

## **IDHW BioSense 2.0 Data Aggregation and Data Management Policies: 7/14/2014**

### **A. IDHW BioSense 2.0 Data Aggregation Policy**

The current template for the BioSense 2.0 data use agreement between the Idaho Department of Health and Welfare (IDHW) and hospitals states that one of the purposes for which data may be used or disclosed is “To provide access to views of the data or analyses thereof to local and state public health entities once data are being routinely submitted to BioSense 2.0, and Health and Human Services (HHS) Region X state public health agencies (Oregon, Washington, and Alaska) only once the number of contributing PHDPs [public health data provider, *i.e.*, hospital] within the aggregate level is sufficient to obscure the identity of any individual PHDP.”

This policy is to obscure the identity of any individual PHDP in data shared with HHS Region X state public health agencies.

Hospitals will be categorized by bed capacity as follows:

| Bed Capacity | Estimated No. of Hospitals |
|--------------|----------------------------|
| ≤100         | 28                         |
| 101-250      | 5                          |
| ≥251         | 4                          |

For statewide views and aggregated data to be provided outside of IDHW Bureau of Communicable Disease Prevention and Idaho Public Health District epidemiology programs, at least two hospitals from each bed capacity range must be contributing data.

In addition, aggregate-level data do not contain identifiers, but certain combinations of age, sex, geographic area, and syndrome might be identifiable in a relatively homogenous geographic area; therefore, all aggregate data should be treated as potentially identifiable prior to review and suppression of small cell data. Suppression of small cell data will follow rules established by the IDHW Bureau of Vital Records and Health Statistics for suppression of small cells in reporting data from vital records.

## B. IDHW BioSense 2.0 Data Management Policy

### 1. Restrictions on users

Idaho BioSense 2.0 user permissions are determined by three BioSense 2.0 administrators in the IDHW Bureau of Communicable Disease Prevention (BCDP) Epidemiology Program. There are currently five types of permissions to view data, which differ by route of access.

a. Access through <https://biosen.se/login.php>, is termed frontend access. Permission types to frontend access are:

- State-level, aggregate data
- State-level aggregate and visit-level data that have already been categorized into syndromes [see Table below for a list of fields]
- State *and* county-level, aggregate data
- State *and* county-level, aggregate and visit-level data that have already been categorized into syndromes [see Table below for a list of fields]

b. Access through secure phpMyAdmin or RStudio routes, is termed backend access. Backend access allows access to visit-level data prior to categorization into syndromes [see implementation guide for a list of fields]

Three epidemiologists in the IDHW BCDP Epidemiology Program and one epidemiologist in the IDHW Bureau of Community and Environmental Health will have full access to frontend state and county-level, aggregate and visit-level data that have already been categorized into syndromes and backend access to visit-level data prior to categorization into syndromes. Specified individuals in Idaho Public Health District epidemiology programs will be granted one of two access types: 1) frontend state and county-level access with access to aggregated data (4–5 persons per Public Health District), and 2) frontend state and county-level access with access to aggregated data and visit-level data that have already been categorized into syndromes, and backend access to visit-level data prior to categorization into syndromes (1–2 persons per Public Health District).

Two epidemiologists in each of Alaska, Washington, and Oregon state public health agencies may be provided with frontend state-level access to aggregated data only once the number of contributing hospitals within the aggregate level is sufficient to obscure the identity of any individual hospital (see A. IDHW BioSense 2.0 Data Aggregation Policy above).

### 2. Potentially identifiable data

Aggregated data do not contain identifiers, but certain combinations of age, sex, geographic area, and syndrome might be identifiable in a relatively homogenous geographic area; therefore, all aggregate data should be treated as potentially identifiable prior to review and suppression of small cell data. Suppression of small cell data will follow rules established by the IDHW Bureau of Vital Records and Health Statistics for suppression of small cells in reporting data from vital records.

Frontend visit-level data already categorized into syndromes include visit date and so must be protected as potentially identifiable data. All backend visit-level data must be protected as potentially identifiable.

Table. Currently exportable frontend visit-level fields<sup>1</sup>.

|                   |
|-------------------|
| Analysis Visit ID |
| Visit Date        |
| Patient Zip       |
| Patient Age       |
| Patient Gender    |
| Chief Complaint   |
| Diagnosis         |
| Syndrome(s)       |
| Facility          |
| Facility Zip      |
| Place             |
| Source            |

<sup>1</sup>Data has already been categorized into syndromes.