Guiding principles mapping to help identify HIT Guiding Principles for UDOH.

	CDC Surveillance Design Principles[1]	CDC'S IT Guiding Principles[2]	MITA Guiding Principles[3]	ONC Full Interoperability Guiding Principles[4]	Proposed UDOH Principles
1.	**Sciences drives IT, IT supports science:** The scientific and public health needs of CDC programs should set the strategic direction for IT activities and capabilities. For each potential service, ask "does the service address programs needs?"	**Align IT and informatics with HHS and CDC mission and goals**	**Business-driven enterprise transformation:** MITA is firmly grounded in enterprise architecture principles; MITA defines a business transformation over a 5-year and long-term (10 years and greater) timeframe, and defines a technical architecture and a transition strategy to enable the business transformation Alignment with: State needs Align with the state's strategic goals Align with the state's enterprise architecture Medicaid-wide goals Align state approaches among states		**Align Activities with UDOH Mission, Goal, and Strategic Plan.**

[1] Public Health Surveillance Design Principles
[2] CDC IT Strategic Plan (CITSP)
[3] MITA Guiding Principles
[4] ONC Full Interoperability Guiding Principles

			Align state approaches with national direction National goals through MITA alignment with national initiatives and international standards		
2.	**Be selective in what is chosen for development, and do it well:** Incrementally build small, modular services to demonstrate increasing value. Incremental pieces will work better together than apart. Keep roadmap and list of prioritized in mind, while designing small units well.	**Focus on performance improvement:** strategic changes to address public health system (or organizational) weaknesses and the use of evidence to inform decision-making.		Maintain modularity. Modularity creates flexibility that allows innovation and adoption of new, more efficient approaches over time without overhauling entire systems	**Focus on flexible, modular System Design: Modularity creates flexibility that allows innovation and adoption of new, more efficient approaches over time and the ability to adapt to changes without overhauling entire systems.**
3.	**User-centered:** Users are engaged throughout the design, building and use of services on the platform. Customer-services approach that exceeds user experience expectations. For each potential service, ask "Who are the users for this proposed service? How are they involved development? Will it meet their needs?"				
4.	**Data can be integrated, if**				**Integration: When**

#	Principle				
	desired: Data and Information used by platform services is able to be integrated. Services and clear documentation make integration easier				**developing information systems remember that data integration maybe desired. This allows for systems to easily integrate data from multiple data sources to help support data driven decision making.**
5.	**Standards based:** Design of platform and services should resuse standards when applicable and appropriate.	**Ensure use of standards and IT and informatics best practices to support public health**	**Standards First –** promotes the use of nationally recognized data and technical standards and Custom Off the Shelf (COTS) solutions to improve the effectiveness of IT development.		**Ensure use of standards and IT and informatics best practices to support public health:** Design systems and services that use national standards when applicable and appropriate.
6.	**Interoperable:** Services support interoperability (e.g., using open application programming interfaces (APIs) when applicable and appropriate to reduce barriers for reuse).	Promote innovation, collaboration, **interoperability**, and reusability across CDC and partners		One size does not fit all. Interoperability requires technical and policy conformance among networks, technical systems and their components. It also requires behavior and culture change on the part of users.	**Promote the use of services that support interoperability and that achieving interoperability is multifaceted. It requires not only technical and policy conformance among networks, technical systems and their components, it also**

					requires behavior and culture change on the part of users.
7.	**Collaborative, transparent, open development and decision making:** Consensus drives decision making with high communication and clear documentation for platform users and participants. Services meet cross-agency needs from last two different public health programs. Documentation and engagement through all levels of platform.				
8.	**Commitment to communicate with stakeholders:** Part of open development is constant, clear communication for each user type (e.g., executive, program user, partner user, etc.). Stakeholders would need to be defined for each service or activity to ensure complete and effective communication.	**Engage all essential stakeholders**			**Engage and communicate constantly with all essential stakeholders:** Part of open development is constant, clear communication for each user type (e.g., executive, program user, partner user, etc.). Stakeholders would need to be defined for each service or activity to ensure complete and

				effective communication.
9.	**Reuse, Buy, Build:** Order of preference: (1) reuse a service that exists, 2) buy off the shelf software for a service, 3) build the service	Already above: Promote innovation, collaboration, interoperability, and **reusability** across CDC and partners	**Commonality and differences co-exist:** The MITA architecture defines processes, data, and technical solutions that are common to many state Medicaids with the provision for adapting and extending them to meet state-specific needs. Identifying common business processes enables the definition and reuse of common solutions, making it possible for states to share development costs.	**Build upon the existing health IT infrastructure.** Significant investments have been made in health IT across the care delivery system and in other relevant sectors that need to exchange electronic health information with individuals and care providers. To the extent possible, we will encourage stakeholders to build from existing health IT infrastructure, increasing interoperability and functionality as needed.	**Reuse, Buy, Build: Order of preference: (1) reuse a service that exists, 2) buy off the shelf software for a service, 3) build the service. Always begin with building upon existing infrastructure.**
10.	**Privacy and Security Compliant:** Security is integrated at all stages of design and development to protect privacy.		**Built-in Security and Privacy:** includes security and privacy capabilities throughout the Business, Technical and Business architecture artifacts.	Protect privacy and security in all aspects of interoperability. It is essential to maintain public trust that health information is safe and secure. To better establish and maintain that trust, we will strive to ensure that appropriate, strong and effective safeguards for electronic health	**Privacy and Security Compliant: Security and privacy are integrated at all stages of design and development to protect privacy.**

				information are in place as interoperability increases across the industry. We will also support greater transparency for individuals regarding the business practices of entities that use their data, particularly those that are not covered by the HIPAA Privacy and Security Rule, while considering the preferences of individuals.	
11.	**People chose to use (not forced to use)**: "Opt in"- Marketplace of services that programs select the appropriate, useful services to connect to their surveillance programmatic work and improve their public health impact.			**Consider the current environment and support multiple levels of advancement**. Not every individual or clinical practice will incorporate health IT into their work in the next 3-10 years and	
12.	**Tool Optionality:** Provide the tools and services that users need and request, rather than force users to adjust to a single tool.			not every practice will adopt health IT at the same level of sophistication. We must therefore account for a range of capabilities among information sources and information users, including EHR and	

				non-EHR users, as we advance interoperability.	
13.	**Quality:** Balance between scope, timeliness, and quality with emphasis on high quality to exceed user expectations.				
14.	**Sustainability:** Having the appropriate resources (financial, human, etc.) to maintain services built as well as to support additional services as they are needed.	**Build capacity, sustainability, and agility**			**Build flexible, scalable and sustainable systems: Build systems that can adapt to changes in a cost effective manner**
15.	**Flexibility and Scalability:** Ability to customize and adjust functionality and performance to meet user expectation and respond to public health emergencies.			**Scalability and Universal Access.** Standards and methods for achieving interoperability must be accessible nationwide and capable of handling significant and growing volumes of electronic health information, even if implemented incrementally, to ensure no one is left on the wrong side of the digital divide.	
16.	**No loss of data (Lossless):** All data should be lossless in that complete records sent by one party should be available to the other appropriate parties. This		**Data Consistency Across the Enterprise**: Seeks to ensure, to the greatest extent possible, that copies of data elements are minimal,	Empower individuals. Health information from the care delivery system should be easily accessible to individuals and empower them to	

	means both having an accurate total count of records as well as having an accurate level of completeness with each record.		synchronization of multiple copies (when necessary), and the official data of record is always available.	become more active partners in their health just as other kinds of data are empowering them in other aspects of their lives.	
17.		**Promote innovation, collaboration, interoperability,** and reusability across CDC and partners		Leverage the market. Demand for interoperability from health IT users is a powerful driver to advance our vision. As payment and care delivery reform increase demand for interoperability, health providers can work with and support these efforts. **The market should encourage innovation to meet evolving demands for interoperability.**	
18.		**Promote excellence in fiscal and other resource stewardship**		Focus on value. We will strive to make sure our interoperability efforts yield the greatest value to individuals and care providers; improved health, health care and lower costs should be measurable over time and at a minimum, offset resource investment.	

19.	**Promote governance integrity and compliance of IT activities**			
20.			**Simplify. Where possible, simpler solutions should be implemented first, with allowance for more complex methods in the future**	