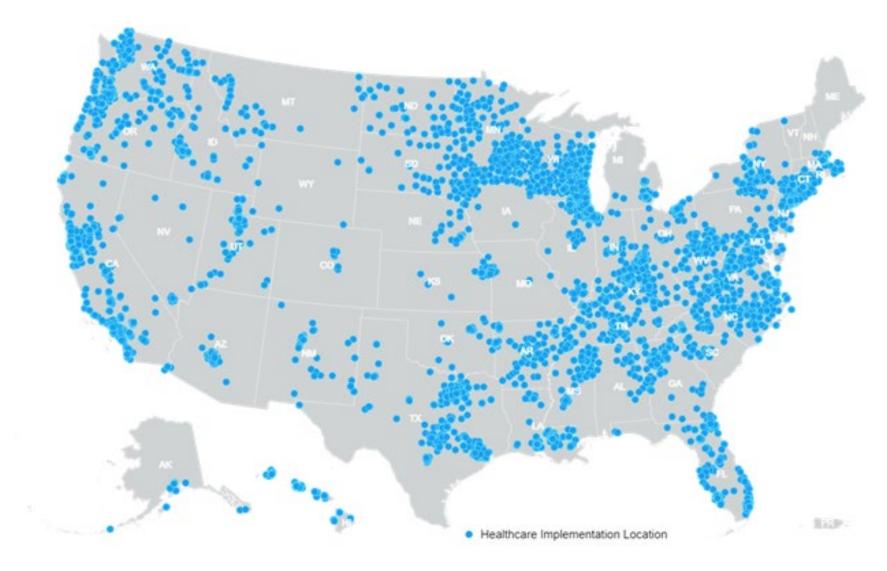
Electronic Case Reporting (eCR) Interoperability and Standards Needs

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eCR in Production Nationwide



>12,200

Facilities are in production for eCR (mostly for COVID-19)

As of May 2, 2022

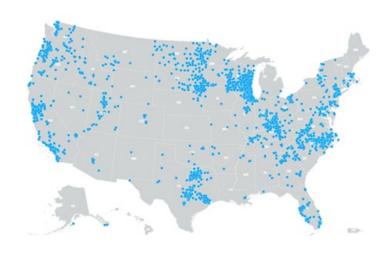
Source: CDC eCR Team

Healthcare's Use of eCR Widens Nationwide

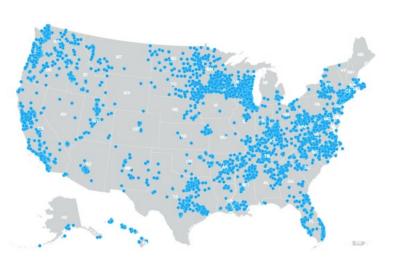
On January 20, 2020, **187 facilities** were using eCR for 5 pilot conditions



At the end of 2020, over **6,500 facilities** were using eCR for COVID-19



As of May 2, 2022, over **12,000 facilities** are using eCR for COVID-19



Over 19.1 million initial case reports have been sent from healthcare as of May 1, 2022

Public Health Agencies Expand eCR Capabilities

Connected Not Connected Jurisdiction District of Columbia Houston, TX New York City, NY Powered by Bing C GeoNames, Microsoft, TomTom

21 states, Washington D.C., and **2** local jurisdictions

All 50 states, Washington D.C., Puerto Rico, and 13 local jurisdictions

August 2021

Source: CDC eCR Team

Connected

Jurisdiction Chicago, IL

Houston, TX

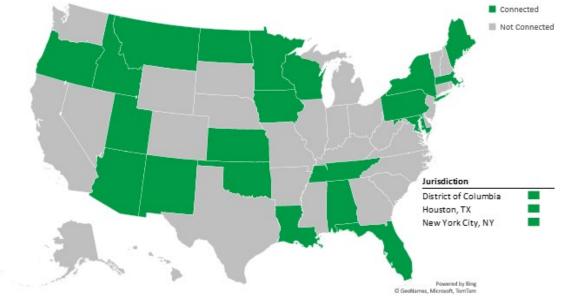
Contra Costa County, CA Dallas County, TX

District of Columbia

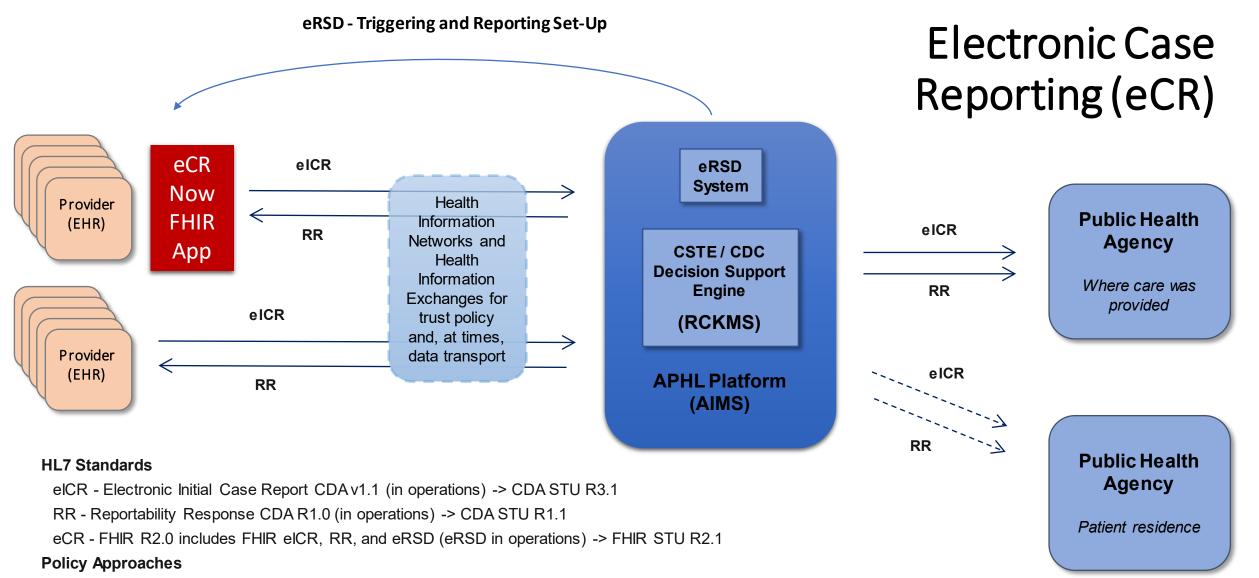
New York City, NY Philadelphia, PA Puerto Rico St. Louis County, MO San Diego County, CA

Solano County, CA Southern Nev. Health Dist. Santa Clara County, CA Tarrant County, TX

Los Angeles County, CA



January 2020



eHealth Exchange, Carequality and CommonWell associated organizations, APHL participation agreement

Other Terms

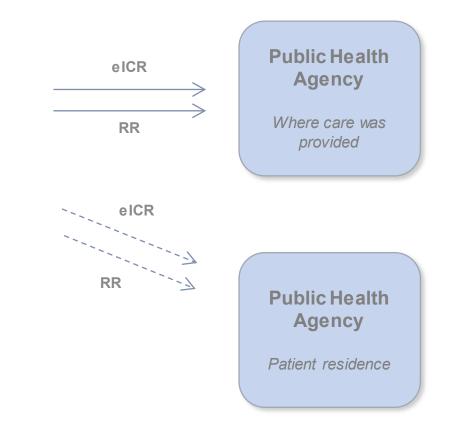
RCKMS - Reportable Conditon Knowledge Management System

eRSD - Electronic Reporting and Surveillance Distribution

eCR Outcomes

- Public Health Agencies (PHAs) need data to support reportable condition case ascertainment, investigation, classification, management, and further reporting
- For this, the surveillance systems:
 - Track and manage cases
 - Support additional information retrieval
 - Facilitate contact tracing
 - Identify trends and changes
 - Report anonymized "notifications" to the CDC
- To do this, public health "surveillance systems" and associated databases strive to electronically consume data on an element-by-element basis using interface engines and native surveillance system mapping capabilities
- PHAs need 1) consistent data structures to support mapping and consumption as well as 2) reliable content coding for electronic processing and use

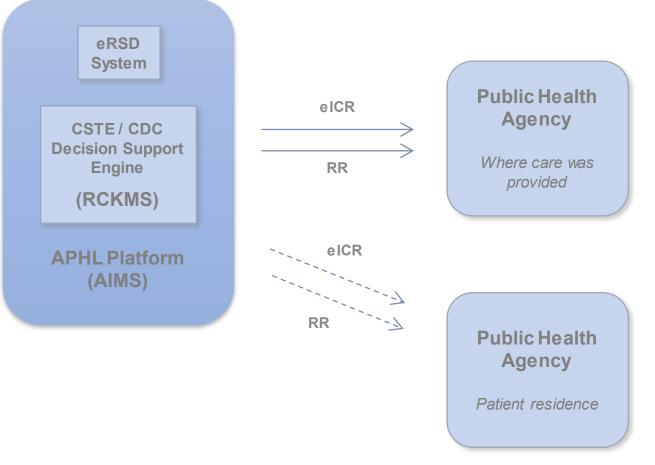
Electronic Case Reporting (eCR)

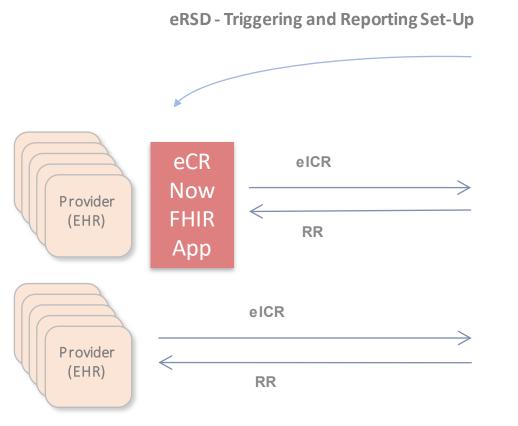


eCR Process

- The variability in state laws and systems have historically created health care provider reporting burden
- eCR provides a single interface for health care organizations to provide electronic Initial Case Reports (eICRs) in support of currently 132 conditions
- RCKMS decision support has rules, authored by the public health agencies (PHAs), to represent the different reporting laws and support eICR delivery to all appropriate PHAs
- Consistently structured, coded data, enables RCKMS to process elCRs, automate reporting, and minimize provider burden

Electronic Case Reporting (eCR)





eCR Standards

- HL7 consensus-based, eCR standards development began in 2015
- EHR certification has no specific eCR standards yet
- Over 30 states have published their desire to use eICR for eCR to minimize other formats used
- eICR was built on C-CDA templates / CCDS / USCDI wherever possible to minimize the effort needed to construct
- eCR needs specific standards to:
 - provide consistent EHR data
 - to support conformance testing at multiple levels
 - to enable PHA and RCKMS processing
 - to mechanically enable EHR eCR operations including bi-directional communications with public health

eCR Interoperability and Standards Needs

- eICR a "public health summary record" and a means of conveying data required by states for case reporting
- RR Conduit for bidirectional communications including information on what conditions have been reported and to where, on the reportable conditions themselves, and on errors and warnings in reporting process
- eRSD Conveys trigger codes and reporting guidance for both emergent and routine use cases, helps automate code distribution
- CDA standards are operational, the FHIR standards and related transforms will allow PHAs to migrate to FHIR as health care does

HL7 Consensus-Based, eCR Standards	Format	In Operations	July 2022 Publication
Electronic Initial Case Report (eICR)	CDA	R 1.1	R 3.1
Reportability Response (RR)	CDA	R 1.0	R 1.1
Electronic Case Reporting (eCR)			
Electronic Reporting and Surveillance Distribution (eRSD)	FHIR	R 2.0	R 2.1
Electronic Initial Case Report (eICR)	FHIR	-	R 2.1
Reportability Response (RR)	FHIR	-	R 2.1

eCR Interoperability and Standards Needs

- Identify the specific eCR standards in ISA and EHR certification (specific ISA edits / suggestions are in appendix)
- We are on-ramping some 19 EHR products now, but there are many more "out there." If they send case data in inconsistent formats and without RCKMS processing of jurisdiction-specific laws there will be inappropriate disclosures
- Use all levers (e.g. CLIA, etc.) as well as USCDI to ensure that data in EHRs are required to be well-structured and coded for exchange
- Push for inclusion of data required by state laws as well as federal regulations

Appendix

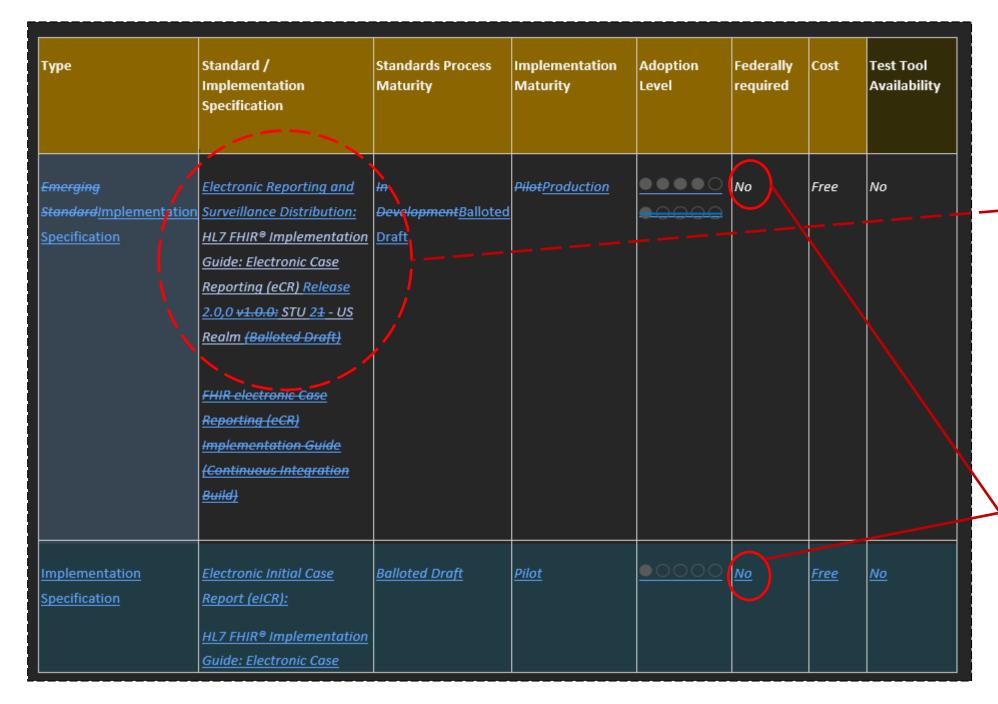
Case Reporting to Public Health Agencies

Туре	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally required	Cost	Test Tool Availability
Standard	<u>Direct (Applicability</u> <u>Statement for Secure</u> <u>Health Transport v1.2)</u>	Final	Production		Yes	Free	Yes
Implementation Specification	<u>HL7 CDA® R2</u> Implementation Guide: Public Health Case Report, Release 2: the Electronic Initial Case Report (eICR), Release 1, STU Release 1.1	Balloted Draft	Production	••••(No	Free	Yes
Implementation Specification	<u>HL7 CDA® R2</u> Implementation Guide: Reportability Response,	Balloted Draft	Production	••••(No	Free	Yes – Open

Goal is to have EHR certification require the specific eCR standards rather than just functions.

Туре	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally required	Cost	Test Tool Availability	
	<u>Release 1, STU Release 1.0</u> - <u>US Realm</u>							
Implementation Specification	IHE IT Infrastructure Technical Framework, Volume 1 (ITI TF 1): Integration Profiles, Section 17: Retrieve Form for Data Capture (RFD)	Balloted Draft	Pilot		No	Free	No	
Implementation Specification	IHE Quality, Research, and Public Health Technical Framework Supplement, Structured Data Capture, Trial Implementation	Ballote d Draft	Pilot		No	Free	No	

These standards are not being used for eCR implementation.



There are 3 transactions specified in the FHIR eCR IG, we suggest using 3 separate rows: 1) eRSD (in production), 2) FHIR eICR (in pilot), and 3) FHIR RR (in pilot)

Goal is to have EHR certification require the specific eCR standards rather than just functions.

Туре	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally required	Cost	Test Tool Availability
	<u>Reporting (eCR) Release</u> 2.0,0_STU 2 - US Realm						
Implementation Specification	Reportability Response (RR): HL7 FHIR® Implementation Guide: Electronic Case Reporting (eCR) Release 2.0,0 STU 2 - US Realm	<u>Balloted Draft</u>	<u>Pilot</u>	<u>•0000</u>	No	Free	No
Implementation Specification	HL7 CDA® R2 Implementation Guide: Public Health Case Report - the Electronic Initial Case Report (eICR) Release 2, STU Release 3.0 - US Realm	<u>Balloted Draft</u>	<u>Pilot</u>	<u> </u>	No	<u>Free</u>	<u>No</u>

Goal is to have EHR certification require the specific eCR standards rather than just functions.

Туре	Standard / Implementation Specification	Standards Process Maturity	Implementation Maturity	Adoption Level	Federally required	Cost	Test Tool Availability
Limitations, Dependenci	ies, and Preconditions for Co	onsideration A	pplicable Security P	atterns for Con	sideration		
Response a	nitial Case Report (eICR) and are paired together in pilot in aplete workflow.						
Capture are	orm for Data Capture and Stru e paired together in pilot imp uplete workflow.						
	case reporting involves repor al jurisdictions. It is not yet w	-					
	Data Capture Implementatio						

These standards are not being used for eCR implementation.

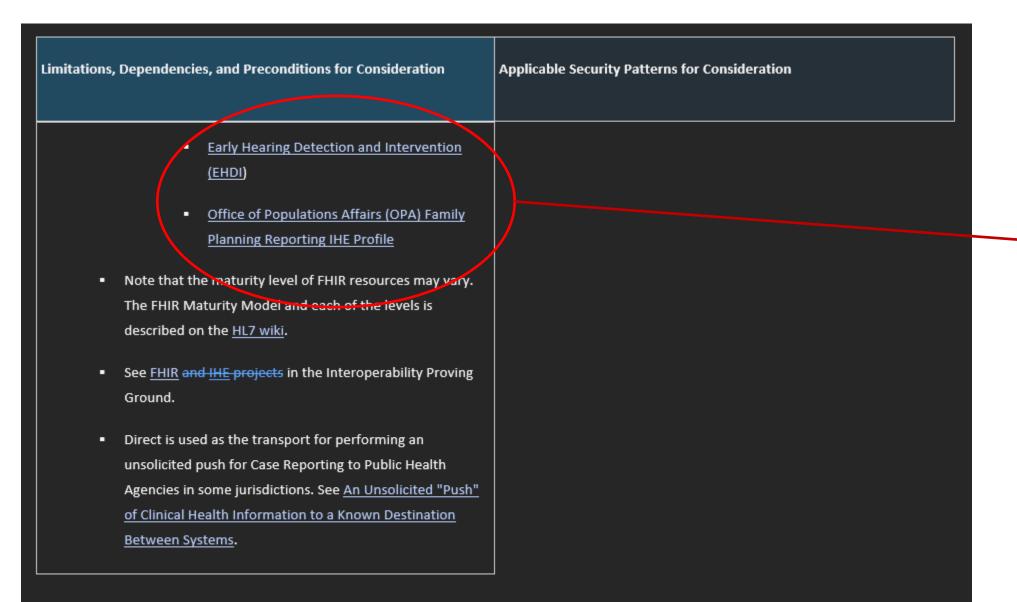
Limitations, Dependencies, and Preconditions for Consideration

Applicable Security Patterns for Consideration

and may require further implementation guidance for case reporting purposes.

- The IHE Quality, Research, and Public Health Technical
 Framework Supplement, Structured Data Capture, Trial
 Implementation Guide does not support automated
 initiation of sending of case reports. It can support manual
 entry into an electronic form as follow up to an initial case
 report submission.-
- The FHIR electronic Case Reporting (eCR) Implementation
 Guide is included with both its balloted implementation
 guide and a link to the FHIR continuous build. The later, as
 a continuous integration build, may at any point in time be
 unavailable, incoherent, or undergoing rapid change.

Some additional implementation guides related to public health reporting follow. Reporting is often captured under a specialized registry with associated standards when not specified as a separate measure. These include: We suggest these items be moved out of "case reporting" and into a more generic section for "public health reporting"



We suggest these items be moved out of "case reporting" and into a more generic section for "public health reporting"

elCR Data

eICR Data Elements, Release 1.1

Patient

• Identity

- Patient Id
- Patient Name
- Parent/Guardian
 Name
- Contact
- Patient or Parent/ Guardian Phone
- Patient or Parent/ Guardian Email
- Location
- Patient Address

Patient

Demographics

- Patient DOB
- Patient Administrative Sex
- Patient Birth Sex
- Patient Race
- Patient Ethnicity
- Patient Preferred Language

Provider

- Identity
- Provider Id
- Provider Name
- Contact
- Provider Phone
- Provider Fax
- Provider Email
- Location
- Provider Office/Facility Name
- Provider Address

Facility

- Identity
- Facility ID Number
- Facility Name
- Facility Type/ Hospital Unit
- Contact
- Facility Phone
- Facility Fax
- Location
- Facility Address

Encounter

- Encounter Type
- Visit Date/Time (outpatient)
- Admission Date/Time
- Discharge Date/Time

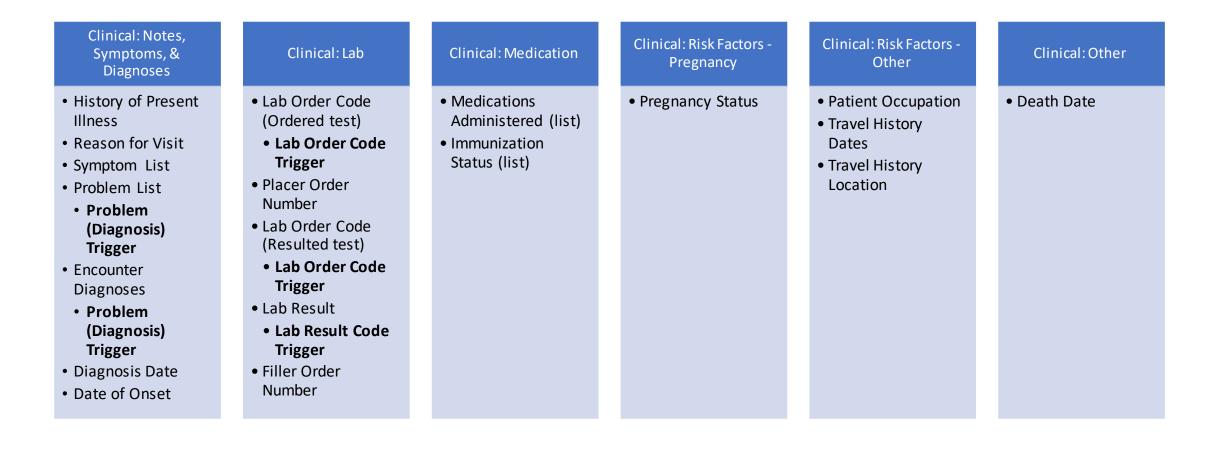
Provenance

• When

- Date of Report
- Report Submission Date/Time
- Where
 - Sending application

eICR elements are aligned with the USCDI.

elCR Data Elements, Release 1.1 (Continued)



New Elements in eICR 3.0*

Patient

Gender identity

- Tribal Affiliation
- Tribal Enrollment Status
- Country of Nationality
- Country of Residence

Clinical: Lab

- Lab Result Status
- Specimen Source
- Specimen Type
- Specimen Id
- Specimen Collection Date
- Medications:
 Planned
- Immunization Status

Clinical: Medication

• Medications:

Admission

• Medications:

• Medications:

Historical

Administered

• Vaccine Credential Patient Assertion

Clinical: Risk Factors -Pregnancy

- Pregnancy Status
- Pregnancy Status Determination Date and Method
- Estimated Date of Delivery and Determination Method
- Estimated Gestational Age of Pregnancy
- Estimated Gestational Age Determination Date and Method
- Last Menstrual
 Period
- Pregnancy Outcome and Date
- Postpartum Status

Clinical: Risk Factors -Other

- Present/Usual Industry
- Present/Usual Occupation
- Current Job Title
- Current Employer Name, Phone, Address
- Occupational Exposure
- Emergency Outbreak Information
- Exposure/Contact Information
- Travel History: Purpose and details
- Homelessness Status
- Disability Status

Clinical: Other

- Therapeutic Medication Response
- Vital Signs
- Chief Complaint
- Past Medical History
- Review of Systems
- Procedure
- Planned Procedure

*Release 3.0 adds these additional data elements.