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HEALTH INFORMATION TECHNOLOGY

More Detailed Plans Needed for the Centers for Disease Control and Prevention's Redesigned BioSense Program

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Highlights

Highlights of GAO-09-100, a report to congressional committees

Why GAO Did This Study

In 2003, the Centers for Disease Control and Prevention (CDC), an agency within the Department of Health and Human Services (HHS), developed an electronic syndromic surveillance system called BioSense that uses health-related data to identify patterns of disease symptoms prior to specific diagnoses. In late 2007, CDC began to redesign the program to improve collaboration with stakeholders and address identified management weaknesses. Pursuant to House Report 110-231, GAO evaluated the BioSense program, focusing on the cost and timeline estimates and performance measures and benchmarks for implementing the program, among other objectives. To accomplish this, GAO analyzed relevant program documentation and interviewed CDC officials responsible for developing and implementing BioSense.

What GAO Recommends

GAO is recommending that CDC develop reliable cost and timeline estimates and outcome-based performance measures for implementing the redesigned BioSense program. In written comments on a draft of this report, HHS stated it welcomed the conclusions and recommendations and provided updated information about current efforts intended to address the recommendations.

To view the full product, including the scope and methodology, click on GAO-09-100. For more information, contact Valerie C. Melvin at (202) 512-6304 or melvinv@gao.gov.

What GAO Found

While CDC identified annual and long-term cost and timeline estimates and performance measures for the initial design of BioSense, these estimates and measures did not reflect the implementation of its redesigned program. CDC subsequently developed a draft plan for the redesigned program that described high-level cost and timeline estimates; however, the estimates are not reliable, and the plan did not include performance measures.

- According to best practices, cost estimates should be well-documented, comprehensive and accurate, and must be credible before they can be considered to be reliable. However, CDC's cost estimates for the redesigned program are not reliable because they are only partially documented, are not comprehensive and accurate, and therefore are not credible.

- Best practices for reliable timeline estimates include the identification of resources to complete each task, establishment of a critical path, and analysis of risks to the schedule. However, the agency has not implemented these practices, resulting in timelines for the redesigned program that are not reliable.

- The Office of Management and Budget directs agencies to define outcome-based performance measures to gauge program results early enough for stakeholder review, and industry experts describe the need for stakeholder input in developing performance measures in order to monitor performance. While CDC established performance measures and benchmarks for the initial implementation of the BioSense program, it has not yet developed outcome-based performance measures to monitor the progress of the redesigned program and does not intend to complete their development until the end of 2009.

Until program officials develop reliable cost and timeline estimates and outcome-based performance measures for the redesigned BioSense program, they will lack key components needed to effectively manage the program, increasing the risk that the agency will perpetuate weaknesses identified in its initial implementation of the program and related system.