**Virginia Syndromic Surveillance Advisory Group (VSSAG) – NSSP Data Access Pilot**

Wrap-Up Call – February 13, 2019

## In Attendance:

* Arden Norfleet, Virginia Department of Health
* Erin Austin, Virginia Department of Health
* Jonathan Falk, Virginia Department of Health
* Andrea Chapman, Sentara Martha Jefferson
* Julia Gohlke, Virginia Tech
* Stuart Hutter, University of Virginia Health System
* Morris Reece, Virginia Hospital and Healthcare Association
* Colleen Ryan-Smith, VDH - Arlington Health District
* John Strazzullo, Patient First

## Discussion Notes

* Pilot Timeline:
  + Morris Reece - The fact that the pilot began mid-week and the weekly surveys tracked usage from Wednesday – Tuesday was a bit confusing and harder to keep straight than if it were following a normal Monday- Friday week schedule.
  + John Strazzullo – The pilot duration (4 weeks) was too short. It takes a bit of time to get a handle of this new data source in conjuction with the other flu-related data sources available from the CDC flu view and internally. By the time I hit my stride the pilot was already wrapping up.
  + Andrea Chapman – Agreed that the 4 week timeline was too short, especially given delays in getting supervisor approval for access to the NSSP ESSENCE system. Also, it has only been in the last weeks of the pilot when flu activity has seen a big uptick so would like continued access to be able to continue to see visit activity across the state and the region.
* Actions informed by ESSENCE:
  + John Strazzullo – If the pilot ran longer then you may have seen more people using ESSENCE data to support the decision making process
  + Julia Gohlke – Agreed that a longer time frame for the pilot would have given a chance to identify more uses for these data
* Data Details Visit Level Access:
  + Andrea Chapman – I do see the utility in data details access but I did not use the record level view due to the time constraints of the pilot. Helpful to have but not necessary to gain broad understanding of ILI trends.
  + John Strazzullo – Did not see the utility in data details view for flu monitoring. Believe data details view would be very beneficial for surveillance of other specific conditions, such a measles.
  + Colleen Ryan-Smith – Found the data details view very useful as flu activity began to increase to determine how many of these visits were actually diagnosed with influenza in the discharge diagnosis.
    - John Strazzullo – Patient first compared internal counts of influenza diagnoses with chief complaint ILI visits in ESSENCE across all Virginia locations and found less than 1% variance between the two numbers.
    - Colleen noted that Arlington ED visits did not have this high of correspondence between ILI symptom presentations and flu diagnoses.
  + Julia Gohlke – Did not feel data details level access was necessary but would like additional guidance to develop new queries that could then be assessed at the aggregate level.
    - Arden Norfleet – I would be happy to help you validate and develop new queries.
* Overall Impressions:
  + John Strazzullo – Do thing these data are useful overall for my organization especially given that our locations are spread across the state, but would need to talk to our operations vice president and physician relations vice president to determine exactly how ESSENCE data could be integrated into workflow/business practices at Patient First. Would also appreciate receiving warnings if a nearby facility had seen a patient with certain diagnoses. I understand that ESSENCE data do not contain final lab-confirmed diagnoses but I think the timeliness of these data would still make them useful as early warning alerts to potential disease activity in the community.
  + Andrea Chapman – I believe infection preventionists and emergency managers would both be appropriate users of ESSENCE. Hard to integrate something new into a workload with limited resources (both time and personnel) as the sole IP for a hospital but do see the utility in doing so.
  + Julia Gohlke – See a lot of opportunity in using these data in emergency preparedness and disaster response. I am interested in how this can be used in combination with environmental data to better predict health outcomes due to environmental factors.
  + Erin Austin – Can you envision other types of data sources you would like to integrate with ESSENCE data if given the opportunity?
    - Julia Gohlke – We work a lot with real-time satellite data sets (power outages, temperature, wind speed, flooding). Matching these with real-time health data could be a very powerful tool.
  + John – the real-time health data from just 24 hours before is great and a big improvement on the other flu reporting mechanisms which lag one week.
  + Andrea Chapman – Do get a daily report with the day prior’s ED visits. It is similar data to what is available in ESSENCE but ESSENCE provides the visualizations and statistical alerts to indicate increases that are difficult to assess from a simple line list.
  + John Strazzulllo – The regional trends were very interesting to see where flu activity was surging and plateauing in a given week. It was unclear however what boundaries were used to delineate these regions.
    - Arden Norfleet – The regions in ESSENCE refer to the [VDH Health Regions](http://www.vdh.virginia.gov/content/uploads/sites/6/2016/01/Map-of-Virginia-Health-Regions.jpg). A map can be provided to everyone to make the definition of these regions more clear.
* Virginia User Policy: NSSP access request process
  + Julia Gohlke – Supervisor confirmation added a layer of time and complication to the process.
    - Erin Austin – This step is intended to protect patient health information by confirming your role within your organization and need for data access. This supervisor approval step has to occur for internal VDH employees as well.
  + Andrea Chapman - In an emergency situation where speedy access to these data is important, perhaps this step could be waived.
* Virginia User Policy: role-based access
  + Julia Gohlke – higher level of spatial resolution would be useful but did not need individual visit level details.
* Virginia User Policy: approved data uses
  + Colleen Ryan-Smith – I like the data uses currently defined in the policy
    - Andrea Chapman – I agree
  + John Strazzullo – I like them too, but I would add a use for alerts to users for certain events such as a case of measles in a nearby facility.
* Virginia User Policy: length of data access
  + Julia Gohlke – IRB protocol has a built in continuing review process, so you could tie length of access to this IRB review and approval.
  + John Strazzullo – Users could easily confirm need for continued access on a quarterly basis but this may be too frequent for supervisors. Also if a user leaves their place of employment they will typically stop getting emails to their work email address which would effectively deny them continued access.