

## NVCHS Panel statement for September 11-12, 2017

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Background: The mission statement of Kaiser Permanente Southern California (KPSC) is to improve our patients' health and the communities in which they live. NCVHS provides advice and assistance on key health data issues related to community and population health, standards, privacy and confidentiality, quality, and data access and use. There may be potential common ground. The following are use case examples of how KPSC may use pertinent related data. (slide 1-2)

### A. What types of public health collaboration are possible now?

During influenza season of 2016-2017, we shared with the Los Angeles County Department of Public Health, heat mapping of influenza-like illness in LA county. This deidentified, aggregate information was shared in an email newsletter to all hospitals in LA county receiving their "Flu Watch" Newsletter. Internally, KPSC used the data to improve urgent care throughput and wait times in a pilot. Externally, we used low vaccine penetration data to help direct flu vaccine to community clinics. Could seasonal mortality data help identify high risk demographics? This would have operational consequences/ROI. (slides 4-5)

### B. What types of public health collaboration might be possible in the future?

KPSC sees certain disease states as "epidemic" in nature, and look to identify "upstream" social determinants of health. Mortality in obesity, opioid use, neonatal deaths are examples where public mortality and risk data can enhance situational awareness such that healthcare groups can better allocate resources to mitigate "downstream" health consequences. (slide 6)

### C. Information exchange: challenges and barriers

Morbidity and mortality in pediatric lead levels in the community is a data set that internally is not as robust. With access to mortality data in epidemics, we may be able to move the dial on desired topics of mutual need and interest. Data integrity therefore is of key importance, and we would support efforts for NCVHS, state or county level to have a robust data validation, access, and timely collation process. (slide 8)

### D. What does an ideal collaboration look like?

KPSC is working with the CDC Antibiotic Utilization and Resistance Module leaders to develop a more advanced method of benchmarking appropriate antibiotic use in acute care hospitals--will this influence mortality? Learning is bi-directional and made public through publishing research papers and influencing public health policy. (slide 10)

In summary, KPSC sends data to the state, which then interacts with NCHS. We would find it useful for collated, electronic summary reports back to KPSC to help us contextualize the data we provide. Furthermore, there may be room to collaborate on common public health topics when feasible on a county, state or federal level. (slide 11)