

Orpheus County Feedback Meeting Agenda & Notes

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Date: April 11, 2019 **Time:** 1:30-3:00 **Place:** PSOB AOC, 4th floor (or room 710)

ALL ORPHEUS DATA FROM SCREEN SHOTS SHOWN IN THESE MINUTES ARE FAKE

Counties: Baker; Benton (); **Clackamas** (Sunny); **Clatsop** (Elisa); Columbia (); **Coos** (Joyce); **Crook** (Karen); **Curry** (Michelle); **Deschutes** (Jill); Douglas (); Grant (); Harney (); Hood-River (McKenna); Jackson (); **Jefferson** (Joy); **Josephine** (Cat); **Klamath** (Sharon); Lake; **Lane** (Alice, Carolina, Heather, Keri, Michelle); Lincoln (); **Linn** (Uri); Malheur (); **Marion** (Yuritzzy); **Morrow** (Shelley); **Multnomah** (Miranda, Perry, Russell, Sara, Taylor), NCPHD (); Polk (); Tillamook (); **Umatilla** (Megan); Union (); Wallowa; Warm Springs (); **Washington** (Carrie, Jennifer, Kathleen); Wheeler; **Yamhill** (Lillia, Nicole)


State: Amanda, Cedric, Dave, Julie, June, Lisa, Meagan, Melissa, Michelle, Missy, Nicole, Renee, Rob, Shannon, Sarah, Stephen, Tom

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NOTES		
Item	Discussion/Decisions	Action items
1	<p>Security Audit & Secure Export Location – Stephen</p> <ul style="list-style-type: none"> - Annual Security audit is due next Monday the 15th. Thank you to those who have already sent them in. - 41 (13%) of 320 still users still need to set a secure export path, which is mandatory for Orpheus users. <p>Question: Sunny (Clackamas) Why doesn't the document open within Orpheus instead of having to export the document to a specified location? Orpheus always has "exported" the document upon opening in the Docs Tab; it's just that you weren't aware of it. Directing the path to an explicit, secured location assures PII security and privacy.</p> <p>Citrix Tip – June</p>	<p>Users to set their export path (User Settings) ASAP if they haven't already done so; call Orpheus Tech if help is needed.</p> <p>If you are having troubles when creating a new password, make sure you click on the icon and clear the passwords</p>

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	<p>June reminded users that Right-clicking on the Citrix Icon  on your desktop tray give you options to manage password options including removing user previously stored user names and passwords.</p>	
<p>2</p>	<p>Electronic Laboratory Reporting updates/issues – Michelle</p> <ul style="list-style-type: none"> - Santiam is still sending dupes when they do send, which is infrequently; - Issues w/ Adventists new feed sending SNOMED codes in both the appropriate place, but also the descriptor place which is confusing (they've been notified and asked to correct); good news is that Orpheus can assign it to the correct disease; the bad news is that the ELR is less than legible. - Aware of intermittent issues with Kaiser – this has been reported to appropriate folks at Kaiser (Leadership) and Cerner, awaiting response. We think one of the issues is that Kaiser is not sending at a consistent time. <p>Questions: What is the time-lag threshold for Kaiser to go into faxing mode if the ELRs are working correctly? The rule says within one business day. The challenge is that the issue is intermittent. We've had these problems in the past with Kaiser. There appears to be message-timing and backlog issue.</p> <p>June asked the Counties if it's been problematic. No responses. Julie is still waiting for 3 ELRs that have not yet been sent.</p> <ul style="list-style-type: none"> - No updates from Spectra (East Coast & California Laboratories) re: go-live. Mostly STD testing. Flurry of activity last week, but no ETA at this point. 	

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3	<p>Oregon State Public Health Lab (OSPHL) Changes – Sarah</p> <ul style="list-style-type: none">- June showed March 26th letter from the OSPHL https://www.oregon.gov/oha/PH/LABORATORYSERVICES/COMMUNICABLEDISEASETESTING/Documents/20190326-TestingChanges.pdf- Effective May 1st 2019 <p>The following tests will be discontinued at OSPHL but are available at CDC:</p> <ul style="list-style-type: none">- <i>Clostridium botulinum</i> toxin- Rickettsial Antibody Battery – includes the following tests only for confirmation of positive results from clinical laboratories:<ul style="list-style-type: none">Rocky Mountain Spotted Fever (RMSF)Q Fever AntibodyMurine typhus <p>Hantavirus IgG and IgM testing will be discontinued, but will be performed by the Idaho Bureau of Laboratories only for confirmation of positive results from clinical laboratories</p> <p>Norovirus Investigation Change</p> <ul style="list-style-type: none">- No longer testing to confirm norovirus-like outbreaks in long-term care facilities.- Bacterial pathogens testing in these settings will continue to be available as warranted by clinical or epidemiologic features.- Will continue to test for norovirus in other outbreak settings.	<p>Send any OSPHL-related topics to Sarah and June beforehand</p>
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Question: What was the rationale for discontinuing norovirus testing at LTC facilities? June said that economics was the driving factor; it was costly, around \$400,000 per year. Because norovirus presents very specifically epidemiologically, norovirus confirmation by laboratory didn't add a lot of epidemiologic information, especially given the cost.

Historically, only OSPHL was able to test for norovirus, but many commercial labs can now test for norovirus, thus, the LTC can have testing done commercially if they wish. How about school- and restaurant-associated outbreaks? Yes, OSPHL will test in those settings.

Viral vs. Bacterial pathogens

- Sarah mentioned that she has drafted a letter to all Counties addressing this question.

Questions

Kara, Lillia (Yamhill): Will the questions in Outbreaks (DUDE) pertaining to stool kits collected, etc. be adjusted? Yes, we wouldn't expect you to deliver 5 stool kits to a norovirus-like outbreak in a LTC.

Gerald (Benton) asked if we can stop collecting stool samples as of today? No. Effective May 1st according to Lexie.

Sunny (Clackamas) Should we still put the etiology as norovirus if that is what we suspect? Yes, but only if it meets the modified Kaplan Criteria (<https://www.cdc.gov/norovirus/trends-outbreaks/responding.html>) :

1. A greater proportion of cases with vomiting than with fever,
2. Bloody diarrhea in less than 10% of cases, and
3. Vomiting in greater than 25% of cases.

Even for norovirus-like outbreaks, counties to still investigate LTC outbreaks, including gathering appropriate data, e.g., symptom profiles, and if the outbreak doesn't appear to be a norovirus outbreak, e.g., bloody diarrhea, then collect appropriate specimens.

OSPHL to send clarification letter re: viral vs. bacterial specimen testing.

State to change Triennial Review metrics to align with new OSPHL testing changes.

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Publishing Outbreak Investigations – June

June also mentioned that the only time we can release information on a given is when the outbreak is “published” on our web site. Only certain outbreaks are published. We have a work group discussing how we can be more transparent with regard to our outbreak investigations, and at the same time, make in manageable for both county and state epis. Please follow up with June if you would like to provide input.

County users to follow up with June with regard to publishing outbreak investigations.

4 Issues with Royal Orpheus layouts – All

- Russell (Multnomah) Issues with the Treatment Tab; when adding Treatment, you get jumped to the Clinical Tab. Michelle noted that we’ve had similar issues on another page. The functionality of the More Tab is missing. June demonstrated where many of the More Tab functionality resides by clicking on the Rolodex like icon:

The screenshot displays the 'Ehrlichiosis Case Entry' interface. At the top, there's a navigation bar with 'Home', 'List', 'Prev', 'Next', and 'Print' buttons. Below this, the case number '514587' is shown next to a 'SUMMARY' tab. A red arrow points to a Rolodex-like icon (a small grid) located next to the 'SUMMARY' tab. The main content area is titled 'MANAGE CASE' and includes several sections: 'Important dates associated with case' (listing dates like 3/30/19, 1/17/2014, 3/12/15, etc.), 'County History' (showing 'Clackamas' for County of Record, Originating County, and Current County), and 'Epidemiologists' (listing Stephen Ladd-Wilson as the State epidemiologist and June Bancroft as the Local epidemiologist). There are also buttons for 'Public Records Request' and 'Print Redacted'.

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<ul style="list-style-type: none">- Heather (Lane) Sometimes Syphilis case questions open in new format and sometimes in the old format. Doesn't seem to be a pattern.- Alice (Lane) Risk template is buggy for many diseases.- Lillia (Yamhill) If no treatment is given to a case, can there be the option of putting "none?" Kara added that populating the No Treatment would distinguish it from not having data in the treatment fields, i.e., that it was intentional. Michelle suggested configuring the checkbox in the disease module for "treatable." <p>Triennial Review Ramifications:</p> <ul style="list-style-type: none">- June mentioned that in the context of Triennial reviews, she noticed that there are a lot of notes in the note field that should be entered into other fields. The Triennial Report doesn't capture notes, consequently, Counties won't get credit for the reports. Julie added that, for example, if you initially marked "unable to reach" but then you ended up reaching them, be sure to go back and change that "unable to reach" field.- Perinatal Hep B – be mindful that the calculations associated with monitoring are not always correct due to the time span required in monitoring these cases.- Another philosophical topic is that of "complete dates." When is a case investigation complete? Work flows vary. There are a few ways to keep an investigation active, including checking the "keep active" box, leaving the LHD complete date field blank. There is a lot of County-to-County variation on this topic. Because the County Review metric keys on the completion date field, be	<p>June to follow up with Irina with regard to Heather's question.</p> <p>State to consider adding a field indicating No Treatment</p> <p>State to fix Triennial Review calculations associated with Perinatal Hep B tracking.</p> <p>Users to be sure to populate the LHD Completion data field as soon as the case is 80% complete.</p> <p>Users to follow up with June with regard to completing investigations and metrics associated with them.</p>
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sure population that field if you have at least 80% of the investigation completed.

Questions:

Kara (Yamhill) Blood lead cases are not closed until two labs are below 5 ug/dl and sometimes its takes months if not years. How does this affect the Triennial Review? It doesn't. The Triennial Review only pertains to acute and communicable cases.

- 5 (Race, Ethnicity, and Language – Disability) REAL-D update & training – Tom/June**
- We've made a lot of progress and are ready for production.
 - Training material still pending.
 - Currently functional on the person screen; **intended for person to self-describe. NOT from medical or ELR.**

State to complete REAL-D training material.

State to move REAL-D interface to the Case layouts.

The screenshot shows a form titled "Enter only case self-reported data here. I.e., from interview, NOT from ELR or medical record." with a header for "Race", "Language", and "Disability". The main question is "How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?". Below this are several columns of radio button options:

- American Indian or Alaska Native:** American Indian, Alaska Native, Canadian Inuit, Metis, or First Nation, Indigenous Mexican, Central American, or South American.
- Hispanic or Latino/a:** Hispanic or Latino Central American, Hispanic or Latino Mexican, Hispanic or Latino South American, Other Hispanic or Latino.
- Native Hawaiian or Pacific Islander:** Guamanian or Chamorro, Micronesian*, Native Hawaiian, Samoan, Tongan*, Other Pacific Islander.
- Asian:** Asian Indian, Chinese (circled), Filipinola, Hmong, Japanese, Korean, Laotian, South Asian, Vietnamese, Other Asian.
- White:** Eastern European (circled), Slavic, Western European, Other White.
- Black or African American:** African American, African (Black), Caribbean (Black), Other Black.
- Middle Eastern/Northern African:** Northern African, Middle Eastern, Multiracial (circled), Chinese, Eastern European.
- Old 'race' values:** White (checked), Black, Asian, Pacific Is., AI/AN, Unknown, Refused, Other.
- Hispanic:** Yes, No (checked).

 At the bottom, a question asks "Would you like to identify as multiracial or would you like to choose a primary racial or ethnic category?" which is circled in red.

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	<ul style="list-style-type: none"> - Tom demonstrated dynamic interface behavior when clicking on multiple checkboxes. - Checking on “other” allows other text input. - The historic, old race data will be retained. <p>Questions: Do we only put race data into the new REAL-D layout when we are interviewing? Yes. We only want REAL-D data to be populated as a result of self-report during an interview. If we don’t interview, then can we use the old race categories? Yes. Eventually we will have enough data to analyze, which we hope will be useful for targeting interventions.</p> <p>Sunny (Clackamas) What do the asterisks signify? Unknown.</p>	<p>State to figure out significance of asterisks in REAL-D module.</p>
<p>6</p>	<p>Training topics (first Wednesdays 10:30-11:30) – All</p> <ul style="list-style-type: none"> - Nothing is planned after this coming June. - June mentioned that the State just put in a grant proposal to increase disease investigation capacity; she is looking for ideas and will be conducting a needs assessment survey this coming September. <p>Topics included</p> <ul style="list-style-type: none"> - Legionella and Health Inspections. 	<p>Orpheus Users to contact June re: any training topics.</p> <p>Orpheus Users to contact June re: disease investigation capacity (environmental health, laboratory, epidemiology).</p>
<p>1st Wednesday Training Webinars (10:30 to 11:30):</p> <ul style="list-style-type: none"> - May – Lab Testing 202 and Copia - June – Elevated Blood Lead Investigations 		
<p>Future Meetings: 2nd Thursdays @ 1:30 PM May 9th, 2019 June 13th, 2019</p>		