

EDN Work Group Meeting Minutes
Thursday 7/11/2013, 10 am (Pacific), 1 pm (Eastern)

1. Roll Call

- Region 1: Adam Palmer (R), Maureen Murphy-Weiss (TB)
- Region 2: Karen Card (TB) sitting in for Jose
- Region 3: Phil Lowenthal (TB)
- Region 4: Blain Mamo (R)
- Region 5: Amira Sutton (R), Shameer Poonja (TB)
- Ad hoc representatives: Washington State-Justina Novak (TB)
- CDC: Meghan Weems, Daniel Wenger, Kendra Cuffe, Kai Young (DTBE)
- Guests: none

2. EDN Update (Meghan Weems and Daniel Wenger)

A slow rollout for clinic level users (CLU) has started; ten sites were extended invitations to participate and seven have accepted. This functionality was formerly referred to as “passive reader”. Users who have CLU access can search for individual records, but do not have access to the entire database and cannot edit records.

Kentucky, Virginia and Washington have granted CLU access to representatives for assigned regions within their respective states. Feedback will inform EDN processes and future functionality for EDN developers.

3. Update: TB follow-up worksheet revision notes e-mailed in early June (Kendra Cuffe)

A mockup of changes to the TB Follow-up Worksheet was shared with users in June. Kendra has not yet received comments or suggestions from the group. States are encouraged to share the document and solicit feedback from EDN users and clinicians who use the paper form. States can then submit comments to Kendra for consideration.

Kendra announced that the EDN Tuberculosis Follow-up Guide is under revision to incorporate the updates to the TB Follow-up Worksheet and other changes to EDN. Please review the existing document and submit suggested changes/updates to Kendra before July 31, 2013. The document must be submitted for internal review and clearance at CDC; this process typically takes at least one month.

4. EDN Requests and Priorities

The excel spreadsheet prioritizing items brought forward by the EDN Workgroup will be reviewed by CDC, DTBE, and DGMQ, and the status of each item will be provided. The updated document will be shared among Workgroup members, and it will be used for the annual report to the larger refugee health and TB communities (ARHC and NTCA Boards).

5. New membership and Roles and Responsibilities

a. Please update the regional representative contact sheet.

Meghan has updated the list and shared with the group since the last conference call.

- b. Workgroup participation for regional reps: Attend 5 out of 6 conference calls each year?**
No opposition to this suggestion. This will be added to the roles and responsibilities document.
- c. Expanding the workgroup? Potentially open the group to an additional 2 (1 TB and 1 Ref) members from each region? Another option would be to just open the workgroup to an additional 4 members (2 TB and TB Ref)?**
The Workgroup unanimously voted to add four additional members; two from each program area. These members will comply with all responsibilities of attendance that regional representatives must fulfill to remain as active members. Washington State is already onboard as an additional TB member.
- d. Should there be a time limit for workgroup members to serve? Serve 1-2 years and then step down allowing others to join. If no one else is interested then the member may stay on. Consider a rotation system that allows active members to stay on in a reserve capacity.**
Current members agreed on the 1-2 year term and that members could continue to serve if no one else is interested. It was suggested that we stagger the timing of new members to avoid having all new members start at one time. The timing details have yet to be determined. It was discussed that we should send an e-mail to everyone to see who might be interested in joining the Workgroup, just so we might have an idea if others are interested.
- e. Protocol for replacing members that are not active? If regional representatives are not able to commit to 5 out of 6 phone calls each year, then the EDN co-chairs will ask them to step down. Furthermore, representatives need to be available for the entire call.**
- f. New co-chairs in September: Anyone interested?** Adam and Maureen will appoint new co-chairs if no one volunteers. Just kidding.

6. EDN User Issues

- a. Vaccine records with incorrect immunization dates (administered before DOB). Is the system reliable, are there quality control measures?**
Continuous quality improvement is a high priority for CDC and EDN developers. While algorithms prevent many mistakes, validations have not been programmed for every data element. When data appear to be illogical or incorrect, the user should call the EDN helpdesk (as this user did). This specific error occurred when the hand written vaccine administration date preceded the date of birth. The problem was corrected.

Dr. Roseanne Philen is scheduled to present on EDN quality control and improvement on the next ARHC call.

- b. There needs to be clarification on parasite presumptive treatment and the lack of documentation. Are all refugees receiving presumptive treatment? If so, why are some documented and others not?**

IOM is responsible for the information that is on the Alien Information coversheet and this would include pre-departure presumptive treatment. EDN includes all of the information that IOM sends, so if some records do not have parasite treatment documentation, it is because IOM did not transmit this information to EDN. The Technical Instructions to Panel Physicians suggest presumptive treatment for areas where it is appropriate. However, the Pre-Departure Medical Screening (PDMS) is not shared in its entirety, leaving domestic screeners without a written record of whether treatment was provided, and if so, what drug was provided and when. This issue should be brought to the attention of IOM and it should also be shared with Heather Burke at CDC.

- c. Explain the process for assigning pseudo-alien numbers for asylees, is there a better way to do this? Has anyone considered the ramifications of an individual with two different alien numbers?**

EDN staff members must assign alias (A numbers) to some Asylees because the records arrive without A numbers. EDN records cannot be entered w/out A numbers, so alias numbers beginning with 100- are created. These numbers always start with 100- followed by six digits. If a state or jurisdiction discovers that the asylee has another A number (from an I-797 or other immigration form), then share this information with EDN and they will enter the correct number in the EDN data system.

- d. Is there any way to track on an individual level the sub-migrations to/from your jurisdiction? There is a report in EDN that has the aggregate information, but is there a way to look at who is moving into/out of the state (and see if they started a screening)?**
This report will be included in the next release, scheduled for fall 2013.

- e. For refugees participating in the CDC/IOM immunization project, there is an * in a refugee's record that indicates they are a part of the initiative. Is there anything that shows up on the data download forms that would help us look at that in aggregate versus on an individual basis?**

Ultimately, no. Because all of the vaccination data is now shared electronically, the data download contains the most current information for all records. When performing the data download, the user is seeing electronic data and there is no way to distinguish between originally scanned immunization data and newer immunization data from the pilot project.

- f. A compliment from Nebraska: I like the lighter blue screen for the data entry on class b1 and b2s.**

Yay! Compliments are good; even when the user's computer settings are responsible for the change;-)

7. New Issues

Next meeting: Thursday, September 12th, 10 am Pacific Time (1 pm Eastern Time)