

Frequently Asked Questions

What is BioSense?

BioSense is a national program intended to improve the nation's capabilities for conducting near real-time biosurveillance and health situational awareness through access to existing data from healthcare organizations.

The program includes a Centers for Disease Control and Prevention (CDC) developed and hosted web-based application where real-time data are made accessible to state and local public health partners and participating healthcare facilities. In addition, the program includes analyst support, training, evaluation, and extramural biosurveillance projects.

What are the BioSense priorities for 2007/2008?

In 2007/2008 the BioSense program will focus on:

- Catastrophic public health emergencies;
- Enhancing biosurveillance capabilities in major metropolitan areas and continuing to link all states;
- Simultaneous data feeds from acute care hospitals to state and local public health departments as well as CDC;
- Evaluating cost-effectiveness of different configurations for connecting healthcare information sources like Regional Health Information Organizations (RHIOs) and Health Information Organizations (HIEs);
- Field-testing the Minimum Data Set (MDS) recommended by the American Health Information Community (AHIC); and
- Exercising BioSense during the 2007/2008 seasonal influenza epidemic;

Is BioSense coordinating with the Office of the National Coordinator for Health Information Technology (ONC) and the American Health Information Community (AHIC) efforts?

Yes, BioSense supports the efforts of the ONC and the Health Information Technology Standards Panel (HITSP) which is a collaborative effort to harmonize health information interoperability standards, particularly health vocabulary and messaging standards. AHIC was formed to help advance efforts to reach the President's call for most Americans to have electronic health records within 10 years.

The work done on BioSense has greatly influenced the MDS guidelines set forth by AHIC and BioSense will be field testing the MDS over 2007/2008 to determine if it is feasible.

How will BioSense work with local or regional surveillance systems and Regional Health Information Organizations (RHIOs)?

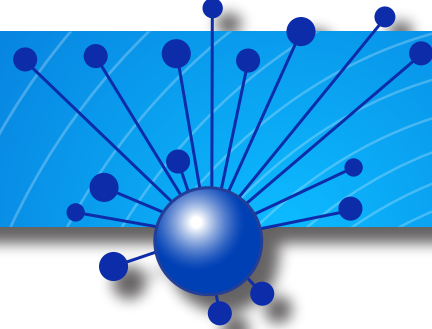
Where possible, BioSense connects with already existing statewide and/or regional surveillance systems. It is CDC's intent to continue entering into agreements with these systems to allow the data from them to be available through the BioSense application in real-time, without altering their current infrastructure or system. Currently, BioSense is exploring how to best work with emerging RHIOs.

In areas where hospitals connect to BioSense, but are already submitting data to another surveillance system, BioSense's data can be combined with the other system's data to provide a more complete picture of the health status of the community.

What kind of data are needed for BioSense?

BioSense is realigning the requested data sets with the MDS put forth by AHIC which includes related data within demographics, diagnoses, chief complaints, radiology orders/results, laboratory orders/results, and pharmacy data, especially for emergency department patients.

Syndrome	Patient Class								
	Outpatient			Emergency Department			Inpatient		
	Reason for Visit	Working Diagnosis	Final Diagnosis	Chief Complaint	Working Diagnosis	Final Diagnosis	Reason for Admit	Working Diagnosis	Final Diagnosis
Ischemic-like	0	0	0	0	0	0	0	0	0
Fever	0	0	0	0	0	0	0	0	0
Encephalite	0	0	0	0	0	0	0	0	0
Hemorrhagic Illness	0	0	0	0	0	0	0	0	0
Localized Cutaneous Lesion	0	0	0	0	0	0	0	0	0
Lymphadenitis	0	0	0	0	0	0	0	0	0



What does CDC do with the data in BioSense?

The data are used to help identify and characterize naturally occurring bioterrorism events or disease outbreaks using electronic biosurveillance techniques. The data are analyzed and presented through the BioSense application for simultaneous viewing by CDC and state and local health departments. Hospital users can also view their own data through the BioSense application.

How timely is the data collection?

Most real-time hospital data are transmitted to CDC in batches every 15 minutes and will be visible through the secure BioSense application within 2 hours.

What national health data sources transmit data to BioSense?

Real-time data are currently available from large multi-hospital systems, local hospitals, state and regional syndromic surveillance systems, and LabCorp order information. Data from the Department of Veterans Affairs (VA), and the Department of Defense (DoD) are available and will be moving into a real-time data feed in 2007. In addition, data from the American Association of Poison Control Centers (AAPCC) will be available in 2007.

What is Health Situational Awareness?

Health Situational Awareness is utilizing detailed, real-time health data to confirm or refute the existence of an outbreak; monitor its magnitude, geography, rate of change, and life-cycle to support an effective outbreak response.

Can BioSense provide local and state public health a feed of the jurisdictional data coming from the hospitals?

Yes. BioSense has already established what is known as a “split-feed” for two public health jurisdictions in order for local and state public health offices to have access to their own jurisdictional data. Public health users may request a “split feed” if facilities in that jurisdiction are participating in BioSense.

How will BioSense be evaluated?

BioSense has already implemented objective third party evaluations to assess the progress of the program and to identify key success factors. Other evaluations will be carried out at future stages of development to ensure the program meets its goals.

Will BioSense data be sent to other federal agencies such as Homeland Security?

Data will be made available to CDC public health partners and other federal agencies as required by law. The legal agreement between BioSense and the participating data source will govern use of data by CDC and other federal health partners.

What about HIPAA?

As a public health authority, CDC has specific exclusions from HIPAA regulations. However, CDC is sensitive to public health concerns over issues of privacy and has taken precautions to ensure the data are secure. In addition, no obvious identifiers such as patient name, address, social security number, or medical record numbers will be transmitted to BioSense. Data will be transported, maintained, and stored using methods consistent with the HIPAA security rule.

Do hospital staff obtain training to utilize the BioSense Application and the Patient Re-linker?

Each participating hospital has a web-based query tool which allows re-identification of a patient. At this time, training to use this tool is not offered, but the BioSense Administrator would be able to direct you to the appropriate individual for this. To obtain the name of a BioSense Administrator for a specific hospital, send a request to biosensehelp@cdc.gov.

For More Information

Visit www.cdc.gov/biosense
or e-mail biosensehelp@cdc.gov

