



CLHO Communicable Disease Committee Minutes

Friday, August 2nd, 2024

10:05 a.m. – 11:00 a.m.

| Agenda Item | Detail | Presenter | Action |
|----------------------------------|--|---|--|
| Welcome and Roll Call | Quorum is 50% +1 of committee membership Quorum met | Jackson Baures | |
| Approve minutes | Discuss any needed changes. None Hearing no objections or changes, minutes of July 12 were approved | Jackson Baures | Minutes approved |
| Jurisdictional access in Orpheus | <p>Discussion regarding the current state and a proposed change Michelle gave a brief overview of how Orpheus security models work for reporting and options for change.</p> <p>No change to current access which is restricted by jurisdiction and disease group. Security is managed through Active Directory groups</p> <ul style="list-style-type: none"> Pros: No change to Orpheus, Oaths, or active directory Cons: Data mart could require multiple additional tables. Will require multiple visualizations to be supported to meet jurisdictional needs. May lead to inconsistent reporting across jurisdictions. May lead to data synchronization issues. The more restrictions, the slower the performance. This model has the greatest impact on larger counties with more analytic resources. There is precedent for removing jurisdictional restriction (e.g., Hep, COVID). Any decision to change policy will involve LPHA, HST, ACDP, and EH partners. <ul style="list-style-type: none"> Option: add a user type, i.e. access by disease group. Option: leave access to Orpheus as is and only make changes for data mart. Option: leave security alone and consider adding new user types <p>Minimize disease groups, no change to jurisdictions.</p> <ul style="list-style-type: none"> Pros: Minor change to Orpheus data and to Oath. No change to active directory. Cons: Data mart will require additional tables to be built and maintained to provide the greatest access, will require multiple visualizations to meet jurisdictional needs. May lead to inconsistent reporting across jurisdictions. May lead to data synchronization issues if data are being pulled apart and re-assembled. Could be a first step to other options. May see performance improvements in Orpheus. Could mitigate performance issues by adding active directory groups. Requires OHA program alignment, and LPHA support. Some may have access to cases in their jurisdiction they did not previously have access to. Requiring more reliance on auditing to ensure appropriate use. May be able to create a third security type that would make this possible for some users. | Michelle Barber, OHA, Informatics Manager, ACDP | <p>Please email Michelle with Orpheus Security Model Feedback by 8/14/24</p> <p>michelle.barber@oha.oreg.on.gov</p> |

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| | <p>Minimize jurisdictions, no change to disease groups</p> <ul style="list-style-type: none"> • Pros: Moderate change to Orpheus data, add new regional field, update data and calculation. Minor change to Oath. No change to active directory. • Cons: Data mart will require multiple additional tables to be built and maintained to provide the greatest access. Will require multiple visualizations to be supported to meet jurisdictional needs. • Could be a first step to other options. May see performance improvements in Orpheus. Could mitigate performance issues. Requires LPHA support. Could improve tribal access. • Risks: Users may have access to persons outside their jurisdiction, more reliance on auditing to ensure appropriate use • If we REMOVED jurisdiction: Expect moderate performance improvements. Could mitigate further with changes to active directory groups. May be able to create a third security type that would make this possible for some users <p>Minimize jurisdictions, AND minimize disease groups</p> <ul style="list-style-type: none"> • Pros: Moderate change to Orpheus data, minor change to Oath, no change to active directory. • Cons: Data mart will require multiple additional tables, will require multiple visualizations to be supported to meet jurisdictional needs. • Could be a first step to other options. May see minor performance improvements in Orpheus. Could mitigate performance issues by adding active directory group. Requires both OHA alignment and LPHA support. Improved tribal access • Risks/Concerns. Users may have access to both conditions they hadn't had access to as well outside current jurisdiction; more reliance on auditing to ensure appropriate use. • If we REMOVED disease group AND jurisdiction. Expect significant performance improvements. Complete reliance on auditing to ensure proper use. | | | |
| Agenda Items for Sept. 6 | Request agenda items for next meeting None | | Jackson Baures | |
| Roll call and access to chat | <p>There were questions regarding how roll is taken. It was explained that each county can have two appointed representatives and both those representatives can respond to roll call. Appointed representatives are nominated by the county and then are formally approved at the big CLHO meeting. For voting items, there is only one vote per county.</p> <p>There were some counties who have no access to the chat in Teams meetings. This is a known ongoing problem with OHA and the State system not recognizing external partners and is sometimes due to meeting invites being forwarded.</p> | | | Please email Jennifer.L.Brown@oha.oregon.gov if you need assistance |



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| | Please email Jennifer Brown if you need assistance with chat access or an invitation to the meeting series. | | |
| Adjourn | | | |

Next meeting: Sept. 6, 2024 10:05 – 11:00 am

Co-Chair: Jackson Baures

Co-Chair: TBD

Public Health Division

HST: Alison Goldstein, alison.goldstein@odhsoha.oregon.gov

Immunization: Rex Larsen, rex.a.larsen@oha.oregon.gov

ACDP: Lee Peters, lee.r.peters@oha.oregon.gov

Administrative Support: Jennifer Brown, jennifer.l.brown@oha.oregon.gov

Roll Call:

| County/LPHA | Name | X if present |
|-------------|--------------------------|--------------|
| Benton | Gerald Dyer | X |
| Benton | Sara Hartstein | |
| Clackamas | Anna Summer | X |
| Clackamas | Michelle Mattison | |
| Clatsop | Lisa McClean | |
| Columbia | Lillia Rodgers | X |
| Columbia | Jerry Walker | |
| Crook | Joanna McCabe | X |
| Deschutes | Rita Bacho | X |
| Deschutes | Michelle Ashby | X |
| Douglas | Bob Dannenhoffer | |
| Douglas | Laura Turpen | X |
| Hood River | Trish Elliott | |
| Hood River | Lindy McCasland | X |
| Jackson | Bonnie Simpson | X |
| Jackson | Jackson Baures | X |
| Lincoln | Callie Lamendola-Gilliam | X |
| Malheur | Rebecca Stricker | X |
| Marion | Rachel Posnick | X |
| Marion | Dana Finch | X |
| Morrow | Sarah Rea | X |
| Multnomah | Sara McCall | |
| Multnomah | Chris Hammel | X |
| NCPHD | Marta Fisher | X |
| Polk | Emily Brateng | |
| Umatilla | Alisha Lundgren | |
| Washington | Folu Adeniyi | |
| Yamhill | Abigail Gray | X |

OHA Staff present: Zintars Beldavs, June Bancroft, Michelle Barber, Jennifer Brown, Jillian Garai, Alison Goldstein, Sheri Hearn, Cessa Karson, Rex Larsen, Mimi Luther, Lee Peters, Orion McCotter

CLHO Staff Present: