

## Results from the BioSense Jurisdiction-Specific Webinars

Colleen Martin, MSPH<sup>1</sup>, Kaipo Akaka, BS, RS<sup>1</sup>, Jacqueline Burkholder, PhD, MS<sup>2</sup>, Kali Crosby, BSN, RN<sup>2</sup>, William Lei, MPH<sup>2</sup>, Matthew Miller, BA, EMT-P<sup>2</sup>, Gabriel Rainisch, MPH<sup>2</sup>, Courtney Rodi, PMP<sup>2</sup>, Ericka Sinclair, MS, MPH<sup>2</sup>, Jerome Tokars MD, MPH<sup>1</sup>

<sup>1</sup> Centers for Disease Control and Prevention, <sup>2</sup> Constella Group LLC

### Objective

To present lessons learned from the BioSense jurisdiction-specific webinars conducted in 2007.

### Background

BioSense is a Centers for Disease Control and Prevention (CDC) national near real-time public health surveillance system. CDC's BioIntelligence Center (BIC) analysts monitor, analyze, and interpret BioSense data daily and provide support to BioSense users at state and local health departments and facilities sending data. The BioSense Application is continually being enhanced in concordance with public health and clinical partners. Ongoing dialogue between the BIC and these partners is required to gather user feedback, understand what would improve system utility, build collaborative relationships, and develop appropriate jurisdiction-specific communication protocols. In May 2006, BioSense hosted a face-to-face meeting in Atlanta with approximately 50 users to solicit recommendations for the program in general and the application. Also, every 1 to 2 months, a teleconference ("Real Time, Real Talk") is held for all BioSense users. Because of confidentiality issues, jurisdiction-specific data and issues can not be raised during such meetings, thus warranting the need for a forum in which such topics could be addressed.

### Methods

In February 2007, the BIC began a series of jurisdiction-specific webinars with state and local public health and hospital officials from facilities sending real-time data to BioSense. The goals of these webinars were: 1) introduce the BIC, state, and local public health and hospital personnel, understand roles, and build relationships, 2) provide an overview of BIC activities and identify appropriate points of contact for each public health partner, 3) review the data being received from the jurisdiction and discuss any questions or data validity issues, 4) examine the BioSense application in detail and gather feedback and ideas for future enhancements, and 5) provide an open forum to discuss relevant issues and experiences. We focused first on jurisdictions sending real-time hospital data, as these data and their modules for visualization in the BioSense application were still in beta phase.

### Results

We conducted 18 webinars from February to June 2007. Each public health jurisdiction identified points of contact for the BIC. Few public health jurisdictions reported using BioSense routinely. Most used it less frequently as an adjunct to existing syndromic and other surveillance systems, but were interested in being contacted by the BIC regarding findings of interest since the BIC reviewed the data on a daily basis. Frequent questions about the data included: 1) how particular syndromes or sub-syndromes were defined, 2) what statistical methods had been implemented, and 3) the relative timeliness and utility of various data types. Feedback regarding the application included the need to provide capabilities for: 1) creating flexible, custom queries, 2) viewing aggregate data in surrounding jurisdictions, 3) enhancing spatio-temporal analyses and mapping functionality, 4) incorporating laboratory and radiology data more fully into the application, and 5) integrating the national data feeds (from the Departments of Defense and Veterans Affairs) into the hospital data modules. Several public health jurisdictions wanted to collaborate with the BIC and hospital partners regarding validating and understanding BioSense hospital utilization and mortality data. Identified training needs included the following: 1) how to use the BioSense patient identifier for follow up during an event, and 2) self-paced, interactive training materials and tools that will enable users to better understand the application features and functionality.

### Discussion

We found that webinars were useful for gathering feedback and facilitating discussion among our partners because they allow for live sharing of jurisdiction-specific presentation materials and viewing of the BioSense application simultaneously by all participating parties. The webinars sparked productive dialogue and collaborations that are underway with several public health partners. Gathering feedback regarding needed enhancements to improve utility will help define future priorities for BioSense application development. Going forward, we will continue this level of dialogue, as well as develop additional training tools to provide ongoing support for our users.