

**Data Transmission Issues  
Meeting Summary  
June 24, 2008**

1. Attendees
  - a. Ron Hattis; Maree Kay Parisi; Brandon Page; Susan Strong; Alice Williams-Root; Kim Woods; Arthur Thompson; Sharon Pipkin.
  - b. CDPH: Jenni Baham; Victor Borromeo; Mark Damesyn; Winnie Dysle; Debbie Kalhor; Teresa Lauchaire; Ann Nakamura; Michelle Roland; Juan Ruiz; Michael Samuel; Juan Ibarra.
2. Summary of Agenda/Discussion Topics
  - a. OA follow-up activities resulting from the HIV/AIDS Surveillance Stakeholders Meeting held April 9-10, 2008 in Sacramento, CA:
    - i) OA was to explore the maximum flexibility allowed in statute, regulations and policy to enable the use of data transmission technologies while preserving the highest standards of protection of confidentiality.
      - (1) OA staff reviewed the original meeting flip-charts to identify recurring data transmission issues brought up by participants at the April 9-10, 2008 meeting. Participants identified three data transmission topics: secure web-based systems; data transfer via electronic facsimile (FAX); and data transfer via electronic mail (email).
      - (2) OA staff reviewed language in existing statute and regulations regarding data transmission and prepared a list of questions regarding wording changes to allow for web-based transmission of HIV/AIDS information.
      - (3) An overview of initial considerations, challenges/barriers, and questions regarding web-based methods for transmission of HIV/AIDS information was prepared by OA staff and distributed to meeting participants. Discussion of email and FAX transmission of HIV/AIDS case information are to be addressed at a future date.
  - b. Overview of discussion topics
    - i) Consideration #1: OA integrates eHARS with web-CMR;
    - ii) Consideration #2: OA builds and supports its own private network for deployment of eHARS;
    - iii) Reporting level-specific challenges/barriers; and
    - iv) Pending Questions.
3. Consideration #1: OA integrates eHARS with web-CMR
  - a. Update on OA activities:

i) OA has been meeting with eHARS Technical Team members from the Centers for Disease Control and Prevention (CDC) Quantitative Sciences and Data Management Branch (QSDMB) to prepare for a multiple jurisdiction deployment of eHARS, a web-based version of the current stand-alone and flat file HIV/AIDS Reporting System (HARS) developed by the CDC as the system to be used by all funded sites. Deployment of eHARS in California is scheduled for 2009.

ii) Juan Ruiz and Mark Damesyn from OA attended the web-CMR Kickoff meeting in Richmond. OA IT staff have reviewed available technical documentation for web-CMR.

b. Key findings:

i) eHARS and Web-CMR are complex web-based applications with a great deal of functionality.

ii) eHARS and Web-CMR use different technological platforms for application access and delivery; one system cannot be readily integrated into the other.

c. Discussion

(1) Stakeholders shared their understanding of the potential functionality of the web-CMR system and its ability to be of use in HIV/AIDS Reporting.

(a) HIV/AIDS reports sent from the healthcare provider or laboratory to the LHD via eHARS could be used as a surveillance prompt.

(b) Given the technical documentation that has been reviewed to date, coexistence as two distinct systems seems possible between eHARS and web-CMR.

(i) eHARS import/export functionality already exists to facilitate data transfer from other systems.

(ii) Web-CMR ability to process electronic laboratory reports and information from healthcare providers may prove useful as an HIV/AIDS surveillance prompt for LHD capable of receiving these data.

4. Consideration #2: OA builds and supports its own private network for deployment of eHARS.

a. Key findings

i) A private network at OA is sufficient for deployment of eHARS. The Registry has a server dedicated for eHARS and our workstations are up to eHARS standards. LHD would log into OA's intranet to gain access to eHARS.

5. Reporting-Level Considerations

(1) Unlike web-CMR, eHARS is not designed for web-based transfer directly from providers or laboratories. However, eHARS does not restrict LHD's ability to utilize electronic reporting of laboratory or provider data. eHARS has import/export functionality to import data and could import laboratory and provider data from web-CMR or other system.

6. Pending questions

- a. OA is currently reviewing regulatory language and shared preliminary questions with the stakeholders for review and input.
- b. Some questions remained about the ability of web-CMR to be used instead of eHARS. OA IT staff will contact web-CMR developer and request an opportunity for information-exchange.
- c. There was some interest in moving the discussion of FAX and email transmission up on the discussion timeline.

7. Designation of Chair/ Co-Chair

- a. OA will solicit volunteers from the stakeholders to serve as chair or co-chair for this workgroup.

8. Scheduling of the next meeting

- a. OA requested 4-6 weeks to gather additional technical information regarding web-CMR from the web-CMR development team; and to review this information with the eHARS development team. OA will send out a meeting invitation in 6 weeks. At the next meeting, OA will share its findings regarding interoperability of the eHARS and web-CMR systems.

9. The meeting adjourned at 3:40 p.m.