Biosurveillance
Background and Options Briefing
Data flow

**Office of the National Coordinator for Health Information Technology**

**February 24, 2006**

The following information has been provided to you by the Office of the National Coordinator and is a synthesis of data collected from collaboration with the co-chairs, expert members of the community, and other workgroup members. This information should be carefully reviewed and factored into the decision-making process at the February 24, 2006 Biosurveillance workgroup meeting. The meeting should focus on deciding upon recommendations that must be made to the Secretary and the American Health Information Community at the March 7, 2006 meeting.
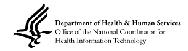
## Charges for the Consumer Empowerment Workgroup

- **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.

## Background Information

Data flow is a critical decision in moving forward the specific charge of the biosurveillance work group. Implicit in the charge for the biosurveillance breakthrough area is the need for to advance data sharing between public health agencies. Three options for such data flow along with pros and cons of each are described below: The workgroup can consider which options are appropriate following the critical criteria listed below.

- Feasible to implement in 2006.
- Accomplishes the specific charge, while facilitating the most direct path to the broad charge.
- Illuminates the significant barrier(s) that must be resolved to achieve breakthrough success (policy and technical).

- Delivers the value to the consumer over the next 1-2 years.
- Leverages all stakeholders, while appropriately balancing expectations, responsibilities and authority.

## Options for Data Flow

### Option 1:  Data flow from clinical care ? local public health agency ? state public health ? federal public health
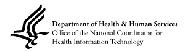
- *Pros*
  - This flow represents the traditional data flow for notifiable disease surveillance
- *Cons*
  - The functions of biosurveillance are more broad than notifiable disease surveillance
  - Many local and state public health agencies do not have the infrastructure in place to accept and share this type of electronic data. Building this infrastructure will delay when the data can begin to flow.
  - Time frame for all agencies to access these data is very short and data latency at different levels could be problematic.
  - In circumstances where the data is from a multi-jurisdictional area, data provider will need to parse segregate the data to send to the appropriate public health jurisdiction – different messages for different jurisdictions.

### Option 2:  Data flow from clinical care to all levels of public health simultaneously

- *Pros*
  - Allows the different needs at all levels to be met simultaneously
  - There is no delay in getting data to all authorized agencies.
  - Data can begin to flow immediately to those that can accept it.
- *Cons*
  - Some public health agencies will not be able to accept data until the infrastructure is in place.
  - In circumstances where the data is from a multi-jurisdictional area, data provider will segregate the data to send to the appropriate public health jurisdiction – different messages for different jurisdictions.

### Option 3:  Data flow from clinical care to an intermediary organization

- *Pros*

- o Can customize and triage data flow to appropriate jurisdiction – does not require data provider to do this
- o One group responsible for ensuring the data is flowing (acting as a technical steward)
- *Cons*
  - o Cost – who would pay for this intermediary?
  - o Would need appropriate authorizations in place to use this data – agent of public health?
  - o Need assurance data can get distributed in a timely way