

# eCR Now: Accelerating Implementation for COVID-19

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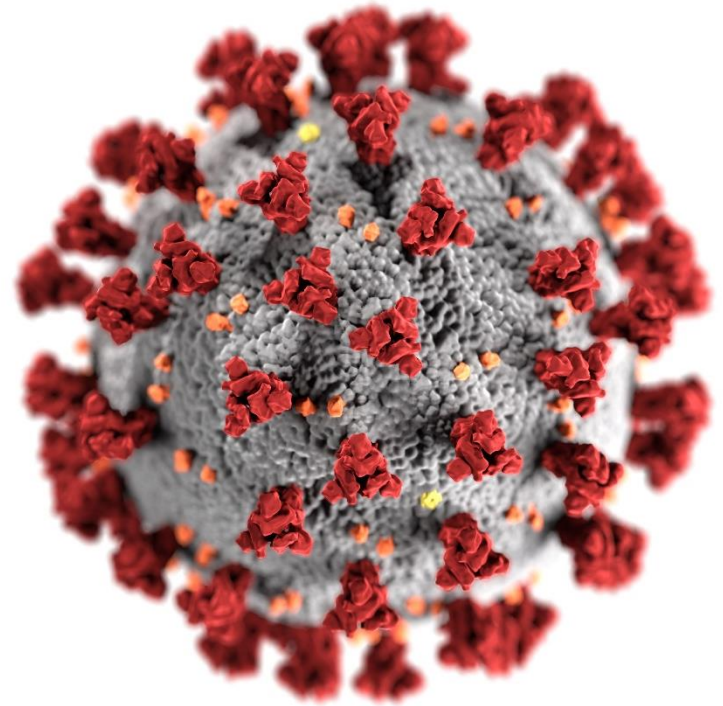
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Health Information Technology Advisory  
Committee Meeting

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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# 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

## Houston



## Utah



## NYC



## NY State



## California



# 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

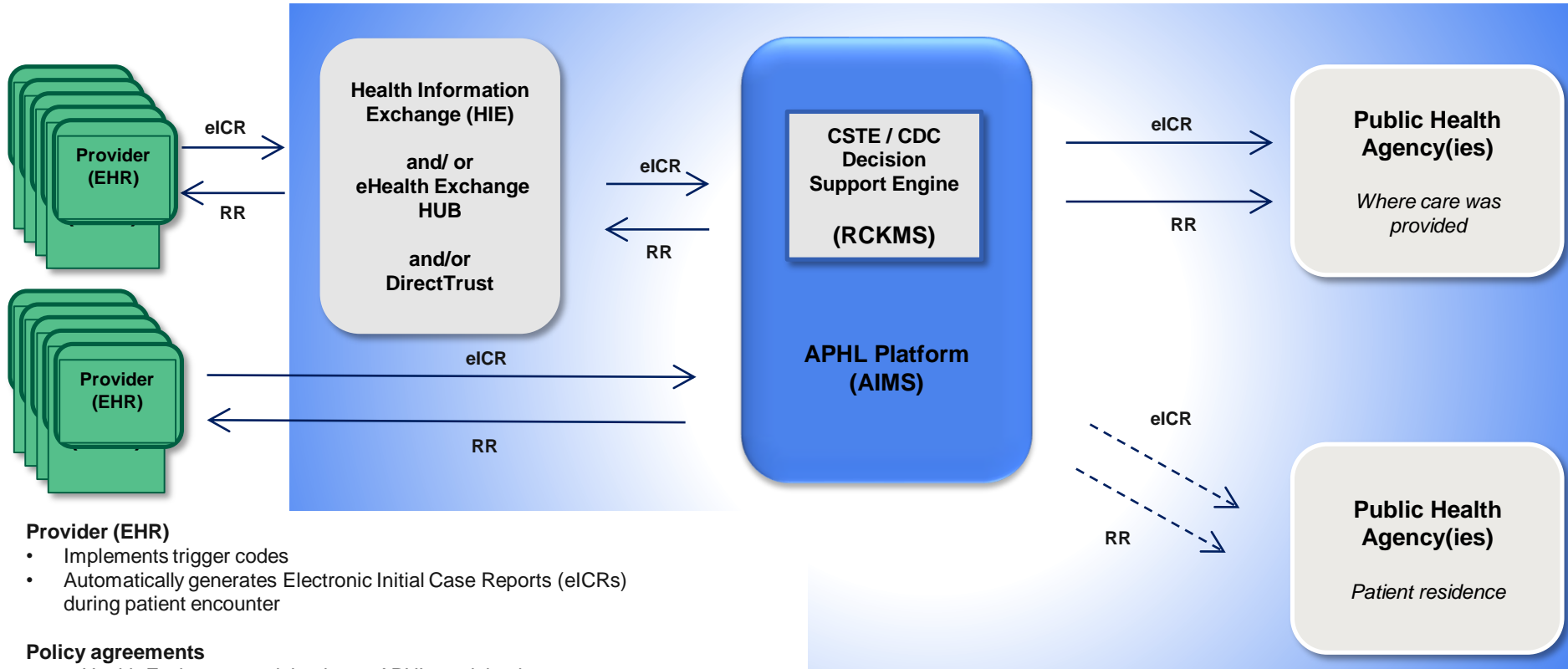


## eCR Now - Element 2

- 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



# Existing Infrastructure



## 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](mailto: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

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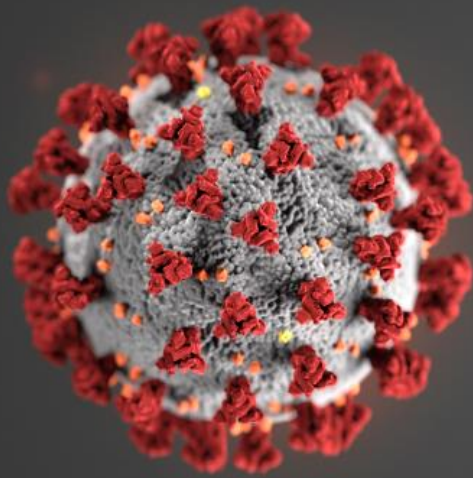
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**A huge shout-out to the whole eCR Team – staff and contractors at:**

- 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](http://ecr.aimsplatform.org)

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For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

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.

