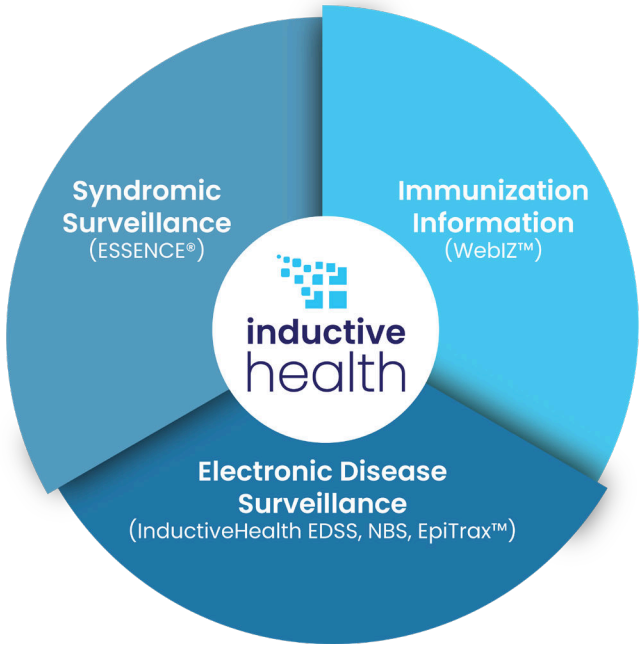
HIMSS26 PUBLIC HEALTH DATA MODERNIZATION FORUM

LAS VEGAS, MARCH 9, 2026

THE INDUCTIVEHEALTH JOURNEY



Over 40 Federal, State, and Local Public Health Agencies

Interoperability
HL7 | FHIR | Rhapsody | Mirth

Cloud-Based SaaS Public Health Technology Platform

Advanced Public Health Expertise

2013 — InductiveHealth founded w/ focus on NBS hosting/support

2014 — IH expands into Federal support and surveillance onboarding with NSSP BioSense

2020 — IH & JHU enter exclusive license for IH to support ESSENCE

2024 — IH releases new Disease Surveillance Solution – the IH EDSS

2025 — IH acquires Envision Technologies – WebIZ – Leading IIS Application

2025 — IH acquires SSDI – NBS Development and Support

PLATFORM INNOVATION

BEYOND SURVEILLANCE

		DEPLOYED		DEPLOYED
Medical Marijuana Registry		Medical Examiner & Death Investigations	Public Health Licensing	Newborn Screening
Cancer Surveillance Registry		Traumatic Brain Injury	Fetal Death Registry	Public & Provider Portal

CLOUD HOSTING DATA SOLUTIONS

AWS | Azure Hosting

Jurisdictional hosting assessment and cloud support

ESSENCE	EDSS	IIS
3M+ Message Daily	*20M Messages WoW*	*85M Active Patients*
~40% of all ED Data	*500K+ eCRs YoY*	*1B Immunizations*
20+ Jurisdictions	*20K Active Facilities*	*Product Investment*

Product Innovation

AI

- ✓ AI Concierge
- ✓ Email Assist & Communications
- ✓ AI Dashboards/Analytics
- ✓ **AI HL7 Processes & Data Quality**

Data Use Cases

- ✓ Novel Datasets: Wastewater, Absenteeism, Animal Deaths, OTC Sales, Prescriptions
- ✓ Syndromic + Immunization
- ✓ Regional/Coalition Analytics
- ✓ **Secure Data Sharing**

Federal Strategies to Modernize Public Health Data and Information Exchange

Public Health Data Modernization Preconference Forum | March 9, 2026

HIMSS 26

Meet Our Speakers

Jason Asher, PhD
Director (acting), Center for Forecasting and Outbreak Analysis

CDC

Emily Chen
Senior Advisor, Office of the Administrator

CMS

Thomas Novak
Senior Advisor, State Policy

ASTP/ONC

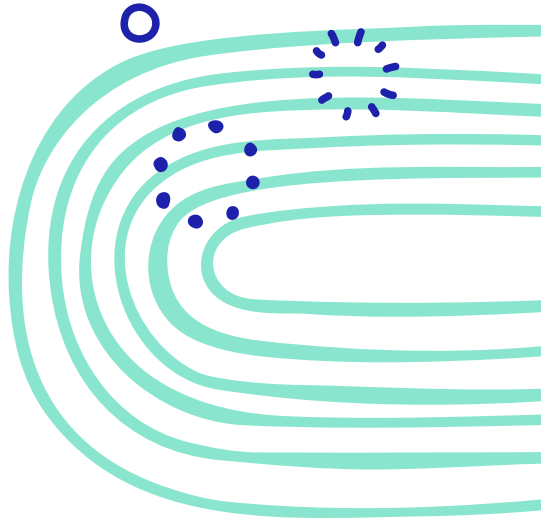
CAPT Matthew Ritchey
Deputy Director for Technology and Products (acting), Office of Public Health Data, Surveillance, and Technology

CDC

Valerie Rogers, MPH (Moderator)
Senior Government Relations Director

HIMSS

Learning Objectives



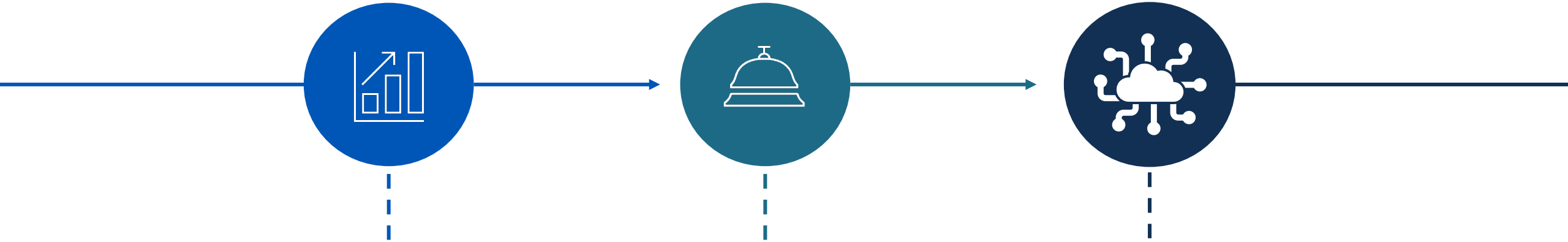
After attending this session, participants will be able to:

- Describe key federal strategies advancing public health data modernization
- Explain how interoperability and improved data quality support data-driven action
- Identify opportunities for collaboration and implementation across public health and healthcare partners

Public Health Data Modernization

Matt Ritchey
Deputy Director for Technology and Products (acting)
Office of Public Health Data, Surveillance, and Technology
March 9, 2026

Data modernization is leading to faster, data-driven decisions to protect and improve lives



Moving from siloed, redundant, data systems and tools built off outdated technology...

To shared and integrated data available on a common platform built off proven, effective technology...

Resulting in faster, data-driven decisions, optimized resources, and greater collaboration and transparency

What Modernization Looks Like

- A clinician spends less time on manual reporting and can devote more time to patient care.
- An epidemiologist in a health department spends the day investigating cases instead of entering data into a spreadsheet.
- Policymakers and the public access dashboards with localized data to make informed decisions.
- A CDC scientist uses an AI tool to quickly identify cooling towers that may harbor Legionella bacteria.

Core Public Health Data Progress

EMERGENCY DEPARTMENTS

89% of ED visits nationally

- Data received within **24 hours**

LABORATORIES

750,000 commercial lab tests per day

- 167 conditions

ELECTRONIC CASE REPORTING

60,500+ data connections within **seconds**

LONGITUDINAL HEALTHCARE

>150M patients

- 12 data assets (EHR, claims, and billing)
- Used by >350 CDC scientists
- >1,400 CDC-authored publications

HOSPITAL BED CAPACITY

15 jurisdictions send bed capacity data to CDC

- Up from 3 pilot jurisdictions in 2022

WASTEWATER

1500+ sites

- COVID-19
- Flu
- RSV
- Mpox
- H5N1

MORTALITY

Improved **speed:**

- 11%->69% records in 10 days

Weekly provisional release (compared to monthly)

Data is the foundation of public health

CDC and partners at all levels of public health are modernizing the nation's public health data infrastructure.

Where are we now?

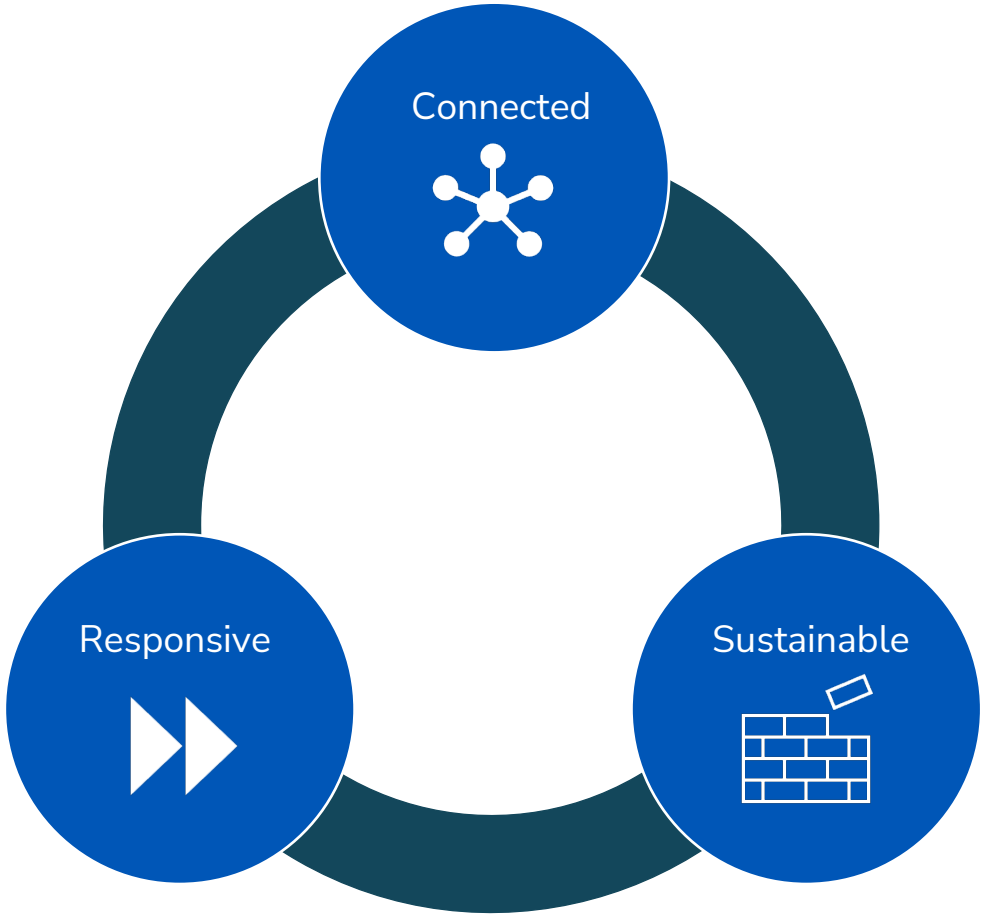
We have built a strong foundation. Sustained progress, operational efficiency, and strategic investment are essential.

Where are we going?

We are striving to help public health workers respond to threats faster, collaborate effectively, and invest to make the greatest impact.

How do we get there?

We are investing in people, streamlining processes, and scaling and optimizing new technology, guided by the Public Health Data Strategy.



Public Health Data Strategy Goals

1. Strengthen the core of public health data
2. Accelerate access to analytic and automated solutions to support public health investigations and advance opportunities for all people to attain their highest level of health
3. Visualize and share actionable insights to inform public health action
4. Advance more open and interoperable public health data

Public Health Data Strategy Milestones for 2025 and 2026 | The PHDS | CDC

The Intermediary Framework: A Path Forward

Challenge:

- Significant progress in data exchange has been made, but there are limitations to scalability with current resources and architectures.

Opportunity:

- The Intermediary Framework establishes a national plan for a technical and policy intermediary infrastructure that enables local governance, builds on past investments and successes, and is informed by public health use cases.

Health IT Exchange Infrastructure—Working Together

Clinical data as source information for **public health use cases**

Data standards and governance as **tools for faster data use and interoperability**

Trusted Exchange Framework and Common Agreement (TEFCA) as a framework for interoperability

APHL AIMS, HDUs, and other intermediaries as **data managers and routers**

Public health jurisdictions as data users, **transforming information into action**

Data products provided back to healthcare providers to support patient care

Thank you.

For more information, contact CDC
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Rural Health Transformation Program

March 9, 2026

Emily Chen

Senior Advisor – Office of the Administrator

Centers for Medicare & Medicaid Services

Meet Our Speaker

Emily Chen

Senior Advisor, Office of the Administrator

Centers for Medicare & Medicaid Services

Rural Health Transformation Program

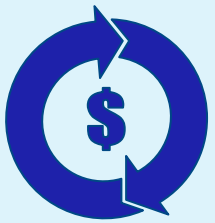
RHT Program at a Glance

Authorized by the Working Families Tax Cuts Legislation[1], the RHT Program empowers States to strengthen rural communities by improving healthcare access, quality, and outcomes through transformation of the healthcare delivery ecosystem.

- ✓ **The recipient of each award is a single State.**
- ✓ **States with approved applications received funding from the program via cooperative agreements.**

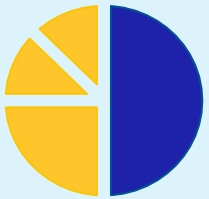
60M, or 1 in 5

Americans live in rural areas



$50B

Total funding **allocated over 5 years**
FY26 - FY30



$10B

Allocated per fiscal year:

- 50% of annual funding **distributed equally** among approved States
- 50% allocated based on rural health metrics

[1] Section 71401 of Public Law 119-21

RHT Program Strategic Goals

The RHT Program helps State governments improve rural health by laying the foundation for sustainable access to high-quality care through workforce development, innovative system-wide change, and technological innovation.

1. Make Rural America Healthy Again

Support health innovations and new access points to promote preventive health and address root causes of diseases

2. Sustainable Access

Help rural providers become long-term access points for care by improving efficiency and sustainability

3. Workforce Development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities

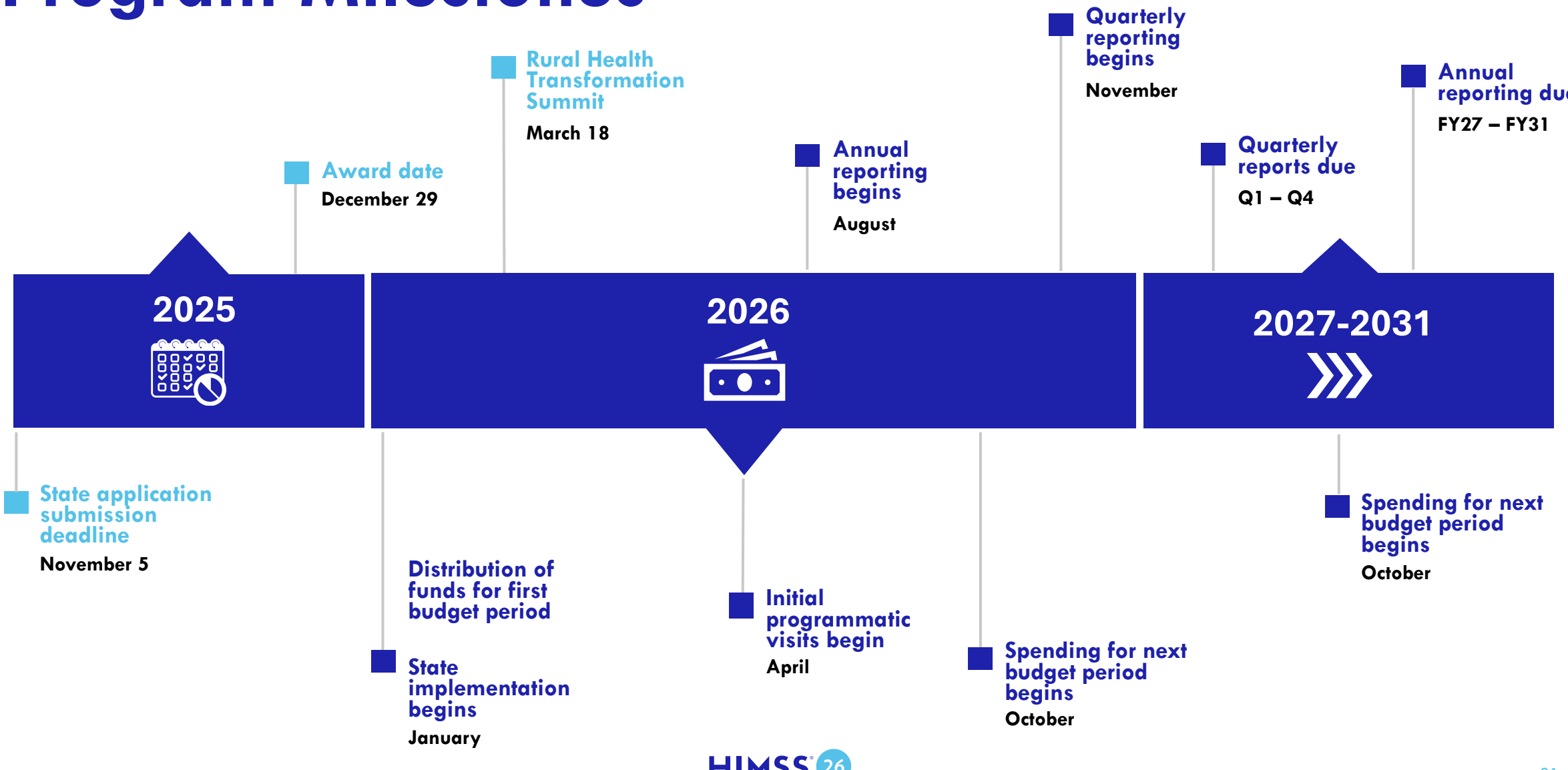
4. Innovative Care

Spark the growth of innovative care models to improve health outcomes, coordinate care, and promote flexible care arrangements

5. Tech Innovation

Foster use of innovative technologies that promote efficient care delivery, data security, and access to digital health tools by rural facilities, providers, and patients

Program Milestones



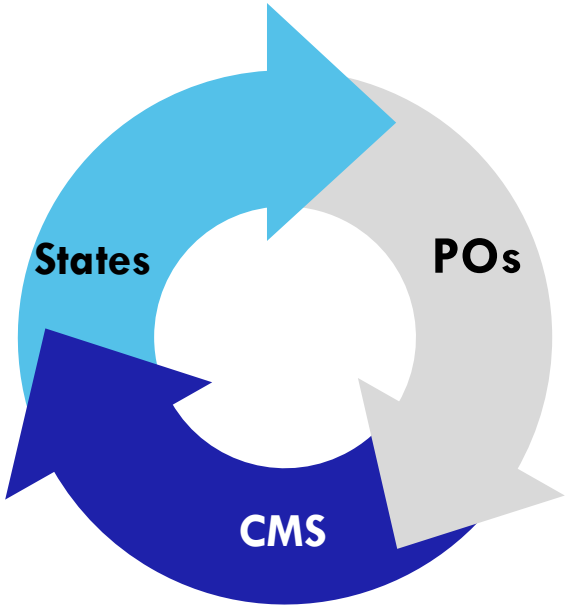
Ongoing State Engagement & Support

As a Cooperative Agreement, this award involves active, ongoing coordination and collaboration between States and CMS.

States collaborate with their Project Officers to implement the program and comply with conditions of the award.

Project Officers (POs) serve as liaisons between States and CMS. They maintain regular communication with States by meeting periodically, providing ongoing technical assistance and feedback.

CMS provides funding to States to implement approved project plans, trains Project Officers, monitors compliance with award requirements, and reallocates funds based on required reporting.



Key Public Health Themes

Public Health–Health Care Convergence: States are investing in rural care delivery systems in ways that simultaneously strengthen public health infrastructure. This includes regional hub-and-spoke networks, EMS treat-in-place models, expanded CCBHCs, maternal health regionalization, community-based health initiatives, and community health worker integration.

Chronic Disease & Population Health: To achieve the goal of "Make Rural America Health Again," states are focused on deploying structural and technology-enabled solutions that proactively manage population health and address preventive health needs at scale. This includes nutrition and fitness initiatives, and a focus on behavioral & maternal health.

Data Liquidity & Real-Time Intelligence: States are investing in systems that allow health data to move securely between rural providers, payors, public health agencies, and community partners — transforming fragmented reporting into real-time, actionable insights. This includes expanding participation in health information exchanges, modernizing electronic records, and integrating remote services data.

Rural Analytics Capacity: States are building embedded analytics infrastructure to move from data collection to real-time population intelligence. This includes rural data hubs, predictive risk modeling, shared dashboards, and shared-service analytics collaboratives — enhancing the ability to assess outcomes at scale and track value-based performance measurements.

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Meet Our Speaker

Thomas Novak

Senior Advisor, State Policy

Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT (ASTP/ONC) Office of Policy

From Detection to Prediction:

Building the Next Generation of Outbreak Intelligence

Jason Asher
Acting Director, CFA
Monday, March 9, 2026

Designed to detect—but asked to predict

Public health infrastructure was built to respond to outbreaks, not to predict what is coming. High-stakes decisions rely on incomplete, lagged data.

- Is this surge real, or is it noise?
- Is the outbreak accelerating, or has it peaked?
- Do we act now, or do we wait?
- How confident are we?

Closing the gaps

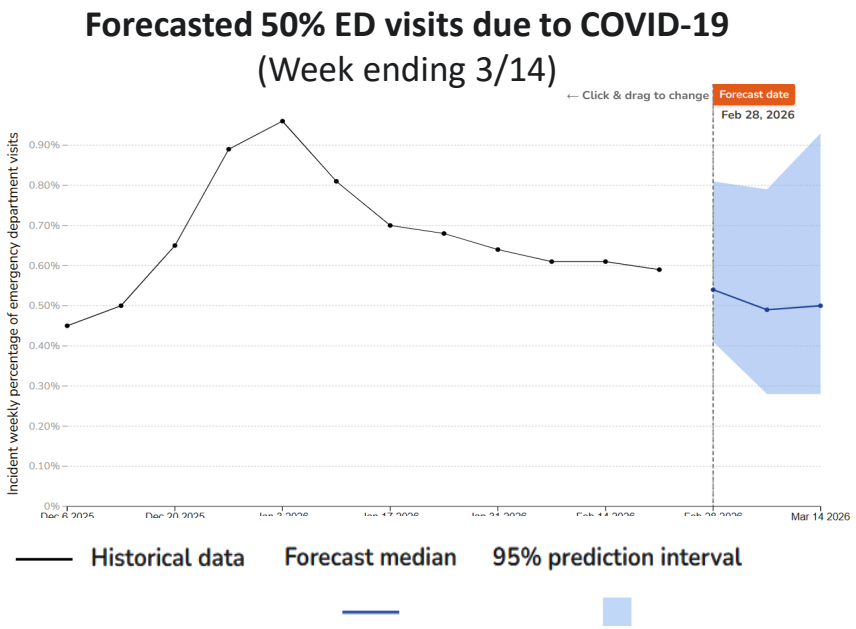
Turning fragmented data into actionable intelligence

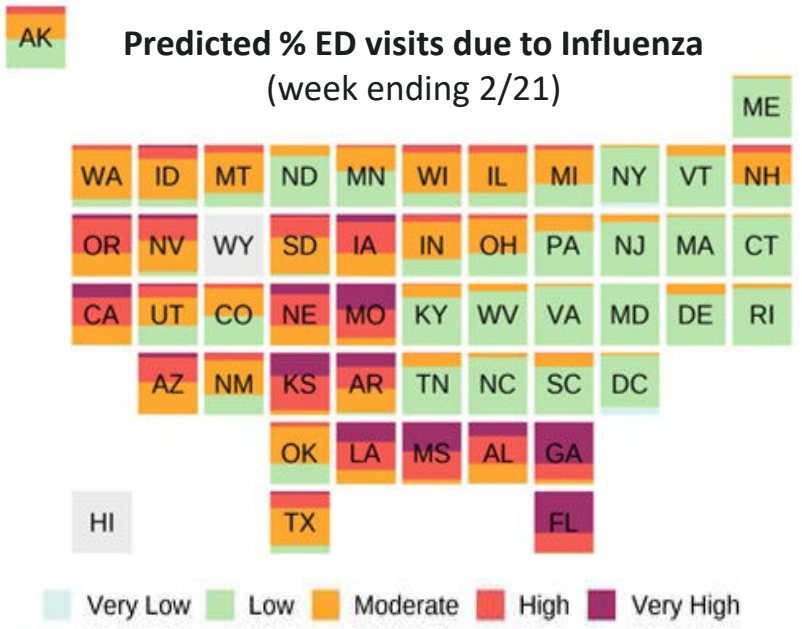
- **Signal gap:** from lagged data to real-time, integrated signals
- **Scale gap:** from state-level averages to facility level insight
- **Action gap:** from static outputs to interactive decision tools

Closing the signal gap: Integrated, real-time insights

Now

- Integrated, multi-signal forecasts for COVID-19, RSV, and seasonal influenza
- Real-time respiratory virus nowcasts





Future

- Forecasts and nowcasts that integrate more data sources, are more accurate, and cover more pathogens

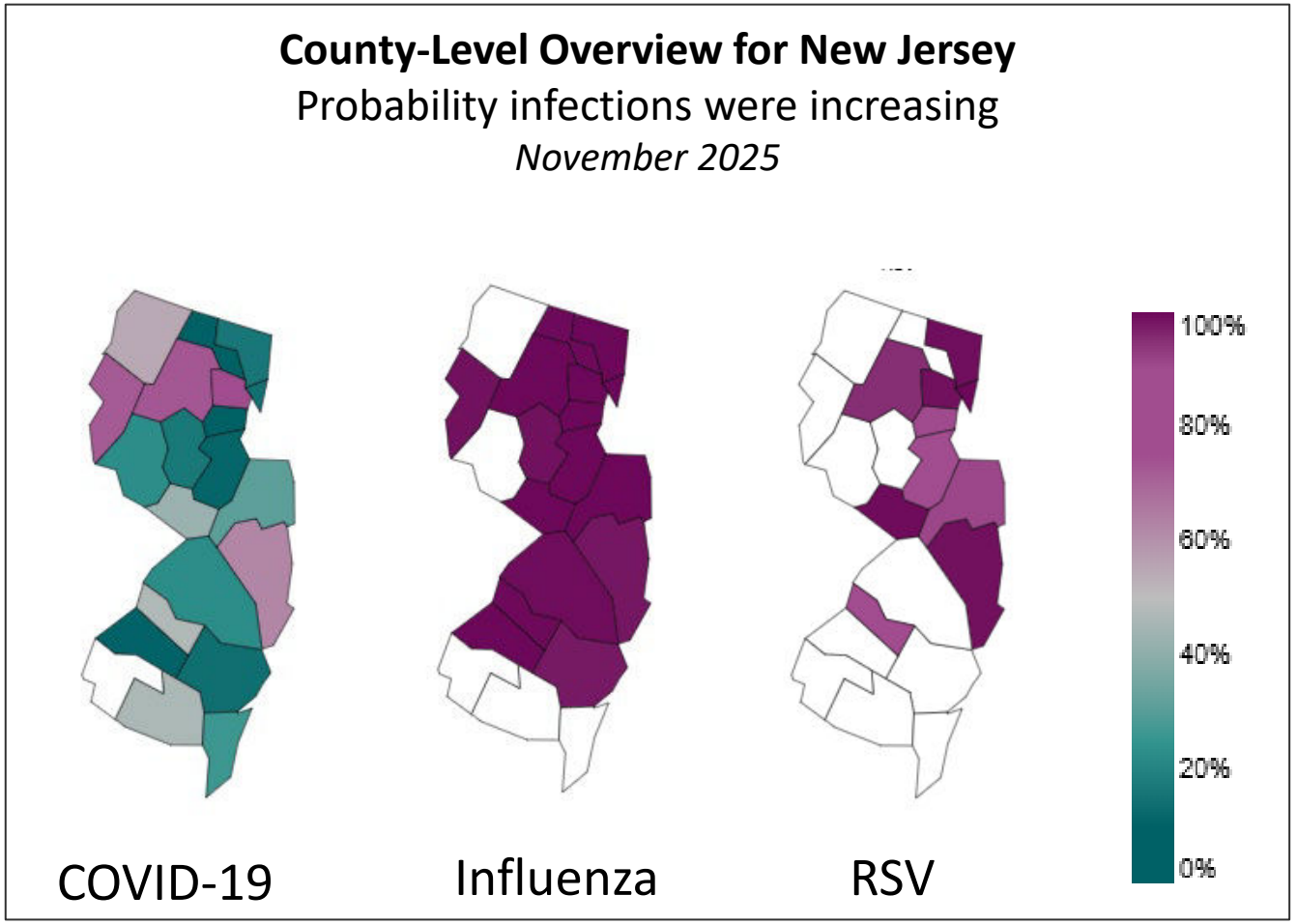
Closing the scale gap: Finer spatial resolution

Now

- State-level estimates for COVID-19, seasonal influenza, and RSV

Future:

- Substate transmission estimates (R_t) shared directly with partners
- Facility level estimates for respiratory pathogens



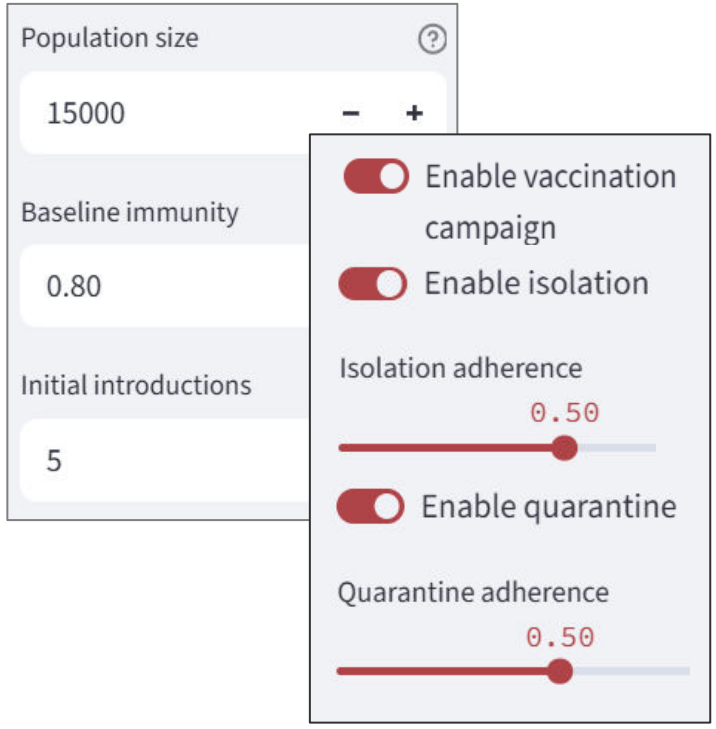
Closing the action gap: Interactive decision-support tools

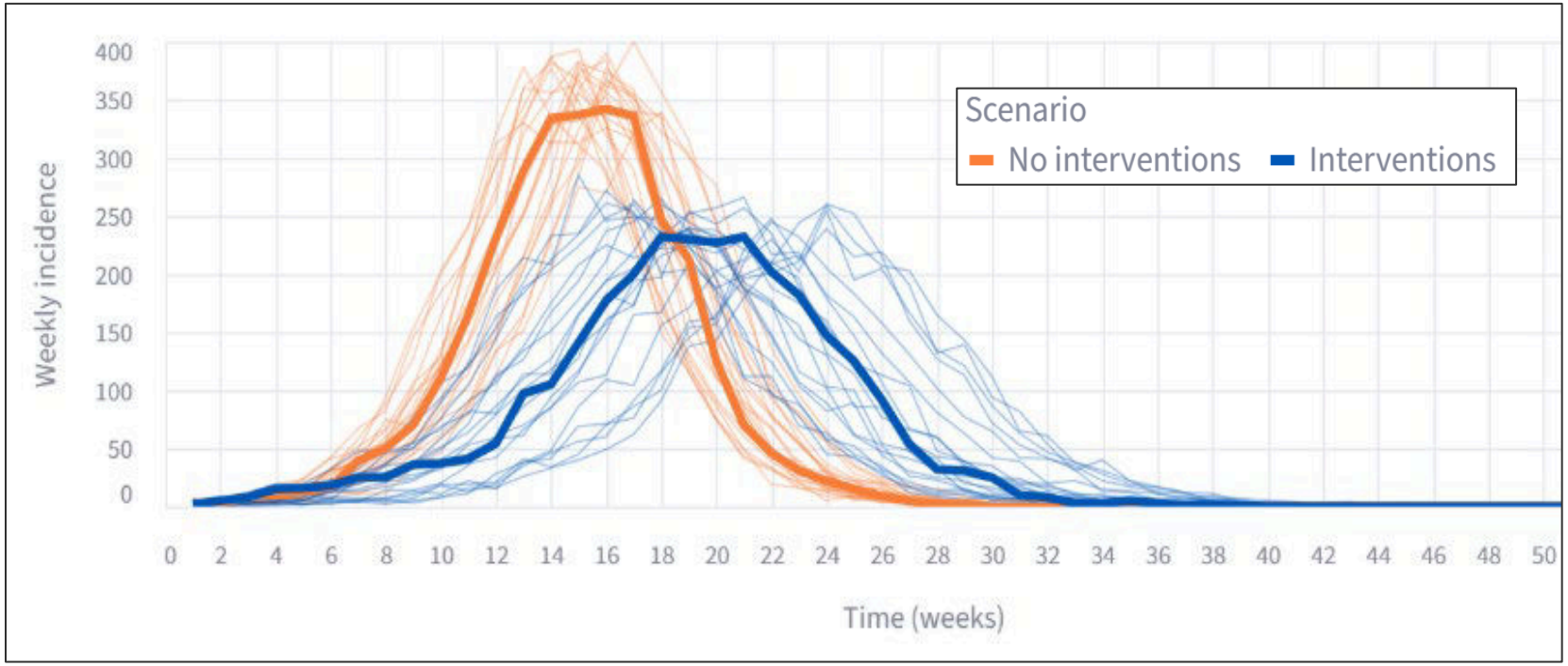
Now

- An interactive, browser-based measles simulator

Future

- Simulators for additional pathogens
- Web-based tools that enable modeling where data reside

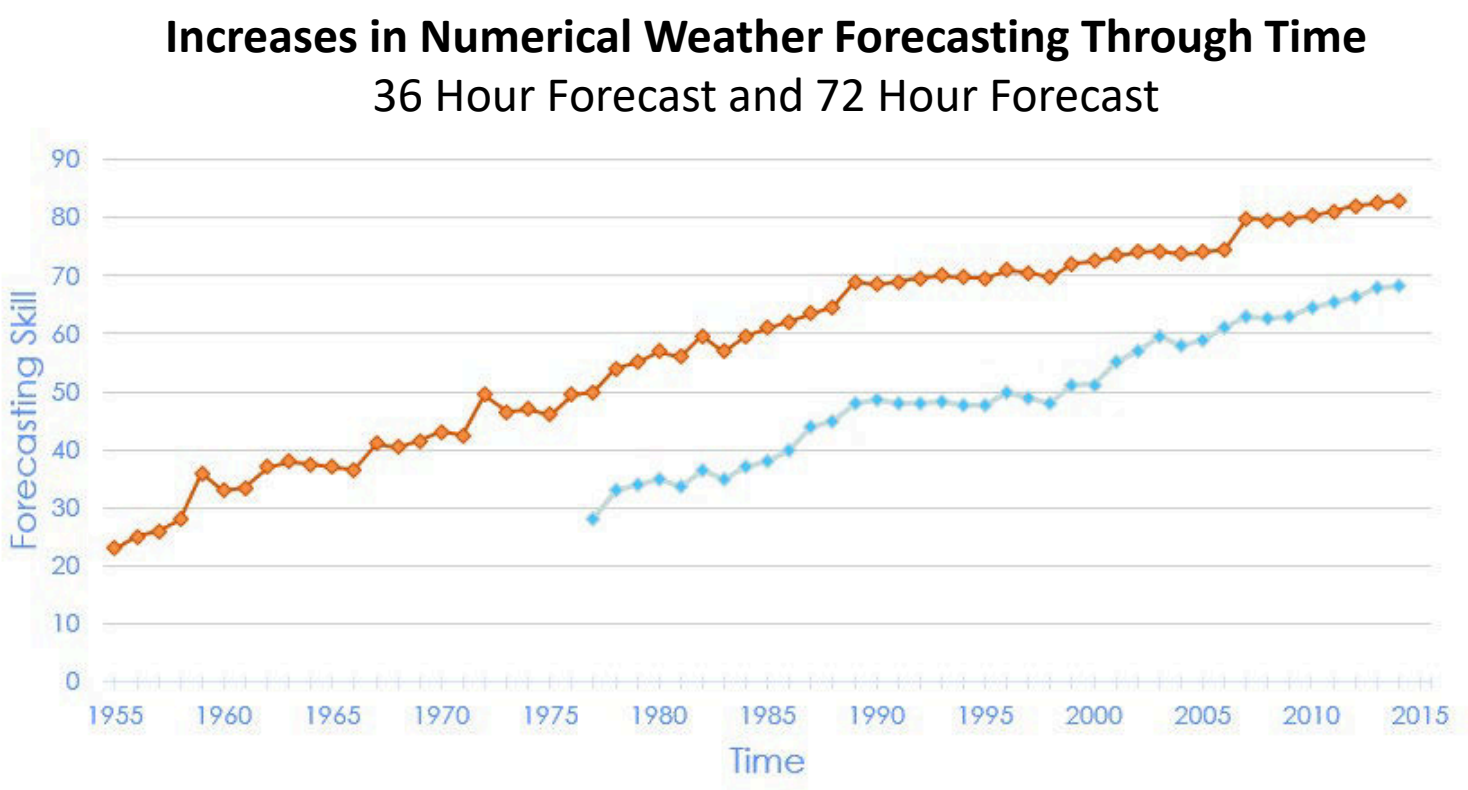




Users can adjust parameters to explore outbreak and intervention scenarios in real time

We are making progress

Like weather forecasting, developing infectious disease outbreak modeling, forecasting, and simulation tools takes time, investment, and people.



- Data
- Computational Power
- Specific Use Cases
- People
- Models
- Sustained Funding

Thanks for joining!

For more information, contact CDC
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.

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