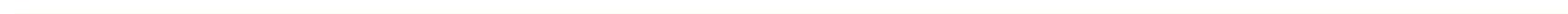


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*11:45 – 12:45*

EHARS and Web-CMR:



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# Enhanced HIV/AIDS Reporting System

- The CDC is deploying EHARS as an upgrade to HARS
    - HARS released in 1995
    - Exponentially greater capabilities and flexibilities
  - EHARS is a “browser-based application” that collects, stores, and retrieves data, via a secure data network, that CDC has identified as necessary to:
    - monitor the HIV/AIDS epidemic
    - identify current trends in the epidemic
    - evaluate HIV prevention, care, and treatment planning
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# EHARS continued

- OA and CDC two day technical meeting
    - October 28-29, 2008
    - multi-jurisdictional requirements
    - California-specific implementation requirements
  - Implementation in mid-2009
    - after 2009, only EHARS reported cases will be counted for federal support justification
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# EHARS Project status

- Concept in approval process
  - Feasibility study report in development
  - Project phasing (estimated)
    - Data cleansing
    - County HARS close out
    - Statewide HARS close out
    - Data conversion/CDC training at OA
    - EHARS implementation
    - County phase-in
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# EHARS Issues in-process

- Modification of Case Report Form to accommodate EHARS fields
  - Emergency regulations to add secure data transmission & report form changes
  - California IT project requirements
  - Firm timeframe
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# Web-CMR Overview

- Comprehensive, centralized statewide surveillance and reporting system
  - Collects surveillance and laboratory data for:
    - Cases
    - Contacts
    - Individuals who move between local jurisdictions
  - Ability to initiate and manage alerts
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# Some Web-CMR Highlights

- Ability to receive and transmit data from and to external surveillance systems including the CDC.
  - Integration and interfacing with internal and external surveillance systems can facilitate comprehensive and more accurate collection of data for:
    - epidemiological analysis
    - case management
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# Web-CMR and HIV/AIDS Data

- OA and CDPH goal is to anticipate potential use of Web-CMR assuming:
    - EHARS requirements are met
    - Statutory/regulation changes in the future
  - Current Web-CMR legislation is *permissive but does not require* HIV data to be reported via Web-CMR
  - Conflicts with existing statute & regulation
    - Labs are required to report cases of HIV to the LHO and the LHO reports HIV cases to OA (H&S Code 121022 (a)).
    - HIV reports by labs are required to be sent by traceable mail or person-to-person transfer (17 CCR 2643.10).
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# Additional Challenges for Web-CMR and HIV/AIDS

- Federal guidelines for security and confidentiality related to HIV/AIDS surveillance (January, 2006)
  - Technical challenges
    - HL7 coding for HIV
    - Project phasing
    - EHARS interface
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# Web-CMR: OA and CCLAD Roles

- OA participation in weekly Web-CMR project management team meetings
    - OA Epi/Surveillance and IT managers
    - OA to provide recommendations for incorporating HIV reporting into Web-CMR
    - OA to provide guidance on user interface
    - OA to provide guidance on security and confidentiality requirements for HIV reporting
  - CCLAD invited to participate in Web-CMR advisory process through membership in the Web-CMR Local Stakeholders Advisory Committee
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