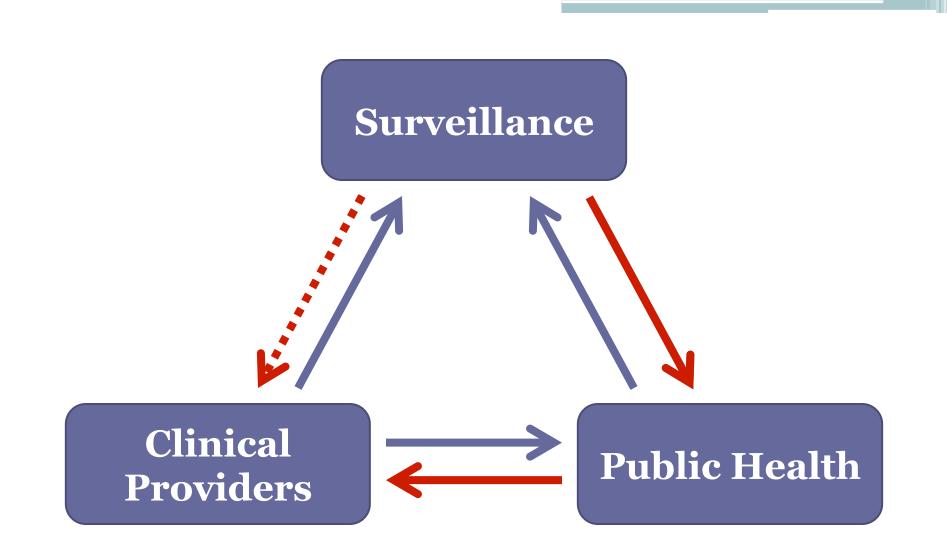
Clinical use of Surveillance: Managing Emergency Department Crowding with Google Flu Trends

### Andrea Dugas, MD

Johns Hopkins Department of Emergency Medicine January 29<sup>th</sup>, 2013

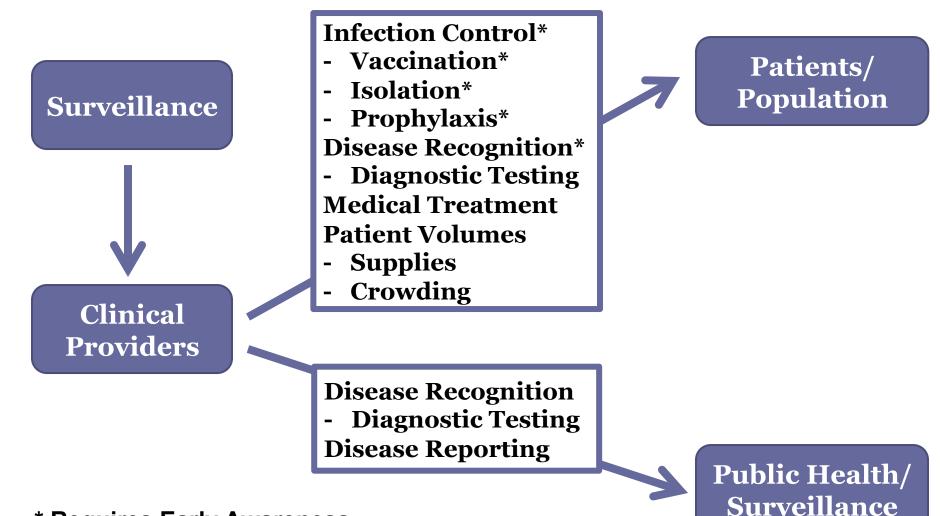


# **Communication with Clinicians**

- Time limitations
- Access to data
  - Volume/Presentation of Data
  - Access to surveillance tools
- Information Requirements
  - Timely
  - Locally Applicable
  - Reliable Data Source
  - Easily Accessible/Focused

**Surveillance Designed FOR Clinical Practice** 

## **Direct to Provider Surveillance**



\* Requires Early Awareness

# Example Influenza:

#### • Common

- Seasonal outbreaks
- Affects 5%-20% of the US population

#### Annual variation

- Time of year
- Severity

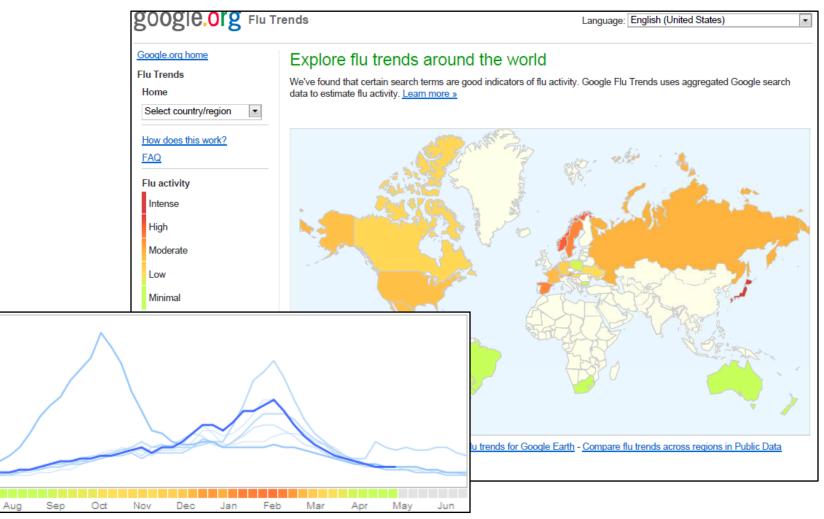
### Diagnosis impacts clinical management

- Antivirals
- Antibiotics
- Ancillary testing

#### Prevalence impacts clinical care

- Diagnostic testing
- Patient management
- Crowding / increased patient visits

### Surveillance with Google Flu Trends



Jul

# Why the Emergency Department?

- Influenza prevalence impacts clinical care:
  - Diagnostic Testing Decisions
  - Clinical Diagnosis
  - Antiviral Treatment
  - Antibiotic Treatment
  - Ancillary Testing



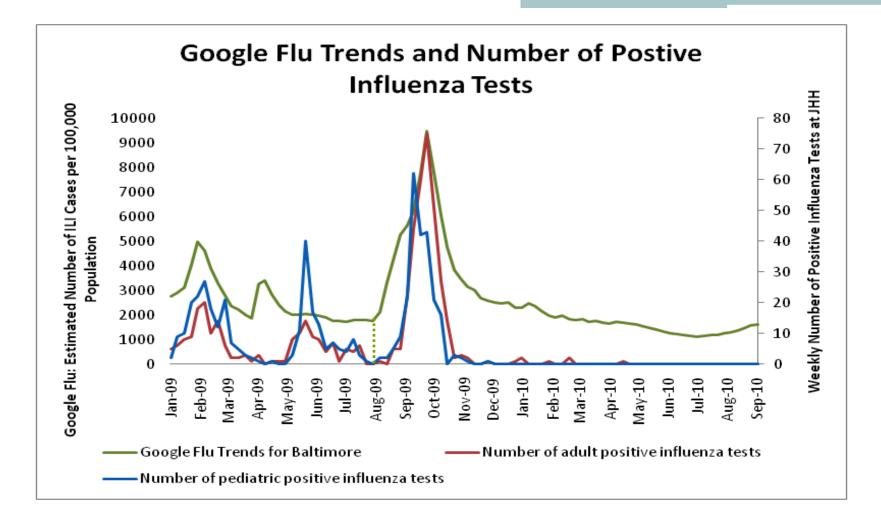
# Why the Emergency Department?

- As the healthcare "Safety Net," ED demand rises during influenza outbreaks
  - Even during small influenza peak, ED volumes increased by 7% \*

• Crowding:

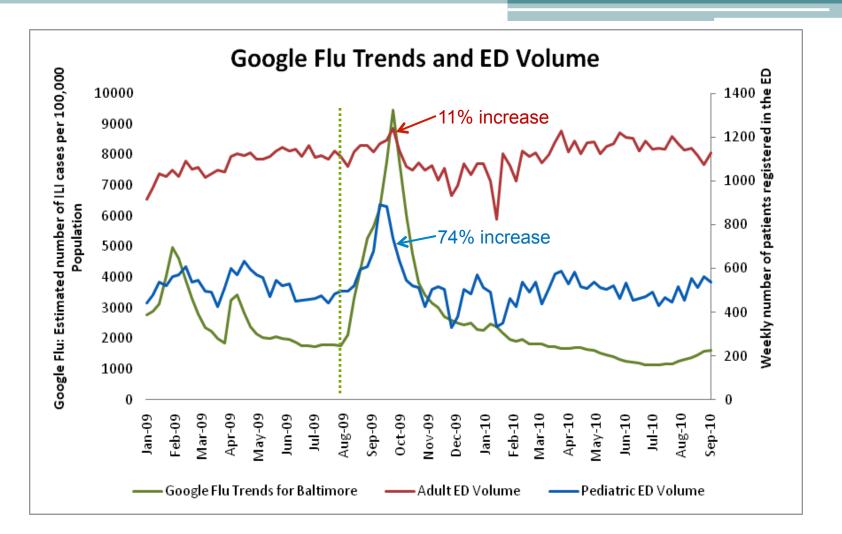
- ED's currently stretched and near capacity with limited capacity to accommodate major surges in patient volumes
- Unpredicted surges have a negative impact on emergency care
  - Crowding and treatment delays
  - Poor quality of care
  - Increased risk of errors
- Detection/Prediction with a rapid response could offset influenza related surge

\* McDonnell WM, Nelson DS, Schunk JE. Should we fear "flu fear" itself? Effects of H1N1 influenza fear on ED use. Am J Emerg Med. 2011.



Correlation coefficients between Google Flu Trends and JHH patients with influenza

Adult		<b>Pediatrics</b>	
No Lag	1 wk lag	No Lag	1 wk lag
0.876	0.823	0.718	0.741



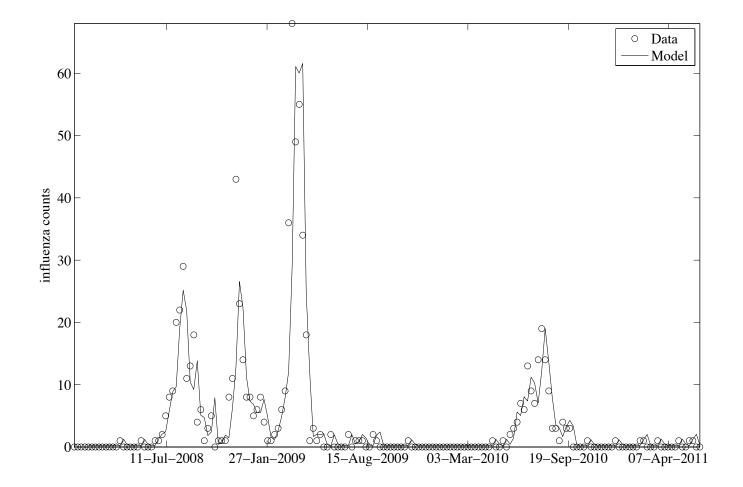
Correlation coefficients between Google Flu Trends and ED Volume

Adult		<b>Pediatrics</b>	
No Lag	1 wk lag	No Lag	1 wk lag
<0.40	<0.40	0.649	0.707

### Forecasting

- Improved management of Influenzarelated ED crowding with advance warning.
- Develop and validate a forecast model which would be practically useful and have broad applicability for providing advanced warning of an influenza outbreak at the medical center level
  Flexible
  - Geographically targeted
  - Data sources available in real time

### Final Forecast Model: GARMA (3,0) with Google Flu Trends



# Next Steps

- Externally Validate: Test predictive model in other geographic locations
- Disseminate: Create a practical tool to enable easy use of forecast model at other medical centers
- **Incorporate:** Link forecast model with a rapid response to incorporate into real world practice

## Conclusions

- Direct to provider surveillance can improve patient care as well as public health and surveillance initiatives
- Direct to provider surveillance requires surveillance tools specifically designed for clinical use
- City-level GFT has a strong correlation individual medical center data
- We developed a practical, geographically focused forecast model based on real-time easily accessible data

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