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BioSense Interview: Onboarding Assessment (Part 1)

Introduction:

- 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 costs. The purpose of today's interview is to gain a better understanding of your jurisdictions 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.
 - O The term **Onboarding Team** refers to any of the individuals you worked with from RTI.
 - O 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]

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Warm-Up [ALL]

Before we get started we'd like to know a little more about you

- 1. To help us better understand your responsibilities, please characterize the organizational structure in which your jurisdiction's syndromic surveillance activities/operations reside.
 - a. In what agency and division do your syndromic surveillance activities reside (e.g., Department of Health, Office of the State Epidemiologist)?
 - b. Could you tell us what is your role/position?
 - c. What was your role in the onboarding process?
- 2. How long have you been working with syndromic (public health) surveillance systems?
- 3. How involved have you been in in the onboarding process?

A. Joining BioSense 2.0

1.	Why did y	your jurisdictio	n decide to	join BioSense 2.0?
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a. Had they participated in BioSense 1.0?

joining?

b.	Were there leaders within the health department who were against/skeptical of

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^	HOWW	s initial	resistance	/skenficism	n overcome?
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2. What were the biggest challenges you encountered in getting a DUA in place?

- a. What were the key concerns and issues of various stakeholders?
 - i. Privacy and security
 - ii. Sharing with CDC
 - iii. Misuse/misinterpretation of the data
 - iv. Use of the data w/o permission/knowledge of the HD
 - v. Quality of the data
 - vi. Conflicts with regional or state ordinances
 - vii. Issues with ASTHO
 - viii. Other (Specify)
- b. How did you overcome/address these challenges?
- 3. Was/is there anything CDC/ASTHO/Redesign Team could have done/do to address or mitigate those challenges?
- 4. Were there any factors or circumstances that facilitated getting the DUA in place?

B. Use and Utility

1.	Do you current	ly use Bi	oSense 2.0?	' (Please	checl	κ all	that a	pply	ı)
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- Yes, we are submitting data
- Yes, we are using the BioSense tools to analyze our data
- Yes, we are using the BioSense tools to analyze other jurisdictions data compared to
- No, we do not currently use BioSense 2.0 but are planning to
- No, we do not currently use BioSense 2.0 at all [Specify reasons]

2.	Describe l	now you are us	ing or pl	an to use Bi	ioSense 2.0 f	for routine surve	illance.
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- a. What triggers you to use the system?
- b. What features are you accessing?
- c. When and how frequently throughout the day?
- d. How does it fit into your workflow?
- e. What other systems are you using?
- f. How do the two combine to support your practice?
- g. Who is accessing the system?

Use and Utility (cont.)

3.	health you us	be how you have used or could forsee using BioSense 2.0 to monitor a public threat (e.g. weather event, outbreak, a public gathering)? If used, describe how sed BioSense 2.0. What purposes?
	b.	What features did you access?
	c.	When and how frequently throughout the event/period?
	d.	Who accesses the system?
4.	BioSer	e any interest either from within or outside the health department for using use 2.0 data other than what you have described? What purposes?
	b.	What features?

Use and Utility (cont.)

- 5. What specific challenges have you encountered/or expect to encounter in using BioSense for surveillance?
 - c. What data quality concerns do you have?
 - d. What privacy /data security concerns do you have?

6. If you could change one thing about BioSense 2.0 to make it more useful for your jurisdiction, what would you change? [STEER TOWARDS FUNCTION/WISH LIST]

C. Initial Contact

•	st set of questions relate to the initial contact with the Onboarding Team [MAY NEED TO PT WITH TIME, DATE, PERSON]
1.	Did you receive a welcome email accompanied by the BioSense 2.0 overview document after signing the DUA?
	• YES
	• NO
	Don't know/Can't recall

- 2. Were you aware of the BioSense 2.0 Collaboration Site http://www.biosense2.org?
 - YES
 - NO
 - Don't know/Can't recall
- 3. Please describe your first contact with the Onboarding team.
 - The team contacted us by phone/e-mail
 - We contacted the team directly by phone/ e-mail
 - We used the info email accountinfo@biosen.se
 - Other (Specify)____
 - Don't know/Can't recall
- 4. How quickly after signing the Data Use Agreement with ASTHO were you contacted to schedule an initial overview call with your assigned onboarding coordinator?
 - Within the week
 - Within two weeks

 - Don't know/Can't recall

D. Overview Call

The following questions relate to the first overview call with the Onboarding Coordinator. [MAY NEED TO PROMPT WITH TIME, DATE, PERSON]

- 1. How long was the period of time between your initial contact with the Onboarding Team and the first overview call with your Onboarding Coordinator?
 - Within the week
 - Within two weeks

 - Don't know/Can't recall
 - a. Was the amount of time acceptable to you? Why or why not?
- 2. Was the overview of <u>BioSense 2.0</u> during the overview call adequate? Why or why not?
 - a. Were there other sources you used to get information about BioSense 2.0, such as CDC project officers (if interviewee is a grantee)?
 - b. Which topics or issues were addressed well?
 - c. Which topics or issues could have been better addressed?
- 3. Was the overview of <u>the onboarding process</u> during the overview call adequate? Why or Why not?
 - a. Which topics or issues were addressed well?
 - b. Which topics or issues could have been better addressed?
 - c. Were there other sources you used to get information about the onboarding process?
- 4. Is there anything the Onboarding Coordinator could have done in advance to better prepare you for the initial call?

E. Technical Meeting

The following questions relate to all the technical calls following orientation call. [MAY NEED TO PROMPT WITH TIME, DATE, PERSON]

- 1. How quickly after overview call were you contacted to schedule a technical call with your assigned onboarding coordinator and/or the technical team? [COULD HAVE BEEN SCHEDULING ISSUES...WANT TO KNOW WHY THERE WAS A LAG, IF IT EXISTS]
 - Within the week
 - Within two weeks

 - Don't know/Can't recall
 - a. Was the amount of time acceptable to you? Why or why not?
 - b. How long were you expecting it to take?
- 2. Did you and your team have the opportunity to identify and discuss jurisdictionspecific onboarding technical issues during the meetings with Onboarding Team?
 - Yes
 - No [Specify reasons]

3. Were there individuals who should have been included in any of the technical meetings but were not or should have been included earlier in the process?

Yes (Who?) No

Technical Meeting (cont.)

4.	How many technical meetings with the Onboarding Team were necessary in order to adequately understand the technical process prior to beginning the technical implementation? • 1-2; • 3-4; • 5-6; • more than 6 a. What factors played into this amount?
5.	Were there delays in scheduling the technical meetings?
	Yes (Please explain)No
6.	Is there anything the Onboarding Coordinator could have done to make the technical

meetings more productive and efficient?

• Yes (Explain)

• No

F. Technical Implementation

The following questions relate to with the technical implementation activities. [MAY NEED TO

1.	Which data transport mechanism did you select to transmit data to BioSense 2.0?
	• SFTP
	• PHINMS
	• HTTPS
	Mirth to Mirth
	• Other (Specify)
	Not sure yet
2	Was the Onboarding Team able to address your questions and concerns about the
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	data transport mechanisms? Were they able to help you assess which mechanism was
	appropriate for your jurisdiction? Why or why not?
3.	
	addressed adequately? Why or Why not?

Technical Implementation (cont.)

- 4. How did you reach out to the BioSense Redesign Team when you had a question or concern? (check all that apply)
 - E-mailed the info account
 - E-mailed a BioSense Redesign team member
 - Called a BioSense Redesign team member
 - Other (Specify)
 - a. Did timeliness and responsiveness vary depending on which mode of communication you used?

Which mode of communication did you prefer?

- 5. Throughout the implementation process, how timely was the response from the BioSense Redesign Team?
 - a. If less than timely, how long did it typically take to get a response?
 - b. How long do you think it should have taken to get a response?

- 6. How long has it taken to complete the requirements for each of the following:
 - a. Health information technology systems?
 - b. vendors?
 - c. HIE?

Technical Implementation (cont.)

- 7. Overall, how would you assess the length of time it took/it is taking to onboard?
 - much longer than expected
 - somewhat longer than expected
 - about the time expected
 - less time than expected
 - a. Is there anything that the BioSense Redesign team could have done or can do currently to make the onboarding process go more quickly?

8. What else could the Onboarding Coordinator have done with the data providers to facilitate the onboarding process?

G. Testing

The next set of questions deal with the testing phase of the onboarding.

- 1. Have you transmitted test files?
 - Yes
 - No
- 2. How long after transmitting a test message did you receive feedback on the validity of that message from either your onboarding coordinator or the technical team?
 - Within the week
 - Within two weeks
 - More than two weeks (If known, specify reasons)
 - Don't know/Can't recall
 - a. Was the amount of time acceptable to you? Why or why not?
- 3. Was the Onboarding team or coordinator able to resolve issues in the testing phase of the onboarding process (if applicable) in a knowledgeable and timely manner? Why or why not?
 - Yes
 - No
- 4. Are you transmitting messages using an HL7 message format?
 - Yes
 - No
- a. If yes, what kinds of problems or challenges did you encounter in transmitting messages in HL7 format?

H. Maintenance

1.	What problems or challenges have you encountered in transmitting messages sinc	:e
	testing was completed?	

- 2. Have you been trained on to use your jurisdictional locker?
 - Yes
 - No (If live data in, why not?)
 - Don't know/Can't recall
 - a. [IF YES] Was the Onboarding Coordinator able to clearly explain the use of the jurisdictional locker and address your questions and concerns? Why or why not?
 - Yes
 - No

b. What issues were of particular concern or confusing?

I. Wrap Up

1.	Overall is there anything that CDC/ASTHO/BioSense Redesign Team could do to better facilitate the entire process of joining BioSense 2.0?
2.	If you had to advise another jurisdiction going through the onboarding process, what would you want them to know?
Is ther	e anything we didn't ask you that you want to tell us about?