



American Health Information Community

Biosurveillance Workgroup

http://www.hhs.gov/healthit/ahic/bio_main.html

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Workgroup Membership

- **Co-chairs:**
 - Julie Gerberding Centers for Disease Control and Prevention
 - Mitch Roob Indiana Family and Social Services Administration
- **Members:**
 - Michael Barr American College of Physicians
 - Scott Becker Association of Public Health Laboratories
 - Larry Biggio State of Wyoming
 - Mary Brady National Institute of Standards and Technology
 - Leah Devlin North Carolina Department of Health and Human Services
 - Lawrence Deyton Veterans Health Administration
 - Thomas Frieden NYC Department of Health and Mental Hygiene
 - Rick Friedman Centers for Medicare and Medicaid Services
 - Brian Keaton American College of Emergency Physicians
 - John Loonsk Office of the National Coordinator
 - Adele Morris Department of the Treasury
 - David Parramore Department of Defense
 - Mark Rothstein University of Louisville School of Medicine
 - Edward Sondik Centers for Disease Control and Prevention
- **Office of the National Coordinator:**
 - Kelly Cronin

Workgroup Charges

- **Broad Charge for the Workgroup:**
 - Make recommendations to the Community to implement the informational tools and business operation to support the 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.

This presentation is focused on the Specific Charge.

Enablers to Accomplish Specific Charge

- Start with a minimum data set that can be readily captured from the health care delivery system
- Data linkers can protect privacy and provide event level data to public health to facilitate analysis and follow-up investigation as needed
- Also build on existing local, state and federal biosurveillance programs sharing biosurveillance data to help meet public health needs

Recommendations to Support Enablers

- Data should flow simultaneously to local, state and federal health departments
- Focus on narrow scope of data across a broad geographic scope to maximize coverage and detection of public health threats
- As feasible, intermediaries or regional health information organizations can capture data from providers and then share with local, state, and federal public health departments

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Open Issues

- Do local and state health departments have the capacity to receive, analyze and act on steady stream of electronic data?
- Lack of standards impedes data sharing with public health – how can we standardize format of data?
- Beyond altruistic early participants, how can we incent health care providers to participate?
- If voluntary participation is not sufficient, are there other options?
- Future role of RHIOs and Nationwide Health Information Network as a means of providing public health data to local, state and federal partners – who pays for this service?

Next Steps

- Develop short term and longer term scope of breakthrough
- Analyze barriers to breakthrough and recommend ways to overcome
- Evaluate complementary technologies supporting interpersonal communication and traditional case reporting ensure coordination and integration with breakthrough

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