

Orpheus County Feedback Meeting

Agenda & Notes

*Data for Public Health
Policy*

Date: February 16, 2017

Time: 1:30-3:00

Place: PSOB AOC, 4th flr (or room 710)

ALL DATA FROM SCREEN SHOTS SHOWN IN THESE MINUTES ARE FAKE

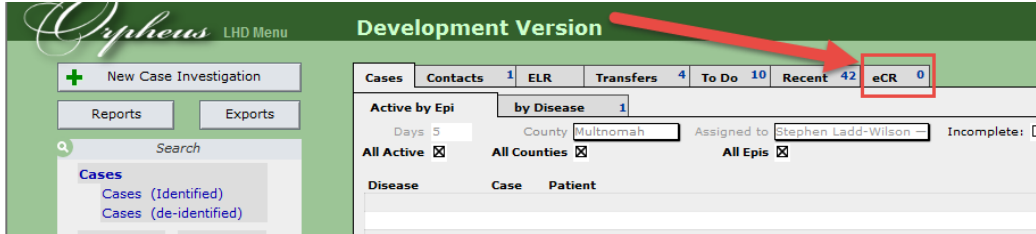
Counties: Baker; **Benton** (Alice, Mary); **Clackamas** (Carolee, Sunny); **Clatsop** (Nancy, Robyn, Sheri); **Columbia** (Heather); Coos; **Crook** (Anita); Curry (); **Deschutes** (Debbie, Emily, Emma); **Douglas** (Louai); Grant; Harney; Hood-River; Jackson; **Jefferson** (Joy); Josephine (); **Klamath** (Amanda); Lake; **Lane** (Heather); Lincoln (); **Linn** (Debby, Karen); Malheur; **Marion** (Dana, Dawn); Morrow; **Multnomah** (Joanie, Sarah); NCPHD (); Polk; **Tillamook** (Christina); Umatilla; Union; Wallowa; Warm Springs; **Washington** (Jennifer, Kathleen, Sue); Wheeler; **Yamhill** (Rae)

State: Alyssa, Cedric, Courtney, Dave, Julie, June, Lexie, Lisa, Maureen, Michelle, Nasreen, Rob, Stephen, Tom

NOTES		
Item	Discussion/Decisions	Action items
1	Overall Orpheus Update — Stephen: <ul style="list-style-type: none">- Both Oregon Health Authority and Orpheus security policies automatically deactivate users after 90 days of inactivity. It can be a hassle to re-activate once you've been removed from the Citrix Active Directory. Please login frequently to avoid being deactivated.	Login frequently to avoid being removed from the Citrix Active Directory.
2	ELR Update — June Michelle <p>June reviewed the approval/disapproval process for the following labs:</p> <ol style="list-style-type: none">1. Quest is switching the way their sending us data along with the version of HL7. Preliminary results suggest that we're getting significantly more data, as well as better quality data. For example, non-elevated blood lead results, which used to slip through the cracks, are now showing up.2. Planned Parenthood recently called to ask if we were interested in receiving electronic data from them. Since then we've their test data.	Michelle to switch to the new feed from Quest by middle of next week.

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	<p>3. The ELR module hasn't been changed much since Orpheus was created, so the state is planning on presenting more data in the ELR interface, e.g., Specimen Collection Time. Currently, about half the possible fields around Patient, Provider, Specimen, Next of Kin, Test and Results are displayed. Michelle reviewed the types of data that are sometimes sent but aren't displayed, Accession number was a topic of discussion, Next of Kin, Employer information, hospitalization data including room number. Sometimes the locally stored test and result data are more intelligible. One of the biggest differences are specimen source and specimen source site, which are currently concatenated. We also get a lot of dates, Test Run Date, Test Report Date, etc. Specimen collection date is displayed down to the hour and second, which is important for TB data. Accession data are presented in several different fields.</p>	<p>Counties to be on the lookout for Planned Parenthood ELRs coming through within the next week or two.</p> <p>Michelle to follow up with Orpheus users about their ELR data needs in terms of what other fields should be displayed.</p>
3	<p>Electronic Case Reporting (eCR) — Michelle</p> <p>Be on the lookout for a new tab – eCR on your home screen, which should appear after the interface replacement tonight. There is a federal initiative for providers to report from the electronic medical record. These are data that might be associated with ELRs, but they're clinician reports coming from either our new ("soft launched") on-line morbidity report (affectionately called Memento Morbi) or directly from an electronic medical record, which is how they're coming in from our piloting partner (Women's Healthcare Associates, Chlamydia results only). WHA Memento Morbi is an alternative, electronic way to</p> 	<p>Please contact Stephen if you're receiving direct faxes of the Confidential Morbidity Report:</p> <p>Confidential Oregon Morbidity Report</p> <p>Oregon clinicians are required by law to report confirmed or suspect diagnoses of many specified diseases and conditions. Reports should be made to the patient's local health department. You are welcome to call and discuss a report, or you can simply fax the required information using this form or any equivalent that includes all the required information.</p> <p>Confidential fax numbers for Oregon's local health departments and a list of reportable conditions are available on the web at: http://www.oshd.org/ocd/disrpt.htm#where, as is this form. If the patient is an out-of-state resident, fax this directly to the state health department in Portland (503/731-4798).</p> <p>Use a separate sheet for each patient. Use a dark ink and write legibly. The date and time will be printed automatically by the fax machine. <i>No cover page is necessary.</i></p> <p>About the Patient</p> <p>State to monitor incoming eCR data.</p>

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This reports will be processed like ELRs with a similar and familiar interface.

The State is also interested in saving Counties unnecessary phone calls to providers to get the “okay” to contact the patient, either by a standing agreement (e.g., WHA) or by checking the appropriate box in the Memento Morbi web interface. Thus, it’s okay to contact the patient on all electronic reports coming in from WHA.

Has patient already been notified of diagnosis/lab results? ☐ yes ☐ no

Should health department staff contact clinician before attempting to interview patient? ☐ yes ☐ no

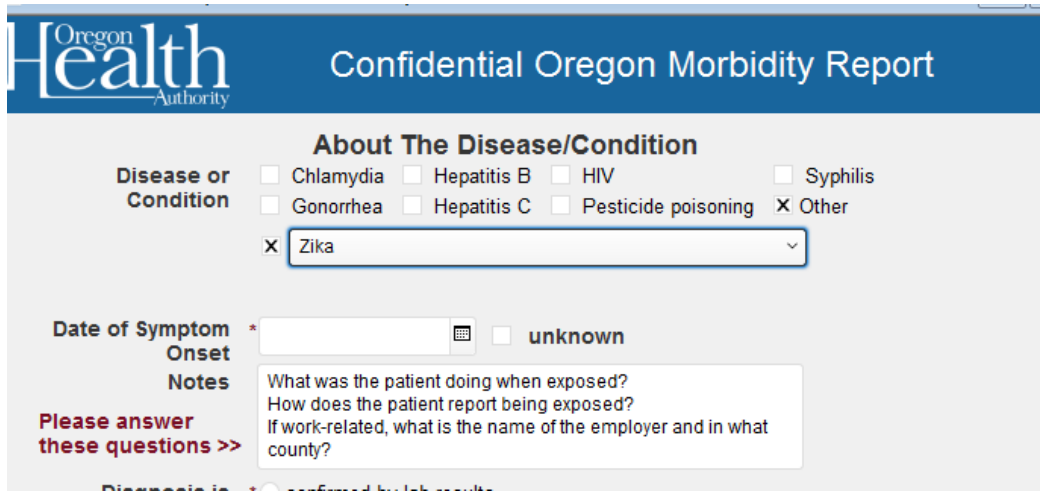
The electronic Morb report will indicate whether it’s okay to contact patient:

While the Memento Morbi reports don’t have a lot of information contained in them by design, the electronic case reports might have a lot if information in them, e.g., symptom profile, travel history, social history or other risk factor data. State will be evaluating in terms of duplicative data, etc.

Counties to give Michelle feedback on eCR, Memento Morbi (Web) interface, etc.

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4	<p>The Memento Morbi has a customizable interface that allows disease-specific questions for the provider to answer when reporting a case, e.g., exposure data around Zika testing:</p> 	
5	<p>Case definition changes – PCR-only become Presumptive for <i>Salmonella</i>, <i>Shigella</i>, and <i>Vibrio</i>. No changes for <i>Yersinia</i> or STEC – Julie Hatch</p> <ul style="list-style-type: none"> - For 2016, this was only true for <i>Campylobacter</i>; but for 2017, CDC’s new case definitions are in effect for <i>Salmonella</i>, <i>Shigella</i>, and <i>Vibrio</i>. Last year, PCR-only results were classified as Suspect Cases for <i>Salmonella</i>, <i>Shigella</i>, and <i>Vibrio</i>. This year they’re Presumptive Cases. If a reflex culture is subsequently performed and becomes positive, then they become Confirmed; however, the Presumptive classification will persist if reflex culture results are negative, or if reflex cultures are not performed. 	<p>Counties to classify the initial case reports of PCR-only <i>Salmonella</i>, <i>Shigella</i>, or <i>Vibrio</i> as Presumptive.</p> <p>When in doubt, enter it in Orpheus as Suspect and State will sort it out.</p> <p>The More Tab in Orpheus will have helpful information.</p>

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- PCR-only *Yersinia* results will remain Suspect
- No changes with regard to STEC

State to update web site.

6 Interface differences among Orpheus disease modules – June

State is considering a more unifying “theme” among the disease modules in order to have a more consistent look and feel between disease modules. Some say it’s jarring to jump from say, an STD case to a Non-STD Case:

Counties to give feedback to the State with regard to look and feel of new interface in development.

Tom is considering the adjacent theme to unify the look & feel among disease groups, which will be designed for the same screen size as STD----->

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7 Reporting module update – June

June, Michelle, Rob, and Tom have formed a workgroup to address our reporting needs. “Date of Record” has been the date of choice for running reports. Because it’s hard to find reports that you might have recently run, they’ve also re-designed the reporting interface of make it easier to navigate among all the report options.

The screenshot shows the Orpheus Reports web application. At the top, there's a navigation bar with buttons for 'Reports', 'Graphs', 'Other Report Tools', 'Risks', and 'Reports beta!'. A red arrow points to the 'Reports beta!' button. Below the navigation bar, there's a 'Report Title' field. The main content area is divided into two sections: 'General' and 'Disease-specific'. The 'General' section has a 'Report Type' dropdown (set to 'All'), a 'Report Name' field, and a 'County' dropdown. The 'Disease-specific' section has a 'Disease' dropdown and a 'Date of Record' field. Below these fields are buttons for 'Run Report', 'Search more fields', 'Data QA', and 'Terminology Reports'. On the right side, there's a table titled 'EXAMPLE of how report might look' with columns: Disease, Onset, Age, Status, Sex, County, EpiLink, Hosp, Subtype, and Case ID. The table contains several rows of data for Meningococcal disease.

Disease	Onset	Age	Status	Sex	County	EpiLink	Hosp	Subtype	Case ID
Meningococcal disease	7/16/2007		Confirmed	F	Marion	HH	<input type="checkbox"/>		47010698
Meningococcal disease	2/16/2004		Confirmed	F	Lane		<input type="checkbox"/>		39001037
Meningococcal disease	7/21/2007		Confirmed	M	Yamhill		<input type="checkbox"/>		71003095
Meningococcal disease	5/29/2008	0	Confirmed	F	Josephine		<input type="checkbox"/>		15307
Meningococcal disease	9/6/2008	8	Confirmed	M	Douglas		<input type="checkbox"/>		15316
Meningococcal disease	10/1/2008	32	Confirmed	M	Marion		<input checked="" type="checkbox"/>	W135	15384
Meningococcal disease	9/28/2008	67		M	Linn		<input type="checkbox"/>		15386
Meningococcal disease	9/28/2008	67		M	Linn		<input type="checkbox"/>		15387
Meningococcal disease	9/29/2008	4		F	Marion		<input type="checkbox"/>		15394

All Users: Please visit the “Reports beta!” to provide feedback to June on new reports interface, and whether you would like to be able to set your preferred reports in your user setting defaults.

Counties to give June feedback on new Webinar format.

Counties to send June monthly training webinar topics that are held on the first Wednesdays from 10:30 to 11:30.

Future Meetings: 2nd Thursdays @ 1:30 PM

April 13, 2017

May 11, 2017