



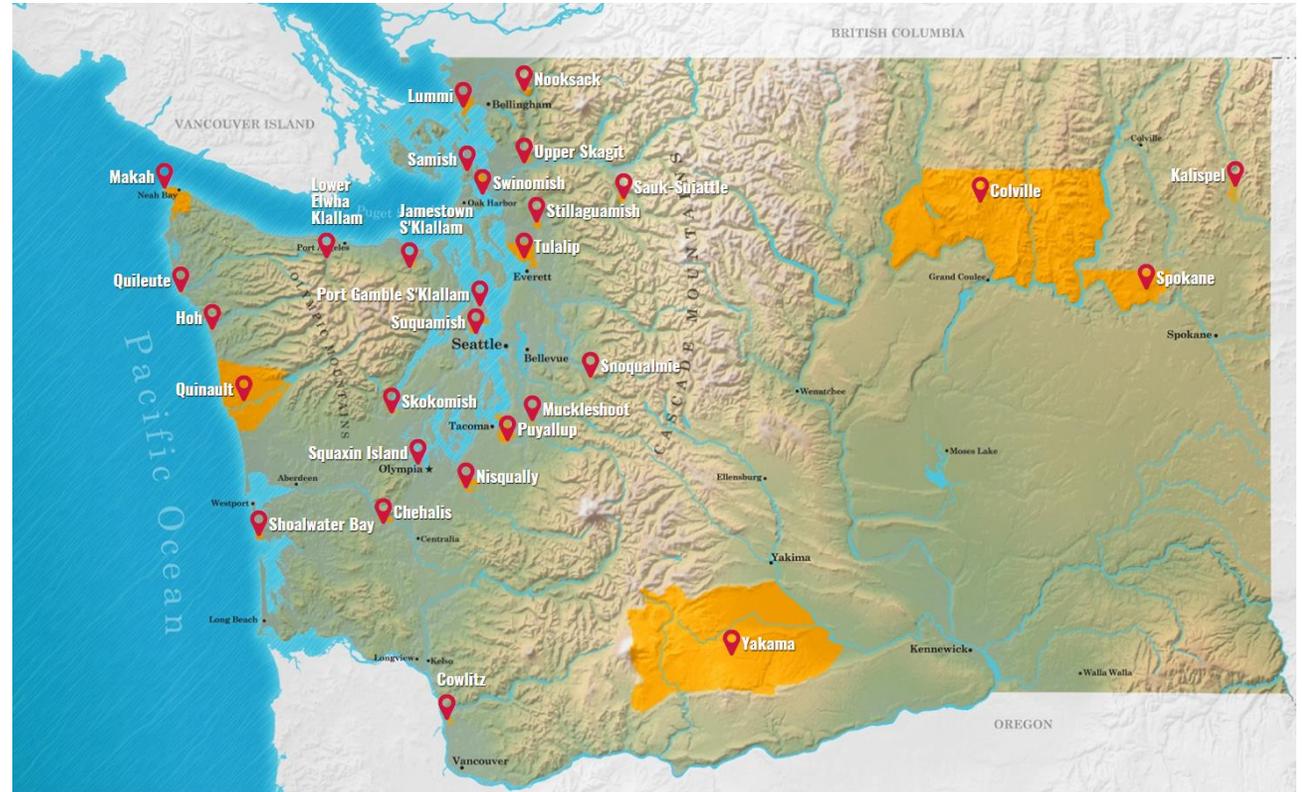
Building Partnerships for a Healthier Washington: Connecting Public Health and Healthcare

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Territorial Acknowledgement

Washington State syndromic surveillance data are gathered in the unceded territories of 29 federally recognized tribes, as well as that of the Duwamish Tribe, which is still fighting for federal recognition.

We thank our Tribal and Urban Indian health partners for their work and collaboration to support the health of Washington State.



Dramatis Personae

- DOH – Department of Health
 - The Washington State Department of Health, which houses the RHINO program
- RHINO – Rapid Health Information NetwOrk
 - The program at the Washington State Department of Health which gathers, maintains, and disseminates syndromic surveillance data for the state
- WSHA – Washington State Hospital Association
 - The association which represents and advocates for hospitals in Washington State

In the Beginning

- In 2017, the Washington State Legislature passed a statute mandating syndromic data reporting from emergency departments
- During the bill preparation process and during the legislative session, WSHA partnered with RHINO to draft the bill text and supported the bill through its passage
 - WSHA provided comments on language to shape data access for healthcare facility and other non-governmental partners
- Rule making is ongoing and WSHA has also provided extensive comments to shape the administrative codes (WACs) which will define the implementation of this statute
- While RHINO actively conducts surveillance across the state, we rely on partners to monitor conditions locally and maintain close communication
 - Historically, RHINO has struggled to reach healthcare users for the data since validation work is conducted exclusively by IT staff

RCW 43.70.057

- (5) The data collected, maintained, and analyzed by the department must only be available for retrieval in original or processed form to public and private requestors pursuant to subsection (6) of this section and must be available within a reasonable period of time after the date of request, **except that emergency departments submitting data pursuant to this section must have the ability to immediately obtain their own data and aggregate regional and statewide data** within thirty minutes of submission of a query for data once the data is available in the system.
- (6)(ii)(b) Data that does not contain direct patient identifiers but may contain indirect patient identifiers may be released to agencies, institutional review board-approved researchers, and other persons **upon receipt of a signed data use agreement with the department;**



Keeping the Lawyers Happy

- RCW 43.70.057 permits users for reporting healthcare facilities to access the record-level details for their own visits and state and regional aggregates
 - It also permits certain other partner organizations to access aggregates at the state and regional level for public health surveillance
- After several months of discussions, RHINO and WSHA entered into a data sharing agreement (DSA) which allows WSHA to access visit aggregates through the ESSENCE platform
- With support from RHINO, WSHA is also approaching healthcare facilities and hospital networks to ask them to enter into DSAs with RHINO and list WSHA staff as authorized users
 - This would permit WSHA to access the record level details for those facilities' visits
 - Although Washington has a number of critical access hospitals, the majority of emergency departments in the state are part of larger networks, (hopefully) speeding this process

Exploring Use Cases

- RHINO and WSHA have proposed a number of use cases which increased data sharing would support, including
 - Infection prevention
 - Readmissions
 - Episodes of care
 - Potentially avoidable emergency department visits
- Reducing potentially avoidable visits to emergency departments has increasingly gained priority as some private insurers have started denying claims
 - Local health jurisdictions and Accountable Communities of Health in the state have requested aggregate characterizations of pediatric visits which did not result in admission
 - WSHA facilitates a cross-discipline workgroup called ER is for Emergencies to try to address this issue

The Road Ahead

- Pursuing DSAs
 - WSHA has identified a large hospital network to begin the process with and hoping to demonstrate its success to others
- Spreading awareness
 - RHINO is presenting at WSHA's CNO and Quality Leaders Learning Collaborative meeting later this week
- Data training
 - Amanda will visit WSHA's office to train their staff how to use the NSSP ESSENCE platform and syndromic data
- Monitoring health
 - WSHA will communicate with their members about issues they identify in the data to support improving outcomes across the state



Questions



Contact us!

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