

Electronic Disease Notification

Interjurisdictional Transfer Protocol

EDN Workgroup

5/1/2013

Introduction

The EDN interjurisdictional transfer protocol is intended for EDN users involved with domestic health screenings for newly arrived immigrants to the United States (U.S.) who were identified overseas with a condition of public health significance (Class condition) and all refugees. These individuals are referred to as EDN arrivers. EDN users should use this protocol to help guide them through the process of transferring a recent arriver's record to a different jurisdiction in the event of secondary migration.

Background

This protocol is intended for use by state and local health departments who coordinate the follow-up tuberculosis (TB) evaluation for EDN arrivers to the U.S. It was created by modifying a similar protocol that was developed and is used for the evaluation of refugees who resettle in the U.S. with a condition of public health significance. The need for a protocol became clear as questions about the process for transferring records for EDN arrivers continued to arise at EDN workgroup meetings in 2011 and 2012.

Purpose

The Electronic Disease Notification (EDN) Workgroup has developed an interjurisdictional transfer protocol for EDN arrivers* to facilitate and standardize communication between health jurisdictions. This system is intended to:

1. Increase the health screening rate of EDN arrivers who have migrated in a secondary health jurisdiction*, including immigrant arrivers with a Class A/B1/B2/B3 classification for TB and all refugees.
 - a. The protocol fosters access to and completion of domestic screening and ultimately improving the completeness of care and health outcome of these populations.
2. Facilitate the transfer of medical records between jurisdictions (local/state) once an arriver moves to a secondary jurisdiction and proceeds with the adjustment of visa status (i.e. for civil surgeons).

***Definitions**

EDN Arriver: The term *arriver* refers to all persons whose pre-immigration medical record appears in the EDN system. This includes migrants with a B notification for a TB condition who have differing visa types including immigrant, asylee, K1, K2, parolee, and all refugees regardless of whether or not they have a B notification for a TB condition.

EDN Jurisdiction: The state, county, or public health territory relocated to post-U.S. arrival based on identified state, travel visa forms, or sponsoring agency information.

Primary health jurisdiction: The *primary health jurisdiction* (local, state) where the arriver initially resettled. It is the jurisdiction that transfers the EDN record to the secondary jurisdiction.

Secondary health jurisdiction: The *secondary health jurisdiction* is the jurisdiction the arriver subsequently moved to. It is the jurisdiction that is receiving the EDN record.

Inter-jurisdictional transfer: the event in which an EDN arriver moves to a different jurisdiction and health information is transferred from the primary to a secondary jurisdiction via EDN. The inter-jurisdictional transfer described here is specific to recent entrants to the U.S. who are undergoing a follow-up evaluation for TB that is being coordinated by state and/or local health departments.

** In the event that an EDN arriver moves from their primary health jurisdiction to a secondary health jurisdiction, the primary jurisdiction will transfer the arriver's EDN record to the secondary jurisdiction and the secondary jurisdiction will then become the EDN arriver's primary jurisdiction.*

Arrivers with Class A/B1/B2/B3 designation for a TB condition: The International Office of Migration (IOM), Centers for Disease Control and Prevention (CDC), Division of Global Migration and Quarantine (DGMQ) assign a Class A/B1/B2/B3 TB to arrivers who have an admissible yet significant health-related condition. For these individuals, a domestic medical examination is highly recommended once they arrive in the U.S.

In exceptional medical situations, a provision allows applicants undergoing pulmonary tuberculosis treatment to petition for a Class A waiver. All requests for Class A waivers need to be accompanied by prior notification and approval by the U.S.-based physician accepting responsibility for the applicant's continued care and treatment and the U.S. health department with jurisdiction. The process for transferring a record for an EDN arriver with a Class A waiver is equivalent to that for a Class B arriver.

Initiating a Transfer

The primary health jurisdiction is responsible for the coordination of transfers between jurisdictions. The record should be transferred in EDN if the primary health jurisdiction has learned

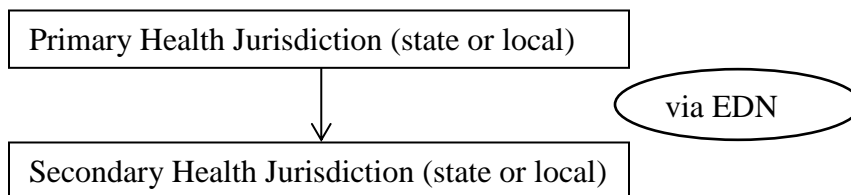
1. That the arriver has relocated to a secondary health jurisdiction and
2. That complete contact information is available for the arriver in the secondary jurisdiction

Interjurisdictional transfers should be made as soon as an arriver moves because the arriver may need to initiate or complete their follow-up evaluation and may need additional care. Interjurisdictional transfers may also be made upon request if the medical records are needed for long-term follow-up, or an adjustment of visa status.

Process for transferring an EDN record:

1. Log in to the EDN system using the CDC's Secure Data Network system
2. Select **Alien Search** in the EDN workflow column on the left side of the EDN system home page
3. Locate the arriver using the search fields in the Alien Search function
4. Click the **Alien Number** of the record you wish to transfer
5. Click **View/Update** alien address selection under the menu header on the left side of the screen
6. Enter the updated contact information for the arriver in the fields under the **Change Address** header
7. Click **Save**
8. Click **Change Address**

Information Flow for Interjurisdictional Transfers



Before an arriver moves, or as soon as it becomes apparent that an arriver has moved, the primary jurisdiction should transfer the EDN arriver's health information or record to the secondary jurisdiction through EDN. Conversely, the receiving jurisdiction may request additional records from the primary jurisdiction once the migration history of an arriver under care is determined.

In general, interjurisdictional transfers should be done using the interjurisdictional transfer function in EDN rather than by sending a hard copy of an arriver's medical record from the primary to the secondary health jurisdiction. The EDN system is a secure system that is maintained by CDC. If a hard copy of an arriver's medical record is sent from the primary to the secondary health jurisdiction using a method other than the EDN system there could be a breach of the security of the arriver's personal health information. Exceptions to this are when an EDN arriver initiates his or her follow-up evaluation in the primary health jurisdiction and medical documents that were generated (e.g. lab reports, chest radiograph, etc...) that are not available in EDN are needed by the secondary health jurisdiction to complete the domestic follow-up evaluation. These medical documents will need to be sent to the secondary jurisdiction via standard mail or facsimile.

Table 1: Step-by-step instructions to initiate a transfer between states based on screening status

As soon as the primary health jurisdiction is notified that a refugee is moving or has moved from the area to another jurisdiction (local, state)	
Screening not started	<p>The primary health jurisdiction should do the following:</p> <ul style="list-style-type: none"> • Obtain the correct new forwarding contact information (address and telephone number) for the arriver from a reliable source (i.e. from the arriver, arriver’s family, or sponsor). • Transfer the record in the EDN system; the secondary jurisdiction will recognize a transfer with the asterisk (*) next to the notification date.
Follow-up evaluation initiated, but not completed (including LTBI follow-up)	<p>The primary health jurisdiction should do the following:</p> <p>A. The arriver has <u>not</u> been evaluated to final ATS classification, TB Follow-Up Worksheet, D3. Diagnosis</p> <ul style="list-style-type: none"> • Obtain the correct new forwarding contact information (address and telephone number) for the arriver from a reliable source (i.e. from the arriver, arriver’s family, or sponsor). • Transfer the record in the EDN system. The secondary jurisdiction will recognize a transfer with the asterisk (*) next to the notification date. • Send any follow-up evaluation documents (e.g. lab reports, chest radiology reports, physician’s notes) to the secondary health jurisdiction. <p>B. The arriver has been evaluated to final ATS classification but treatment has not been initiated or completed, TB Follow-Up Worksheet, D3. Diagnosis</p> <ul style="list-style-type: none"> • Obtain the correct new forwarding contact information (address and telephone number) for the arriver from a reliable source (i.e. from the arriver, arriver’s family or sponsor) • Transfer the record in the EDN system. The secondary health jurisdiction will recognize a transfer with the asterisk (*) next to the notification date. EDN has the ability to track which worksheet items were filled out by the primary health jurisdiction. The follow-up evaluation will be recorded as having been completed by the primary health jurisdiction. Treatment initiation and completion will be recorded as having been completed by the secondary health jurisdiction. • Send any follow-up evaluation documents (e.g.)lab reports, chest radiology reports, physician’s notes) to the secondary health jurisdiction.

Follow-up evaluation complete	<ul style="list-style-type: none"> • Obtain the correct new forwarding contact information (address and telephone number) for the arriver from a reliable source (i.e. from the arriver, arriver's family, or sponsor) • Transfer the record out of the primary health jurisdiction. The secondary health jurisdiction will recognize a transfer with the asterisk (*) next to the notification date. EDN has the ability to track which worksheet items were filled out by the primary health jurisdiction. The follow-up evaluation will be recorded as having been completed by the primary health jurisdiction. Treatment initiation and completion will be recorded as having been completed by the secondary health jurisdiction. • Send any follow-up evaluation documents (e.g. lab reports, chest radiology reports, physician's notes) to the secondary health jurisdiction.

Finding Forwarding Contact Information for a Refugee Transfer

EDN requires verified contact information in the secondary health jurisdiction (street, city, state, and zip code) to accept a transfer. On rare occasions the combination of city and zip code that is entered into the view/update address function of the EDN system will transfer a record to a secondary health jurisdiction other than the intended jurisdiction*. If this error occurs, please notify the EDN help desk so that future records with this city and zip code will be transferred to the correct health jurisdiction. You can contact the EDN help desk by email at edn@cdc.gov, and by phone at 866-226-1617.

*Example: an arriver transfers from the Los Angeles health department to a secondary address in the city of Long Beach. When the updated address information is entered into the EDN view/update address function and the transfer is made, the EDN system maintains the record in the Los Angeles health jurisdiction.

Table 2. Step-by-step instructions to find contacts for an EDN arriver transfer

<p>These steps will assist local and state health agencies or clinics in obtaining accurate contact information for an arriver intending to transfer or who has transferred to a secondary health jurisdiction.</p>	
<p>Prior to move--seen at clinic (during appointment, middle of screening)</p>	<p>The local health agency from which the EDN arriver is transferring should</p> <ul style="list-style-type: none"> • Ask the patient about his or her intention to move: “Are you planning to move out of this area?” • Obtain the patient’s new forwarding address and phone number(s) in the secondary health jurisdiction
<p>After move--not seen at clinic</p>	<p>The local health agency or private clinic staff from which the arriver is transferring should do the following as soon as possible:</p> <ul style="list-style-type: none"> • Contact the sponsoring family to obtain the arriver’s forwarding contact information (address and telephone number). • Request (via phone or email) that the primary jurisdiction transfer the record to the secondary health jurisdiction.
<p>After move--self-referral</p>	<p>A. The arriver may walk in to the local health department in the secondary health jurisdiction and inform the staff of his or her move. The local health jurisdiction should</p> <ul style="list-style-type: none"> • Obtain the arriver’s current address and phone number. • Update this information in the EDN system; or, if the local health jurisdiction is not using EDN, contact the state health department EDN coordinator and ask him or her to transfer the EDN record using the arriver’s updated contact information. <p>B. If the follow-up evaluation has been initiated in the primary health jurisdiction,</p>

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| | <ul style="list-style-type: none">• The secondary health jurisdiction can then request a transfer of the overseas medical records from the primary health jurisdiction via telephone or email. |
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EDN Audit Trail

The EDN system has the ability to record which jurisdiction entered TB follow-up information for each data item of the follow-up worksheet. Each time a jurisdiction saves follow-up information in EDN, the system creates an audit trail documenting which jurisdiction entered the information and the date the information was saved. As a result, both the primary and secondary jurisdictions will receive proper credit for TB screening or treatment in the event of secondary migration. The audit trail is available at a database level only and is **not** viewable to EDN users.

For more information on the EDN audit trail function, please contact the EDN help desk by email at edn@cdc.gov, or by phone at 866-226-1617.