

# NC's Data Driven Response to COVID-19Tales from the Trenches

Jessie Tenenbaum, PhD Chief Data Officer NC DHHS

November 29, 2021

#### NC Dept. of Health and Human Services

https://www.ncdhhs.gov/





Sec. Mandy Cohen, MD

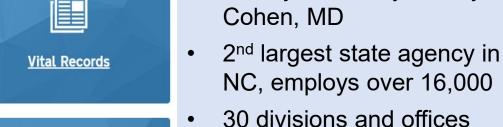
Led by Secretary Mandy K.









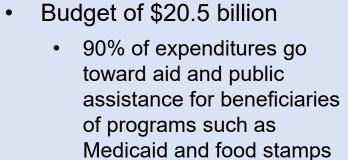










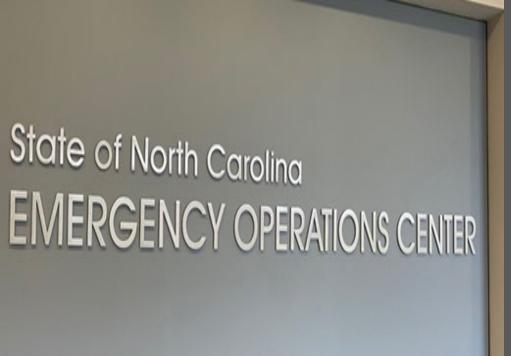


















# Declaration of State of Emergency *March 10, 2020*



## "Fast paced environment"

- Thinking long term- like 2 days...
- PUI forms example- "Person Under Investigation"
  - Paper form faxed to LHD, hand entered
  - Design app to facilitate digital entry
  - 2 days later, minority of tests using PUI form
- Constant phone calls and meetings, all hours (weekends included)

#### **Early Questions to Enable Data Driven Policy**

- How many cases will we see? When will our "epi curve" peak?
- How much (extra) PPE is needed, and where can we get it from?
- Will we run out of hospital beds? ICU beds? Ventilators?
- Should we shut down bars and restaurants? Schools? Businesses?
- How can we support families who are unable to work (either because workplace is shut down, or childcare is unavailable)?

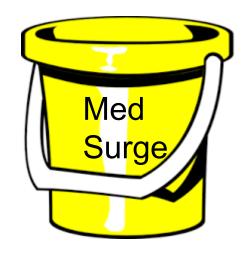
### Buckets of NC DHHS COVID-19 Data





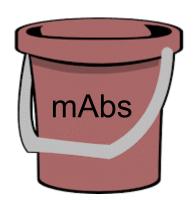




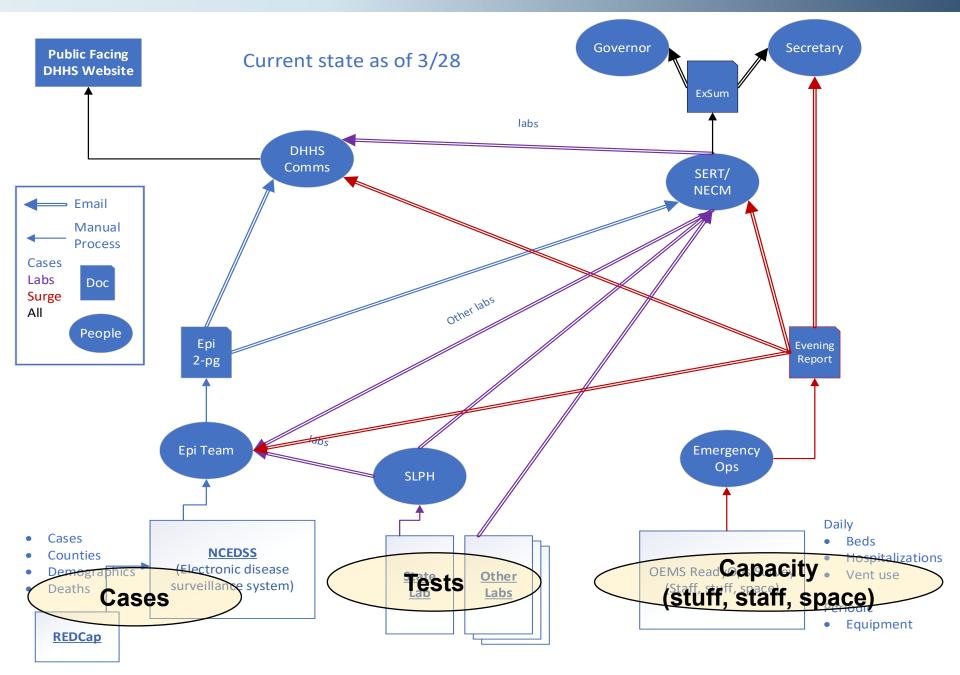


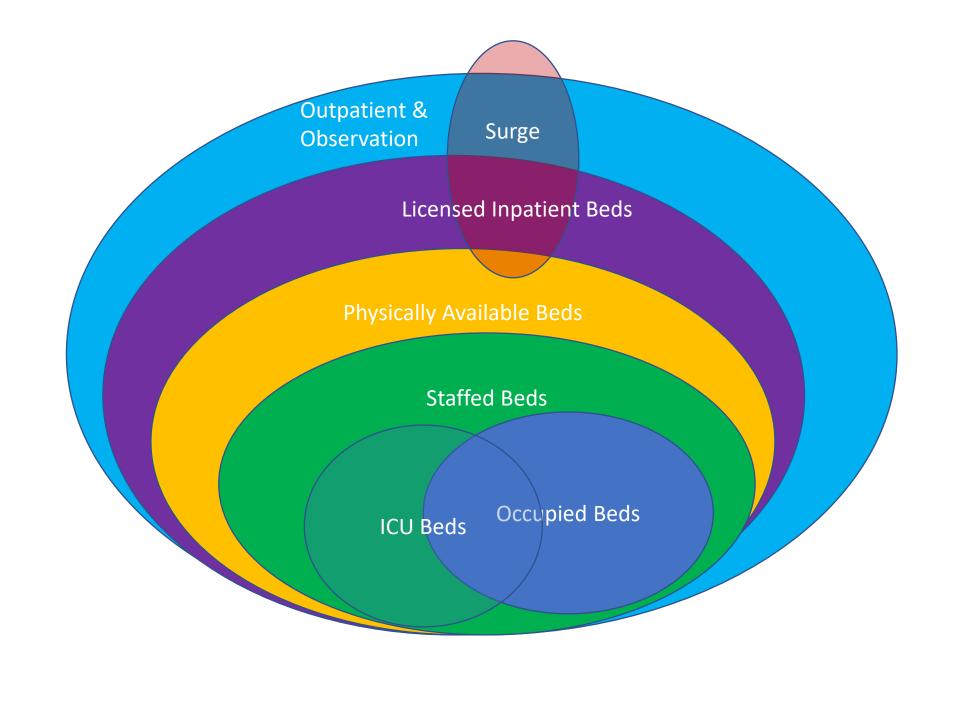




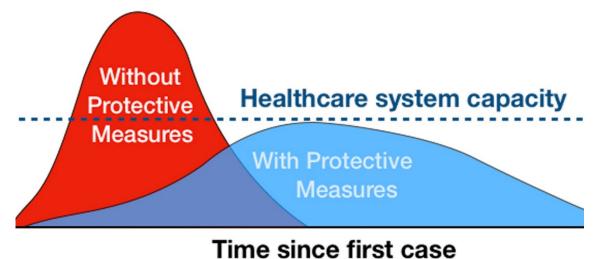


#### **Baseline Data Flow (as of March 2020)**



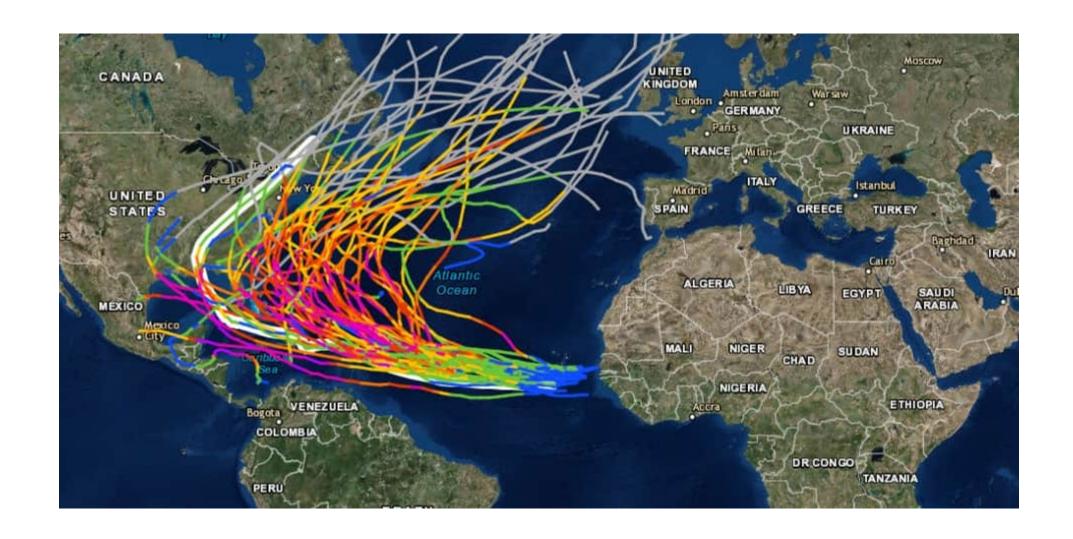


Data
Modeling:
Team science
at work



Time Since mist

Adapted from CDC / The Economist



#### **Data Workstreams During COVID Response**



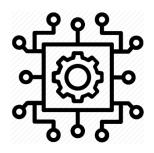
#### Data Governance

What data? Who owns, protects, accesses it?



### Lab Automation/SWAT

Collecting positive <u>and</u> negative **test data** at local level



### **Data Automation**

Automate data flow into BIDP and out to feed dashboards



#### **Dashboards**

Build dashboards to pull from BIDP (not from spreadsheets)



#### Data Flow & Infrastructure

Analyze existing infrastructure and flow for collecting & creating data



#### **Data Sharing**

Playbook for how to request data, grant access, share

#### **Universal Unique ID's**

- Master Patient Index, Entity Resolution, Record Linkage (oh my!)
- Is Jessica, seen at Duke, the same as Jessie, seen at UNC?

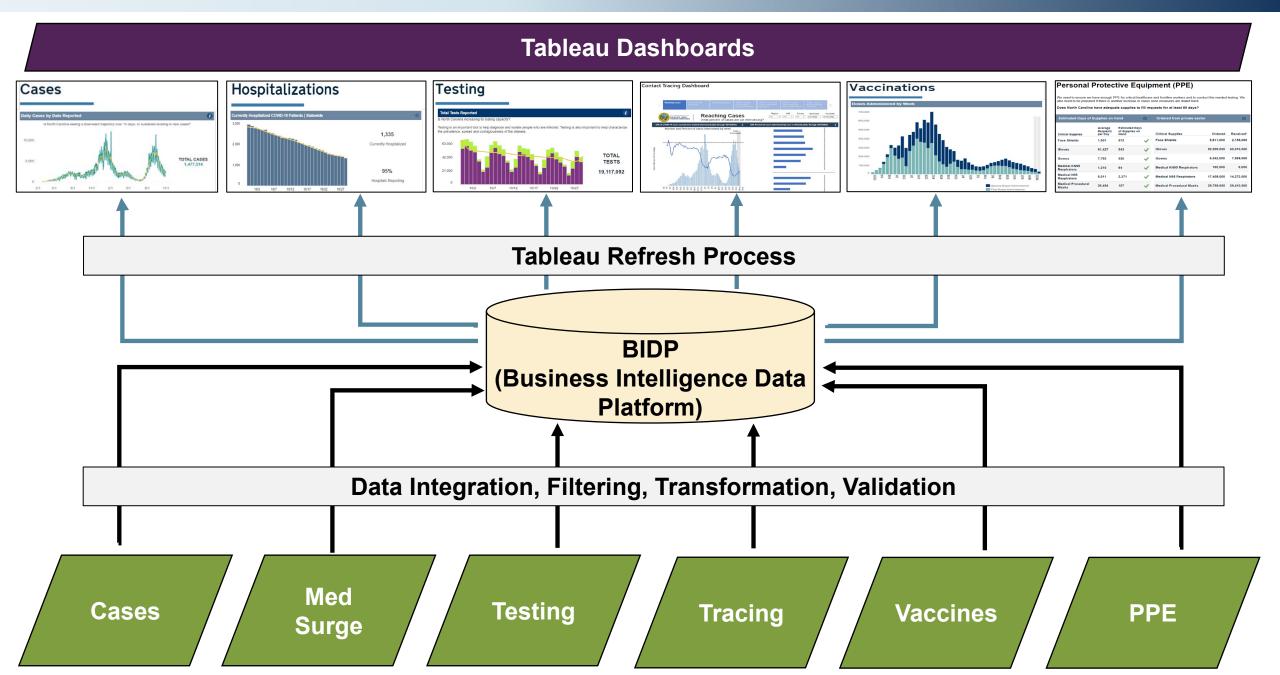
**COVID Cases** 

ID: 123456 Name: Waldo

COVID vaccinations

- DHHS has one identifier for Medicaid, many social services
- NCHealthConnex (NC's HIE) has expertise in record linkage, and its own Master Patient Index (MPI)
- We will never have one ID to rule them all-instead we map them-"eHub" table

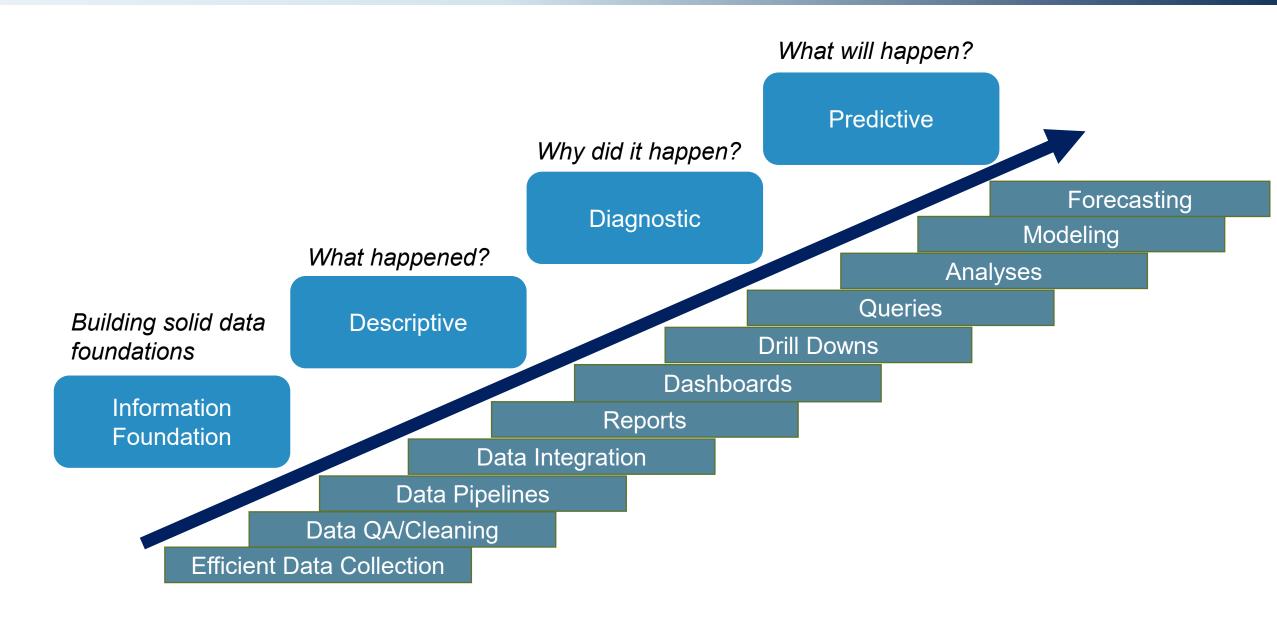
#### **Today's Data Flow**



#### **Today's More Advanced Questions to Enable Data Driven Policy**

- How many Medicaid beneficiaries have been vaccinated?
- How many individuals experiencing homelessness have been vaccinated?
- What is the distribution of vaccination status among COVID-19 cases?
- What is the distribution of vaccination status among individuals hospitalized with/for COVID-19?

#### What's next? Moving from descriptive to predictive



## **Demographic and Equity Data**

#### You can't improve what you can't measure

- What is the distribution of race/ethnicity among
  - COVID-19 cases?
  - COVID-19 deaths?
  - people tested for COVID-19?
  - people vaccinated against COVID-19?

#### NC Leads the Country in Collecting Equity Data

#### Highlights:

- Top-down leadership
- Forced in UI continued challenge
- Tradeoffs provider reporting burden
- Data tools built to infuse equity data insights across entire vaccine operation
  - HMP zip code data
  - Provider equity reports
  - Monthly equity policy brief
  - Public dashboard containing state
     & county-level demographic data

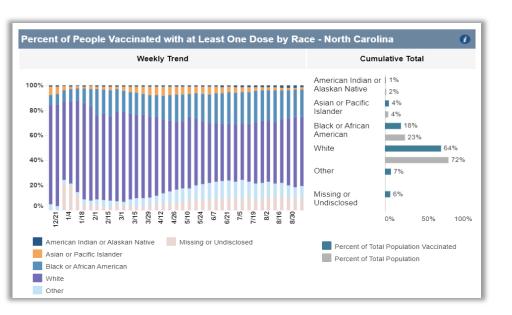


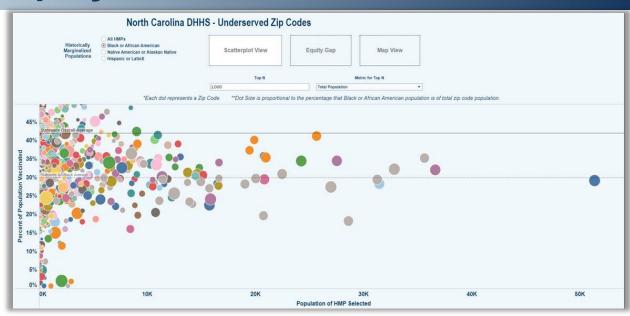


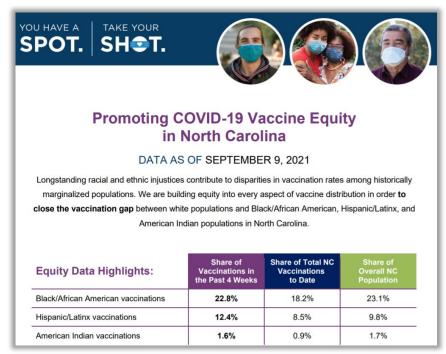


#### NC Leads the Country in Collecting Equity Data

 Data tools built to infuse equity data insights across entire vaccine operation







## **Key Takeaways & Future Directions**

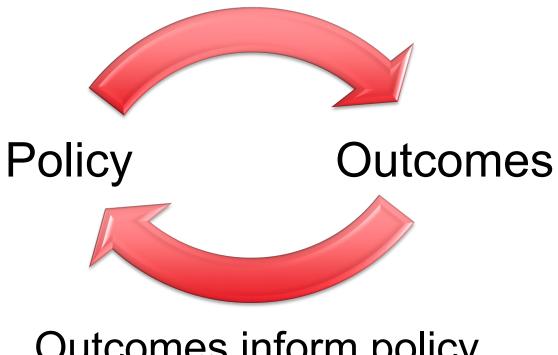
#### **Key Takeaways**

- COVID-19 has vastly accelerated the growth of public health informatics through investments in modernized data infrastructure, systems, and technologies
- The build of new data technologies and infrastructure should include a focus on data governance, integration, automation
- Public health agencies have become more agile in their ability to leverage data to inform policy, programs, operations, and research
- This more agile use of data assets has allowed agencies to develop new tools for improving health outcomes in the space of COVID-19 and beyond
  - Use of COVID-19 demographic data can be used as a blueprint to address other health disparities/inequities

## **The Learning DHHS**



#### Policy impacts outcomes



Outcomes inform policy

#### **Acknowledgments**

Dr. Mandy Cohen Hayley Young **Charles Carter** Tracy Zimmerman Kody Kinsley Babita Savitsky Dr. Zack Moore Dr. Kelly Kimple Kimberly Clement Karen Burkes Erika Samoff Ryan Jury Amanda Fuller-Moore Sam Gibbs Angela Taylor

Jean Chiang Jennifer Braley Dianne Enright Rob Morrell Elyse Powell Ajit Rajavat Jon Ament Colleen Tapen Andrew Szambelan **Anurag Saraf** Angela Wong Ashish Sijapati Susan Gale Perry

NCDHHS COVID-19 Response Team NCDHHS Data Office COVID-19 Dashboards Team DPH: Epidemiology & Outbreaks Data Teams **NCDHHS** Information **Technology Division NCDHHS Communications** Team Accenture NC COVID-19 Support Team Ernst & Young NC COVID-19 Support Team