

### Defining Disability for Syndromic Surveillance: Data to Action

**ASTHO Connect Webinar** 

April 29, 2024

### Disclosure

This project is supported by cooperative agreement OT18-1802 from the U.S. Centers for Disease Control and Prevention (CDC). The contents of this document are the responsibility of ASTHO and do not necessarily represent the views of CDC.



### WELCOME!

As you get settled, please enter the following information into the chat:





TITLE/ROLE





### **Speaker Introductions**



Adrianna Evans, MPH ASTHO Margaret Nilz, MPH ASTHO Erika Austhof, PhD Aengle Consulting Kelley Chester, DrPH Thought Bridge

### Agenda

- Overview of the Defining Disability Project
- Overview of the National Syndromic Surveillance Program (NSSP)
- Scientific panel results
- Overview of definitions for each disability type
- State pilot test results
- Call to action



# Defining Disability Project Overview

**Adrianna Evans** 

# **Project Goal**

The goal of this project is to build public health capacity to monitor the health and well-being of people with disabilities before, during, and after public health emergencies.







We are achieving our goal by developing, testing, and disseminating syndromic surveillance definitions to identify people with disabilities.



### **Key Activities**

Establishing and facilitating a scientific panel to develop syndrome definitions for disability



**Pilot testing and finalizing** syndrome definitions for disability



**Disseminating and promoting** use of syndrome definitions for disability



Images from the Noun Project: People by Icon Lauk; Data by Alice Design; User guide by Cuputo

QOC

Syndrome definitions to identify people with disabilities will improve emergency and ongoing surveillance efforts.



National, state, and local jurisdictions will be able to quickly and efficiently identify people with disabilities to inform appropriate intervention strategies.



#### Impact of Public Health Emergencies on People with Disabilities

Without timely identification and response, people with disabilities may be inadvertently excluded from public health preparedness and response which could exacerbate existing health disparities.



# Overview of the National Syndromic Surveillance Program

**Kelley Chester** 

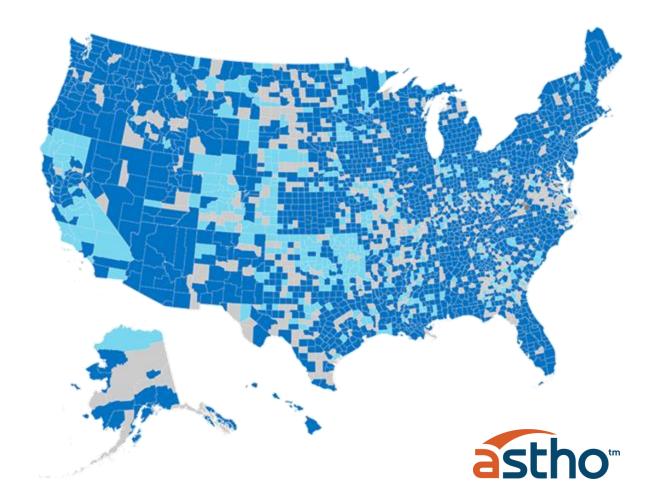
#### National Syndromic Surveillance Program (NSSP) By the Numbers

- ~77% of U.S. EDs report
- 50 states + D.C. and Guam participate
- 75% of data received within 24 hours of the visit
- 6 million messages received daily
- >2,000 registered users of the system
- Estimated 73.5% of U.S. population represented\*

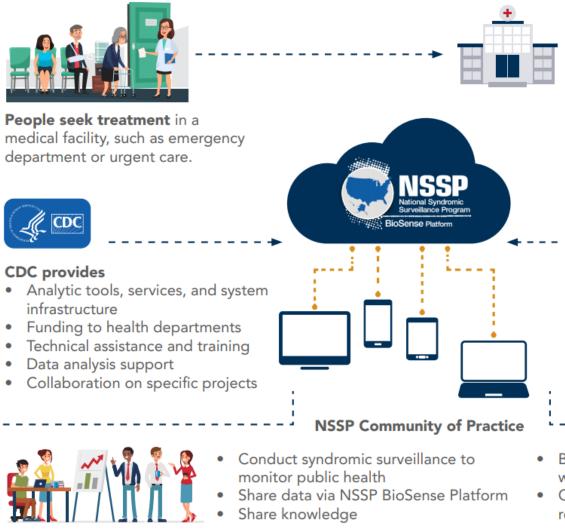
\*Estimate based on proportion of Health Service Area populations served by NSSP Participating Facilities

#### NSSP Facility Participation by US County

Non-federal Emergency Care Participation in the National Syndromic Surveillance Program: August 1, 2023, to November 1, 2023.



#### How NSSP Conducts Syndromic Surveillance



Medical facility sends deidentified data including chief complaint, diagnosis codes, patient characteristics, and location to state and local health departments or to data aggregators such as Health Information Exchanges.

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**Public health departments and Health Information Exchanges** contribute data to the NSSP BioSense Platform.

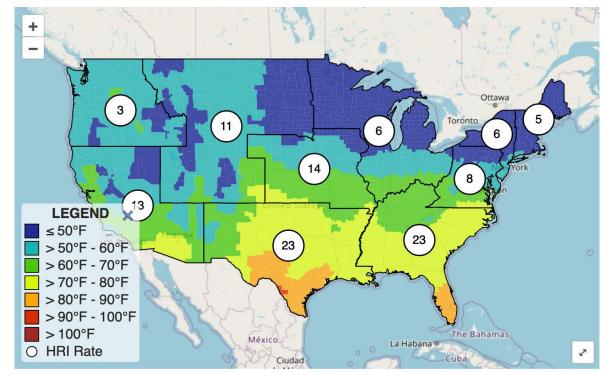
- Build skills via webinars, trainings, and workgroup participation
- Collaborate to develop methods and respond to emergencies



### How NSSP Data is Used

The Heat-Related Illness and Temperature map shows the rate of emergency department (ED) visits associated with heat-related illness (HRI) per 100,000 ED visits by HHS region for the selected week using data available through the National Syndromic Surveillance Program (NSSP)

#### CDC Heat & Health Tracker



https://ephtracking.cdc.gov/Applications/heatTracker/



# Results from the Scientific Panels

Margaret Nilz

# **Scientific Panel**

#### The purpose of the scientific panel was to:

- Decide on disability definition for mapping diagnostic codes (e.g., WG-SS, ACS-6)
- Identify existing algorithms for identifying disability with diagnosis codes
- Map ICD codes to chosen disability definition
- Provide input on syndrome definition
- Review pilot test results
- Finalization of the definition





### **Scientific Panel**

#### Panel 1

•Determined use of statutory definitions of disability as the baseline

•Focus on domains of functional disability types (e.g., hearing, vision, mobility, etc.) rather than specific definitions

#### Panel 2

•Established Intellectual and Developmental Disabilities remaining one domain •Included existing mental health definition in disability definition reference materials

#### Panel 3

Renamed Learning Domain as 'Specific Developmental and Learning Disabilities' domain
Relocated ADHD, Conduct Disorders, and Hyperkinetic Syndromes to Specific Developmental or Learning Disabilities



### **Scientific Panel**

#### **Chronic Conditions Work Group**

•Formatted Chronic Conditions as a supplemental product to allow additional flexibility

•Determined Chronic condition domain will not be tested through state and local pilot testing process

#### Panel 4

•Refined chief complaint and keywords for each domain

•Discussed communication and dissemination barriers and strategies



# Disability Definitions Overview

**Erika Austhof** 

#### **Definition Development Methods**

- Key Informant Interviews to guide development
- Iterative search strategy to identify codes (ICD 9/10, SNOMED)
  - -Chronic Conditions Warehouse
  - -ADA Regulations and documentation
  - –Research publications
  - -Reports and documents from disability advocacy groups
  - -CDC documents and guidance
- Four scientific panels
- National pilot testing
- State/local pilot testing

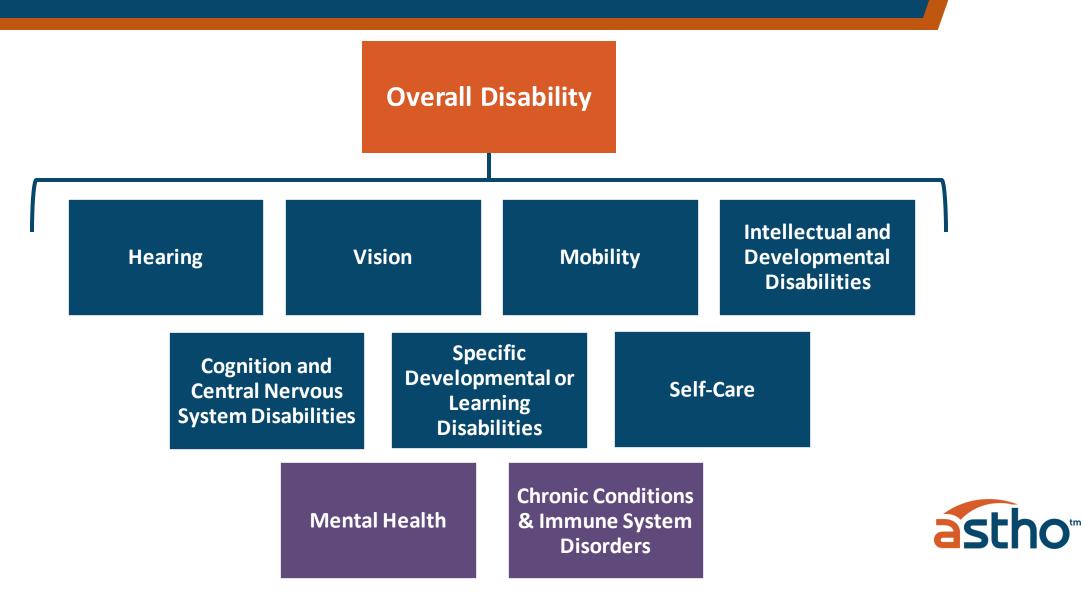


### **Exclusions**

- Excluded medical conditions which are generally expected to resolve:
  - -In under 6 months
  - –With treatment
  - -With surgery
  - -Or, are generally self-limiting, acute conditions
- Few conditions occur in multiple domains
  - -Sorted into best fitting domain
  - -Overlap amongst domains is allowed

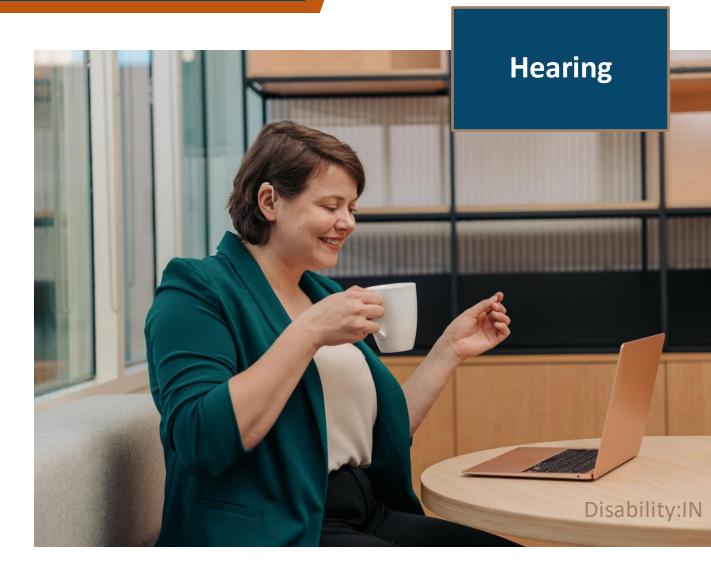


### **Final Definition**



### **Hearing Domain Example**

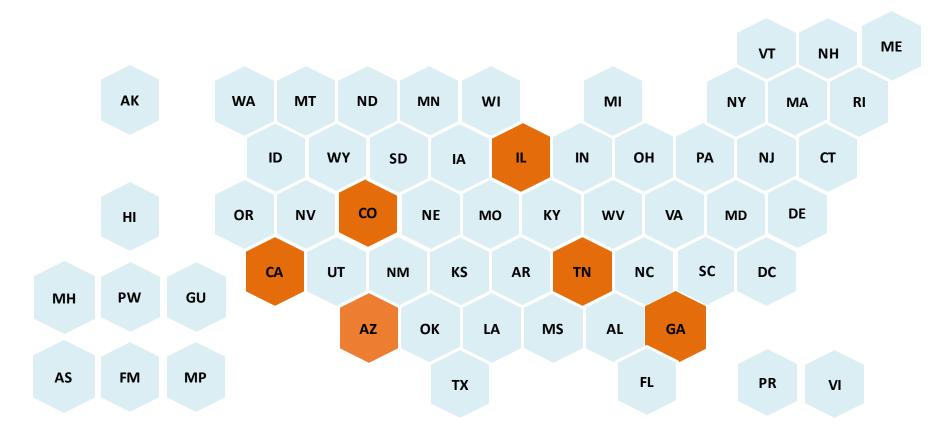
- Includes diagnosis codes for
  - Hearing loss
  - Hearing impairment
  - Deafness
  - Refsum's disease
  - Cochlear implant status
  - Acoustic neuroma
  - Auditory processing disorder
- Exclude acute diagnosis codes for
  - Impacted earwax
  - Ear infection
  - "denies hearing loss"



# Summary of Jurisdiction Pilot Testing

**Erika Austhof** 

### **Participating Jurisdictions**





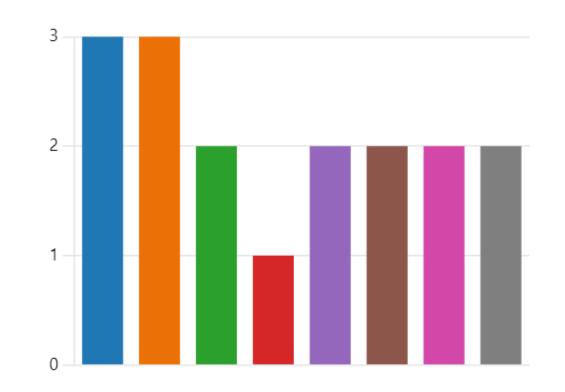
State Pilot Tester Not participating

### Results

#### For which domain are you reporting results?



|   | Hearing                         | 3 |
|---|---------------------------------|---|
|   | Vision                          | 3 |
|   | Mobility                        | 2 |
| • | Intellectual and Development Di | 1 |
|   | Cognition and Central Nervous   | 2 |
|   | Specific Developmental or Learn | 2 |
| • | Self Care                       | 2 |
|   | Disability Overall              | 2 |





### **Results Overview**

#### Positive Predictive Value(PPV)

#### **Overall Impression**

#### Recommendations

- PPV indicates the likelihood the definition can successfully identify if people have the target condition
- Wide range of jurisdiction PPV values based on domain
- Low PPVs indicated that some draft definitions were too broad

- Overall, the definitions captured the intended cases
- Clear false positives including misspellings, variations, and negations

- Recommendations from state jurisdictions including:
  - Enhancements
  - Recommended removals/exclusions
  - Recommended Negations
  - Key word revisions

### National Testing Results

| Disability Domain                | National Level Testing PPV |
|----------------------------------|----------------------------|
| Hearing                          | 96.5%                      |
| Vision                           | 97.6%                      |
| Mobility                         | 91.7%                      |
| IDD                              | 95.2%                      |
| CNS/Cognition                    | 98.4%                      |
| Self-Care and Independent Living | 95.5%                      |



# **Call to Action**

Adrianna Evans

### **Call to Action**



Improve coordination amongst all stakeholders including public health agencies, NSSP, healthcare providers, disability experts, and people with disabilities.

Increase disability documentation in health records across all areas of the healthcare system.

Recognize how diagnostic codes support public health capacity to monitor the health and well-being of people with disabilities

# **Questions?**



Defining Disability for Syndromic Surveillance: Data To Action Technical Assistance Tuesday April 30 4-5 pm EST Register at the link in the chat or scan the QR code!

### Don't Miss Our Next Event!

Help ASTHO evaluate this scientific panel session by visiting <u>https://bit.ly/3Wf95cb</u> This link will also be posted in the chat and emailed to you after the event.



## Tell us what you think!