Biosurveillance
Considerations for Discussion on Scope

Office of the National Coordinator for Health Information Technology

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Background Information to Inform Discussion on Scope

NOTE: The WG needs to consider what scope is feasible in order to achieve the outcome of advancing sharing of this data across public health.

Biosense- current and future scope

BioSense currently has active data feeds and/or commitments from 19 cities representing 21 hospital systems for a total of 110 hospitals. Additional cities will be added in 2006 with a goal of 350 total hospitals.

* Guiding principles for determining BioSense 2005 and 2006 targets:
    o Large metropolitan area
    o High-volume ED
    o Health systems with multiple hospital
    o Existing hospital IT infrastructure (i.e., ED systems)
    o Timeliness of data
    o Support of local/state public health

Trauma Centers – how many are there?

Level 1 – 190 hospitals
Provides comprehensive trauma care, serves as a regional resource, and provides leadership in education, research and system planning. A level 1 center is required to have immediate availability to trauma surgeons, anesthesiologist, physician specialists, nurses and resuscitation equipment. American College of Surgeons' volume performance criteria further stipulate that level 1 trauma centers treat 1200 admissions a year or 240 major trauma patients per year or an average of 35 major trauma patients per surgeon.

Level 2 – 263 hospitals
Provides comprehensive trauma care either as a supplement to a level 1 trauma center in a large urban area or as the lead hospital in a less population-dense area. Level 2 centers must meet essentially the same criteria as level 1 but volume performance standards are not required and may depend on the geographic area served. Centers are not expected to provide leadership in teaching and research.

A partial list of ACS verified trauma centers can be found at:

http://www.facs.org/trauma/verified.html
A map depicting trauma centers geographically can be found at:
http://www.amtrauma.org/tiep/reports/tiepmap10.html

Considerations necessary for defining scope:

- Need method of quantifying major metropolitan areas
  - Breadth of coverage
  - Count of data providers
  - Depth of coverage

- Non-hospital based ambulatory care – how do we incorporate in scope?
  - Labs
  - Data exchange from regional health information networks

- Broader national coverage – how to we expand coverage overtime?
  - Phased in implementation in 2006-2008