November 2006 Update

WEDSS* (Wisconsin Electronic Disease Surveillance System)

At a time when CDC is increasingly restrictive about carrying preparedness funds over grant years, DPH received approval to spend potentially lapsing funds on license fees for WEDSS. Combining this with other grant money, DPH (with a substantial contribution from the City of Milwaukee) has paid all the license fees for the Atlas Public Health system, including the central module for electronic lab reporting, an alerting module, address standardization, and mobile user support. In future years we will need to fund appreciable software maintenance fees and support staff, but the large one-time licensing fee has been paid.

We are currently installing the software on new, dedicated hardware at UW Division of Information Technology (DoIT). At the same time, Atlas has assigned project staff who are working with the Lead Team (11 local and tribal, 6 DPH, 2 Wisconsin State Lab of Hygiene members) to make the many decisions about how to configure the system for Wisconsin. Members of the Lead Team will later test the system to ensure it is configured accordingly. This installation, configuration and testing phase will continue through December.

Piloting with the City of Milwaukee, Brown Co, Burnett Co, DPH, related labs, and selected disease reporters in each area is scheduled to occur December 2006 through March 2007. Statewide rollout will start in March 2007 and continue throughout the year. The sequence of rollout will be determined later based on the location of health departments within regions, the expected complexity of implementation (e.g., does the department have current automation), and the local department's ability to participate.

An important benefit of WEDSS will be the ability to view electronically submitted lab results for individuals. Using hospital preparedness funds, the Wisconsin State Laboratory of Hygiene is leading a project to connect an initial 20 labs using technical assistance and software from Atlas. We expect these 20 regional, reference and clinical labs will provide the majority of notifiable lab results in Wisconsin. Smaller labs will have the option of reporting through web forms. The first labs to be connected will feed results to the pilot counties.

For more information contact the WEDSS Project Manager, Aasa Schmit, at schmiad@dhfs.state.wi.us.

* WEDSS is one of the several Program Area Modules (PAMs) of PHIN. It is listed here separate from the PAM section later in this update because of its current importance to local and state preparedness and ongoing public health operations.

AVR (Analysis, Visualization & Reporting)

Earlier this year DPH purchased software to provide Wisconsin PHIN members with tools to facilitate statistical and geospatial analysis of public health data; to help them visualize these data through graphs, charts, and maps; and to provide additional public health data reporting capabilities. Implemented software includes the SAS Enterprise Business Intelligence Server (EBIS) and ESRI ArcGIS Server software, which have been installed on PHIN-dedicated hardware at UW DoIT.

Currently, approximately 22 AVR users have been activated to access these tools in a test environment. These users are working on 6 pilot projects to test and validate system functionality, help identify and set up appropriate data access controls, and to test system security. In the test environment, these users have secure and defined access to specific data sets, which may include a subset of vital record birth data, hospital discharge data, Wisconsin Violent Death Report data, and Poison Control data. Through the pilot efforts we are also identifying training needs. Training is still in the planning stages, but when available will be announced and scheduled through WI-TRAIN.

We have recently published a link to CDC mortality data in the production environment so PHIN members can start learning how to use AVR tools and provide more feedback as to how these tools can assist them in their day to day work activities. To access this functionality, login to the Health Alert Network (HAN), click on the Topics tab in the menu bar, then click on Analysis, Visualization, and Reporting (AVR) on the left side navigation bar and follow the instructions on the AVR page to login and access the Analysis, Visualization and Reporting (AVR) Portal, powered by SAS Enterprise Business Intelligence Server.

In addition, we have initiated discussions with Consortium epidemiologists and local public health department staff to better understand and identify how this system can help meet their needs. By the end of the year, we plan to provide secure controlled access to SPHERE data and WEDSS/Communicable Disease data.

For more information contact the PHIN AVR Manager, Terry Hiltz, at hiltzta@dhfs.state.wi.us.

PCA (Partner Communications & Alerting)

PCA is one of the core PHIN functional areas defined by the CDC. In Wisconsin PCA functions for state and public health partners – secure communication, collaboration, alerting -- are provided through the Health Alert Network and CommandCaller. There are four major PCA initiatives currently underway or recently completed.

HAN Contact Bulk Load – This function was completed in August and made available to HAN organization administrators. It allows organization member/employee contact information (phone, cell, email, fax) to be loaded “in bulk” to the HAN so it is available for alerting without the individuals

having to complete the HAN registration process. Once loaded to HAN, the contact information is available to CommandCaller administrators for use in building alerting scenarios for rapid notification of important health related information.

Local Organization Administration – Formerly known as Distributed Identity Verification (DIV), this initiative will over time ensure that all PHIN users' identities have been verified and their authorizations and roles are appropriate. Administrators have been identified for state public health, the consortia and most local public health departments. Planning for further rollout of the process is currently underway.

PHIN User Group – A group of PHIN/HAN users is meeting to make recommendations on the future use and functions of the HAN and the implementation of a PHIN Portal. As a first step, the group has identified several modifications to the HAN that will be implemented in the near future to make it easier to use. The group is also designing a "mock-up" version of the PHIN Portal. This "mock up" will be used to define portal functions and user interaction/navigation and will be used to form the basis of a recommendation on how to proceed. Contact Jim Grant for more information or if you would like to contribute.

PCA Certification – The CDC has identified a number of critical communication and alerting functions that state and local public health must be able to perform in order to be certified and be assured of continued funding. Using a CDC-developed tool, Wisconsin has performed an initial assessment of its ability to perform these critical functions. Over the next year, a plan for remediation will be developed and work on remediation will begin.

For more information on PCA contact the PHIN IT Manager, Jim Grant, at james.grant@doit.wisc.edu.

PAMS (Program Area Modules)

There are many applications that run under the PHIN umbrella. Several are included in this PHIN Update because of current interest due to roll-out or enhancements.

CASEPOINT - CASEPOINT is a web-based electronic reporting system for Coroners and Medical Examiners (CMEs) in Wisconsin to document and collect real time injury related information that in turn can be released by the CMEs. Access to CASEPOINT is limited to the local CMEs and their "authorized agents". A variety of agencies receive CASEPOINT data that the CMEs recognize as "authorized agents" and in turn release to them based on their security role. Examples of these agencies include Department of Transportation, Department of Natural Resources, Childrens' Hospital Sudden and Unexpected Infant Death Center, Consumer Product Safety Commission, Department of Agriculture, Trade, and Consumer Products, Department of Justice, State Lab of Hygiene, Office of Justice Assistance, Medical College of Wisconsin's Firearm Injury Center, and Department of Health and Family Services, including Emergency Preparedness/bioterrorism, Environmental Health, Health

Information and Policy, and Injury Prevention. Currently we have at least 23 counties using CASEPOINT with another 24 counties interested in receiving training and technical assistance to come on board with CASEPOINT. For more information contact Linda Hale at HaleLJ@dhfs.state.wi.us.

Field Licensing and Inspection Program (FLIP) - This is the replacement for the Environmental Sanitation System (ESS). FLIP has on-line and field client components. The on-line component includes administrative functions such as generating renewals, recording financial transactions and controlling access. The field client component allows inspectors to record findings in the field and print an inspection report. The on-line component has been in use since February, 2006. The field client is in the final stages of testing by both state and agent inspectors. For more information contact Debi Peters at PeterDL@dhfs.state.wi.us.

SPHERE (Secure Public Health Electronic Record Environment) – In 2005, SPHERE documented 151,545 maternal and child health and other individual and household public health activities for 150 organizations including all local health departments. It also documented 7,753 community public health and 868 system public health activities. A recent ad hoc reporting enhancement allows new access to data for Lead Screening Results, Oral Health Assessment Results, Health and Infrastructure Priorities, Activity method, Interpreter information and more. Training for ad hoc reports has occurred in the Southeastern Region and plans are being made for other regions. Recent changes have been made to screens or reports for Contraceptive Services, Prenatal Assessment, and Ages and Stages. Improvements currently in development include revised assessments for Infant, Postpartum, and Lead Screening; new Home Safety assessment and Client Resources/Supports tab. Also new or enhanced reports being developed include Home Inventory, Prenatal Assessment, Contraceptive Services, Child Passenger Safety Seat, and Lead. An interface with WIC-ROSIE, incorporation of birth records from Vital Records into SPHERE as clients, and access to SPHERE data via the PHIN AVR (SAS Enterprise Business Intelligence Server) are also in process. For more information contact the SPHERE State Administrators, Susan Kratz at kratzsk@dhfs.state.wi.us or Linda Spaans Esten at spaanln@dhfs.state.wi.us.

State Trauma Registry – This system went "live" July 1, 2006. Information on injury is collected from all hospitals participating in the trauma system, which is 123 out of 125 acute care hospitals. The trauma registry allows the state to track an injury from the field, through the hospital stay, up to discharge. It does not include treatment procedures but does include where, when and how the injury occurred, what hospital they went to, how long they were there, vital signs, where and when they were discharged and other pertinent information. There will be aggregate "reports" available sometime in the late fall to early winter. Details of access are still being worked on. For more information contact Marianne Peck at PeckME@dhfs.state.wi.us.

Wisconsin Ambulance Run Data System (WARDS) – This new web-based system collects up to half a million real-time patient care records a year for pre-hospital emergency medical care. An ambulance with wireless capability can attach ECG files to its reports, and with WARDS' hospital access window, make them available to cardiologists before it arrives, facilitating time-critical patient

care. Patient care reports can be submitted to WARDS through its secure website, by working offline with laptop/tablet software and uploading, or by exporting data from another electronic records system. We hope to be receiving most ambulance calls by early 2007. WARDS provides 109 quality improvement reports for users. WARDS data can also be used for research and to support grant applications, for instance partnering with the UW Medical School's Health Innovations Program. For real-time surveillance of disease outbreaks or bioterrorism, the CDC's Early Aberration Reporting System (EARS) will be run on WARDS data to detect trend changes or symptom spikes. EARS presents its output as a website with tables and graphs, which can be posted on the PHIN, by county, for local health to inspect whenever it may be useful. To suggest symptoms to track, contact Ann Moses at MosesAE@dhfs.state.wi.us.

Wisconsin WIC Program's Real-time Online Statewide Information Environment (ROSIE) – ROSIE is a web-based application that also supports sites that are not permanently connected to the Internet. ROSIE has been in operation for just over one year. It provides a robust method for WIC clinics to record and update client information for approximately 113,000 WIC clients served each month in the state. Aside from individual client information, the ROSIE web site contains several online reports always available from drop-down menus in various places in the application. In addition, standard reports that run at intervals with pre-determined filter and sort criteria are available in the Reports module of the ROSIE web site. The reports are generated as PDF documents for easy viewing and printing. ROSIE also provides ad hoc reporting through a Microsoft Access database that contains a filtered set of ROSIE data. Each user who needs to create customized reports will have an ad hoc database where they can save their own queries and Access reports. For more information contact Dan Cash at CashDE@dhfs.state.wi.us.

Wisconsin Immunization Registry (WIR) – This Wisconsin-developed web application contains the records of 31 million immunizations of four million people in Wisconsin and is used by ten states and two U.S. territories. WIR has released a new assessment reporting tool, for providers to better understand "pocket of needs", "late start rate", "drop off rate" and "missed vaccination opportunities". We are now working with various Electronic Medical Record providers to include direct access to WIR within their products. Another future feature will be use of "signature pads" to electronically file a record and eliminate the need to save a paper trail. This will be especially useful in mass clinic situations, such as pandemic flu. For more information contact Tom Maerz at MAERZTR@dhfs.state.wi.us.

For general information on Wisconsin PHIN contact Ted Ohlswager, the PHIN Program Director, at ohlswts@dhfs.state.wi.us.