# Public Health Systems Performance During COVID-19: "Big Picture" Perspectives on Public-Private Collaboration

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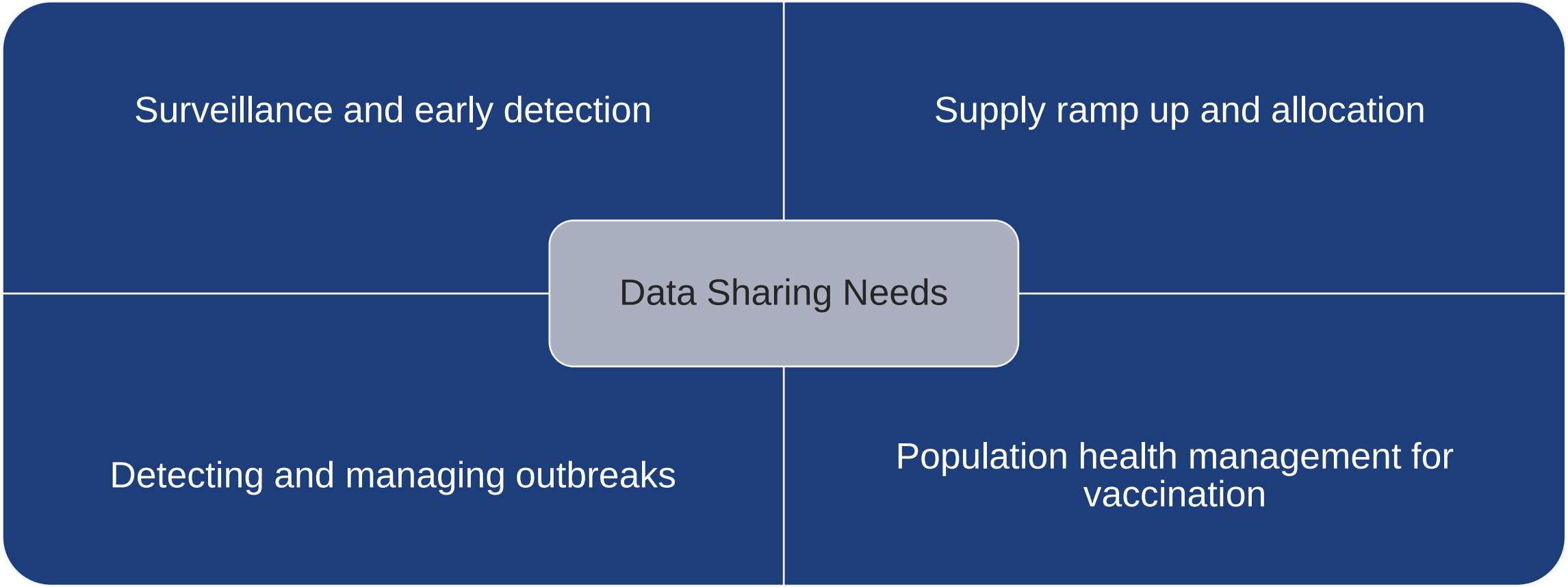
# Overview

- Effective pandemic response efforts require public health and private health care organizations to work together. COVID-19 led to these stakeholders working together in unprecedented ways
- Data systems are not consistently connected or integrated across public health and health care, complicating timely and coordinated response
- Actions are taking place to improve data sharing and interoperability – building on these steps will enable more effective responses to future public health emergencies

# Public Health-Health Care Data Sharing Opportunities: Four Key Examples



# Example: Surveillance

- **Surveillance:** Limited public and private lab collaboration led to missed early detection and surveillance. The CDC is now collaborating with commercial, academic, and public health labs to monitor variants.
- **Potential future steps:** Fully integrating commercial and health care laboratories into surveillance, supported by data interoperability and routine data sharing

**Capacity and Utilization**

- Data interoperability to make genomic data sharing more automated
- Timely regional data on variants of concern and new threats

**Payment and Access**

- Payment for genomic testing integrated into routine testing

# Example: Supply Ramp Up

- **Supply ramp up:** Private sector supply responses to the COVID-19 pandemic were critical to meet medical product needs, but the US still lacks a robust disaster-ready supply chain with timely, automated data exchange to anticipate shortages, surge supplies and allocate resources to meet priority needs


- **Potential future direction:** Federally-supported data sharing networks activated in public health emergency to enable Federal "control tower" insights across health care suppliers, enabling more effective Federal support for suppliers to avoid potential shortages, and to connect suppliers to highest-priority local public health needs

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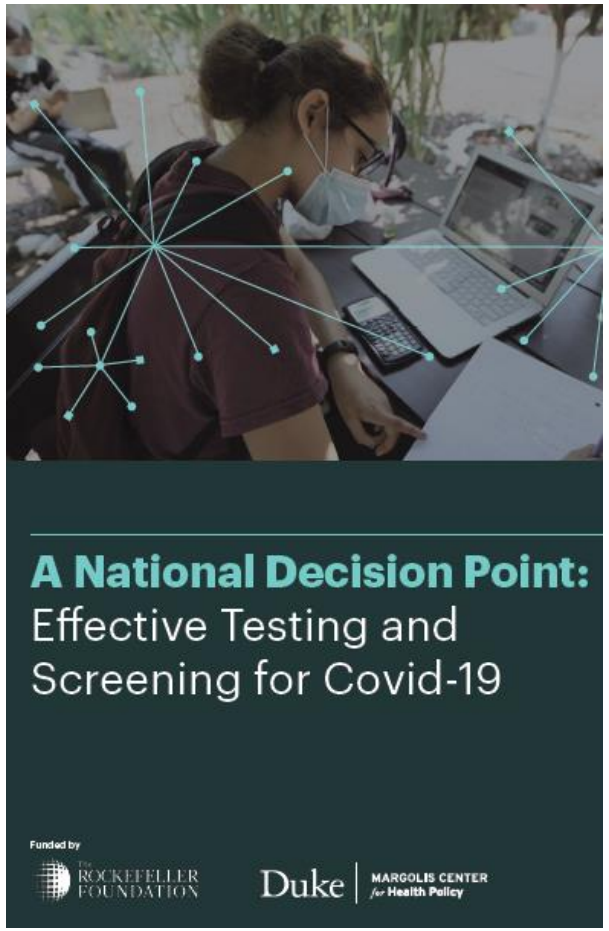
https://healthpolicy.duke.edu/sites/default/files/2021-02/Framework%20for%20Private-Public%20Collaboration%20on%20Disaster%20Preparedness%20and%20Response.pdf

# Example: Bidirectional Data Sharing for Testing and Containment

- **Bidirectional data sharing:** Successful COVID-19 containment depends on timely sharing of test result data for patient management, contact tracing, and containment – with effective processes for diagnostic testing and screening
- **Potential future directions:** Support public health/health care data interoperability for test results with linked payment support for diagnostic testing; facilitate straightforward and nonburdensome mechanisms for reporting on screening programs
  - Diagnostic testing: incremental payment for health care providers that implement routine and timely electronic reporting to public health authorities, and public health data sharing to primary care providers who have accountability for patients with positive tests
  - Screening: Resources for employers doing routine workplace or school testing to report any positive results within 24 hours, but otherwise only report number of tests taken and the test positivity rate at regular intervals.




https://healthpolicy.duke.edu/sites/default/files/2020-06/a_national_covid_surveillance_system.pdf
https://www.rockefellerfoundation.org/wp-content/uploads/2020/09/A-National-Decision-Point-Effective-Testing-Screening-for-Covid-19-Full-Report.pdf

# Example: Leveraging Immunization Information Systems to Strengthen Vaccination Initiatives

- With excess vaccine supply, states must develop targeted engagement strategies to reach under-vaccinated communities and unvaccinated individuals.
- Health care providers and health plans have established relationships with patients that can support engagement on vaccination.
- Limited access to accurate and timely immunization data to date has reduced the impact of their engagement efforts.
- Emerging examples of data sharing demonstrate opportunities for health care-public health collaboration.

Case Examples:

- **Vaccine Community Connectors Program:** The state of Illinois partnered with America's Health Insurance Plans and Blue Cross Blue Shield of IL to increase the vaccination rate among at-risk seniors in vulnerable communities. The state shares a weekly IIS feed and a list of priority zip codes for health plans to identify unvaccinated members in prioritized locations for outreach. Health plans can then focus their efforts to contact, inform, schedule, and enable members to get vaccinated.
- **Maryland Chesapeake Regional Information System for our Patients (CRISP) Health Information Exchange:** By combining clinical, claims, and state Immunization Information System data, CRISP allows primary care providers to receive daily reports of vaccination status for all their patients as well as summary reports on vaccination status by age, race, & geography to inform outreach efforts. Providers participating in the state's shared savings program have financial incentives to engage unvaccinated individuals, particularly those at higher risk for complications.

# Considerations in Strengthening Immunization Information System (IIS) Data Sharing

- Addressing state legal and regulatory barriers to information sharing
- Fostering a culture of collaboration with healthcare partners
- Improving IIS interoperability with EHRs and Health Information Exchnages (in applicable states)
  - Facilitating bi-directional data sharing from EHRs to state IISs
  - Ability of HIEs to augment racial and ethnic COVID-19 vaccine data
- Strengthening capacity of legacy IIS systems
  - COVID Supplemental and ARPA funding can be used by states to invest in data sharing infrastructure
- Looking ahead:
  - Identify use cases to support IIS data exchange: generating real world evidence, informing state outbreak response, prioritizing contact tracing efforts, anticipating post-pandemic state
  - IIS modernization: Federal partners can provide guidance and set goals for state investments and enhancements in linkages between public health and other state and non-state information systems
- Duke-Margolis current activities to enhance IIS data sharing
  - COVID Collaborative initiative
  - Forthcoming issue brief on promising state practices to facilitate IIS data sharing with payers and providers

# Thank You

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