

Public Health Data Modernization Implementation Center Application for Wave 2: Track 2

1. Introduction

Thank you for your interest in the Implementation Center (IC) Program! Wave 2 of the IC Program is focused on raising the floor for Electronic Case Reporting (eCR) usage among State, Local, Territorial, and Freely Associated State Public Health Agencies (PHAs). The IC Program recognizes that PHAs are in different phases of their eCR journey and we aim to advance the progress with eCR that has already been made.

Only one application may be submitted per PHA and must be submitted via this web form. All fields are required and must be filled to be considered for the IC Program. For PHA convenience in planning its responses to the questions, you may use this PDF document. However, please submit all responses on the web form linked on the IC Program Wave 2 webpage.

Note: Application materials may be reviewed by IC Program staff (i.e., National Partners, Implementation Centers, and contracted partners) and CDC as part of the selection process. Materials will not be shared beyond these groups and will be used only for purposes of the IC Program. By submitting an application to Wave 2, you acknowledge and accept that your application materials (submitted via the web-based form or through follow-up communications with the IC Program) may be used in this manner.

2. PHA contact information and characteristics

In this section, we ask for your PHA's contact information and characteristics to help us understand the context in which you are working.

PHA contact information

1. Provide the first name, last name, job title, and email address of the person submitting this application. By submitting this application, you confirm that you have the authority to respond on behalf of your PHA.
2. Provide the name, title, and email address of an additional point of contact (Additional Contact #1).



3. Provide the name, title, and email address of an additional point of contact (Additional Contact #2).

PHA characteristics

4. Provide the official name of your PHA. Do not enter a shortened name or a name with acronyms.
5. Select your PHA's organization type.
 - State
 - Local
 - Territorial
 - Freely associated state

5a. If you selected "Local" for Question 5, select the state or territory your PHA is in.

6. Please share an estimate of the population size of the community your PHA serves.
7. An active [SAM.gov](https://sam.gov) registration is required for participation in the IC Program. The entity listed in your SAM.gov registration should match the name that will appear on the agreement your PHA signs to receive IC Program funds. If your agency is not registered on SAM.gov, please register through <https://sam.gov/entity-registration> before submitting your application to the IC Program. You may use the Quick Start guide for SAM registration, found [here](#).

Please provide verification of your active SAM.gov registration using one of the following options:

- Option A: Upload a PDF copy of your PHA's SAM.gov registration: [Provide space to upload a document]
 - Option B: Provide the Unique Entity ID (UEI) Number **and** Commercial and Government Entity (CAGE) Code associated with your PHA's SAM.gov registration: [Provide space for both codes]
8. To ensure clear communication and awareness of projects, the IC Program asks that you upload supporting documentation to indicate coordination within your PHA and across public health jurisdictions. You are welcome to use your own letter or you can download and use the [example letter of support](#) or [example letter of attestation documents](#) linked on the IC Program Wave 2 webpage. If you experience challenges identifying the appropriate state point of contact, please contact us for assistance.

- [If the PHA is State, territorial, FAS PHA]: Please upload a letter of support from the state/territorial health official. The name of your state or territorial health official can be found [here](#).
 - [If the PHA is local]: Please upload a letter of attestation that shows the PHA has notified the state/territorial health official and/or state/territorial DMI Director that it plans to submit an application for the IC Program. The name of your state or territorial health official can be found [here](#).
9. Has your PHA received data modernization funding such as PHIG A3 or ELC?
- Yes
 - No
- 9a. If you selected no for Question 10, briefly describe whether you are coordinating with your state on your proposed project and how. If you are not coordinating with your state, please explain why.

3. Project summary

In this section, we ask about your PHA's proposed project related to Track 2: Using intermediaries and modern approaches to optimize eCR data exchange and usability.

10. Select the project category within Track 2. Please see the IC Program Wave 2 website for a list of example Track 2 projects.
- Integration of eCR into surveillance systems
 - Improving the presentation of eCR data within an Electronic Disease Surveillance System (EDSS)
 - eICR analytics infrastructure
 - eICR improvement and expansion
 - eICR preprocessing, parsing, and filtering
 - Integration of eCR data with other data or systems
 - eICR data quality
 - Manual eCR data entry
 - OTHER: Please describe

Summarize your proposed project by describing the following project components [150 word limit for each component unless otherwise indicated.]

11. **Project goal:** The primary purpose your PHA is pursuing its proposed project.
12. **Description of project and intended use case:** A summary of the project and the intended data exchange scenario(s) involved in your PHA's proposed project.
13. **Description of key partners:** A summary of key partners, including IT vendors or contractors, healthcare organizations, data exchange intermediaries (e.g. Health Information Exchanges, Health Data Utilities, Qualified Health Information Networks), or others, and a description of their expected responsibilities.
14. **Expected results:** The expected outputs from the proposed project.
15. **Expected impacts:** The short-term and long-term changes you expect the proposed project to have on your public health practice, the communities your PHA serves and, if applicable, to the field. These changes can include improvements in health outcomes, knowledge, behavior, practice, policy, or PHA capacity.
16. **Estimated duration of project in months [Note: The IC program may support projects up to 18 months]:** The number of months it will take your PHA to execute and complete its proposed project.
 - a. [# of months]
17. **Has any part of this project already started?**
 - a. Yes
 - i. If YES, describe progress made to date.
 - b. No
18. **Is your PHA receiving any data modernization funding that supports this project or could affect the proposed project (e.g., a current funding stream that could contribute to technology procurement or an existing program that could provide staff augmentation)?**
 - a. Yes
 - i. If YES, describe the funding.
 - b. No
 - c. Unsure: please describe



Complete the Project Workplan table found in Attachment A Section 1, found on the IC Program Wave 2 website. You will be prompted to upload a completed version of Attachment A at the end of this application.

4. Proposed project technology and infrastructure

In this section, we ask about the technology and infrastructure needed for your PHA's proposed project.

Current eCR infrastructure

Summarize the current state of your eCR-related infrastructure and processes by completing the following questions.

19. Does your PHA have infrastructure in place to receive Electronic Initial Case Reporting (eICRs)?
 - a. Yes
 - i. If YES, please list which format(s), such as Clinical Document Architecture (CDA) or Fast Healthcare Interoperability Resources (FHIR).
 - b. No
20. Does your PHA have a direct connection to APHL Informatics Messaging Services (AIMS) to receive eCR?
 - a. Yes
 - b. No
 - i. If NO, please describe how you receive eCR data.
21. What is your primary integrated disease surveillance system?
 - a. [National Electronic Disease Surveillance System Base System \(NBS\)](#)
 - b. Maven
 - c. EpiTrax
 - d. Clinisys
 - e. Homegrown/Custom

- f. Other: please describe
22. Is the current version of your surveillance system capable of ingesting eCR data?
- a. Yes
 - b. No
23. Is the current version of your surveillance system capable of processing eICRs?
- a. Yes
 - b. No
 - ii. If not, do you plan to transition to a surveillance system that is capable of processing eICRs?
24. Are you currently processing eICRs into your surveillance system in production?
- a. Yes
 - b. No
25. How many reportable conditions do you have authored in Reportable Conditions Knowledge Management System (RCKMS)?
- a. Number of conditions: ____
26. How many reportable conditions are in production for eCR?
- a. Number of conditions: ____
27. Do you use an integration or interface engine (e.g. Rhapsody, Mirth Connect) as part of your eCR ingestion process?
- a. Yes
 - b. No
 - i. If NO, please describe your eCR ingestion workflow.
28. How do you currently monitor ongoing quality of eCR data? Please include information about who is responsible for performing these activities and what tools or methods are used.

29. List the staff roles that support your eCR infrastructure and processes (e.g., eCR coordinator, epidemiology staff, informatics staff, IT support).

Proposed project eCR infrastructure

Provide technical details of your proposed project by completing the following questions.

30. Is your PHA planning on replacing or upgrading your surveillance system over the duration of your proposed project?
- a. Yes
 - i. If Yes, please describe the planned upgrade and timeline
 - b. No
 - ii. Unsure: Please explain
31. Do PHA staff have the ability to make updates to the eCR infrastructure, including the surveillance system, or do you rely on an external vendor or consultant for these system updates?
- a. Yes: Staff have ability to make updates
 - b. No: Staff do not have ability to make updates; external partner makes updates
 - i. If NO, who is the external partner?
 - c. Unsure: Please explain
32. Will IC Program staff need to make or test system updates to execute the proposed project?
- a. Yes
 - b. No
 - c. Unsure: Please explain
33. Will IC Program staff be permitted to make or test system updates?
- a. Yes
 - b. No
 - c. Unsure: Please explain

34. Does your proposed project involve implementing any new systems, components, or system connections?
- a. Yes
 - i. If YES, please describe them.
 - b. No
 - c. Unsure: Please explain
35. Will your proposed project involve implementing additional reportable conditions in production for eCR?
- a. Yes
 - i. If so, how many?
 - b. No
 - c. Unsure: Please explain
36. Will your proposed project involve onboarding additional healthcare organizations to submit eCR?
- a. Yes
 - i. If so, how many?
 - b. No
 - c. Unsure: Please explain
37. Will your proposed project involve implementing data exchange standards, such as eICR CDA 3.1.1, or FHIR 2.1.1?
- a. Yes
 - i. If so, which standards?
 - b. No
 - c. Unsure: Please explain

38. Please upload a system architecture diagram that includes your surveillance system and all eCR-related input pathways. If you are unable to provide a system architecture diagram, please briefly describe the system architecture.

5. Proposed project management and staffing

In this section, we ask about the project management and staffing needed for your proposed project.

Complete the Project Management and staffing table found in Attachment A Section 2. You will be prompted to upload a completed version of Attachment A at the end of this application.

39. Please indicate the staffing support services your PHA will require from your assigned IC to successfully implement the proposed project.
- Subject matter expert
 - Project management support
 - Technical developer
 - Other: Please describe
40. Describe in more detail what type of staffing support you would like from the IC Program.

6. Proposed project funding request

Depending on the project, the IC Program may be able to provide up to \$750,000 to support technology acquisition and implementation costs, staff trainings, intermediary fees, and personnel costs (up to 20% of maximum award). Please note that you do not need to include the implementation support provided directly by your assigned IC in your budget.

In Attachment A Section 3, please enter your PHA's funding request of the IC Program to execute the proposed project. You will be prompted to upload a completed version of Attachment A at the end of this application.

41. Once you've completed the preliminary project budget plan in Attachment A Section 3, input the totals for each category here.
- Technology and infrastructure costs:
 - Project management and staffing:

- Process:
- Governance:
- Other:
- Total:

7. PHA procedural considerations

In this section, we ask about your PHA's contracting and legal considerations and technology procurement considerations to execute its proposed project.

42. Participation in the IC Program will begin by completing a project charter and statement of work and executing a sub-recipient grant with the national partner/funder. How many months do you anticipate it will take your PHA to execute a subrecipient grant?
- a. ___ months
43. Has your PHA's legal team been involved/informed in data sharing planning around this project?
- b. Yes, they have been involved and we have had discussions with them.
- c. Yes, they have been informed but we have not had discussions with them.
- d. No, we have not contacted our legal team at all for this project.
- e. This project does not involve any external data sharing or changes from current data sharing practices so our legal team likely won't be involved.
44. Do you anticipate that your PHA will need to procure new technology to execute the proposed project?
- Yes
 - No
 - Unsure: Please explain
- 44a. If yes, what process does your PHA use to identify if and when new technology is needed?
- 44b. Who is involved in decision-making for technology procurement?



44c. Generally, how many months does it take to procure new technology, from seeking approval for procurement to securing technology and deployment?

a. ____ months

45. Provide a description of any potential contracting or legal risks that need to be mitigated to complete the proposed project (e.g., potential dispute over timeline in vendor agreement and potential expiration of software licenses.)

46. Please upload Attachment A in your web-based form linked on the IC Program Wave 2 webpage.

47. Please share any additional information not included elsewhere in this application that would help the IC Program better understand your proposed project. **(Optional)**

Next Steps: Once you submit your application, you will receive a confirmation email of your submission. If any questions arise, please contact the IC Program inbox at PHDMIC+Wave2@astho.org.