

Summary of AHIC Biosurveillance Work Group Issues

Four major issues have been identified by Work group members that need to be resolved in order to develop recommendations to meet the specific charge by the American Health Information Community.

- 1) Privacy Concerns
- 2) Appropriate roles of local, state and federal public health agencies
- 3) Technical specifications with respect to data elements and standards
- 4) Lack of demonstrated value of biosurveillance programs to justify a large scale effort

These issues can be addressed successfully by meeting the following conditions:

- 1) Privacy Concerns
 - a. Establish the appropriate safeguards for privacy and security of data used for biosurveillance programs, including the necessary filtering of sensitive data, de-identification, and data use policies
 - b. Clarify any ambiguity under current law with respect to providers sharing de-identified and identifiable data with local, state and federal public health authorities
 - c. Address the general public concerns about the sharing of data for public health purposes
- 2) Appropriate roles of local, state and federal public health agencies
 - a. Ensure that simultaneous data flow does not alter traditional public health roles including local jurisdictions lead role in public health investigations
 - b. Clarify that CDC is not the first responder or interpreter of data derived from a biosurveillance breakthrough project and that only state and local public health authorities can engage in police power epidemiological investigations
 - c. Ensure that new data collection initiatives are developed in a way that enhances, rather than competes with or undermines, existing public health information technology initiatives (e.g. electronic laboratory reporting)
- 3) Technical specifications with respect to data elements and standards
 - a. Convene the right group of public health experts to identify the appropriate data elements for each of three components (hospital capacity and utilization, broad-based electronic surveillance, and identifying individual cases of public health concern) of a broad biosurveillance breakthrough project this year and use the outcome of their deliberation to support HITSP in the identification of technical specifications for data to be captured for the breakthrough
 - b. Support HITSP with the public health expertise needed to identify appropriate technical standards for the breakthrough
- 4) Lack of demonstrated value of biosurveillance programs to justify a large scale effort

- a. Develop outcome measures/metrics for program evaluation and establish goals for each of three components of the breakthrough
- b. Conduct program evaluations to establish the evidence base and demonstrate the value of different approaches to biosurveillance
- c. Large-scale implementation should be limited to approaches with demonstrated value
- d. Collaborate with public health officials with first hand experience in managing ongoing biosurveillance programs to design and conduct program evaluations.