Presentation Overview

- Introduction
- What is electronic Case Reporting (eCR)?
- eCR Now: Accelerating eCR implementation for COVID-19
- eCR Now Needs
Introduction

- COVID-19 is now a reportable condition in all jurisdictions
- With widespread community transmission of the virus, SARS-CoV-2, reporting individual cases to public health is challenging
- Need for Health IT tools to
  - Decrease provider and healthcare facility burden in reporting
  - Improve case-based surveillance for state, regional, and federal situational awareness
What is Electronic Case Reporting (eCR)?

The **automated generation** and transmission of case reports from the electronic health record (EHR) to public health agencies for review and action.
Value of Electronic Case Reporting (eCR)

Automatic, complete, accurate data in real-time

Diminishes healthcare provider burden and meets public health needs

Supports reporting and situational awareness, case management, contact tracking, connecting lab results, and coordinating isolation and other response actions

Healthcare receives information back from public health
Current Implementers

<table>
<thead>
<tr>
<th>Houston</th>
<th>Utah</th>
<th>NYC</th>
<th>NY State</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston Methodist Healthcare</td>
<td>Intermountain Healthcare</td>
<td>The Institute Family Health</td>
<td>UCDavis</td>
<td>UC-Davis</td>
</tr>
<tr>
<td>Epic</td>
<td>Cerner</td>
<td>Epic</td>
<td>Cerner</td>
<td>Epic</td>
</tr>
<tr>
<td>Houston Health Department</td>
<td>Utah Department of Health</td>
<td>NYC Health</td>
<td>New York State Department of Health</td>
<td>California Department of Public Health</td>
</tr>
</tbody>
</table>
eCR for COVID-19

- Over 56,000 case reports identified and sent from four eCR implementations since January 28, 2020
- Confirmed cases have been identified from case reports
- Receipt of electronic case reports confirmed faster and more complete than manual reporting and Electronic Laboratory Reports
- A total of 16 jurisdictions have received case reports from the 4 active healthcare providers
eCR Now
eCR Now Elements

1. Cohort-based COVID-19 rapid eCR implementations for provider sites that use an EHR with eCR capabilities

2. An eCR Now FHIR* app that can be immediately implemented to automate COVID-19 eCR in otherwise not enabled EHRs

3. Extension of the existing eHealth Exchange policy framework through a developing Carequality eCR implementation guide

*Fast Healthcare Interoperability Resources
eCR Now - Element 1

- Cohort based onboarding for facilities
  - Epic has streamlined implementation to just 3 days
  - Initial California cohort in process, cohort #2 signing up
- Using FHIR trigger code distribution service (eRSD) – to keep current with evolving codes (ICD, LOINC, SNOMED)
- Confirmed cases delivered for Public Health Agency surveillance – with no manual entry or further burden on healthcare providers or public health
eCR Now - Element 2

- FHIR app that can be rapidly implemented to automate COVID-19 eCR in otherwise non-enabled EHRs
  - Does not require new EHR software release
- Connects COVID-19 eCR to existing infrastructure to confirm cases and route to appropriate public health surveillance systems
- Initial version of eCR Now app for COVID-19 and source code will be available May 1, 2020
Provider (EHR)
• Implements trigger codes
• Automatically generates Electronic Initial Case Reports (eICRs) during patient encounter

Policy agreements
• eHealth Exchange participation or APHL participation agreement (Carequality also in progress)

HL7 Standards
• Electronic Initial Case Report (eICR) CDA v1.1
• Reportability Response (RR) CDA v1.0
eCR Now - Next steps

- Elevate awareness of eCR Now and app
- Encourage EHR Vendor implementation
- Participate in HL7 FHIR Connectathon (May 2020)
  - In contact with major EHR vendors, reaching out to EHR Association
  - Looking for plenary-like opportunities and other industry communications
- Focus on supporting eCR activities and infrastructure that are in progress – building capacity for routine and response times
Organizing a cohort approach to implementation

To identify your interest in eCR for COVID-19 reporting, please email lconn@cdc.gov with the following information (and pursue appropriate approvals from your organization’s leadership).

- Organization name and address
- Who is your primary POC for initial follow-up?
- What version of Epic do you have currently implemented?
- Do you use Direct? (Y/N/DK)
  - IF you know, provide the name of your Direct Messaging Health Information Service Provider (HISP)?
- Are an eHealth Exchange member? (Y/N/DK)
- Are you a Carequality implementer? (Y/N/DK)
Contact Information

Adi V. Gundlapalli, MD, PhD, MS
agundlapalli@cdc.gov
Laura A. Conn, MPH
lconn@cdc.gov

A huge shout-out to the whole eCR Team – staff and contractors at:
- Association of Public Health Laboratories
- Centers for Disease Control and Prevention
- CDC Foundation
- Council of State and Territorial Epidemiologists
- State and local public health agencies
- ...and a ton of other supporters/implementers.

Visit us on the Web at: ecr.aimsplatform.org
or by email: ecr-info@aimsplatform.org