

Minnesota Disease Surveillance Modernization project (MEDSS)

Vision	<p>To improve the health of residents in the state of Minnesota by Implementing an integrated and shared disease surveillance system for the public health in Minnesota. By using this shared and integrated system we will be able to:</p> <ul style="list-style-type: none"> • Increase the speed disease incidents and outbreaks are detected and prevented • See trends • Deliver current and updated information to healthcare professionals in order to improve their decisions and treatment • Better inform the general public so they can avoid safety hazards and/or take appropriate precautions
Purpose	<p>The Minnesota department of health is obliged, by statute, to monitor the occurrences of diseases, respond rapidly to control outbreaks of infectious disease, develop and implement strategies for preventing and controlling diseases, and put those strategies into action in order to protect and improve the public's health. The current means to report and follow-up on disease reporting has placed a burden on hospitals, laboratories, local and state public health and it inhibits optimal use of data for analysis and response both on the local and state level. The implementation of a new, integrated and common disease surveillance system for the state of Minnesota will ease the burden of reporting, improve the detection and response to any disease related event (bio-terrorism, disease outbreaks, and trends in chronic diseases) and provide tools for current, updated and easily accessible reports and analysis of the data.</p>
Objectives	<p>Implement a integrated and shared disease surveillance system for all public health workers in Minnesota with the following characteristics:</p> <ul style="list-style-type: none"> • Compliant with federal PHIN requirements • Allow MDH to meet the needs of our private and public sector reporting partners through standardized electronic exchange of disease information • Improve monitoring and analyses of the data • Allow for integration of infectious and chronic disease to the extent this is feasible. • Allow for timely information sharing regarding disease surveillance between state, tribal and local public health. • Integration of laboratory information with disease cases to the extent this is possible • Allow for interoperability with other MDH systems • Allow for interoperability with CDC systems, health partner (public and private) systems, and emerging PHIN based systems. • Allow for secure transmission of information • Allow for secure, role and/or context based access to information • Allow for context based output
Target audience	<p>Anyone in Minnesota reporting diseases or working with disease monitoring and/or surveillance, this includes: Minnesota department of health professionals working with disease monitoring or surveillance, District office epidemiologists, Local public health professionals working with disease reporting, follow-up and prevention, Tribal health services reporting diseases or working with disease follow-up and prevention, ICPs, Private and public clinics and hospitals, School nurses, Public and private laboratories.</p>

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Approach	The project is divided up into the following phases. During these phases project teams are used to give recommendations and give directions to the project. In addition to these ongoing teams, focus teams will be used to help with specific questions.		
	Planning phase (July 2007 – Oct 2007)		
	Execution phase	Business analysis (Nov 07 – April 08)	Create a more detailed plan for the project, define scope and budget. Perform a market scan in order to decide if we should buy or build.
		Acquisition (April 08 – Nov 08)	Review business procedures in order to create detailed specifications for development and/or RFP.
		Configuration and testing (Nov 08 – Dec 10)	Development and/or purchasing of components.
		Live pilot (Nov 09 – Dec 10)	Configuration and testing of the system and it's parts
		Initial implementation (– Dec 10)	Small live implementation for selected users in order to confirm configuration, PSPGs, training and SOPs. During the live pilot ongoing changes will be made to improve the implementation.
	Closing phase		Pilot users change over to 'live' mode.
Ongoing implementation		Evaluation and closing of the project.	
		Implementation for remaining users.	

Project manager	Asa Schmit, asa.schmit@health.state.mn.us	
Project sponsors	Wendy Nelson, Craig Acomb, MN-PHIN	
Project teams	Core team	Asa Schmit, Kathy Como-Sabetti, Keith Kearney, Marilyn Kenealey
	Lead team	Representatives from MDH Infectious Disease Epidemiology, Prevention and Control, Environmental health, Public Health laboratory, Health promotion & chronic disease, Office of emergency preparedness and District office Epidemiologists. Representatives from Local public health and Tribal health.
	Executive team	Margaret Kelly, Wendy Nelson, Craig Acomb, Martin LaVenture, Chris Everson, John Stine, Aggie Leithheiser, Pati Maier, Peter Carr, Kristen Ehrsmann, Richard Danila, Jim Golden
	Infrastructure Team	Representatives from MDH Information systems and technology management, Infectious Disease Epidemiology, prevention and control, Environmental health, Public Health laboratory, Health promotion & chronic disease and Office of emergency preparedness