Self Introduction

Harold Gil is syndromic surveillance epidemiologist at the Marion County Public Health Department in Indianapolis, Indiana. The data he works with – pre-diagnostic patient (syndromic) data from hospital emergency departments – is used for situational awareness for diseases such as flu, Ebola, etc. Recently, he has been working with Indianapolis-Emergency Medical Services (I-EMS) to be able to access and make additional use of ambulance run data. We are also now beginning to reach out to hospitals’ staff (particularly infection control program managers) to identify additional use cases for electronic health record data which public health agencies, in coordination with hospital staff, can use to make a positive impact on our community’s health. Harold is also involved in the CDC-funded BioSense Program, a project with the aim of creating a national system for collecting and analyzing syndromic data.

General Questions

1) What are your main interests in attending the workshop?

To connect with individuals interested in leveraging electronic health record data for public health surveillance and response efforts.

2) What challenges do you see in applying analytics and visualization to health care data for population health monitoring and management?

I think identifying new use cases is usually the most challenging part of solving the problem (alongside obtaining access to the necessary data).

3) Are you or your group working on any of these challenges? If yes, please explain.

We are working towards data quality standards, but only for syndromic surveillance. As for finding additional use cases for syndromic data, we are beginning to reach out to hospital infection control managers (and other staff) to help identify those.

4) How do you currently use healthcare data for population health monitoring and management?
We use syndromic surveillance data for situational awareness of diseases like flu and Ebola, among others. Besides syndromic data, we currently don’t use other healthcare data for population health monitoring; instead we use Behavioral Risk Factor Surveillance System (BRFSS) type of data to develop our Community Health Assessment (CHA; available online at www.health.mchd.com). The CHA gives us a snapshot of our local community’s health (it measures chronic and infectious disease incidence, risk factors, and associates that information with demographics) and helps to guide our health department’s priorities and identify potential new initiatives.

5) If the workshop could fulfill one wish that you have for using analytics and visualization of healthcare data for population health monitoring and management, what would it be?

How to make better use of the healthcare data we collect (syndromic, electronic lab, and ambulance run data) to improve population health monitoring and management.