

Information Collection Instrument: Cost Assessment (Part 2)

To create a Part 1 only information collection, do not present the STLT agency with this instrument.

To create a Part 1 and 2 information collection, remove all questions highlighted in yellow to minimize respondent burden and avoid duplication of questions.

To create a Part 2 only information collection, present the STLT agency will this entire instrument.

- Thank you for agreeing to speak with us today. My name is [NAME OF INTERVIEWER] and I am a [POSITION] at RTI International. We have been contracted by the CDC to assess BioSense onboarding activities and associated costs. The purpose of today's interview is to gain a better understanding of your jurisdiction's onboarding experiences and the challenges, and opportunities you have encountered as a result of joining BioSense. We are especially interested in learning about the factors that influenced your decision to join BioSense, your current and future plans for the BioSense data, and suggestions for improving the system. We will be using the information and feedback you share with us today to improve the onboarding processes and will communicate these lessons learned to the BioSense community and CDC through an issue brief that will be posted to the collaboration site.
- In order to make sure we all understand some of the terms we will be using I want to go over a few definitions:
 - When we use the term **syndromic surveillance** this means *the ongoing, systematic collection, analysis, interpretation, and application of real-time (or near-real-time) indicators for diseases and outbreaks that allow for early detection, situation awareness and response. Syndromic surveillance emphasizes timeliness and applies automated analysis and visualization tools to screen non-specific indicator data in electronic form so as to detect unexpected patterns that warrant investigation.*
 - The term **Onboarding Team** refers to any of the individuals you worked with from RTI.
 - The term **Onboarding Coordinator** refers to your main point of contact at RTI. [REMIND THEM THAT IT WAS ONE OF THE FOLLOWING: JESSE, SUJATHA, RITA, SHELLERY]
- With your permission, we will be recording our interview to help ensure our notes are accurate. All information given during the interview including notes and recordings will be kept secure. Direct quotes will not identify names or sites. Do you agree to allow us to record this interview? [WAIT FOR A VERBAL RESPONSE. IF NO, DO NOT RECORD]

About Your Organization

1. What is your title? [COST ONLY] _____
2. What is your role in your department and what are your main responsibilities? [COST ONLY]____

3. To help us better understand your responsibilities, please characterize the organizational structure in which your jurisdiction’s syndromic surveillance activities/operations reside. [COST ONLY]
 - a. In what agency and division do your syndromic surveillance activities reside (e.g., Department of Health, Office of the State Epidemiologist)? _____

 - b. What other job functions do those engaged in and/or managing syndromic surveillance have? _____

 - c. Have you collaborated with other state offices or divisions on any aspect of BioSense? Please describe this collaboration. _____

4. How many counties or municipalities are under your jurisdiction? _____
5. What is the size of the population served by your department? _____ people
6. How many health information technology facilities are in your jurisdiction? _____
7. Does your jurisdiction have a Health Information Exchange currently?
 - Yes
 - No
 - a. [If YES] Please describe. _____

 - b. [If NO] Please describe any future HIE plans. _____

Syndromic Surveillance Questions

8. Approximately, when did your jurisdiction begin to engage in in syndromic surveillance (i.e., in what year)? _____

a. Please describe your jurisdiction's experience and history with syndromic surveillance.

9. Do you currently use BioSense 2.0? (Please check all that apply) [COST ONLY]

- Yes, we are submitting data
- Yes, we are using BioSense tools to analyze our data
- Yes, we are using BioSense tools to analyze other jurisdictions data compared to ours
- No, we are not using BioSense 2.0 at all

a. [If YES to any statements] Please describe your adoption and your use of BioSense 2.0 to date and your reasons for doing so. _____

b. [If NO statement selected] Please describe your planned future use of BioSense 2.0. Please also describe any rationale for not having any planned use of BioSense 2.0. _____

[If Q9 response includes "Yes, we are submitting data", ask the following questions]

10. How many data streams does your jurisdiction send to BioSense 2.0 currently?
_____ streams

a. [If ZERO] How many steams does your jurisdiction plan to send in the future?
_____ streams

11. How do you currently transmit data? [COST ONLY]

- SFTP
- PHINMS
- HTTPS
- Mirth to Mirth
- Other (_____)

12. Are you transmitting messages using an HL7 message format? [COST ONLY]

- Yes
- No

a. [If YES] Is there an extra level of burden /cost associated with using HL7? Where their adoption costs involved? _____

13. Is the data consolidated by your jurisdiction prior to transmission to BioSense 2.0?

- YES
- NO

- a. How many streams do you consolidate prior to transmission to BioSense? _____
- b. Do you *receive* any consolidated streams prior to transmission to BioSense? If so, approximately how many? _____
- c. Consider the consolidate streams that you *receive*. Approximately how many individual streams were consolidated? _____

Syndromic Surveillance – Budget and Resources

14. Does your jurisdiction have an official budget or budget line item for syndromic surveillance, or is it part of a broader budget or multiple units' budgets?

- We have an official budget or budget line item for syndromic surveillance
- In my jurisdiction, syndromic surveillance is part of a broader budget or multiple units' budgets

a. If there is a specific budget just for syndromic surveillance, what is it?

\$ _____

i. Can you share this with us?

- Yes
- No

b. If there is not a budget per se, but you may be able to estimate the amount you currently spend on syndromic surveillance, what would you estimate?

\$ _____

i. What costs are included in your estimates? Please select all that apply.

- Salaries
- Software agreements
- Other (_____)

c. If known, approximately what proportion of your actual or estimated annual budget / spending on syndromic surveillance is supported by the following:

- State sources _____
- Municipal or county sources _____
- Federal sources (e.g., CDC) _____
- Other sources (_____)

15. Using the following table, please tell us about the staffing that currently support syndromic surveillance in some way, from executive management through technical support.

Position title	# of staff	Equivalent FTEs working on SS*	FTEs within your admin unit	FTEs working on / with BioSense	Comments?

*Sum of all part and full staff time spent working on syndromic surveillance each year.

16. What software packages do you use to support your syndromic surveillance activities?

Software Package / Analytics Service	Approx. Purchase Date	Approx. Purchase Amount	Approx. Annual License Fee	Approx. Number of Users	Does this tool support more than your SS activities?	Comments

BioSense 2.0 Specific - Labor and Capital Questions

17. Please estimate the amount labor spent in each of the following areas.

Activity	Which staff / positions (from Q15) are / were engaged in this activity?	For how long were they / are they engaged in this activity?	What % of their time (approximately) were they / are they Engaged in this activity?
Developing Data Use Agreements			
Labor spent developing DUAs			
Technical Implementation			
Learning about BioSense 2.0			
Integrating use of BioSense 2.0- into our organizational policies & procedures			
Developing/converting software to connect with BioSense 2.0			
Testing BioSense 2.0			
Labor spent on testing			
Maintenance (Post-Implementation. & Testing)			
Fixing problems that arise			
Updating software / hardware			
Use of BioSense			
Submitting data / managing uploads (if any)			
Using BioSense 2.0 tools to analyze our data			
Using BioSense 2.0 tools to analyze other jurisdictions data compared to ours			

18. Have you spent time helping additional facilities with BioSense 2.0 onboarding?

- Yes
 - No
- a. [If YES] When adding new health information technology facilities do you ask them to submit their data into the BioSense 2.0 state / city locker or submit their data through your HIE (if there is one)?
- We ask them to submit their data into the BioSense 2.0 state locker
 - We ask them to submit their data through your HIE
 - Other (_____)
- b. [If YES] How much time have you spent working with new health information technology facilities to help them with onboarding?
- _____ hours over the last _____ years
- c. [If YES] Have you expended any other resources in order to help others facilities with onboarding?
- \$ _____ over the last _____ years

19. Has staffing been stable, decreasing, or increasing over the course of your engagement in BioSense 2.0?

- Been stable
- Decreasing
- Increasing

Please describe your response. _____

20. Please describe your planned future usage of BioSense 2.0. _____

21. If you do not plan to use BioSense 2.0 or if were not available, what would you do to comply with Meaningful Use? What related expenses would you incur? _____

Additional Questions on BioSense 2.0 Experience

22. Describe you/your staff's routine, day to day use of BioSense 2.0. [COST ONLY]

- For what purposes? _____
- What features are you accessing? _____

- When and how frequently? _____
- Who is accessing the system? _____

23. Have you used BioSense 2.0 to monitor a public health threat (e.g., weather event, outbreak, a public gathering)? [COST ONLY]

- Yes
- No

a. [If YES] Describe how you used BioSense 2.0.

- i. For what purposes? _____
- ii. What features did you access? _____
- iii. When and how frequently throughout the event/period? _____

- iv. Who was accessing the system? _____

24. In addition to the uses you have described, is there any interest either from within or outside the health department for using BioSense 2.0 for other purposes? [COST ONLY]

- Yes
- No

a. [If YES] Describe the nature of the interest in using BioSense 2.0 for other purpose.

- i. For what purposes?
- ii. For what features?

25. What specific challenges have you encountered/or expect to encounter in using BioSense 2.0 for surveillance? [COST ONLY] _____

26. If you could change one thing about BioSense 2.0 to make it more useful for your jurisdiction, what would you change? [COST ONLY] _____

Characteristics of Interest	Answer	Description	Notes
Do they have a HIE? (YES or NO)			
How much experience do they have syndromic surveillance? (# of years)			
How many counties or municipalities are in the jurisdiction?			
What is the size of the population served by the jurisdiction?			
How many health information technology facilities does the jurisdiction include?			
How many data streams does the jurisdiction send to BioSense? (# of streams)			
How do they transmit data? (SFTP, PHINMS, HTTP, Mirth to Mirth, other??)			
Is the data consolidated by jurisdiction prior to transmission to BioSense 2.0?			
If YES to previous question, how much data is aggregated? (# of org's)			
Are they transmitting in HL7 format?			