

# ***Obtainable & Sustainable:***

## ***Open Source Solutions for the Future of Public Health***

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# Agenda



1. Open Source v. Commercial Software
2. Legacy & Open Source Solutions for Public Health
3. Impact of Meaningful Use & HIEs in Healthcare
4. Open source: Public Health's "Game Changer"
5. Public Health Informatics Workforce
6. Questions & Answers



# Open Source v. Commercial Software

- Commercial Software Business Model

Windows



- Code developed, owned and distributed by the Company
- Primary financial return comes upfront from the software
- Software is only 'licensed', - you have No ownership of code
- Secondary financial return comes from additional implementation services, training and software update maintenance

# Open Source v. Commercial Software

Linux



- Open Source Business Model

- Emphasis on freedom - to build, use, own, modify, and distribute
- Most all financial returns based on charges for services, training and ongoing support
- Source code belongs to the user – as defined in License Model
- Open source does not mean free
- Overall, Open Source has a lower cost of ownership

<http://www.centos.org/>

# Open Source Possible Challenges

- May lack in-depth and complete documentation
- No inherent developer risk but lost reputation associated with releasing product that is not production ready
- No support contract and the creator has no obligation to provide any support
- Requires mature business due diligence skills
- Requires a broad and solid technical skill set
- Possible longer learning curve



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# Current Public Health Legacy Systems



BioSense 1.0

HIV/AIDS

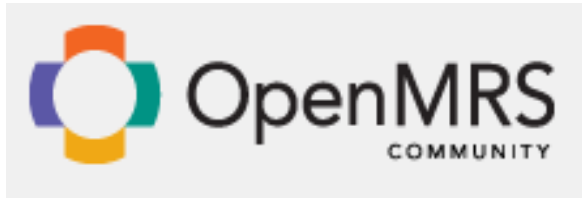


STD\*MIS

**Epi-X** The Epidemic  
Information Exchange



# Global Public Health Open Source Forerunners



- **OpenMRS** is a multi-institution, non-profit collaborative led by:
- **Regenstrief Institute** a Indiana world-renowned leader in informatics research
- **Partners In Health Inc.** a Boston-based charitable organization focus on improving lives of the underprivileged worldwide, through health care service and advocacy.



# OpenMRS Open Source System

OpenMRS

+

OpenMRS

Currently logged in as berlin francois | [Log out](#) | [My Profile](#) | [Switch to Classic View](#)

MDR-TB Homepage | Administration

john test

23 yrs (~01/Jan/1990)

EMR2 ID: 2AUP2Y

Currently viewing: Active MDR-TB Program, started on 05/Jun/2012 at Hinche ▾

Find Patient(s)   ☒ Only MDR-TB patients

[Overview](#) | [Chart](#) | [Visits](#) | [Treatment](#) | [Lab Results](#) | [Patient Details](#)

Program Status

Enrollment Date: 05/Jun/2012

Enrollment Location: Hinche

Registration Group - Previous Drug Use: PREVIOUSLY TREATED WITH FIRST LINE DRUGS ONLY

Registration Group - Previous Treatment: FAILURE OF CATEGORY I TREATMENT

Treatment Status: Currently not on treatment

Regimen	Start Date	End Date	Type
None	03/Sep/2012	Present	EMPIRIC

Visit Status

Intake: 05/Jun/2012 at Hinche

Most Recent Follow-up: None

Next Scheduled Follow-up: None

Hospitalizations: Not currently hospitalized

Admission Date	Discharge Date	Duration
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MDR-TB Diagnosis

Resistance Type: Unknown

Resistance Profile: Unknown

Site: Pulmonary

	Result	Date Collected	Lab	Date completed
Diagnostic Smear	None			
Diagnostic Culture	STRONGLY POSITIVE (+++)	05/Jun/2012	Cange	

Bacteriology Status

Smear Status: Not Converted

Culture Status: Not Converted

	Result	Date Collected	Lab	Date completed
Most Recent Smear	None			
Most Recent Culture	STRONGLY POSITIVE (+++)	05/Jun/2012	Cange	

Pending Lab Results

[Smear with status unknown](#)

9

# Global Public Health Open Source Forerunners



**Mission:** improve global health, safety and sustainable development through:

- **Building Capacity** within communities to foster a local culture of innovation
- **Creating Collaboration Technologies** for social good
- **Collaborating with End Users** through a bottom up design
- **Ensuring Usefulness and Impact** through research and evaluation

# Global Public Health Open Source Forerunners



Developed and funded by National Institute of Informatics (NII) and the Japan Science and Technology Agency's PRESTO

**Detection of early public health events**

**Detect and risk assess public health events in the grey literature at an early stage**

**Bridge the gap between the (multilingual) grey literature and existing standards in biomedicine;**



# OpenEpi – Epidemiology Statistics for Public Health

Developed by Emory University, and funded by the Bill and Melinda Gates Foundation

[Expand All](#) | [Collapse](#)

- Home
- Info and Help
- Language/Options/Settings
- Calculator
- Counts
  - Std.Mort.Ratio
  - Proportion
  - Two by Two Table
  - Dose-Response
  - R by C Table
  - Matched Case Control
  - Screening
- Person Time
  - 1 Rate
  - Compare 2 Rates
- Continuous Variables
  - Mean CI
  - Median/%ile CI
  - t test
  - ANOVA
- Sample Size
- Power
- Random numbers
- Searches
  - Google--Internet
  - PubMed--MEDLARS
- Internet Links
- Download OpenEpi
- Development

 **Open Source Epidemiologic Statistics for Public Health**

*Now in English, French, Spanish, Italian, and Portuguese*

**Version 3.01 Updated 2013/04/06 Try it in a Smartphone browser!**



OpenEpi provides statistics for counts and measurements in descriptive and analytic studies, stratified analysis with exact confidence limits, matched pair and person-time analysis, sample size and power calculations, random numbers, sensitivity, specificity and other evaluation statistics, R x C tables, chi-square for dose-response, and links to other useful sites.

OpenEpi is free and **open source** software for epidemiologic statistics. It can be run from a web server or downloaded and run without a web connection. A server is not required. The programs are written in JavaScript and HTML, and should be compatible with recent Linux, Mac, and PC browsers, regardless of operating system. (If you are seeing this, your browser settings are allowing JavaScript.) The programs can be run in the browsers of many iPhone and Android cellphones

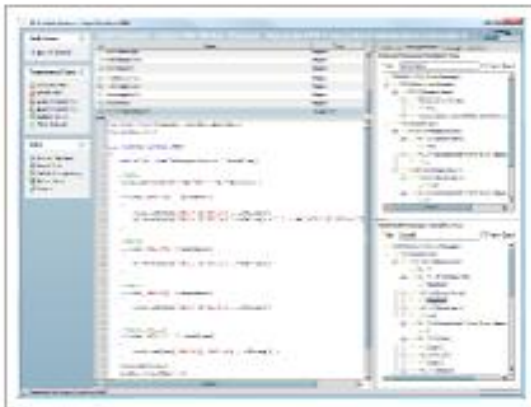
Test results are provided for each module so that you can judge reliability, although it is always a good idea to check important results with software from more than one source. Links to hundreds of Internet calculators are provided.

The programs have an open source license and can be downloaded, distributed, or translated. Some of the components from other sources have licensing statements in the source code

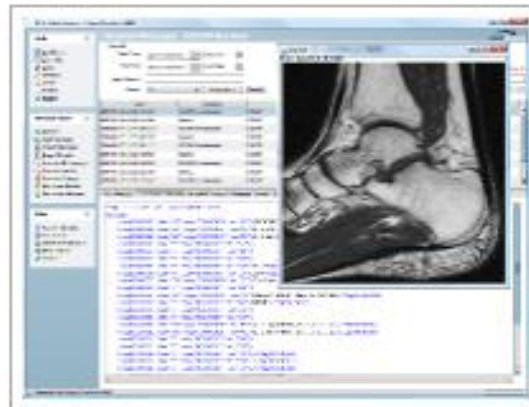
files. Licenses referred to are available in full text at [OpenSource.org/licenses](http://OpenSource.org/licenses). OpenEpi development was supported in part by a grant from the [Bill and Melinda Gates Foundation](http://BillandMelindaGatesFoundation.org) to Emory University, [Rollins School of Public Health](http://RollinsSchoolofPublicHealth.org).

A toolkit for creating new modules and for translation is included. Please let us know if you would like to collaborate in this way. Suggestions, comments, and expressions of interest in contributing to this effort should be sent by email to: [andy.dean@gmail.com](mailto:andy.dean@gmail.com), [cdckms@sph.emory.edu](mailto:cdckms@sph.emory.edu), and [msoc@cdc.gov](mailto:msoc@cdc.gov)

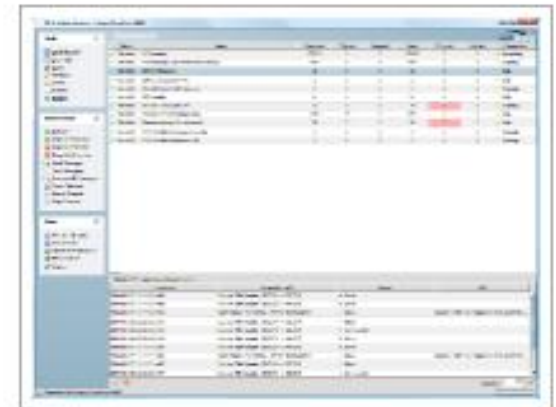
# Mirth Corp HL7 Integration Engine



Develop complex interfaces with JavaScript.



View and reprocess messages.



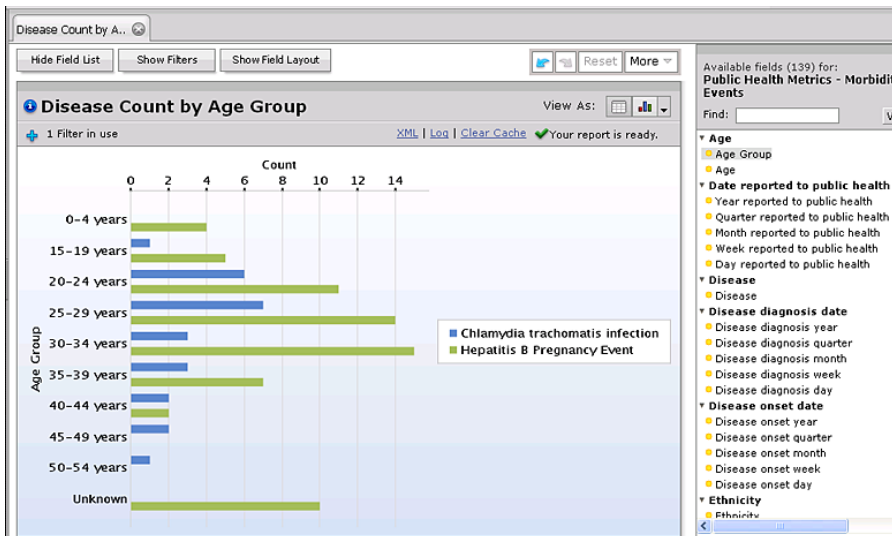
Monitor interface statistics and connections.



# Case Management and BI Analytics



Collaborative Software Initiative



Used by state of Utah as a Replacement for NEDSS



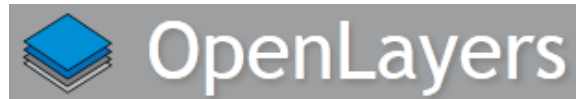
Obtainable & Sustainable: Open Source for Public Health

# Geographic Information Systems (GIS)



## Used by:

- State of Massachusetts
- New York City IT Department
- World Bank
- National Mapping Agency of France



**Free Maps for the Web**


Johns Hopkins University Applied Physics Laboratory

SAGES: an Open Source version of ESSENCE helps countries globally track disease



# Mobile Apps - The Future

Download it free today on iOS, Android and Windows 8 tablets

Health Information at Your Finger Tips · CDC 



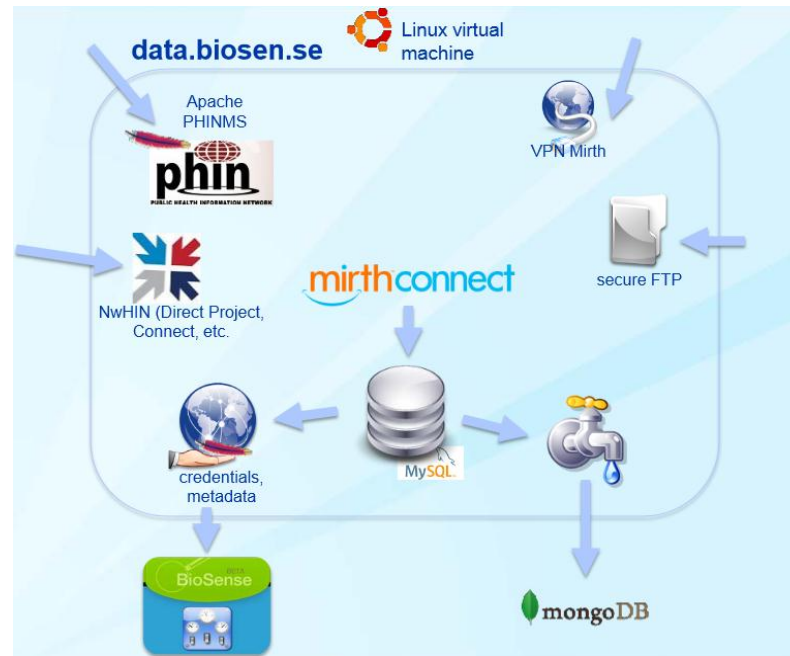
The CDC mobile application puts health information at your fingertips. It features important health articles, Disease of the Week, popular journals, prevention tips, and updates timed with important health concerns and events throughout the year. It also provides easy access to social media so you can share stories, links, podcasts, and videos with your friends and family. In an increasingly mobile world, you'll have 24/7 access to timely, vital health information so you can protect yourself and your loved ones.



- Health Articles,
- *Vital Signs*
- *Preventing Chronic Disease and Emerging Infectious Disease (EID) Journals*
- Public Health Blogs
- Automatic Social Media and Newsroom feeds



# BioSense 2.0 – Support Community



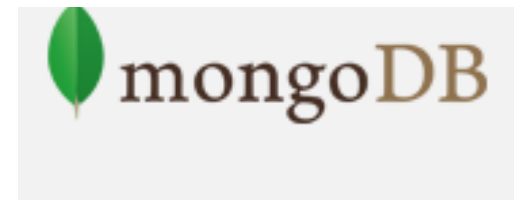
# BioSense 2.0 - Leading Edge Stack



Linux OS



## BIG DATA



# Agenda

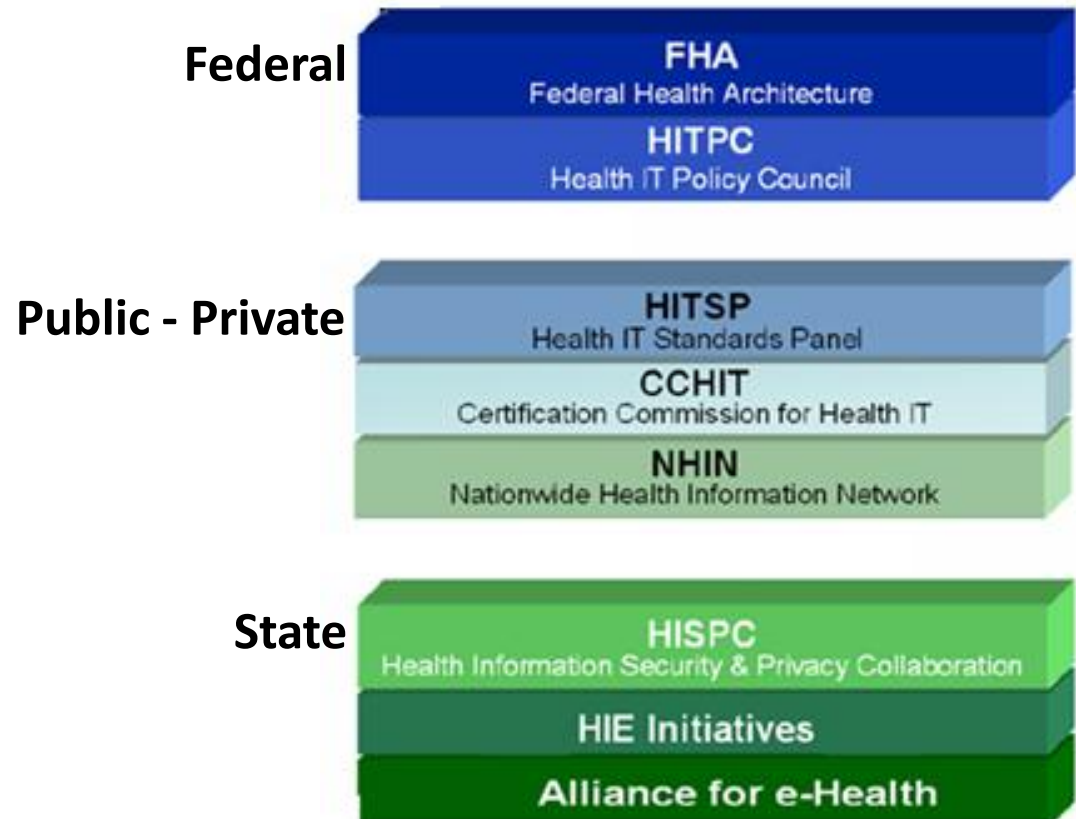


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# Meaningful Use - Driving Forces

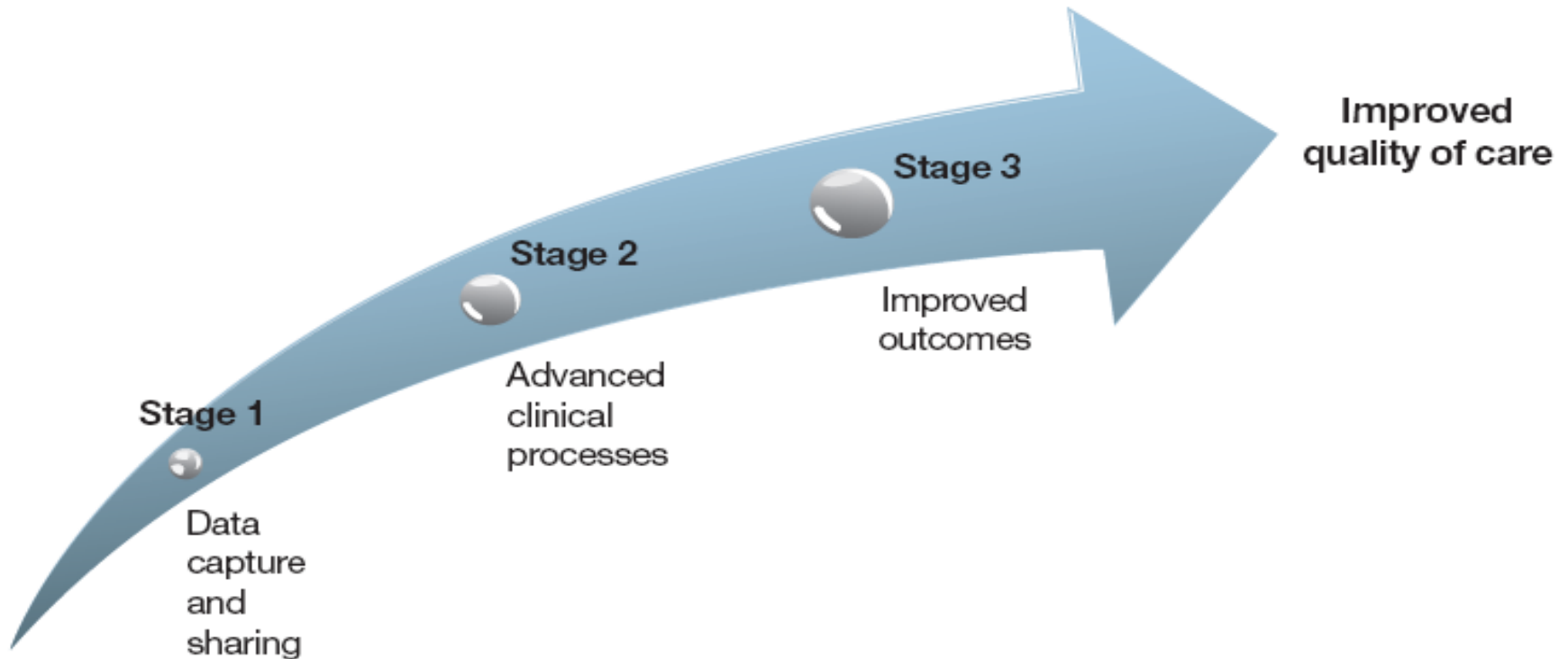
## New Standards And Relationships



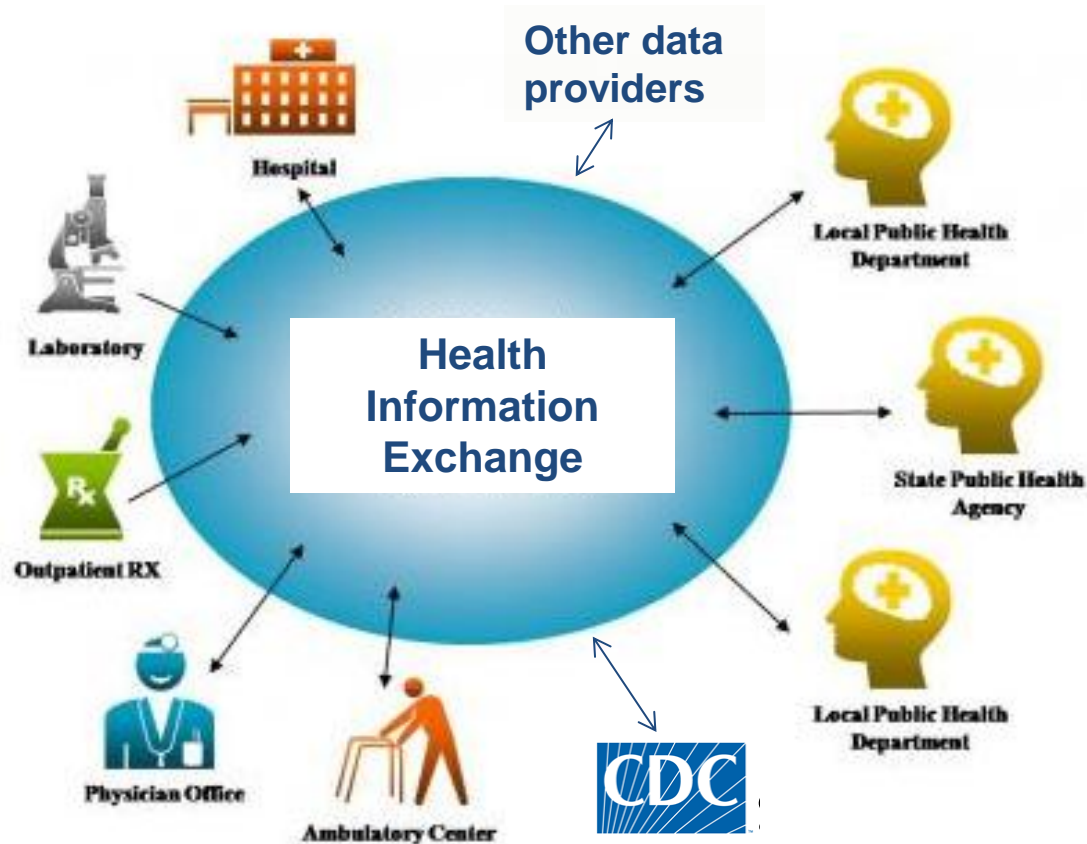
# Meaningful Use (MU)

Eligible Professionals (EPs) and Eligible Hospitals (EHs) must purchase certified EHR technologies (CEHRT).

- ONC – Authorized Certifying Bodies (ONC-ACBs)
- Certified Health IT Product List (CHPL)



# Health Information Exchanges



**In HIEs, data flows in many directions & users can gather & use it in a variety of ways. HIEs can be the aggregators of hospital data for the surveillance systems public health manages.**

# Benefits of HIEs, standardization

## Data Types

- Lab results
- Patient demographics
- Immunizations
- Clinical reports
- Encounter data
- Medication history

## Benefits of Data Exchange

- Clinical, real-time data availability at Point of Care (POC)
- Support diverse data needs of community health programs
- Feed each other & provide gateways to regional HIEs
- Help in identifying patient groups and populations
- Support research initiatives

# Four key areas where HIEs are valuable

## 1. Healthcare reform

- Public health reporting
- Care registries
- Quality reporting

## 2. Informatics and analytics

- Community reports
- Robust analytics capabilities
- Predictive modeling

## 3. Point of care coordination

- Supplementary patient data at POC
- Prescription/pharmacy and lab data
- Can increase quality, efficiency of care

## 4. Ongoing care management

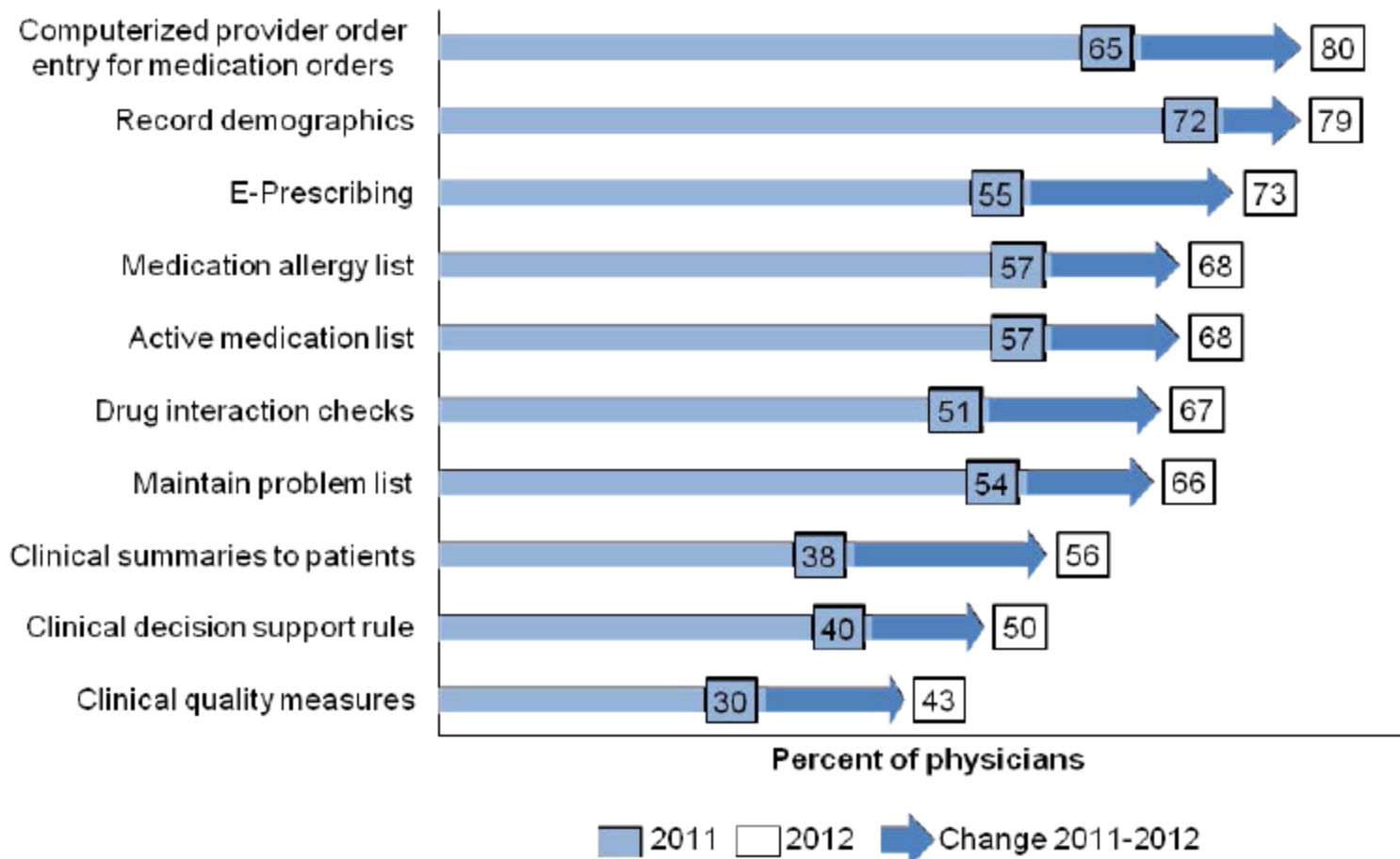
- Case management, navigation, tracking, sharing





# Meaningful Use In Motion

## Computerized Capabilities



Source:  
ONC data brief  
No 7, 12-12

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# Possible Public Health Game Changer

National Public Health Cloud based  
Open Source Development Services Consortium

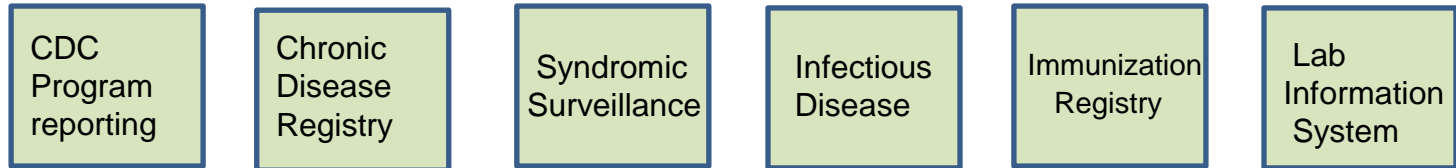


Power of Collaboration

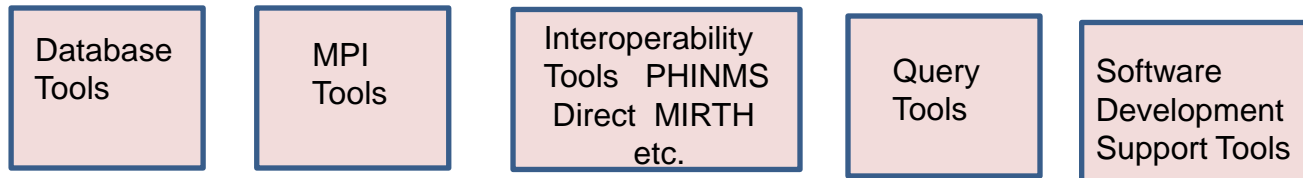
# Public Health Collaborative “Consortium”

Federal – State - Local

## Certified Applications



## Core Services



## Governance based - Core Development Management Services

**Public Health  
governed, supported  
Systems and Application  
Tool Factory**



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# Staffing and Health IT Adoption



**1 in 9 US jobs in healthcare by 2020**

2012 Center for Health Workforce Studies, University of Albany

**20% growth**, or 35,100 new jobs, from 2008-2018 in medical records and health information techs.

2012 Bureau of Labor Statistics



**25% - staffing resources top barrier to IT implementation**

2012 HIMSS Analytics Leadership Survey

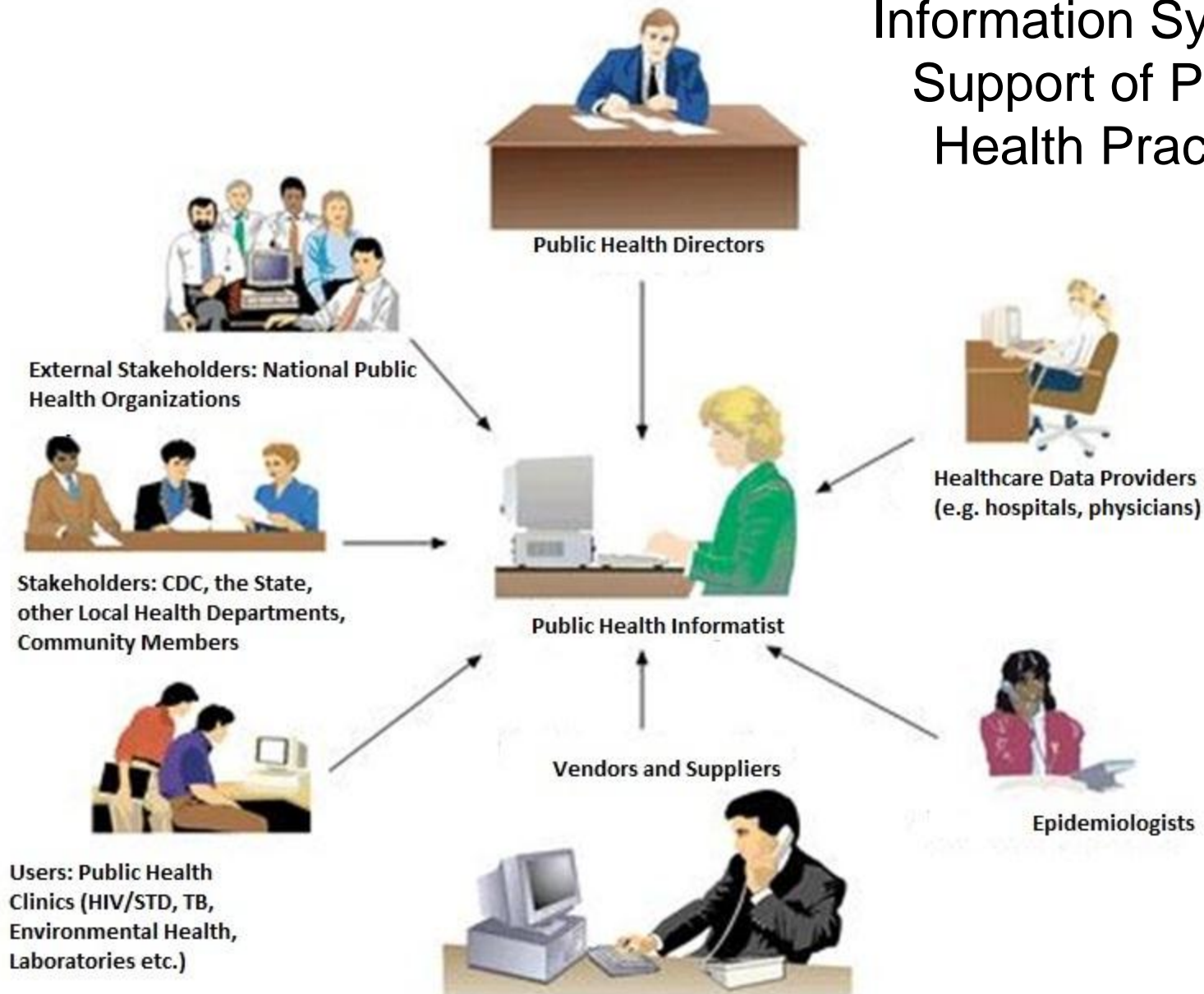
**66% - IT staff will increase in next year**

2012 HIMSS Analytics Leadership Survey



**HIMSS**

# Information Systems Support of Public Health Practice





# The Informatist

The following diagram shows some of the skills required:



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Questions?

Thank you!



# Contact Information

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