

Update from CDC's Public Health Surveillance & Informatics Program Office (PHSIPO)

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Objective

To provide updates on current activities and future directions for the National Notifiable Diseases Surveillance System (NNDSS), BioSense 2.0, and the Behavioral Risk Factor Surveillance System (BRFSS) and on the role of PHSIPO as the “home” at CDC for addressing cross-cutting issues in surveillance and informatics practice.

Introduction

The practice of public health surveillance is evolving as electronic health records (EHRs) and automated laboratory information systems are increasing adopted, as new approaches for health information exchange are employed, and as new health information standards affect the entire cascade of surveillance information flow. These trends have been accelerated by the Federal program to promote the Meaningful Use of electronic health records, which includes explicit population health objectives. The growing use of Internet “cloud” technology provides new opportunities for improving information sharing and for reducing surveillance costs. Potential benefits include not only faster and more complete surveillance but also new opportunities for providing population health information back to clinicians.

For public health surveys, new Internet-based sampling and survey methods hold the promise of complementing existing telephone-based surveys, which have been plagued by declining response rates despite the addition of cell-phone sampling. While new technologies hold promise for improving surveillance practice, there are multiple challenges, including constraints on public health budgets and the workforce. This panel will explore how PHSIPO is addressing these opportunities and challenges.

Methods

Panelists will provide updates on 1) PHSIPO's role in engaging health departments, the organizations that represent them, and CDC programs in shaping national policies for implementing the Meaningful Use program, 2) how the BioSense 2.0 program is supporting growth in syndromic surveillance capacity, including its partnership with ISDS in developing standards for syndromic surveillance as part of Meaningful Use, 3) improvements that are underway in strengthening the NNDSS, including efforts to improve CDC's support for health department disease reporting systems and to develop a “shared services” approach that could provide a platform for streamlining the exchange of information between health departments and CDC, 4) pilot development of Internet-based panels of survey volunteers to supplement existing telephone-based sampling in the BRFSS and of approaches to extend BRFSS survey information through consent-based linkage of survey responses to selected measures recorded in respondents' EHRs.

Results

Potential questions or discussion points that might arise include: What can or should be done to assure that the population health objectives of Meaningful Use are fulfilled? What are the lessons learned to date in leveraging investments in the Meaningful Use of EHRs to improve disease reporting and syndromic surveillance systems? What are the next steps in developing BioSense 2.0 to assure that it leads to strengthened surveillance capacity at both state/local and regional/national levels? How can insights from the BioSense redesign be applied to improve case reporting and other surveillance capacities? What is CDC doing to address states' concerns about the growing number of CDC surveillance systems? How will national discussions about the future of public health affect the future surveillance practice? What can be done to assure the ongoing representativeness of population health surveys? Is it feasible to link BRFSS responses to information obtained from EHRs? How can data from surveillance become part of the real-time evidence base for clinical decision making?

Conclusions

The intended outcome of the panel is to foster a conversation between the panelists and the audience, to inform the audience about recent developments in PHSIPO, to obtain insights from the audience about innovations and ideas arising from their experience, and to generate new ideas for approaches to meeting the needs of public health for surveillance information.

Keywords

Surveillance; BioSense 2.0; Notifiable Diseases; BRFSS—Behavioral Risk Factor Surveillance System

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References

For more information about PHSIPO, see: <http://www.cdc.gov/osels/phsip>

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