
Where Do We Get the Data? Reportable Disease Surveillance in California

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Labs

Providers



Public Health Users

Labs

Providers

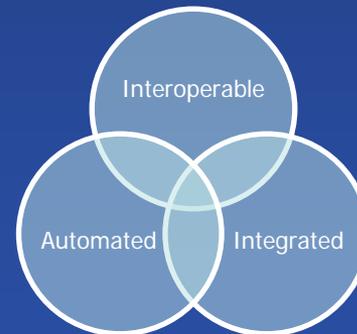


Process

Public Health Users

Generational Change in Disease Reporting Process

	Historic	Future
Media	Mixed, including paper	Fully electronic
Data formats	Multiple, human translation	Standardized, interoperable systems
Triggers	Human dependent	Automated
Transmission	Human dependent	Integrated
Processes	Human dependent	Can be automated



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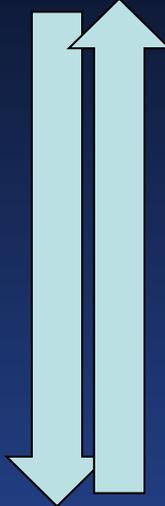
Outline

- CalREDIE anatomy
- Laboratory reporting update
- Provider reporting update
- Lessons learned

Labs

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Public Health Users



CDPH Gateway

Provider Portal

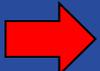
Data Distribution Portal



Atlas Database/Master Person Index



Data Warehouse



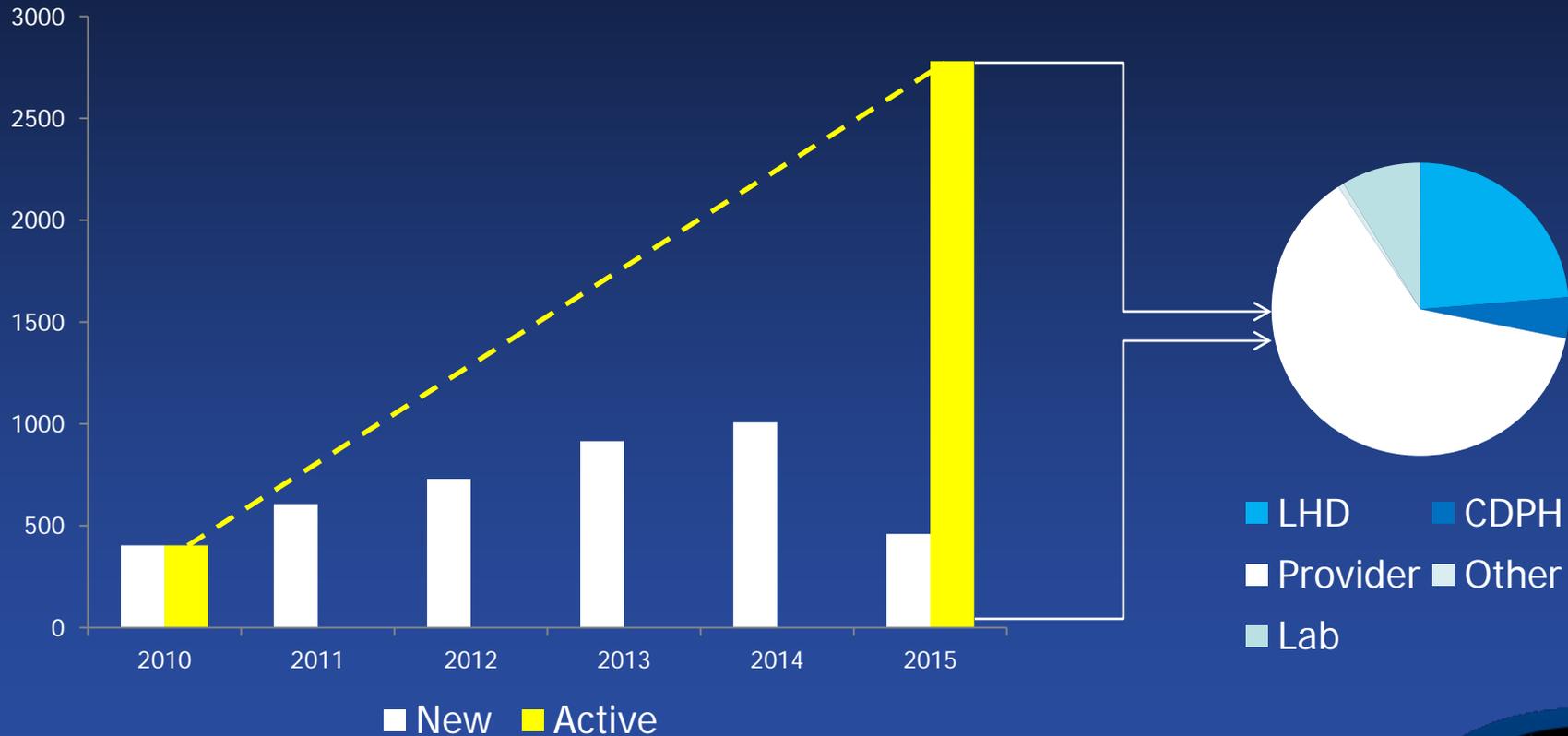
Automated



Manual

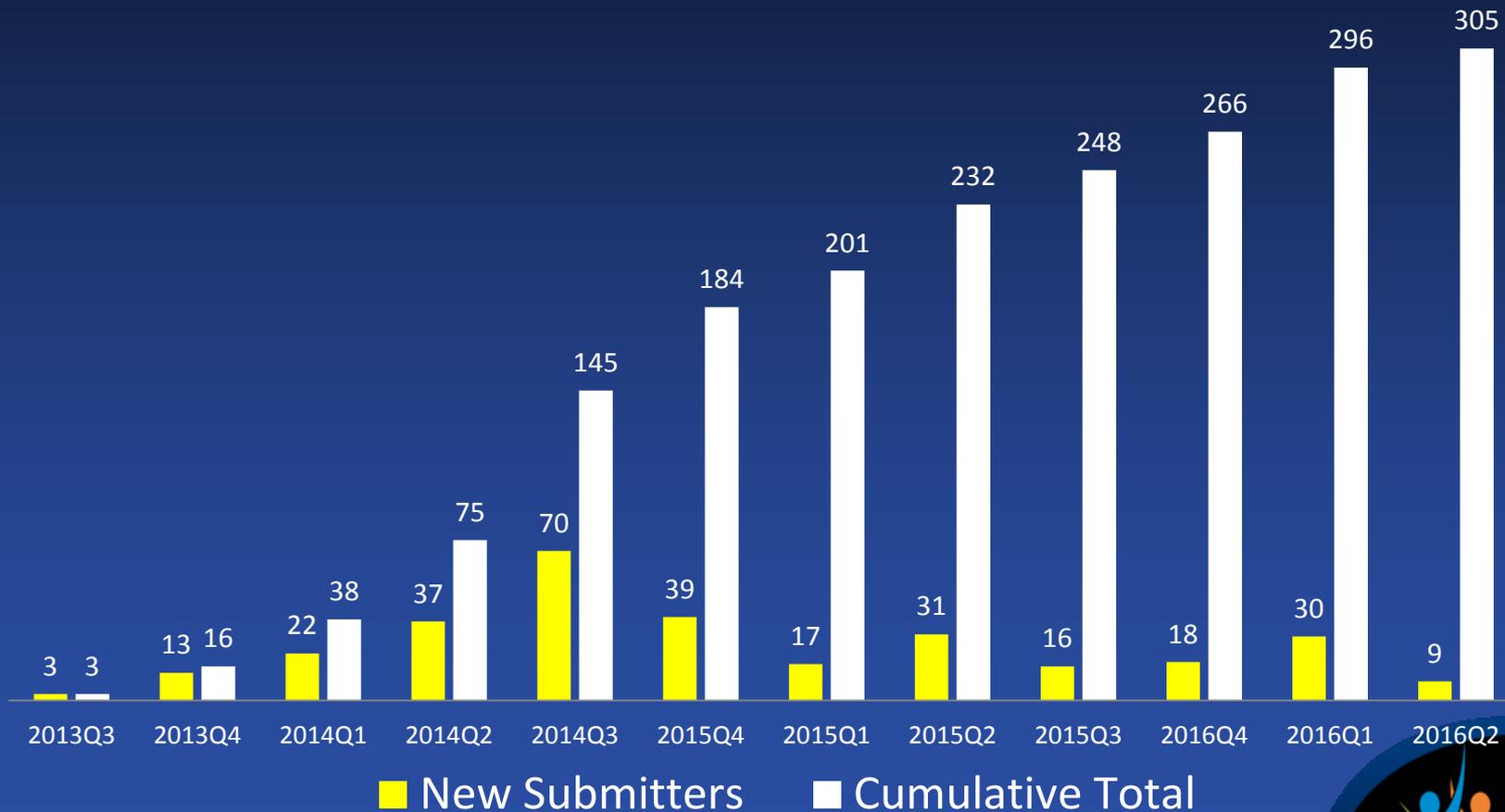


Number and Type of CalREDIE Users

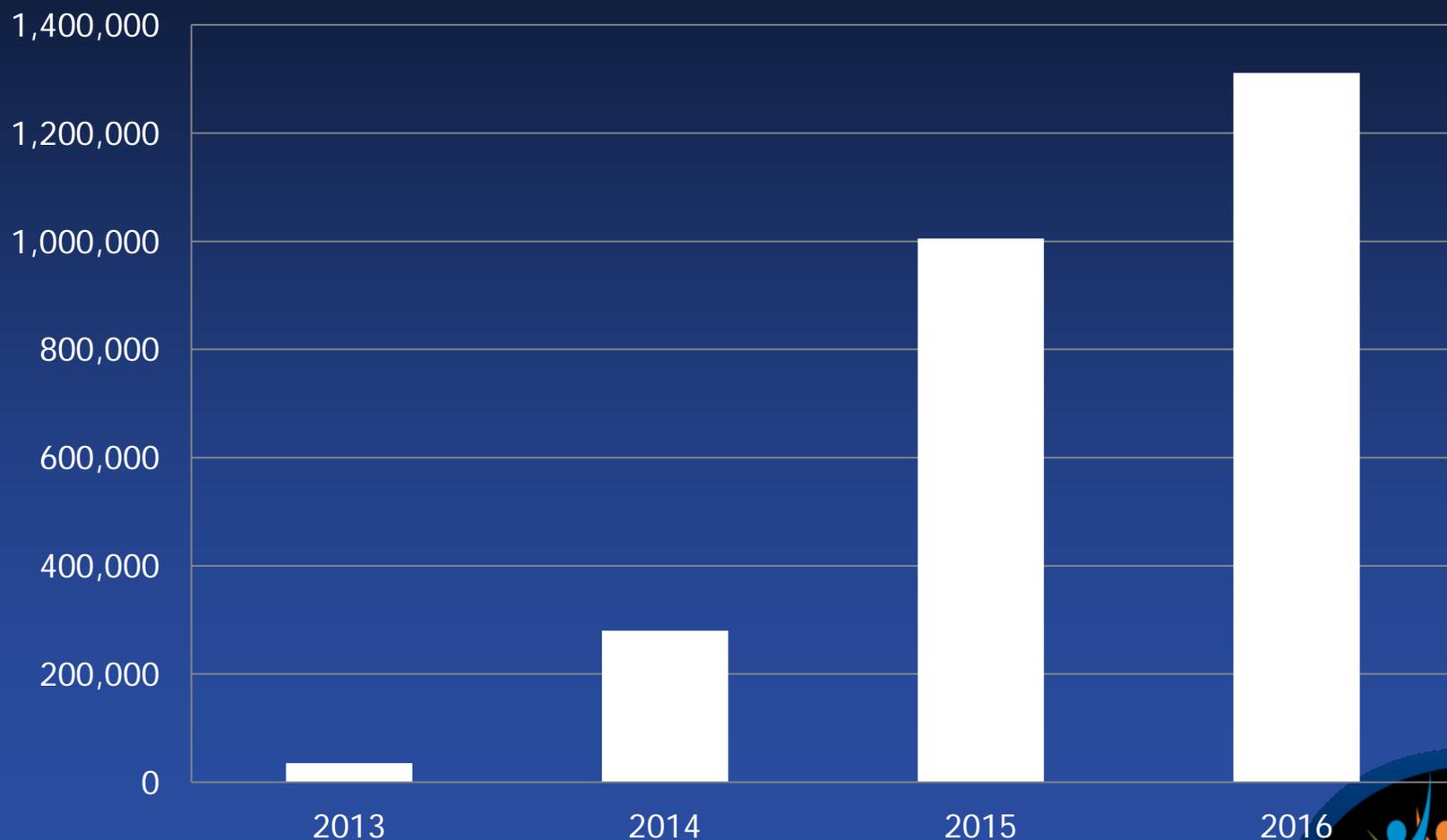


Laboratory Reporting

Number of ELR Submitters to CalREDIE



ELR Submissions to CalREDIE



ELR Characteristics

- Integrated connections between laboratory information systems (LIMS) and CaIREDIE
- Interoperable data transmission based on national standards
- Automated data transmission
- Automated data processing
 - Viral hepatitis (chronic)
 - Chlamydia infection
 - Gonorrhea
 - Campylobacteriosis
 - Coccidioidomycosis
 - Giardiasis

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- More timely
 - Fewer errors
 - More efficient
 - Increased capacity

Provider Reporting--Current

- Mostly via historic systems
- Provider portal allows providers to key enter data directly into CalREDIE
- National standards for electronic reporting from Electronic Health Records (EHR) under development
 - Reporting triggers
 - Standard public health data set
- CalREDIE doing capability assessment

Provider Reporting--Future

- Automated, integrated, interoperable transmission from EHRs to public health
- “Push” of standard dataset
- “Pull” ability to query EHRs for additional data
- 3-5 years in future

Lessons Learned

- Modern information systems have great potential to enhance public health
- Need to balance functionality with complexity
 - Modular approach can help
 - Local applications can add functionality
- System implementation and maintenance require substantial resources
- Resource allocation and workflows are impacted
- Policies need to be adopted and modified

Questions?



California Reportable Disease Information
Exchange

Implications

- Adapt workflows
- Integrate with other local systems
- Shift resources to different tasks
- Establish governance system
 - System functionality and scope
 - Changing roles and relationships
 - Data ownership
 - Feedback on performance
 - Etc.!
- Ensure security
- Recruit participants
- Provide training
- Support users
- Ensure system access
- Maintain system (upgrades)
- Monitor data quality