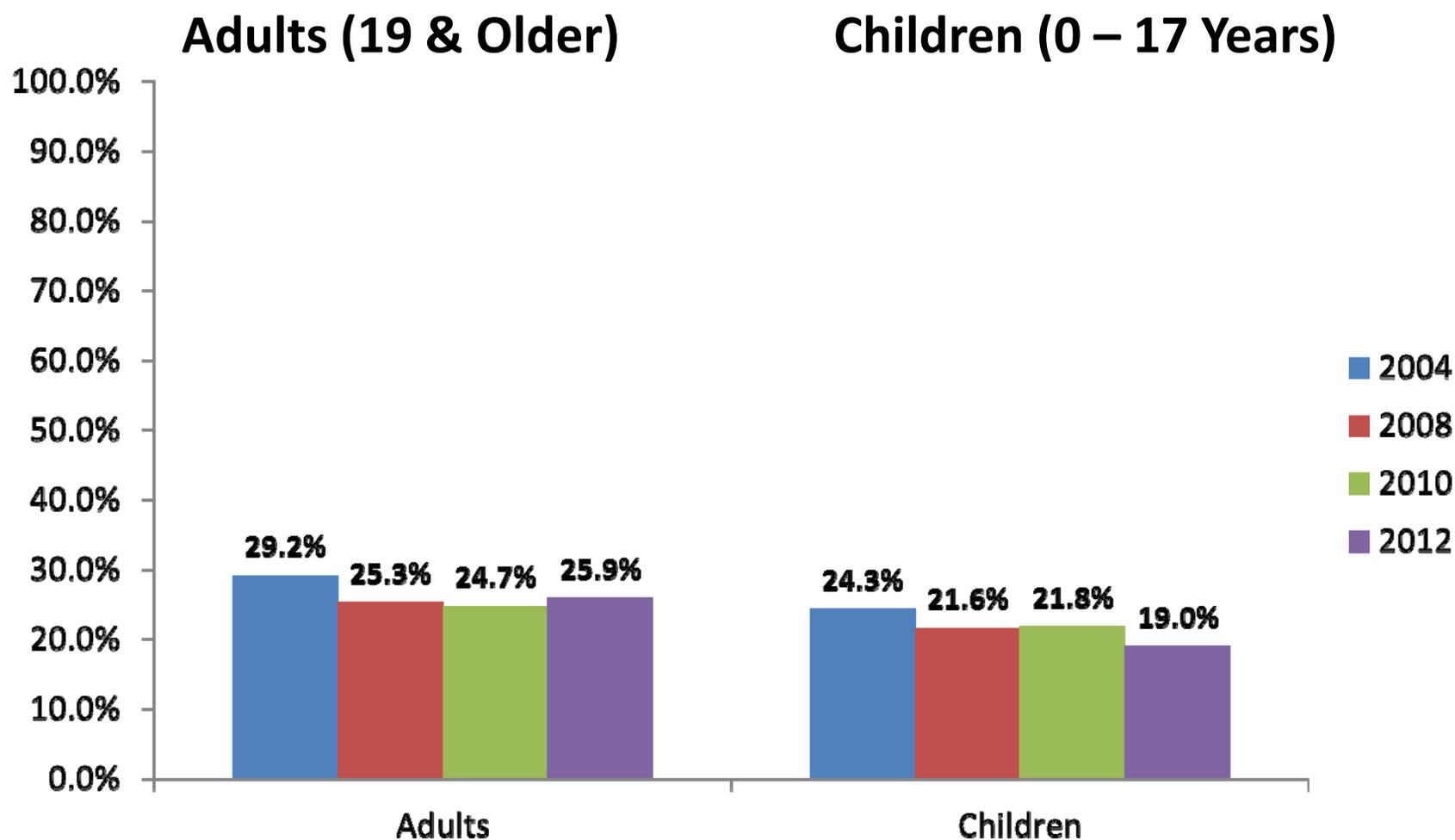
Adults (19 & Older)



Children (0 – 17 Years)

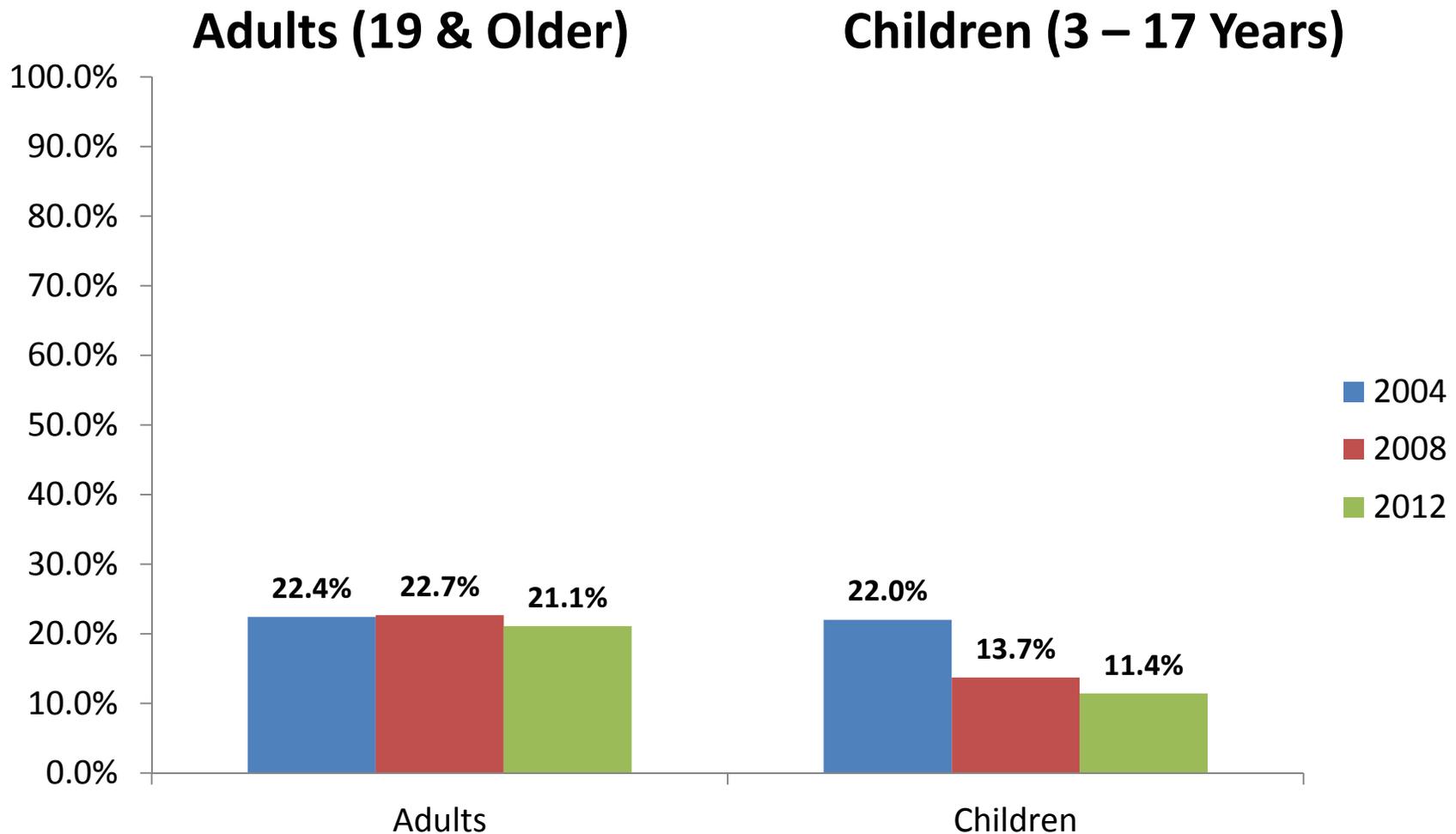


No Routine Medical Visit (past 12 months)



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Harder to Secure Care



**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Key Findings

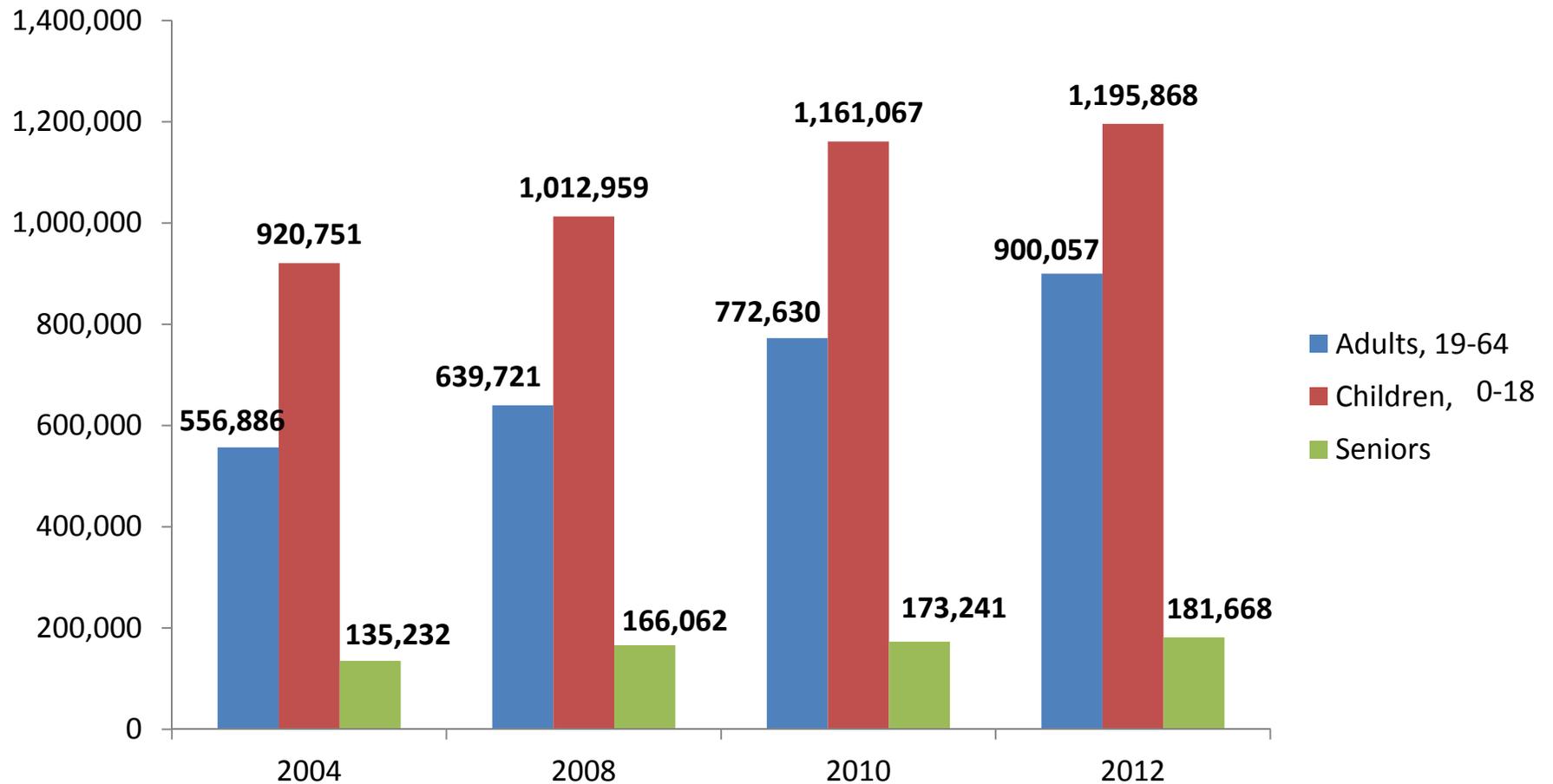
- **Decline of employer sponsored insurance has slowed with the economic recovery**
- **Uninsured are the largest group in the Medicaid expansion population (90%-138%)**
- **Little change in ER use over the last decade**
- **Most Ohioans report a usual source of care, but fewer will reach a medical home.**



Medicaid Population Characteristics

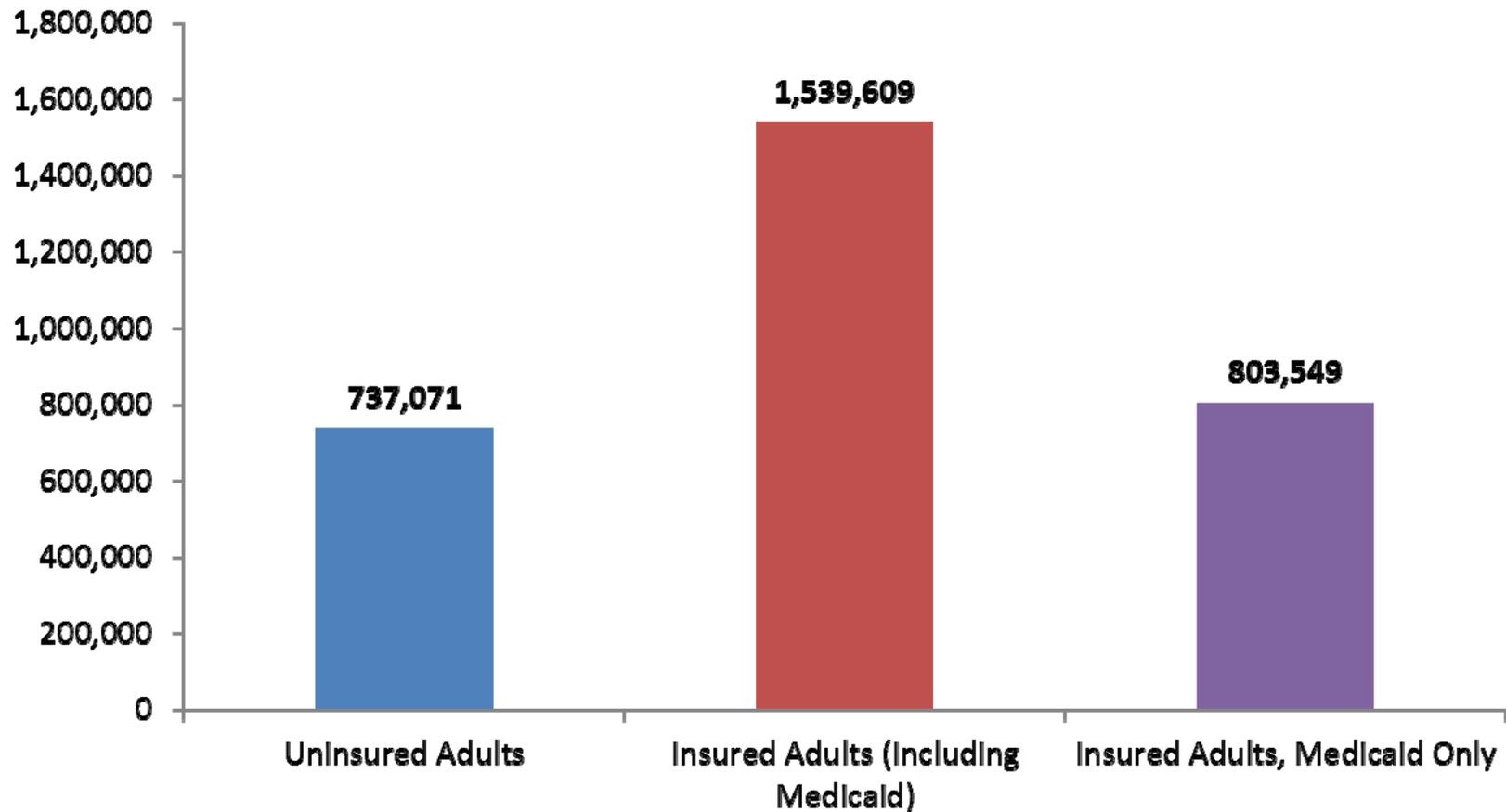
Ohio Medicaid Enrollment

Trend, Administrative Data (Source: Ohio Medicaid)



Since 2004, Ohio Medicaid enrollment has experienced a 41.9% growth in adults 19-64 years, and a 23.0% growth in children 0-18 years.

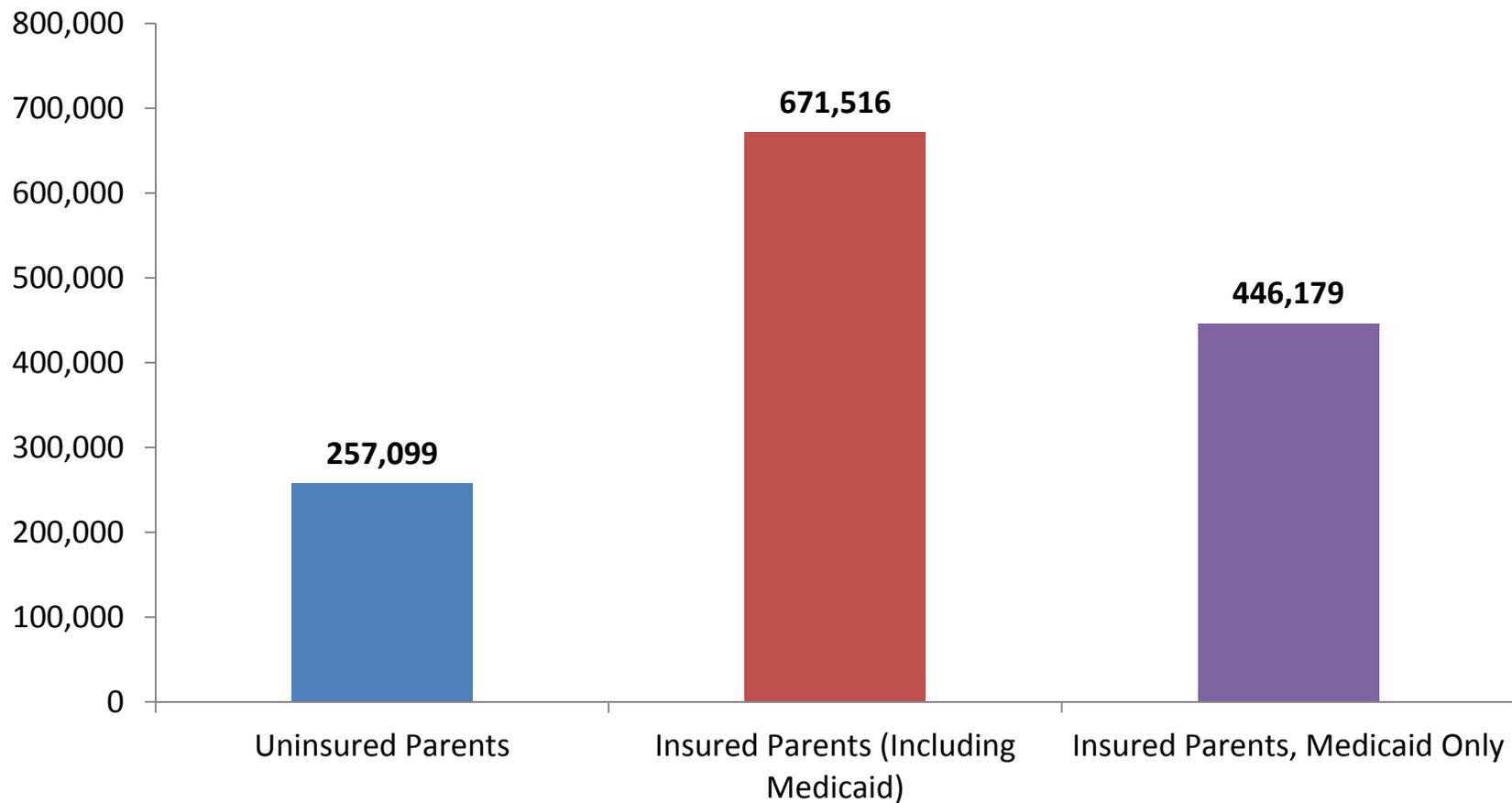
Insurance Status & Medicaid, $\leq 138\%$ FPL Adults (19-64 Years), 2012 OMAS



Medicaid enrollment is 52% of the total insured adults reporting family income $\leq 138\%$ FPL

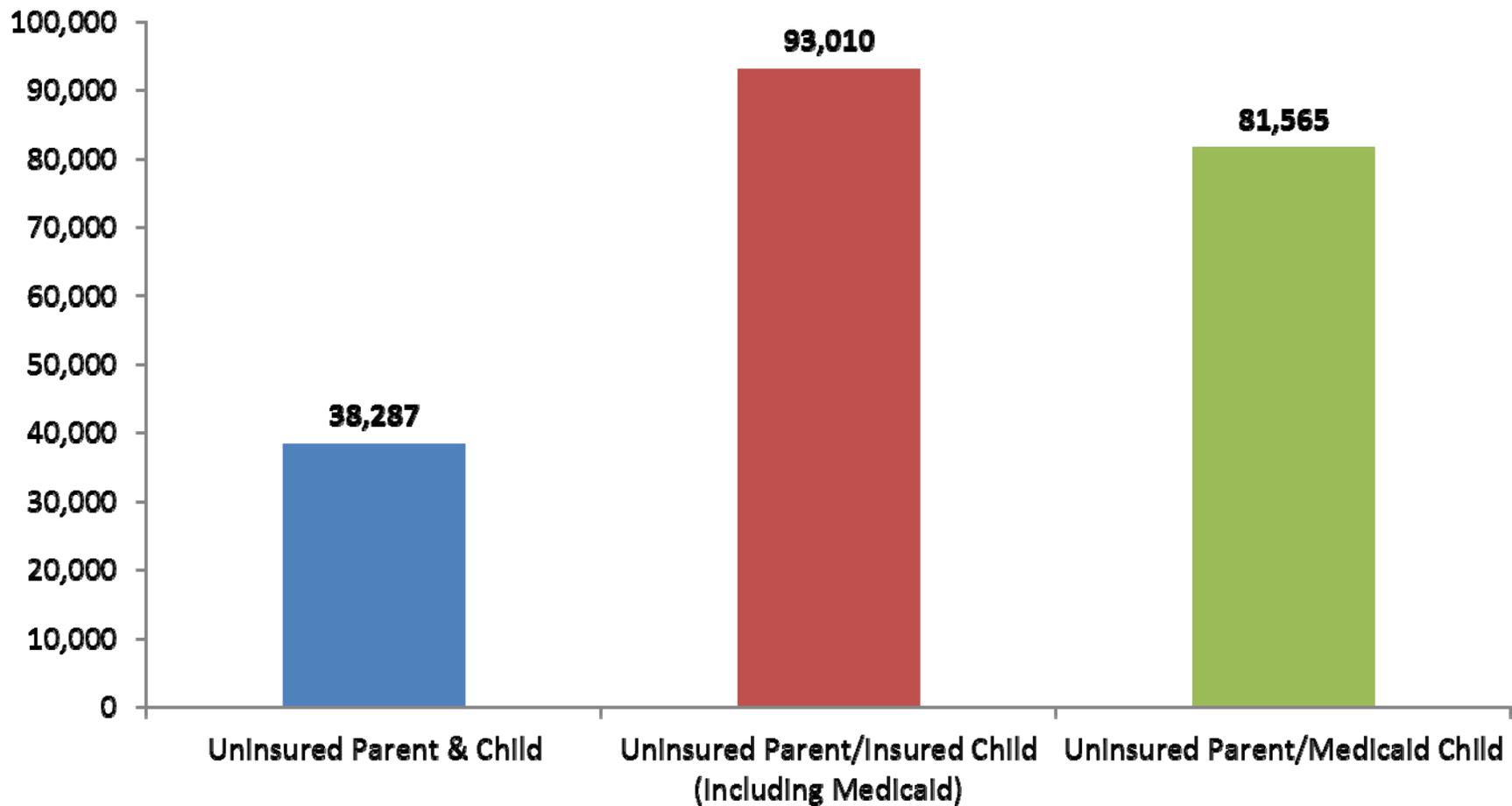
**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Insurance Status & Medicaid, $\leq 138\%$ FPL Adult Parents (19-64 Years), 2012 OMAS

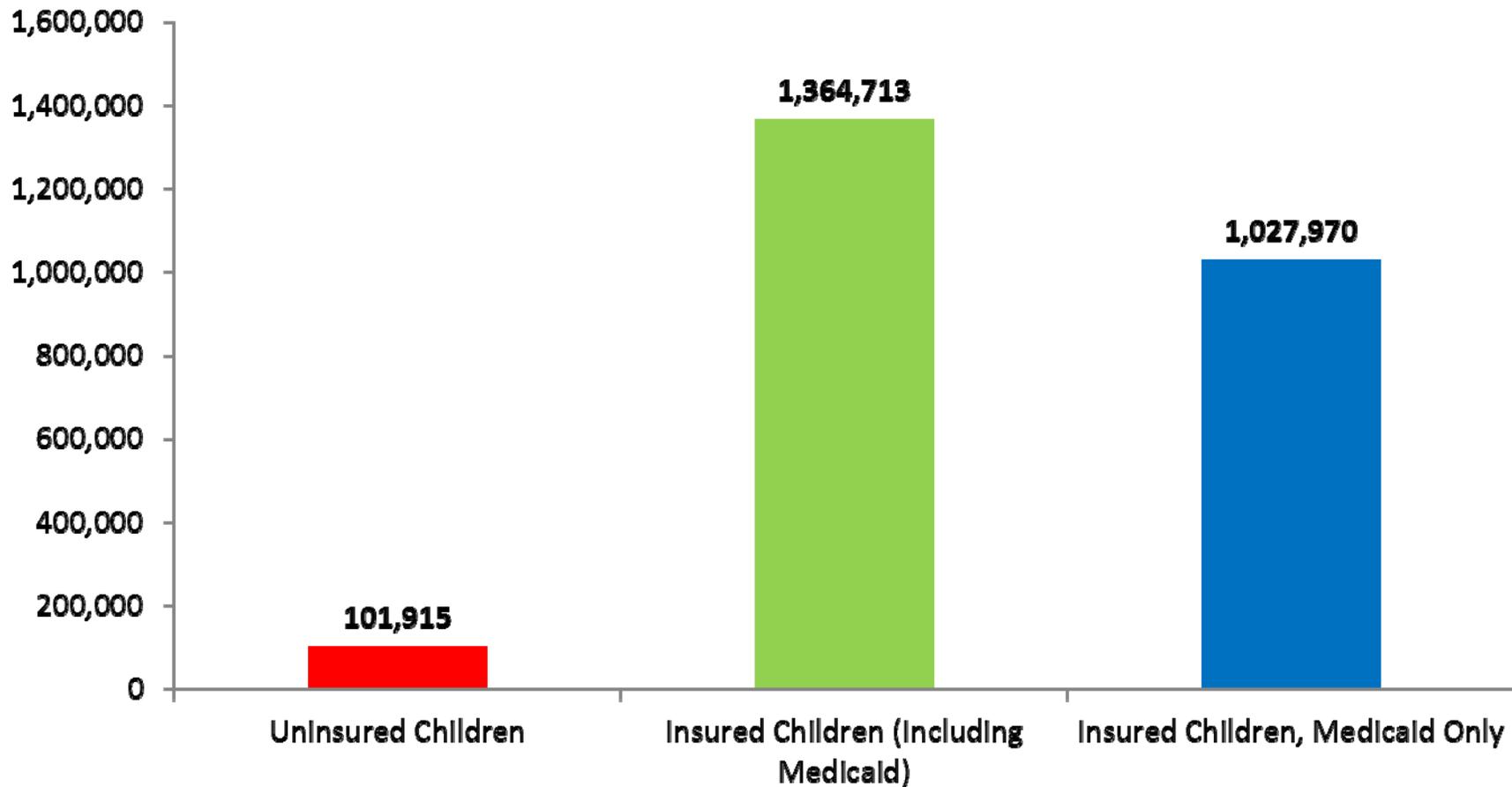


Medicaid enrollment is 66% of the total insured parents reporting family income of $\leq 138\%$ FPL

Currently Eligible, Not Enrolled Parents & Child Combined Insurance Status, ≤90% FPL (Potential Woodwork Effect), 2012 OMAS



Insurance Status & Medicaid, $\leq 200\%$ FPL Children (0-18 Years), 2012 OMAS



Medicaid enrollment is 75% of the total insured children with family income of $\leq 200\%$ FPL

Summary of Population Universe for Medicaid Expansion, 2012 OMAS

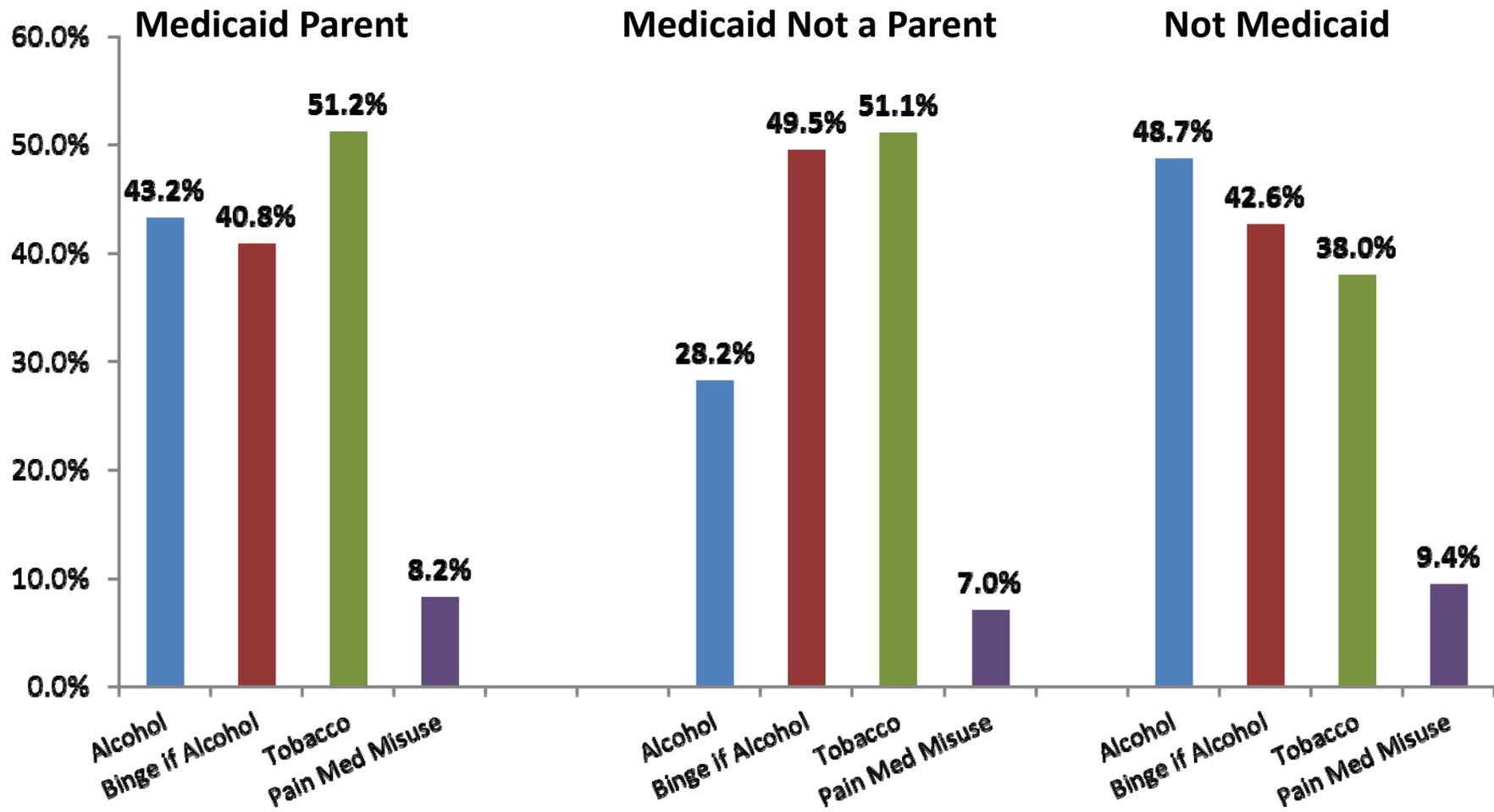
Population Group	Uninsured	With Other Insurance (not Medicaid or Medicare)
Total Adults (19-64 years) ≤138% FPL	737,071	604,094
Newly Eligible Adults (19-64 years) ≤138% FPL		
• Non Parents ≤138% FPL	479,972	405,094
• Parents 90-138% FPL	108,745	109,312
Potential Woodwork Effect		
• Parents ≤90% FPL	148,352	89,687
• Children ≤200% FPL	101,916	326,800

There is a potential woodwork effect for seniors and Medicare not included in this chart.

**Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.*

Medicaid Enrollee Health Risk Behaviors

Adults (19-64 Years), ≤138% FPL, 2012 OMAS



*Unless otherwise stated, data and information used in this presentation are from the 2012 Ohio Medicaid Assessment Survey.

Summary: Current Medicaid Enrollment

- Medicaid enrollment of 19-64 year old adults has increased significantly since 2010.
 - The impact of the woodwork effect on the cost of expansion is lower than when it was last estimated from the 2010 OFHS.
 - Reduction in ESI was less than expected from 2008 to 2010 projections.
 - Medical inflation has been less than expected in Ohio.
 - 52% of all insured adults $\leq 138\%$ FPL, and 66% of all insured Parents $\leq 138\%$ FPL are already covered by Medicaid.

Summary: Newly Medicaid Eligible

- The new adult populations eligible for Medicaid as a result of the ACA look similar to the Parents on Medicaid.
 - Have higher risk behaviors for alcohol use and slightly higher prescription pain reliever misuse and lower risk behaviors for tobacco use than Parents on Medicaid.
 - Health status measures look more like the Parents on Medicaid than other adults on Medicaid (Disabled community). They have higher needs for dental and vision care than Parents on Medicaid.
 - Lower use of medical care than Parents on Medicaid, except for use of specialty care.
 - Higher Prevalence of chronic disease than Parents on Medicaid

Expert Panel Question & Answer Session

Moderated by: Colleen O'Brien, Office of Health Sciences, Wexner Medical Center

Patrick Beatty

Deputy Director and Chief Policy Officer, Ohio Office of Medical Assistance

Lorin Ranbom

Director, Ohio Colleges of Medicine Government Resource Center

Timothy R. Sahr

Director of Research and Analysis, Ohio Colleges of Medicine Government Resource Center

Amy Ferketich

Associate Professor, Division of Epidemiology, Ohio State University College of Public Health

Eric Seiber

Assistant Professor, Division of Health Services Management and Policy, Ohio State University College of Public Health

Tom Duffy

Senior Research Survey Scientist, RTI International

2012 OMAS Research Conference

June 28, 2013

12:00 PM – 4:00 PM

Mid-Ohio Foodbank, Grove City, OH

Topics Include

Maternal and Infant/Child Health Status in Ohio

Profile of Ohio's Children with Special Health Care Needs

Primary Care Medical Home Status in Ohio

Further Questions

OMAS Website: grc.osu.edu/omas

Please Contact Timothy R. Sahr

The Ohio Colleges of Medicine Government Resource Center

150 Pressey Hall

1070 Carmack Road

Columbus, OH 43210

Phone: 614.366.0328

Timothy.Sahr@osumc.edu

ImpactSIIS 2012

- December 2011- “Founding Father” retired
- January Through June 2012- Developed billing module
- June 2012- Ended development phase
- July 2012- Notice of award for Interoperability Grant; Manager promoted
- August 2012- VTrckS implemented
- October 2012- Interoperability project moving 5.8 million immunizations; 60% electronic
LHDs: 537k flat files, 435k direct, 88k HL7

ImpactSIIS 2013

- Billables Project - Pilot Phase has begun
 - New lot source
- Patient and immunization loading algorithms improving
- HL7 2.5.1 Query/Response via Web Services in development
 - Anticipate ready to pilot early May
- In planning:
 - Real-time immunization message processing
 - Lot clean-up tool



Hospital Implementation Progress

3/20/13



Number of hospitals →

7

14

8

16

23

- Adena Health System (3)
- Berger Hospital
- Community Memorial
- Morrow County
- Samaritan Regional

- Elyria Memorial
- Genesis (2)
- Union Hospital
- University Hospitals (10)

- Blanchard Valley (2)
- Parma Community
- Premier Health Partners (4)
- Wood County

- Akron General (2)
- Avita (2)
- Community Health and Wellness (3)
- Dayton Children's
- East Liverpool
- Fulton County
- Humility of Mary (3)
- Mercy Canton
- St. John
- St. Vincent Charity

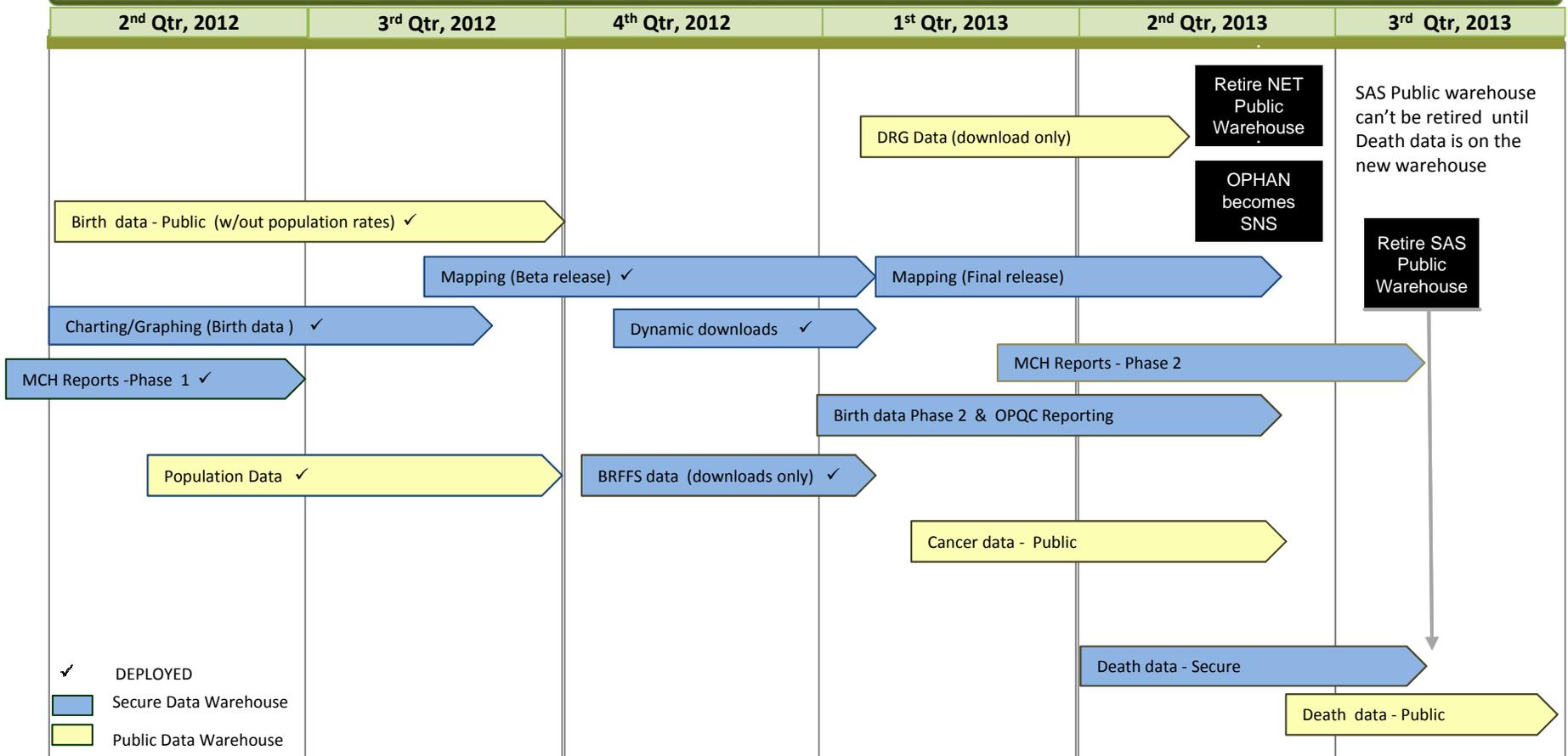
- Grand Lake/Joint Twp
- Kettering (6)
- Lima Memorial
- Mercer County
- Mercy Lorain (2)
- Mercy Toledo (7)
- Saint Rita's (2)
- Southern Ohio Med. Center
- Southwest General
- Van Wert



Total Active Hospitals

<http://www.clinisync.org/index.php/component/content/article/535-interface-dashboard.html>

Ohio Public Health Information Warehouse(OPHIW) Timeline



Assumptions:

- 2002 BRFFS data in SAS public warehouse will be retired
- 2005 STD & TB data in SAS public warehouse will be retired
- 2000 Infectious Disease data in OPHAN will be retired
- Community profiles project is outside scope of EDW timeline with the exception that existing profiles will be made available as downloads only on the new warehouse
- Current IT resources will remain on the project through 6/2013 (Jim Skentzos, Dan Schlichting, Rex Mahel and Surendra Pesala)

Out of Scope:

- WIC
- Community Profiles
- Hospital Compare

Enhancements to:

- Existing .NET Public warehouse
- Existing SAS Public warehouse



Current Data Warehouse Inventory

Ohio Public Health Information Warehouse(OPHIW)

Data Set Name	Secure/Public	Years of Data	Comments
Ohio Resident Births	Secure	2006-Present	Restricted and Non-restricted versions of Resident Birth data
Ohio Cancer Incidence(Monthly)	Secure	1996-Present	Dynamic (Monthly) identified an de-identified Cancer datasets
Ohio Cancer Incidence (Annual)	Secure	1996-2010	Annual (Lockdown) identified an de-identified Cancer datasets
MCH Block Grant Reports	Secure	2011	Phase-1 reports are available. Phase-2 reports are underway.
BRFSS	Secure	2000-2010	Downloads only
Ohio Resident Births	Public	2006-Present	Rolled up data available through Charting/Reports/Mapping
Population (provided by CDC)	Public	As of Oct. 2011	Population data(updated annually) to calculate the rates

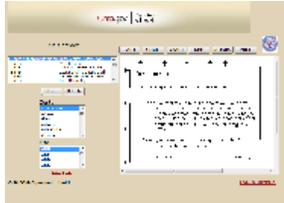
Last Updated: 3/2012



Old Warehouse Inventory

.NET Public Warehouse – will be retired 04/13

Data Set Name	Years of Data	Comments
Cancer Incidence Reports & Maps	1996 - 2007	No longer needed per program
Hospital Inpatient	2003 - 2009	Current data available in Hosp. Compare. Legacy data will be available for download only in the new Public warehouse by April 2013
Hospital Outpatient	2003 - 2009	Current data available in Hosp. Compare. Legacy data will be available for download only in the new Public warehouse by April 2013
Community Profiles – Death Illness & Injury	2004 - 2008	No longer needed per program
Community Profiles – MCH Reports	2003 - 2008	MCH Reports will be available for download only in the new Public warehouse by April 2013



Old Warehouse Inventory

SAS Public Warehouse – will be retired 10/13

Data Set Name	Years of Data	Comments
Birth	1990 - 2008	Will be available in the new Public warehouse by Jan 2013
Death	2001 - 2008	Will be available in the new Public warehouse by Oct 2013
STD	1996 - 2007	OK to Retire per Program
TB	2005	OK to Retire per Program
Community Profiles – BRFSS	2002	BRFSS data files will be available for download only in the new Public warehouse by Apr 2013
NCHS Census Data	2008+	Will be available in the new Public warehouse by Jan 2013

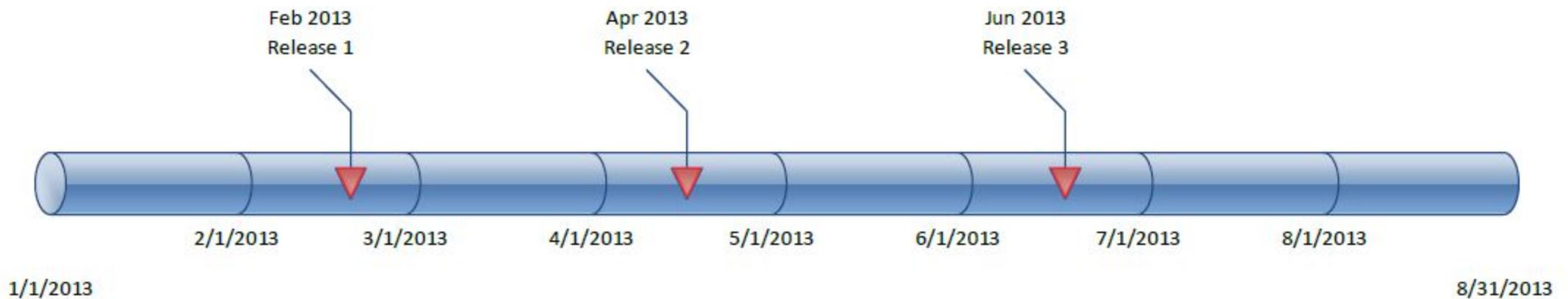


Old Warehouse Inventory

OPHAN Secure Warehouse – will be rebranded as SNS

Data Set Name	Years of Data	Comments
Infectious Disease	1993 - 2000	OK to Retire per Program
Infant Mortality Mapping	2001 - 2008	Infant Mortality data will be available on the new Secure warehouse by Aug 2013

Enterprise Data Warehouse (EDW) – Application Release Timeline



Release 1

- Secure Mapping (BETA version)
 - Shape Mapping (e.g. Counties) with coloring based on basic Statistics (e.g. Quantile)
 - Data Point Mapping (e.g. Birth/ Cancer Cases)
- Secure Downloads dynamic generation
 - Dynamic download files based on user security

Release 2

- Secure Mapping (Beta version)
 - Updates based on UAT findings and issues found in BETA test
- Updated Public Application
 - Feedback received from LHDs/Stakeholders

Release 3

- Dataset System Administration
 - New application to administer the OPHIW applications
- Secure Mapping (Final version)
 - Updates based on feedback from BETA test
- Cancer data on Public application
 - Charts/Reports
- Birth Occurrence data/OPQC Reporting on Secure application
 - Data/Charts/Reports/Downloads