Organizational Capacity Framework for Chronic Disease Data Modernization

The Organizational Capacity Framework for Chronic Disease Data Modernization provides state health departments with promising practices for advancing chronic disease data modernization.

1. Lead and Manage Change

1.1. Establish supportive infrastructure to sustain ongoing chronic disease data modernization.
- Form or strengthen a data modernization leadership team with chronic disease programs.
- Facilitate continuous action, innovation, and improvement cycles (PDSA Cycles)

1.2. Facilitate bi-directional sharing between chronic disease programs, data modernization leaders, and other public health programs to align plans and processes.

1.3. Communicate the value and urgency for chronic disease data modernization.

1.4. Maintain an inventory of chronic disease surveillance and evaluation practices, documenting gaps and opportunities for innovation and improvement.

1.5. Leverage resources (public and private) to support chronic disease data modernization.

1.6. Develop a plan or roadmap for chronic disease data modernization that complements or is embedded within the broader state Data Modernization Initiative (DMI) plan.

2. Engage and Develop the Workforce

2.1. Engage chronic disease program staff so they understand data modernization concepts and recognize their critical role in shaping the future of chronic disease surveillance and evaluation.

2.2. Gather input from chronic disease program staff to inform modernization efforts, including needs, priorities, insights, and ideas.

2.3. Assess training needs and implement a workforce development plan that connects chronic disease program staff, epidemiologists, and evaluators to learning and development opportunities that align with the state's data modernization efforts.

3. Develop and Sustain Partnerships

3.1. Identify and assess chronic disease partners, evaluating current levels of engagement and exploring opportunities to involve new organizations and deepen existing relationships.

3.2. Collaborate with populations of focus and key interest holders to co-develop a shared vision and strategic direction for chronic disease data modernization.

3.3. Foster regular communication between public health, healthcare, payers, health information exchanges (HIE), and others to explore data use, sharing agreements, and governance.

3.4. Share practical use cases that demonstrate the value and how data can inform clinical or public health action to improve chronic disease prevention and management.

4. Advance Data Infrastructure for Action

4.1. Explore new data sources and innovative uses of existing data, including Electronic Health Record (EHR) data, all-payer claims data, Admit, Discharge, Transfer (ADT) feeds, local/tribal/territorial health data, and demographic, geographic, and social needs data.

4.2. Ensure the integrity, quality, and privacy of chronic disease data by establishing data governance policies and practices and applying validation processes.

4.3. Apply interoperability standards and protocols to enable seamless data exchange, such as: Fast Healthcare Interoperability Resources (FHIR), US Core Data For Interoperability (USCDI), USCDI+, and Electronic Case Reporting (eCR).

4.4. Leverage or expand agency data infrastructure (e.g., data warehouses and lakes) to support integration and management of chronic disease data.

4.5. Use advanced analytics methods and platforms to conduct efficient data synthesis, analysis, and visualization to inform decision making and public health action.