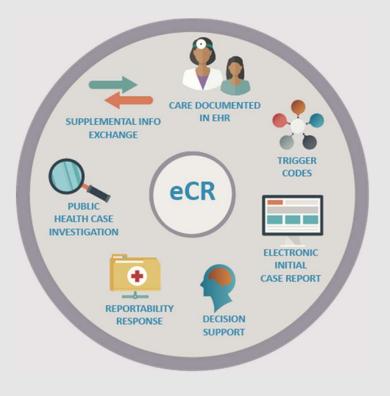
Electronic Case Reporting

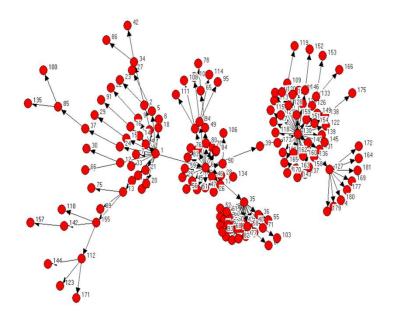
The COVID-19 pandemic highlighted the need for rapid adoption and implementation of electronic case reporting (eCR).

John W. Loonsk MD FACMI eCR Lead and Consulting CMIO Association of Public Health Laboratories (APHL) August, 2021



eCR for COVID-19, but also much more...

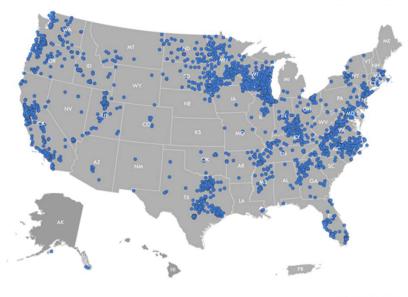
- COVID-19 has had a significant cost we should get the most we can for it
- Outbreaks have happened before and will happen again and yet:
 - At the start of COVID-19, the U.S. was still mostly using phones, paper, and faxes for the core public health function of case reporting to state and local public health agencies (if it was done at all)
 - COVID-19 made outbreak management, contact tracing, and other **public health needs extremely apparent**
- Case reporting to Public Health Agencies (PHAs) is legally required in both emergency and routine times
- Now that EHRs are commonplace, case reporting can be fully automated and actually reduce provider reporting burden



SARS Contact Tracing in Singapore Bogatti SP. Reprinted in MMWR 5-9-03

Electronic Case Reporting (eCR)

The automated generation and transmission of case reports from electronic health records (EHRs) to public health agencies for review and action



9200+

Facilities have now implemented eCR >9 M

COVID-19 reports have been sent to 63 public health agencies 63

All 50 states, Puerto Rico, D.C., and 11 large local jurisdictions have received electronic initial case reports from AIMS

Progress during COVID-19

Healthcare Provider eCR Benefits

Reduces burden and does not disrupt the clinical workflow



Can fulfill legal reporting requirements



Eliminates manual data entry and faxing reports, and reduces calls from public health agencies



Streamlines jurisdiction reporting challenges



Offers credit from CMS Promoting Interoperability Program



Connects in near realtime with public health agency



Healthcare receives information back from public health related to the reportable condition

Public Health Agency eCR Benefits

Provides critical clinical data from healthcare for better surveillance and response



Near real-time reporting of clinical case data



Case data support case management, disease monitoring, and investigation



Reduces need for follow up investigation with automated data for public health action

Improves communication and collaboration with healthcare providers

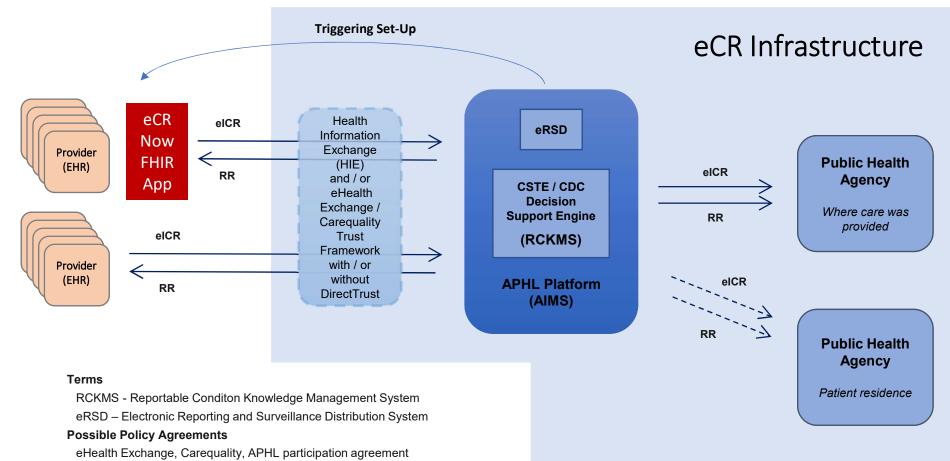
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Enables bi-directional data exchange between public health and healthcare providers

eCR – It's about the data

- In addition to COVID-19, eCR supports the routine and emergent reporting of over 100 other conditions
- Legally required case reporting data include:
 - Patient identity, contact information, occupation, and race and ethnicity
 - Diagnoses, problems, and observations
 - Co-morbidities, medications, and immunizations
 - Travel history, pregnancy status and more
- Public health needs these data for managing outbreaks, monitoring disease trends, and supporting investigation
- So, for example, reporting of COVID-19 cases was necessary, but public health also had to, on the fly, work a possible relationship with Multisystem Inflammatory Syndrome in Children (MIS-C) with different treatments and outcomes

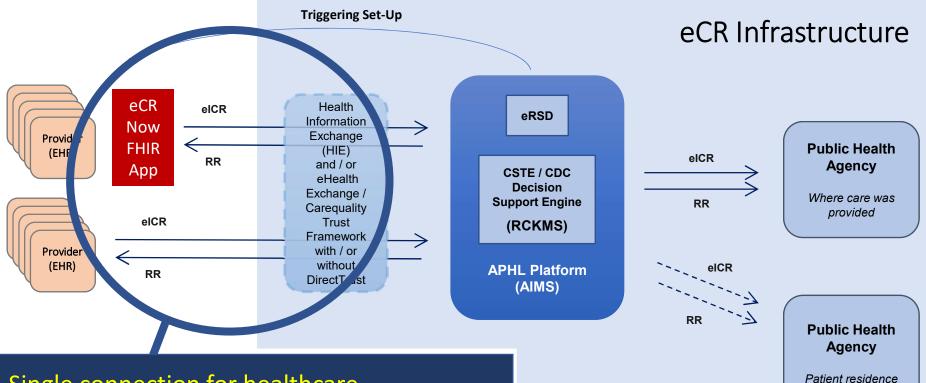




HL7 Standards

eICR - Electronic Initial Case Report CDA v1.1

RR - Reportability Response CDA v1.0



- Single connection for healthcare
- Manages / hides state reporting law complexities
- National standards for reports, triggers, and response
- Trust network eliminates other data agreement needs
- eCR Now FHIR app provides full eCR function to EHRs

Implement eCR Now!

- Contact us for a kick-off call: ecr@cdc.gov
- Get more information on eCR:
 - www.cdc.gov/ecr
 - ecr.aimsplatform.org
- Assemble your implementation team and join a cohort
- Use the eCR Now FHIR app if your EHR does not have eCR capabilities
- Work with us and others to help turn off manual reporting