



# County of San Diego Leveraging Free IT Solutions to (and Low Cost) Advance Public Health

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Hello  
my name is  
Patrick Imashiro

Hello  
my name is  
Andrea  
Tomada

Hello  
my name is  
Christopher  
O'Malley



Hello  
my name is

Patrick Tamashiro

Patrick Tamashiro is an IT Principal leading the Information Management Unit (IMU) within the Public Health Administration Branch of Public Health Services, a department within the County of San Diego's Health and Human Services Agency (HHS). Patrick and his team oversee PHS' information technology portfolio with a focus on supporting and advocating for programmatic needs and priorities. Prior to joining PHS, Patrick was a Senior Project Manager for the County of San Diego Information Exchange which informed his pragmatic approach to IT within a government jurisdiction.

Hello  
my name is

Christopher  
O'Malley

Christopher O'Malley is the Chief of the Community Health Statistics Unit (CHSU) for the County of San Diego, Health, and Human Services Agency (HHS), Public Health Services (PHS), Public Health Administration Branch. Chris was previously an Epidemiologist with the County of San Diego for 6 years. Prior to joining the County, Chris worked as a researcher at the Naval Health Research Center (NHRC), first at the Millennium Cohort Family Study, and later at the Department of Defense HIV/AIDS Prevention Program (DHAPP), US Military HIV Research Program. Chris is also a United States Navy veteran, serving honorably for over 8 years.

Hello  
my name is

Andrea  
Tomada

Andrea Tomada is a distinguished public health leader with over 18 years of experience in clinical care, public health services, preventive medicine, and epidemiology. Currently serving as a Health Planning and Program Specialist for the HIV, STD, and Hepatitis Branch of Public Health Services in San Diego County, Andrea oversees critical STI and HCV programs that serve a population of more than 3 million people. She holds a Bachelor's degree in Health Sciences and a Master's degree in Public Health and is actively pursuing a Doctorate in Public Health. Andrea is also a United States Navy Veteran, who served honorably for 7 years.



# Agenda

- Welcome and Introductions
- Disclaimer!
- Check-in Question
- Free and Low-Cost IT Options
- General Strategy and Suggestions
- Q&A and Wrap-up

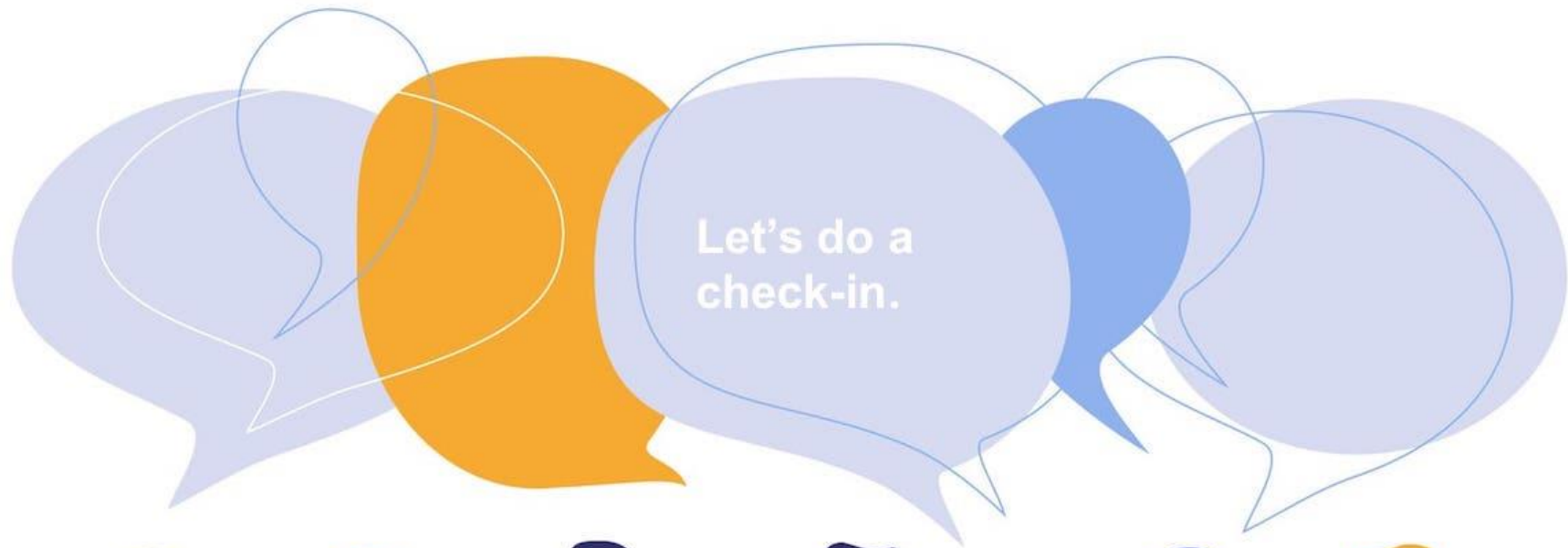


# **DISCLAIMER**

**The County of San Diego Team (Chris, Andrea, and Patrick) has prepared this workshop for informational and discussion purposes and it is not intended to provide or be relied upon for procurement, maintenance and operations, or budgetary advice.**

**You should consult your own contracting, technology, and budgetary stakeholders before pursuing a change to your IT portfolio.**





**Who here thinks...**



**That IT is way too expensive?**



**#same**

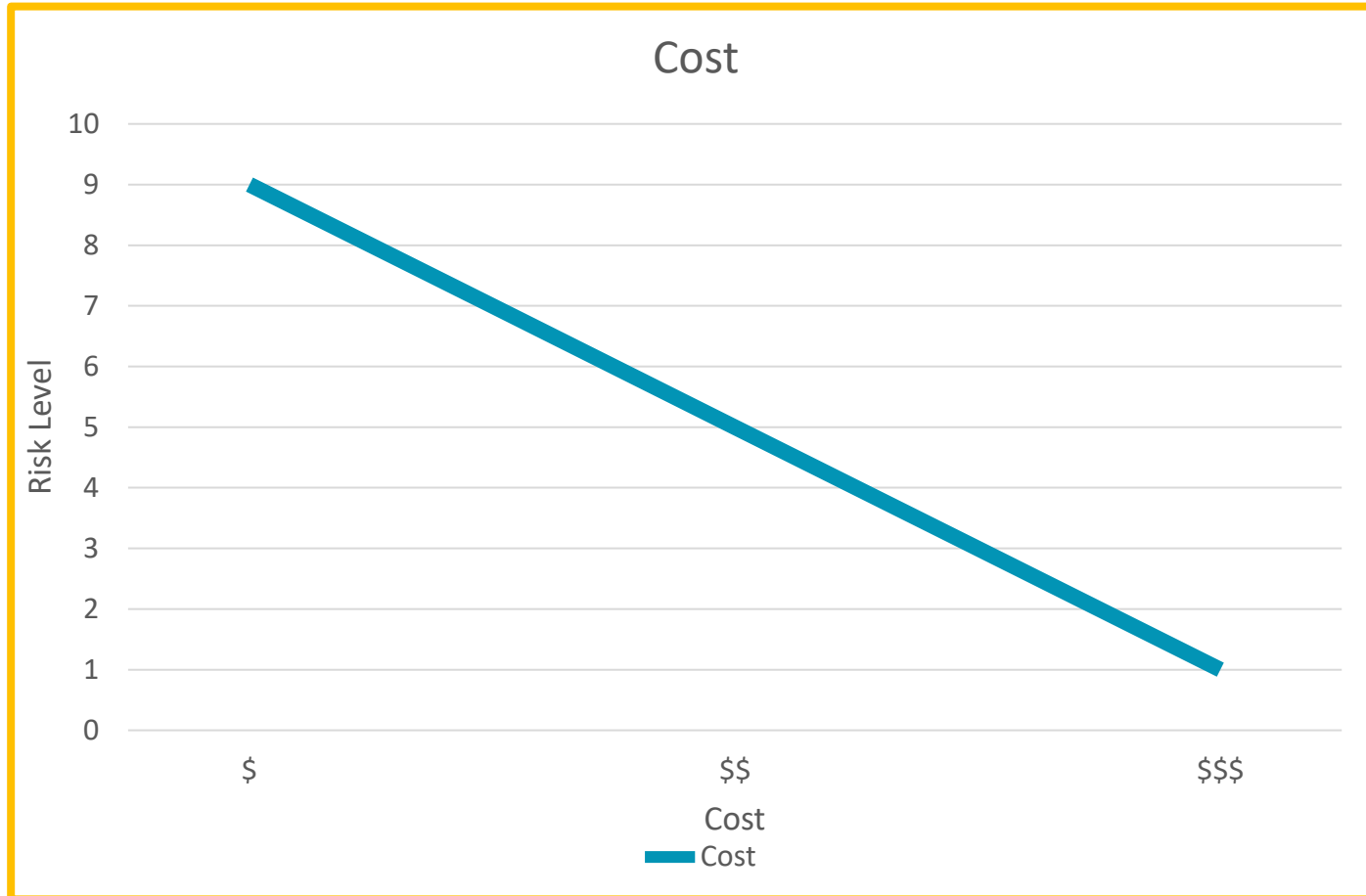


# Considerations to Public Health

- Budgets are determined in part by Local Health Jurisdictions but are also very much at the mercy of economic tailwinds in both good and bad ways.
- Local Health Jurisdictions weigh the cost of IT within *limited* budgets that have competing priorities and commitments. Some priorities are mandated and unavoidable while those that LHJ would like to pursue, and implement are innovative and “nice to haves” that cannot be accomplish during times of economic uncertainty. Innovative IT is nice to have but tends to be too expensive.
- If Local Health Jurisdictions are able to lower IT costs, without lowering the quality of operations, the cost savings can be redirected to other programmatic priorities!



# So why is IT so expensive?



[Figure is Not to Scale!]

- Truthfully (and unfortunately) information technology just tends to be *expensive*.
- Additionally, Government jurisdictions have a responsibility to maintain the trust and confidence of our constituents and must strike a balance between cost and risk that we are willing to accept in our operations.
  - In some respects, lower risk can be “bought” whether it is through insurance, liability, or indemnity terms.





# Do low-cost IT solutions exist?





**Yes!**





# Government Sponsored Information Technology

- **Mandatory IT for program compliance**
  - Examples: ARIES/HIV Care Connect,
  - Overrides any conflict with local policy/procedures
- **Suggested IT programs for Mandatory Programs/ Optional Programs with Proprietary IT**
  - Examples: CAIR2 (Immunization Registry), Don't Think Know (chlamydia and gonorrhea testing), Terra.Bio (viral sequencing analysis)
  - Generally easier to request waivers/exceptions to local policy/procedures if there are conflicts
- **Optionally offered**
  - Examples: Data Integration Building Blocks (DIBBS)
  - May require a higher degree of justification but can leverage organizational trust in the State and Federal Government for exceptions to local policy/procedures if needed.



# MEDIUM

## Private and Free (or Low Cost)

- **Education: Dating Apps (Seriously!)**
  - Resourceful use-case to meet target populations where they are.
  - Complex conversations with authoritative stakeholders to develop and implement policy and procedures for use.
  - Requires Local Health Jurisdiction Leadership support.
- **Pharmaceutical Discount Programs (e.g., Gilead Advancing Access)**
  - Industry standard use-case.
  - Implicit backing of government agency (Federal HHS).
  - Close review of Terms of Use.
- **HIPAA Compliant Survey Tools (e.g., RedCAP from Vanderbilt University)**
  - High-need in the public health field.
  - Interesting/atypical licensing structure.
  - May require assessment of local infrastructure in order to comply.





# HAFO

## Open-Source and Other Solutions

- **Open-Source Software (e.g., R Programming Language and R Studio (Integrated Development Environment))**
  - Requires thorough review of product and safety.
  - Tends to lack some of the traditional risk mitigating clauses to ease concerns.
  - Product assessments will likely require analysis by “true” IT resources- perhaps even contracted third-parties to remove bias.
- **Artificial Intelligence (of all stripes)**
  - Requires heavy consideration from an ethics, compliance, legal, and IT perspective.
  - Difficult to procure and implement AI-based products absent policy, procedural, and operational infrastructure of appropriate use.





**Easier said than done?**

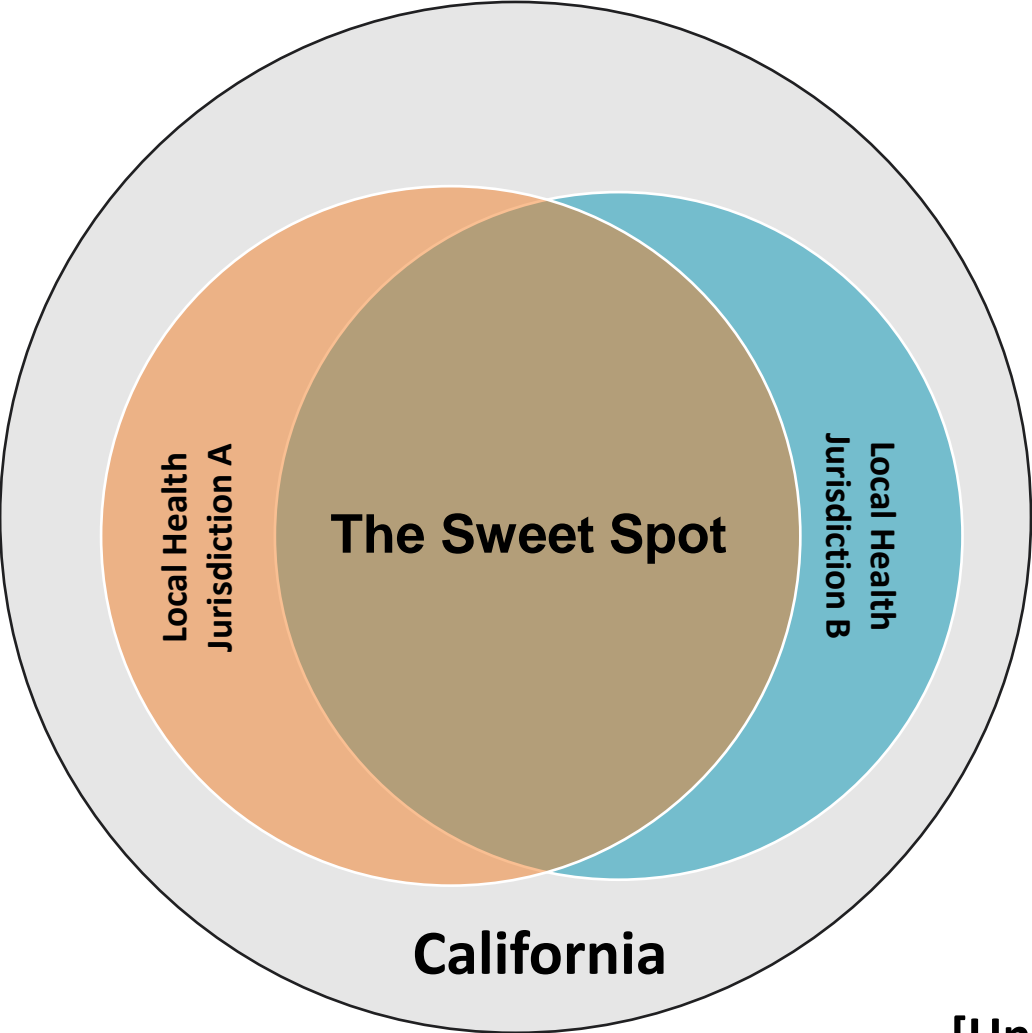


# Assessing the IT Solution

- **Functionality:**
  - What does it do?
  - What program does this support?
  - How is it beneficial to the program?
- **Cost:**
  - What are the implementation costs?
  - What are the on-going (i.e., maintenance) costs?
  - What resources are needed to support this?
  - Where (or for what) can the cost savings be redirected to?
- **Risk**
  - What are the licensing terms?
  - What is the product/vendor's cybersecurity infrastructure?



# Finding Common Ground



[United States of America]



# Leveraging Professional Networks (i.e., CHEAC)

- **From Curbside to Organized Consultation**
  - **Establishing a Repository of Guidance**
    - **Completed product assessments!**
    - **Success and, perhaps once mature, failures.**
    - **Strategies for “procurement,” what justifications held water? Which didn’t?**
    - **What concerns are stakeholders likely to have, regardless of jurisdiction?**
      - **How were these concerns mitigated or allayed?**





# Thank you and Contact Information

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