

Oregon builds a use case for informatics workforce

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CATEGORY: **Epidemiology and Laboratory Capacity (ELC)**

CATEGORY: **Public Health Data Science Workforce**

Using expanded funds from the Epidemiology and Laboratory Capacity (ELC) grant, Oregon Health Authority was able to establish an informatics team to focus on data inputs and exchange, data integration and interoperability, data use and system support, and data quality and reporting. Together this team has proved invaluable and has expertly powered Oregon's modernization activities forward.

Oregon's Acute & Communicable Disease Prevention Section sits within the Center for Public Health Practice of the Public Health Division. This section has a long history of informatics-related work, but has not had either the governmental or administrative support to sustain the amount of work required. Oregon was an early electronic laboratory reporting (ELR) state (first received in 2004), supports a home-grown flexible and dynamic integrated disease surveillance system (Orpheus), has 100% voluntary participation

by emergency departments for syndromic surveillance, was an early adopter of CDC's NEDSS Modernization Initiative (onboarding the Generic Version 2 Message Mapping Guide in 2016, and has since onboarded five additional guides and is in pilot with another four), and was an early implementer of electronic case reporting (eCR). All of this done with only a few positions funded entirely by the Epidemiology and Laboratory Capacity (ELC) and Emerging Infections Program funds.

The "What"

For nearly a decade, the section has argued that they would need expanded staffing capacity to improve any of their efforts (including data quality, data reporting and visualization, interoperability, etc.). With expanded funding for ELC (Enhancing Detection and Data Modernization), they developed an Informatics Program Brief, conducted an Informatics Assessment, and made short-term (i.e., limited duration) gains. They established an Informatics Team that includes four distinct yet integrated work streams: data inputs and exchange, data integration and interoperability, data use and system support, and data quality and reporting. This team, which includes a manager and 20 full-time staff, has transformed the section's ability to work, focus on data quality, and modernize their visualization and reporting efforts.



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The "So What"

Even in the midst of the pandemic, the Acute & Communicable Disease Prevention Section was able to address projects (e.g., establish a reporting data mart, implement an ELR data quality assurance protocol, improve eCR ingestion, and offer a dedicated surveillance system support team) that they had not been able to in the preceding decade. They are making strides in data accessibility and data sharing; making advancements in interoperability and data linkages; and for the first time ever, have grounded arguments for workforce recruitment, retention and sustainability.

The "Now What"

This is a transformational time – the "now what" is huge. The section does not have legislative support to retain the positions or the workforce. They are at a pivotal moment of "ifs." If they can keep this workforce, they have a number of milestones and next steps to keep moving on a modernization path. If, however, they are not able to retain this workforce, they will be spending the next 18 months evaluating which of the work efforts will need to be retired or scaled back. For example, if they

are able to keep the Data Visualization unit, they will continue to build data repository, accessibility and reporting tools along with local public health partners – including a data advisory group that is prioritizing reports for identifying and addressing health disparities. If they lose funding and staffing, they plan to phase out various initiatives (likely public-facing reports first, followed by internal reports and data quality assurance). It is a tenuous time filled with hope and anxiety.