

Special Audio Report Transcript

Headline: States Making Progress in Tracking Diseases Electronically, but More Work Remains

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I'm Kelly Wilkinson with a look at how well states are implementing electronic disease tracking -- and what obstacles remain. This is a special report for *iHealthBeat*, a daily news service from the California HealthCare Foundation.

CDC and state health departments use a system called NEDSS -- the National Electronic Disease Surveillance System -- to exchange data about diseases from smallpox to E. coli.

That system -- and how well states use it -- was the subject of a recent report published in the CDC's *Morbidity and Mortality Weekly Report*. It's a follow-up to a similar report conducted in 2007, both by the Council of State and Territorial Epidemiologists.

Kathryn Turner, an epidemiologist with the Idaho Department of Health and Welfare, is one of the report's authors. She says state health departments have made big gains -- the overwhelming majority of states are now able to receive electronic lab reports, for instance. And all but three states have fully operational disease tracking systems. However, there's still wide variability.

(Turner): "Continued progress is really critical if we're going to be able to leverage what's going on out in the medical community today. And that is this push toward electronic data exchange. So focusing on supporting those states and continuing to innovate and continuing to increase their capacities is very important so that we can be really good partners with the medical community as they're trying to find ways to improve population health while reducing healthcare costs."

Part of that variability comes from the different kinds of systems that state health departments use to track diseases. The report showed that some states build custom systems, while others use systems developed by the CDC. And others use a hybrid.

(Turner): "Of course once you find something that works, it's very difficult to retire it and move to a completely different system because of the costs involved and then the retraining and staffing."

Tuner says some systems are siloed -- with information stored in one place for sexually transmitted infections, for example, and another place for general communicable diseases. She says from a public health perspective, that's not helpful.

(Turner): "If you have one person who's got a sexually transmitted disease or a blood-borne disease, it's hard if they're in two or three different systems to be able to tell what the total health of that person is. So a little bit of interoperability will be really helpful for us to help the medical community in determining what kind of priorities they need to be focusing on when they're seeing their patients."

CDC is working toward common standards for state health departments. Kathleen Gallagher is the director of CDC's Division of Notifiable Disease Surveillance and Healthcare Information.

(Gallagher): "Rather than dictating or recommending that states all use a common system, I think what we would recommend instead is they use common standards, and this way it would provide state health departments with the flexibility that they would need regarding what kind of system they wanted, whether it was a commercial off the shelf product or one that they developed within their own state or whether or not they used the product that the CDC also makes available to them."

Monitoring for diseases falls to states, but for the information to be reliable, it needs to flow from health care providers to county health departments -- and then from counties to state health departments.

Sara Cody is deputy health officer with the Santa Clara County Public Health Department in California.

(Cody): "How does the data get from the provider to the county and then the county to the state and then it's from the state to the CDC? Not all those links are working."

Cody says every state's health reporting is structured differently. In California, counties dictate the reporting. And, she says it's still largely done by fax.

(Cody): "The labs generate vast quantities of data with their lab reports. And they have it in their laboratory information systems. But at the moment -- with a few exceptions around the state -- for the most part the large commercial labs and hospital labs don't have a

way to talk to the counties. So they may be ready to send the data from the labs, but we're not ready to receive it from the labs. So electronic lab reporting from commercial and clinical labs to local public health departments is really critical and that link is pretty weak."

Health care reform is pushing for much wider electronic exchange of health information. CDC's Kathleen Gallagher says that will allow for more timely public health action and better use of limited public health resources.

(Gallagher):"Ultimately, the point here isn't just to have electronic health data exchange to just have electronic exchange -- it's to have it with the thought that it would improve public health in the long run."

This has been a special report for *iHealthBeat*, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at ihb@chcf.org.

I'm Kelly Wilkinson, thanks for listening.