"Unconference" Open Session - Case Based Surveillance

Session Name: Case Based Surveillance:
OHIE18 Event Page - ohie.org/OHIE18
Time / Room: 9:30 - 10:30 Marquee
Presenter: Eric, Richard, Samuel L
Attendees:
Etherpad: https://notes.ohie.org/2018-08-02_Unconference_Marquee_930

Questions

1. how do you link CBR to the EMR/EHR
2. how do CBR and iDSR link together

Notes:

1. evolving data needs for public health action
2. HIV case based surveillance on the path to epidemic control
3. from care continuum to surveillance workflow
   a. mapping of events
   b. case reporting--initial diagnosis/initial recognition (iDSR)
      i. case based surveillance looks at the continuum with "triggers"
      ii. data collected by paper in most cases
4. presented information about CBR HIV and OpenMRS- demo available on youtube video
5. HIE essentials for HIV CBS (Uganda)- patient goes through the continuum of care
   a. who is this patient
   b. where did they get care
   c. testing and clinical cascade
   d. secure data exchange and then need for deidentified data (surveillance data repository/indicator data repository)
   e. need ability to deidentify every time that you get a new case- ‘am I really new’???

Questions

1. when is data deduplication done and how
   a. can have retrospective at the central level
   b. asynchronous data exchange
   c. need tools to dematch if you have matched wrong
2. public health surveillance isn’t the same as clinical care delivery
   a. work for the individual patient vs public health perspective (government role)
   b. complementary use case with clinical care and HIE
3. case based surveillance-- does it work? example of SA where it seems to not work
   a. good clinical care data system allows you to have better data
   b. CBS more of an analytic system that sits on top of the individual patient record system
   c. need to identify HIV patients as soon as possible (rare to come in at the point of ‘sickness’) - system must be able to capture this
   d. do automated reporting from the EMR and support the ‘message and payload’ from these systems
4. ‘just in time architecture’
   a. helpful concept; if the framework for HIE exists, then you can respond quicker, deliver excellent care, and there is no conflict
5. value of the case based reporting form- establishes relationship with the government for care, including what and when you will share public health information
6. other value of CBR report- Rwanda
   a. initial information from counseling (risk based questions)
   b. as countries get to 90/90/90 or 95/95/95-- see a push to get to the last cases (and need to tease out the data in a meaningful manner)
   c. unique ID- permission to use an application number (number that you get when you apply for your ID) for CBS finding and tracking
7. what is the clinical care model
   a. every patient is supposed to get viral load/year- that ends up in some countries over a million tests/ year