

A systematic approach to building and sustaining a regional and local biosurveillance community of practice

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Objective

To explore the lessons learned from the Advanced Practice Center methodology regarding the implementation of syndromic surveillance while considering what it takes to create, enhance and sustain relationships between hospitals, public health practitioners and the community.

Introduction

Although the advent of the ONCs 'meaningful use' criteria has added significant new incentives for healthcare organizations to provide the necessary data for implementing syndromic surveillance, incentives alone are not sufficient to sustain a robust community of practice that engages public health and healthcare practitioners working together to fully achieve meaningful use objectives. The process for building a successful community of practice around syndromic surveillance is primarily applicationagnostic. The business process has many of the same characteristics regardless of application features and can be incrementally customized for each community based on the unique needs and opportunities and the functional characteristics of the application. This presentation will explore lessons-learned in the north central Texas region with BioSense 1 and ESSENCE over the past 6 years and will describe the multiphase process currently underway for BioSense 2.0. Key program process steps and success criteria for public health and healthcare practitioners will be described. This road map will enable other local health department jurisdictions to replicate proven methodologies in their own communities. The presentation will also highlight what it takes for an existing community of practice with a home-grown system to move processes and protocols to the cloud.

Methods

The NACCHO Advanced Practice Centers (APC) Program is a network of local health departments whose mission is to promote innovative and practical solutions that enhance the capabilities of all local health departments and the public health system to prepare for, respond to, and recover from public health emergencies. Real world practice situations are supported and evaluated, resulting in the creation of tools designed to export and scale roll outs of lessons learned to other jurisdictions.

Results

Several products or tools specific to biosurveillance, disease detection and investigation were created through the APC Program methodology. Highlighted in this talk will be the Building a Public Health Community of Practice—A Biosurveillance Resource Compendium is a CD toolkit intended to help public health agencies implement an effective, comprehensive biosurveillance program. Providing approximately 40 resources, the CD includes a series of articles on implementing biosurveillance initiatives, materials defining and discussing the development of a public health community of practice, specific examples of real-world tools and resources that have proven beneficial in North Texas (including system response protocols) and a research report on biosurveillance system efficacy. The CD can help public health agencies strengthen partnerships with stakeholders at the federal, state and local levels and with the medical community, law enforcement, first responders and schools; it details how Tarrant County Public Health accomplished those goals and shares tools that were instrumental to the agency's success.

Conclusions

Lessons learned from a systematic approach to building and sustaining a regional and local biosurveillance community of practice have been documented in a meaningful way. These lessons can and should be leveraged as more of the country engages in syndromic surveillance through meaningful use incentives and the BioSense 2.0 infrastructure. The NACCHO sponsored north central Texas APC and tools derived from their work is a proven method to provide such assistance to local health departments across the country.

Keywords

Informatics; advanced practice centers; sustained relationships

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