## Tracking Program Electronic Health Records Pilot Projects

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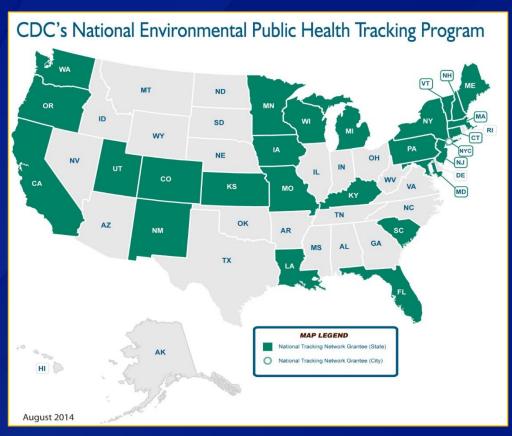
- Missouri
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## **Environmental Public Health Tracking Network**

...a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.



### **Tracking Network Grantees**



### **Current Content and Data**

#### **Health Effects Data**

- Asthma
- Birth Defects
- Cancer
- Carbon Monoxide Poisoning
- Childhood Lead Poisoning
- Developmental Disabilities
- Heart Attacks
- Heat stress illness
- Reproductive and Birth Outcomes

#### **Environment Data**

- Climate Change
- Community Design
- Homes
- Outdoor Air Quality
- Community Water Quality
- Pesticide Exposures

#### **Population Health**

- Biomonitoring
- Children's Environmental Health
- Health Behaviors
- Population Characteristics





## **Some Data Gaps**

Timeliness of data

Finer resolution data

Linked risk factor data

### **Electronic Health Records**

- Electronic Health Record (EHRs)
  - a longitudinal electronic record of patient health info
  - generated by one or more encounters in any care delivery setting

- Uses
  - automate provider's workflow
  - assist providers in making patient care decisions
  - Access data from other systems: pharmacy & lab



# Benefits to Public Health

Enhance public health surveillance

Improve public health outcomes

### **Electronic Health Records Pilot Projects**

- Awardees participating in this optional activity must pilot the use of EHRs within the Tracking Program by
  - Obtaining, evaluating, and using EHRs data
- Awardees must report on the innovative approaches applied for utilizing EHR by addressing:
  - How could EHRs be used in Tracking?
  - What are the technical requirements for integrating EHRs data into the state/local networks and the National Tracking Network?
  - What are core data elements needed to apply EHRs to Tracking?
  - What are the challenges and barriers to acquiring and processing EHRs? and/or
  - What are the innovative and emerging approaches to utilize EHRs within Tracking?

## **4 Funded Projects**

- California EHRs for public health surveillance of diabetes
- Massachusetts EHRs for public health surveillance of Asthma and ALS
- New York City Validity of health status classifications in EHRs compared to NYC HANES survey classifications
- Missouri Implementation of EHRs data from two systems

## California: EHRs for public health surveillance of diabetes

- Analyze the practicality, validity, and surveillance utility of glycohemoglobin as a marker for diabetes risks
  - Timely surveillance
  - Inform community-level prevention efforts
- Partnered with Kaiser Permanente
  - Northern California
- 2 participating counties in San Francisco Bay area
  - 412,400 records included (≥18 years)

## Methods

 Data: Patient demographics, laboratory data, characteristics of covered patients

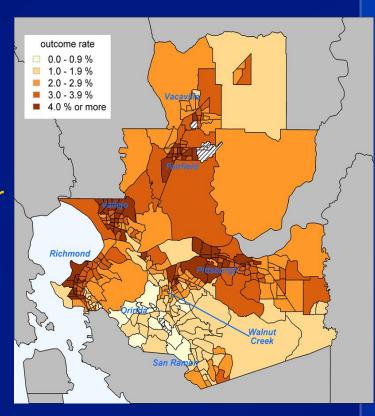
#### Definitions

- % of members with maximum glycohemoglobin ≥7, 8 or 9%
- Sensitivity, specificity, positive predictive value
  - Five-year maximum glycohemoglobin value ≥7%
  - Diabetes Prevalence

## Results

- Disparities in diabetes prevalence
  - Race and income
  - Census tract

- Laboratory data may be sufficient for public health surveillance
  - For some conditions



## Massachusetts: EHRs for public health surveillance of Asthma and ALS

- Evaluate the utility of EHRs data as a tool for routine public health surveillance of Amyotrophic lateral sclerosis (ALS) and pediatric Asthma
- MDPHnet share EHRs data with public health agencies
- 3 health care practice groups participating
  - Approximately 1.3 million (15% of MA population)

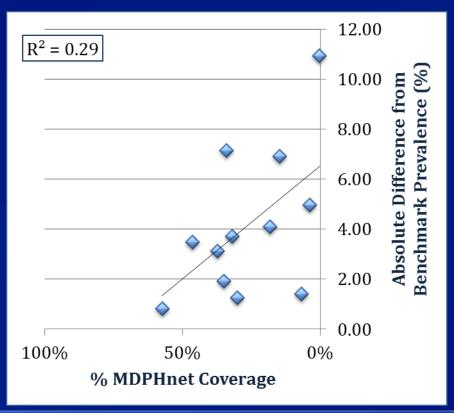
## Methods

- Asthma and ALS case definitions
  - Compared ICD-9 only with ICD-9 and drug prescription
- EHR based prevalence vs. traditional surveillance methods
  - Pediatric Asthma benchmark data from state-wide school-based nurse survey
  - ALS benchmark data from comprehensive ALS Registry involving full medical record review
- Evaluated impact of MDPHnet coverage on reliability of asthma prevalence
  - Asthma prevalence for 12 towns
  - Compared MDPHnet estimates with benchmark

## Results

- Results varied greatly by case definition algorithms
- Surprisingly, ICD9 based algorithms fared better for both asthma and ALS
- Independent validation may be needed for each outcome prior to use of EHR-based surveillance
- Rare disease surveillance possible, more research is needed

 Correlation between MDPHnet coverage and accuracy of asthma prevalence estimates



## NYC: Validity of health status classifications in EHRs compared to population-based estimates

- To assess the diagnostic validity of health indicators from EHRs relative to NYC HANES
  - Smoking, obesity, hypertension, diabetes and elevated cholesterol
- NYC Macroscope transforms EHR data into population-based prevalence estimates for the "incare" population
- Population covered
  - In-care population, >700 ambulatory practices
  - 38 included in this study

## Methods

- Definitions
  - BMI (obesity), diagnosis/ICD 9 (diabetes, hypertension, elevated cholesterol), or self report (smoking, hypertension, elevated cholesterol)
- Compared with NYC Health and Nutrition Examination Survey (NYC HANES) survey classifications
  - Reviewed medical charts for NYC HANES represented in EHRs
  - Sensitivity, specificity, positive and negative predictive value

## Results

- Diagnostic validity
  - High for smoking, obesity, and hypertension
  - Lower for diabetes
  - Poor for for cholesterol

- Limitations
  - Small sample size

# Missouri: Implementing use of EHRs data from two systems

- Develop a secure data portal and warehouse to
  - Receive, validate and process EHRs data
- Integrate EHRs data in Tracking
  - Missouri health strategic architectures and information cooperative (MOHSAIC)
    - Centralized EHRs database
    - Standardizing electronic laboratory reporting
      - Blood lead testing
  - Electronic surveillance system for the early notification of community-based epidemics (ESSENCE)
    - ED visits: Heat related, CO poisonings, Asthma

## Methods

Created a back end for storing EHRs data

Developed a front end to allow interaction with the data

### Results

 Demonstrated a live query page that pulled data from the data cubes in backend

 When complete, work on analysis of realtime data (e.g., Asthma ED) and air pollution

### Some observations

- Accessing EHRs data
  - Need for health information exchanges
  - Challenges may be more policy than technical
  - Privacy policies to allow sharing of data with public health

- Validation of EHRs estimates
  - Reference data sources
- Different algorithms for different outcomes

## Next steps

- Synthesize the case studies to develop
  - Utility of EHRs data for Tracking
  - Lessons learned
  - Recommendations for Tracking

Thank you!

Contact: fos0@cdc.gov

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