

American Health Information Community

Workgroup: Biosurveillance Agenda

Date: Thursday, February 2, 2006

Time: 1-5 pm

Department of Health and Human Services

Hubert H. Humphrey building

200 Independence Ave., SW

Washington, D.C. 20201.

Room 705A

1. Call to Order

Co-chairs: Julie Gerberding, Centers for Disease Control and Prevention
Mitch Roob, Indiana Family and Social Services Administration

2. Review Call-in procedures – ONC

3. Introduction of participants

ONC: Karen Bell, Office of the National Coordinator
Kelly Cronin, Office of the National Coordinator

Members: Larry Biggio, State of Wyoming
Michael Barr, American College of Physicians
Mary Brady, National Institute of Standards and Technology
Leah Devlin, NC Department of Health and Human Services
Lawrence Deyton, Veterans Health Administration
Thomas Frieden, New York City Health Commissioner
Brian Keaton, American College of Emergency Physicians
John Loonsk, Office of the National Coordinator
Adele Morris, Office of Economic Policy at the Treasury Department
LTC David Parramore, Department of Defense
Mark Rothstein, National Committee on Vital and Health Statistics
Ed Sondik, Centers for Disease Control and Prevention

4. Remarks by Secretary Leavitt

5. Review of WG charge and define scope

- Review WG membership/representation
- Background information
 - i. Review of AHIC Biosurveillance briefing
 - ii. Review of ONC process for use cases
- Discussion of current activities in Biosurveillance
- Definition of deliverables for March AHIC meeting

- i. 1-2 page document that defines functional business outcome/goals (e.g., Project Charter)
 - ii. Refined timeline
 - iii. Recommendations for AHIC (how to overcome big barriers for implementation)
 - Discussion of key decision points
 - i. what data is needed?
 - ii. what are the sources for getting this data?
 - iii. how will the data be provided?
 - iv. to whom?
 - v. how often?
 - vi. how do we incent clinical care to share this data with public health?
 - vii. how do we ensure patient privacy is protected?
6. Develop work plan
- Staff needed to support WG activities
 - Identification of needs for immediate deliverables
 - Process for communicating and sharing materials among WG members
7. Develop longer term timeline and milestones
- January - March 2006:
- 1) Identify existing tools and solutions that could be rapidly deployed and present recommendations to the Community.
 - 2) Identify local, state, federal agencies, NGOs, and private entities that are needed to support the tools and solutions.
 - 3) Present a detailed timeline for realization of the specific charge to the Community.
- April - June 2006:
- 1) Identify public and business policies that need to be changed or that are needed to meet the specific charge, and make recommendations to the Community.
 - 2) Consider privacy issues that may arise from this effort, and report discussions to the Community.
 - 3) Review standards architecture and certification criteria relevant to the realization to the goal and make recommendations to the Community.
- July - Sept 2006:
- 1) Make recommendations to the Community to identify deployment targets and models for deployment.
 - 2) Make recommendations to the Community to develop an education and awareness plan.

- 3) Make recommendations to the Community to develop a timetable to transition from the specific charge to the broad charge.

Oct - Dec 2006:

- 1) Make recommendations to the Community to implement a pilot effort and a rollout plan that will realize the specific charge.
- 2) Evaluate the year and progress toward achieving the broad charge.

8. Next steps

9. Public input

10. Adjourn

DRAFT

Biosurveillance Briefing Document

Office of the National Coordinator for Health Information Technology

January 30, 2006

In the following paragraphs and pages you will find the broad and specific charges to this workgroup, some definitions to assure consistent communications, and some background information. We have also included some questions that may be useful starting points for your discussion and ask that, working with ONC, you endorse final highly specified recommendations regarding what is to be accomplished by year's end, the specific populations which will derive benefit, and the critical actions that must be taken for successful implementation. Your presentation of these recommendations at the March 7th Community meeting will shape the intent of the Community in this area.

Charges for the Biosurveillance Workgroup

- **Broad Charge for the Workgroup:** Make recommendations to the Community to implement the informational tools and business operation to support real-time nationwide public health event monitoring and rapid response management across public health and care delivery communities and other authorized government agencies.
- **Specific Charge for the Workgroup:** Make recommendations to the Community so that within one year, essential ambulatory care and emergency department visit, utilization, and lab result data from electronically enabled health care delivery and public health systems can be transmitted in standardized and anonymized format to authorized public health agencies within 24 hours.

Who is involved in making this happen?

- **Patients** - Members of the public who require healthcare services from ambulatory and emergency room environments.
- **Clinicians** - In ambulatory and emergency room settings, the healthcare providers with direct patient interface in the delivery of care, including physicians, nurses, clinical supervisors.
- **Healthcare Delivery Organizations** – Organizations such as hospitals and physician practices, which manage the delivery of care and capture data from patient encounters / episodes in electronic form.
- **Laboratory Organizations** - Medical laboratories, both in-hospital and independent, where tests are performed on biological specimens to get information about the health of a patient.
- **RHIOs** - An organization that provides clinical data access services to authorized users across a defined population (usually a geographic region).
- **Public Health Agencies (local/state/federal)** - Local, state, and federal government organizations and personnel that exist to help protect and improve the health of their respective constituents. A critical effort under this charge is collecting

- health information to monitor for the existence of emerging health threats appearing in the population and manage these threats once manifested.
- **Resource Suppliers** - Private and government organizations and personnel, other than Public Health Agencies, who have a stake in public health by supporting public health processes (e.g., USDA food inspectors, American Red Cross, pharmacies, Department of Homeland Security) and help address public health events.
 - **Public** - Consumers of health care services and information; stakeholders in the overall health care system.

What is already being done?

Related Federal and State Efforts/Resources:

- Centers for Disease Control and Prevention (CDC/DHHS)
 - Public Health Information Network
 - Architecture for public health IT
 - BioSense goals: Support the connection of clinical care to public health and support situational awareness at a national level
- Department of Homeland Security (DHS)
- State health organizations
 - Primary responsibility for PH surveillance and outbreak response
 - Have relationships with clinical providers and a wide range of public health informatics capacities
 - Many have begun implementing electronic clinical laboratory reporting, linkages to clinical information systems, involvement in RHIO's
- North Carolina – NCHES
 - Statewide hospital-based, clinical data monitoring
 - Monitors real-time inpatient, outpatient and ED data to detect and manage health threats and disease outbreak
 - Public-private partnership (NC Division of Public Health and NC Hospital Association)
- New York City
 - Ambulance dispatches, emergency dept visits, pharmaceutical purchases, outpatient visits
 - 50 hospitals, 90% of all ED visits in NYC
 - Used daily, demonstrated utility and flexibility; early detection, estimate disease burden, impact, reassure in non-outbreak, expand case findings

Modeling the Project

1. Which biosurveillance functions can be supported with enhanced transmission of electronic health care data: initial event detection, situational awareness, outbreak management, and/or response management support?
2. What are the minimal lab, ambulatory care, and ER data elements needed by public health?

3. What are the sources of these data?
4. What time delay can be tolerated between clinical events and their reporting?

Defining the Populations

1. How should developing a broader net of sentinel sites be balanced against broad coverage in major metropolitan areas?

Other

1. How will patient privacy be protected while still supporting appropriate public health investigations?
2. How do we address varying state specific privacy and security issues?
3. How can clinical sites be encouraged to provide standardized data?
4. How will data be provided so as to meet biosurveillance needs at multiple levels: local, state, and national?
5. How will data be shared so as to support both routine and emergency situations?

Breakthrough Workgroup Activities & Community Milestones

2006	Workgroup Activities	Community Quarterly Milestones
JAN 17th	COMMUNITY MEETING	<p>1) Identify existing tools and solutions that could be rapidly deployed and present recommendations to the Community.</p> <p>2) Identify local, state, federal agencies, NGOs, and private entities that are needed to support the tools and solutions.</p> <p>3) Present a detailed timeline for realization of the specific charge to the Community.</p>
Jan 30 - Feb 2	<ul style="list-style-type: none"> • Introductions • Set Context and clarify final deliverable • Introduce draft of <u>Activities and Community Milestones</u> and deliverables • Review administrative logistics • Discuss specific charge: shape definitions and scope • Review briefing documents and identify additional information necessary to finalize scope and develop WG specific Activities and Milestones 	
Feb 21-24	<ul style="list-style-type: none"> • Finalize Scope Recommendations • Finalize elements for March AHIC report • Presentations and discussion on Federal Accelerators • Finalize Activities and Milestones 	
MAR 7th	COMMUNITY MEETING	
	<ul style="list-style-type: none"> • Present findings, summary, recommendations 	
April	<ul style="list-style-type: none"> • Review architectural, standards harmonization, and certification criteria necessary to realize goal. 	<p>1) Identify public and business policies that need to be changed or that are needed to meet the specific charge, and make recommendations to the Community.</p> <p>2) Consider privacy issues that may arise from this effort, and report discussions to the Community.</p> <p>3) Review standards architecture and certification criteria relevant to the realization to the goal and</p>
APR 25th	COMMUNITY MEETING	
	<ul style="list-style-type: none"> • Present findings, summary, and recommendations regarding “levers” acceleration of breakthroughs. 	
May	<ul style="list-style-type: none"> • Incorporate architectural changes and considerations into Breakthrough recommendations 	
June	<ul style="list-style-type: none"> • Make recommendations • Identify and evaluate deployment models for Breakthroughs 	

2006	Workgroup Activities	Community Quarterly Milestones
Jun 13 th	COMMUNITY MEETING Present findings, summary, and recommendations regarding further acceleration of breakthroughs. Identify gaps.	make recommendations to the Community.
July	<ul style="list-style-type: none"> Identify and evaluate marketing plans 	1) Make recommendations to the Community to identify deployment targets and models for deployment.
AUG 1st	COMMUNITY MEETING	
August	<ul style="list-style-type: none"> Develop broad work plan and time table to move from specific to broad charge Incorporate marketing and deployment models into Breakthrough recommendations 	2) Make recommendations to the Community to develop an education and awareness plan.
September	<ul style="list-style-type: none"> Continue to develop broad work plan to address broad charge 	3) Make recommendations to the Community to develop a timetable to transition from the specific charge to the broad charge.
SEP 12th	COMMUNITY MEETING	
October	<ul style="list-style-type: none"> Extensively vet recommendations throughout stakeholder communities Harmonize with other breakthrough workgroup's recommendations 	1) Make recommendations to the Community to implement a pilot effort and a rollout plan that will realize the specific charge.
OCT 31st	COMMUNITY MEETING	2) Evaluate the year and progress toward achieving the broad charge.
November	<ul style="list-style-type: none"> Write final report 	
DEC 5th	COMMUNITY MEETING <ul style="list-style-type: none"> Present Final Report to AHIC Recommendations to implement pilot effort Rollout plan for specific charge 	