*Welcome to LLA Reports, a podcast produced by the Louisiana Legislative Auditor’s office. This podcast is intended to be an oral representation of the written report it highlights and is primarily for the use of the Louisiana Legislature.*

This is Chris Magee. I’m the Data Analytics Manager for the Legislative Auditor’s Office. This episode of LLA Reports focuses on a newly released report titled “Integrity of Data Reported on the COVID-19 Dashboard.”

The purpose of this audit was to evaluate the integrity of the data the Office of Public Health – or OPH – reported on its COVID-19 dashboard as of October 1, 2020.

We conducted this audit as a part of a national initiative to evaluate the quality of COVID-19 data. In addition, we received multiple legislative and public requests to evaluate this data.

According to the United States Department of Health and Human Services – or HHS – a rapid and thorough public health response to the COVID-19 pandemic requires complete and comprehensive laboratory testing data, including standardized test results and relevant demographic data.

The Louisiana Department of Health issued emergency rules on March 6, 2020, that classified COVID-19 as a Class A Disease or Condition. That means health care professionals and laboratories must report information about recognized COVID-19 cases, suspected cases, positive or negative laboratory results, unexplained deaths, unusual clusters of disease, and all outbreaks within 24 hours to OPH.

As a part of its work, OPH collects and reports various data elements on a dashboard, including the number of COVID-19 tests performed, the number of positive COVID-19 cases, the number of individuals hospitalized and the number of individuals on ventilators due to COVID-19, and the number of COVID-19 related deaths.

As of October 1, OPH had reported more than 2.3 million COVID-19 tests, more than 166,000 cases, and 5,329 deaths on its dashboard. For this audit we obtained information to support these numbers and reviewed OPH’s processes for ensuring the data were accurate.

Overall, we found that while OPH had processes to ensure data on the number of positive cases and deaths were not over-reported on its dashboard, laboratories did not always submit all COVID-19 test results to OPH, and the results they did submit were not always submitted timely.

As a result, the positivity rate on any given date may have been higher or lower than what OPH reported on its dashboard for that date.

The reliability of the positivity rate is important because it is one of the factors that drive decision-making for requirements such as mask mandates, business closing and reopening plans, and nursing home visitation.

Among the test results laboratories failed to submit to OPH were COVID-19 tests billed to Medicaid and COVID-19 tests performed on a routine basis for organizations such as the National Football League. We also found some laboratories reported only positive test results, while other laboratories reported only negative test results. In addition, the test results submitted to OPH did not include all information required by HHS.

The lack of complete test data could affect the reliability of the positivity rate and the state’s ability to make informed decisions during the pandemic.

We found, however, that OPH does not have a process in place to ensure all laboratories submit complete COVID-19 test results. Therefore, OPH cannot ensure the data on the dashboard are complete.According toOPH, it does not have the staff to determine whether laboratories are reporting all COVID-19 test results or the statutory authority to require the submission of all COVID-19 test results. Instead, OPH relies on outreach and education of laboratories about the requirement to report all COVID-19 test results.

Complete reporting of COVID-19 test results is important for calculating an accurate positivity rate and for guiding contact tracing and isolation requirements.

In addition, HHS requires laboratories to submit 18 data elements with all COVID-19 test results. These data elements contain information about the patient, such as race and ethnicity, the COVID-19 test used, the ordering provider, and the testing facility. However, we found the testing data submitted by the laboratories did not always have these required elements because either the laboratory did not include the information, or OPH did not have a field for the provider to input the information.

We also found that laboratories did not submit all required COVID-19 test results to OPH within 24 hours, as required by the United States Centers for Disease Control and Prevention and the state. Untimely reporting of test results makes it difficult for OPH to perform effective contact tracing and affects the state’s ability to make informed decisions based on the positivity rate. We found that it took laboratories more than five days to submit approximately 19% of positive COVID-19 tests to OPH once the test result was known.

According to OPH, the timeliness of test result reporting has improved.

We developed two recommendations as a result of our audit. The first recommendation was that OPH should develop processes to help it detect incomplete test data, including expanding its routine analyses to identify laboratories that submit all or the majority of their COVID-19 tests as positive or negative and using OPH’s own COVID-19 testing data, Medicaid data, and any other available data to identify unreported COVID-19 tests.

The second recommendation was that OPH should conduct routine analyses to identify laboratories that submit COVID-19 test results in an untimely manner.

In their response, which is detailed in the report, OPH officials agreed with the first recommendation and partially disagreed with the second recommendation. OPH further stated that it strongly believes that the positivity rate calculated is as reliable as possible and that the decisions made and public health guidance provided have properly informed the public and reduced disease transmission and spread.

Ultimately, the goal of our audit was to provide officials and members of the public with our assessment of the integrity of the data so that they will be fully informed.

*We hope you found this podcast informative, and that you’ll follow future episodes of LLA Reports.*

*This podcast was created as part of the audit report just discussed and is intended primarily for the use of the Louisiana Legislature. Both the full report and the podcast can be found on the LLA’s website at* [*www.lla.la.gov*](http://www.lla.la.gov)*.*

*Thank you for listening.*