Electronic Case Reporting (eCR) Certification Needs

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Certification for eCR

Current State:
2015 “Functional” Certification

§170.315 (f)(5) *Transmission to public health agencies – electronic case reporting—*
1. Consume and maintain a table of trigger codes to determine which encounters may be reportable.
2. Match a patient visit or encounter to the trigger code based on the parameters of the trigger code table.
3. *Case report creation.* Create a case report for electronic transmission:
   1. Based on a matched trigger from paragraph (f)(5)(ii).
   2. That includes, at a minimum:
      1. The data classes expressed in the standards in § 170.213, or
      2. The Common Clinical Data Set until December 31, 2022.
   3. Encounter diagnoses. Formatted according to at least one of the following standards:
      1. The standard specified in §170.207(i).
      2. At a minimum, the version of the standard specified in §170.207(a)(4).
   4. The provider’s name, office contact information, and reason for visit.
   5. An identifier representing the row and version of the trigger table that triggered the case report.

Needed Future State:
“Standards-based” Certification
SINGLE way for eCR data to move to public health

Healthcare organizations and providers

Machine-processable triggers

eICR

RR

eICR

RR

Shared services platform for eCR

CSTE / CDC Decision Support Engine (RCKMS)

APHL Platform (AIMS)

eRSD

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

HL7 Standards
- eICR - Electronic Initial Case Report
- RR - Reportability Response

Terms
- RCKMS - Reportable Condition Knowledge Management System
- eRSD - Electronic Reporting and Surveillance Distribution System
eCR Standards

**CDA electronic Initial Case Report (eICR):**
http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_PHCASERPT_R2_STU3.1_2022JUL.zip

**CDA Reportability Response (RR):**
HL7 CDA® R2 Implementation Guide: Reportability Response, Release 1, STU Release 1.1 - US Realm
http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_PHCR_R2_RR_STU1.1_2022JUL.zip

**FHIR eCR (includes eICR, RR and electronic Reporting and Surveillance Distribution (eRSD):**
HL7 FHIR® Implementation Guide: Electronic Case Reporting (eCR), Release 2.1 - US Realm (publication pending)
http://hl7.org/fhir/us/ecr/STU2.1
Certification needs for eCR

- **Automated uptake of trigger codes** in EHRs is critical to address emergent use cases
  - Key examples: COVID-19, Monkeypox
  - Can’t rely on ingest of a spreadsheet to meet these needs

- **Data quality** coming out of EHRs is key to PHAs being able to quickly use them
  - EHR data are irregularly structured and coded
  - USCDI doesn’t yet go far enough - EHRs not only need to be capable of using coded data but need to consistently share coded data
  - Coded data are needed for effective triggers

- Closing the loop - **bidirectional communication** from public health
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29 States, Puerto Rico and 2 local jurisdictions are processing eCR data into production or test systems
Thank you!

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.