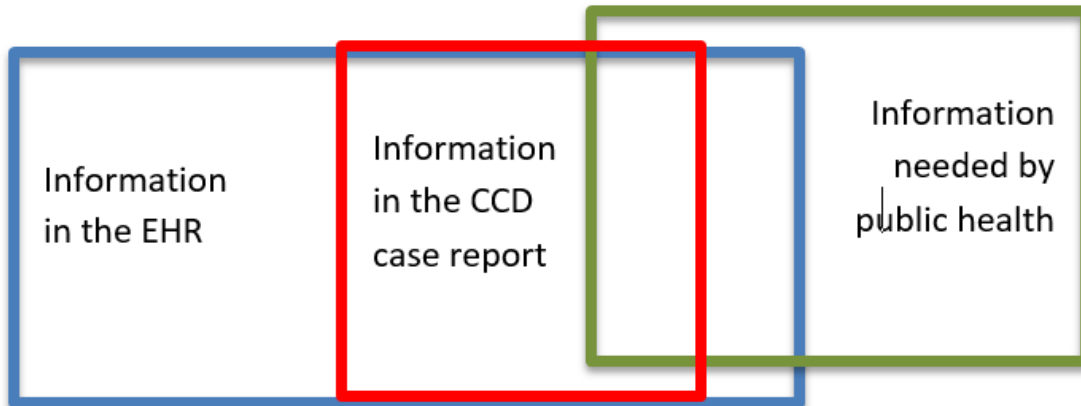


Building Electronic Case Reports:

Is There Such a Thing As Too Much Information?



Topics:

1. WA Department of Health CDC SSuN Part B STI grant – everyone familiar with eCR?
2. Motivated clinical partner is critical - THANK YOU to Mary Stark at Planned Parenthood of the Great Northwest and Hawaiian Islands for being our clinical informatics guru!
3. How well does eCR meet STI case reporting needs? (See Table 1)
 - a. Need partner treatments, symptomatic/routine/partner-referred visit, sexual orientation
 - b. Need HIV and pregnancy status/stage to be persistent if not tested at that visit
4. What information is present in CDAs that we *don't* need?
 - a. Sensitive behavioral health medications, non-STI diagnoses/procedures (page 2)
5. Next steps and possible solutions (page 2)
6. Thank you! Comments or questions? Our email addresses are in the footer.

Table 1. Washington Case Report paper form compared to CCDs submitted for eICR

Public Health Case Report	Notes about CDA findings
HIV Test and Status	<ul style="list-style-type: none">• Test/result is available <i>only</i> if tested at reported encounter(s) (need persistence of HIV and pregnancy status with date of diagnosis and/or last negative test).• HIV status included by default; what if case report was for food poisoning?
Partner tx, sexual orientation	<ul style="list-style-type: none">• Required for case reporting but is never present
Pregnancy Status	<ul style="list-style-type: none">• Available if tested at this encounter <i>only</i>. Important for case investigators because STIs can be vertically transmitted
Reason for Exam	<ul style="list-style-type: none">• Symptomatic, screening, or due to partner exposure (rarely).

Figure 1. Sensitive or unneeded information present in medications, procedures, problem lists:

Medications	
LORAZEPAM (unknown strength)	
SEROQUEL (unknown strength)	
adderall (unknown strength)	
Abilify 20 mg tablet	
Zithromax 500 mg tablet	
NORGESTIMATE-ETHINYL ESTRADIOL 0.18 mg-35 mcg (7)/0.215 mg-35 mcg (7)/	
LEVONORGESTREL 1.5 mg ORAL TABLET	
ORTHO EVRA 150 mcg-20 mcg/24 hour TRANSDERM PATCH TWK	
Septra DS 800 mg-160 mg tablet	
ORTHO EVRA 150 mcg-20 mcg/24 hour TRANSDERM PATCH TWK	
	Reason(s) For Visit
	Medication Abortion Post (chief complaint)

Medications	
Chateal 0.15 mg-0.03 mg tablet	
Ella 30 mg tablet	
Humalog 100 unit/mL SubQ Cartridge	
Lantus 100 unit/mL Sub-Q	
metformin BUCCAL ADH. PATCH	
azithromycin 500 mg tablet	
Necon 1/35 (28) 1 mg-35 mcg tablet	
Ella 30 mg tablet	
ELLA 30 mg ORAL TABLET	

Medications	
zoloft	
azithromycin 500 mg tablet	
azithromycin 500 mg tablet	
ceftriaxone 250 mg solution for injection	

Medications	
Lyza 0.35 mg tablet	Take one pill by m
Ella 30 mg tablet	1 tab by mouth wit
azithromycin 500 mg tablet	take 2 tablet by or

Problems	
Encntr screen for infections w sexl mode of transmiss	
Encounter for initial prescription of contraceptive pills	
Contact w and exposure to infect w a sexl mode of transmiss	
Encounter for removal of intrauterine contraceptive device	
Lupus	

Procedures	
Take Charge Application Completed	
Chlamydia, LSC	
Gonorrhea, LSC	
NFW Level 2 Office Visit For FP	

Medications	
Ella 30 mg tablet	
Lyza 0.35 mg tablet	
acyclovir 400 mg Tab	
lidocaine 2 % Mucosal Gel	
TRAZODONE HCL (unknown strength)	
ceftriaxone 250 mg solution for injection	
Zithromax 500 mg tablet	

Problems	
Gonococcal infection of lower genitourinary tract, unsp	
Encounter for elective termination of pregnancy	
Vaginitis, BV	
ulcer, vulvar	
Pain, Urinary/Dysuria	
Screening, Bacterial STI	
preg test, positive	
Encounter for elective termination of pregnancy	
Encntr screen for infections w sexl mode of transmiss	
Encounter for screening for human immunodeficiency virus	
Encounter for initial prescription of contraceptive pills	

Ramifications?

- Concerns from our legal team about extraneous protected identified information
- Ethics: Acting legally is minimum, but should our standards be higher? What would you want to share if you got food poisoning?
- Any problem that arises will be large and visible!
- Other ramifications?

Possible solutions?

- Ask senders to redact
- Receive all information into surveillance system
- Only pass accepted information to surveillance system
- Ask HIE or CDR to redact
- What are other jurisdictions doing?

Next steps?

- CDA to Maven: Maven surveillance system import format (XML XPath crosswalk) with Maven mockup investigation template
- Test triggering options (RCKMS or others)
- Rhapsody route to pull out demographics, labs, diagnoses, etc. from CDA.
- Be ready for HIE/CDR when vendor ready for Public Health (not yet!)
- Other topics we haven't considered but should?

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