Title: BioSense 2.0 Webinar: Features Update
Date/Time: Thursday, January 16, 2014, 1:00PM–2:00 PM EST
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Questions and Answers

Can data sources be bound to the hospital level?
In the front-end, the data sources are not bound to the hospital level, they are only to the geographic unit. But if you have that level permission, the data can be downloaded at the line level at the hospital level if needed in the back end as well.

UPDATE: Since this webinar we have developed and deployed a facility (e.g., hospital) user role. I believe this can be used to see data at the hospital level. Not everyone will have access to these data, but the intention was to accommodate hospitals.

What is bin level type?
I think it's more clearly described in the document. Basically, there are some syndromes that are more direct and easier to identify because of the structure of the query. Those are considered syndromes. There's sub-syndromes that are more detailed and nuanced, that include things like negations.

How can we use the table?
One of the uses of the table would be if you're making your own syndromes using R Studio or if you're comparing the results of your jurisdiction to what you're seeing in BioSense. The table may be useful in sorting where things may be. For example, you may want to know all the syndromes where fever appears. So that's an easy thing to do by using the table you are provided and using the drop-down in the first column to sort by search value. Then, you would have all the syndromes that use fever, and you can look over and see all the syndromes that include fever. It's basically an advanced tool for people who want to get into the definitional aspects of the binning process.

Is there a way to export daily totals after the data has been processed?
I don't think there is. But that's a really good feature and one that I think wouldn't be too difficult to implement. Let me see if we can add that to this tabular data function and get that out to you guys. The data are out there now but I know what a pain that is. Before I commit to it, let me check with our programmers.

Can you describe which variables will be available for statistical significance testing?
It would be age group, geographic unit, sex. We thought these would be most useful, at least to get start. We'd be happy to entertain suggestions. Day of the week, for example, could be interesting as well. We're always glad to have your feedback.

Will be able to compare differences rends over time? For instance, trends from one point in time to another point in time?
Yes, so that's the next bundle of tools we've been working on already that we'll start getting into the front-end after the categorical analysis is implemented. We do have a few that we are playing around with and trying to visualize and trying to determine which is the most computationally efficient way. We will hopefully be rolling that out in the next couple of months.

Is there a way to control the graphing axes so the x axis doesn't get truncated in the display?
You mean the bottom of the vertical axis as zero? That's another great feature. If you let us know we will take it into consideration for our development queue.

Is it possible to compare the trends using the BioSense syndromes and local syndrome definitions? If not now, is it something you anticipate being in the system?
The way we have it now, it would be a bit tedious to create the syndromes in R Studio, creating a new variable and then comparing that to the analysis of the BioSense syndrome and looking at graphic/time variation. I don't know of any other way to do that now, and I don't know if we have any plans to do that now. I do know that the question of definitions is much bigger and there has been some policy-level work to figure out how to reconcile those differences.

Is the timeframe for the release of additional functionality available?
That's a great question. We have the functionalities built. They are going through security review so we hope to have these available on a timescale of weeks. But the security process is out of our control. We don't have a specific timeline available.