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## Minnesota Department of Health

### MEDSS Overview

On this page:

[Benefits](#)

[Project Goals](#)

[Background](#)

MEDSS is an interactive platform that allows secure data exchange and communication among state, local public health departments, labs and clinics for immediate reporting and tracking of communicable diseases. MEDSS is compatible with state and national IT standards and complies with the Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) published standards.

MEDSS is a person centric system where all information collected is organized around a single person. To help avoid duplication, a person is entered into the system only once, but can be tied to several diseases over time with each one resulting in a different event. When an event is entered into the system, it is used by MDH program staff, epidemiologists, or local health department disease control and prevention staff for case investigation. Disease reporting is necessary to implement interventions, track disease trends, detect outbreaks, and recommend prevention and control measures.

### Benefits

There are many benefits to using a new integrative surveillance system rather than the older individual systems including:

- Electronic data exchange and sharing among different groups working on public health disease management
- Security settings allow users to only see data they are authorized to see
- Ability for lab reports to be imported electronically
- Data entry capability for paper-based reporting (for communities that have not shifted to electronic means)
- Case management, contact-tracing, and outbreak management
- Secure access point for providers (hospitals, clinics, laboratories) to view reported cases and to run basic aggregated reports such as case counts and epi-curves.

### Project Goals

The goal of MEDSS is to help modernize the state of Minnesota's disease surveillance with a shared, web-based system that allows a variety of actions for public health in Minnesota including:

- Web-based submission and access to electronic case-reports for community reporters, hospitals and clinics, Infectious Control Practitioners (ICPs), etc.
- Ability to manage all reportable diseases in Minnesota as well as needed follow-up information for each disease
- Ability to monitor, analyze and report case data
- Allow for a secure transmission and exchange of data consistent with federal, state and departmental data security standards
- Ability to send data to the Centers for Disease Control and Prevention (CDC) in the format CDC requires

## Background

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 inhibiting optimal use of data for analysis and response both on the local and state level.

In 2006 MDH received funding through the state legislature to "modernize" disease surveillance in Minnesota. Through this legislation MDH planned to implement a system that will allow multiple disease program areas at MDH (e.g., vaccine-preventable diseases, STDs, EIP) to have one database that will allow for MDH partners such as local public health, tribal health and infection control to have electronic access to cases within their jurisdiction. The implementation of a new, integrated and common disease surveillance system (called MEDSS) 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. The system allows for online and offline usage and will help eliminate duplication of events, a feature lost on older reporting systems.

Since early 2008, a core team at MDH has been working with Consilience, a commercial provider of the reporting software called MAVEN, in conjunction with the lead team to develop a system that will best fit the needs of the state. The MEDSS project should be fully implemented for all disease groups by the end of 2010 with projections of LPH usage for early 2011.

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