

Healthcare Data for Public Health Action Challenge

Frequently Asked Questions (FAQs)

Challenge Requirements, Eligibility, and Awards	3
Does the successful completion of challenge requirements fulfill current and/or future regulatory requirements?	3
The notice states that “only complete submissions will be considered for an award.” What is considered “complete”?	3
Can we participate in the Challenge if we have implemented eCR for COVID reporting only?.....	3
Our facility uses the eCR Now FHIR App for case reporting. Are we eligible to participate in the Challenge?.....	3
Will all Challenge awards be made?	3
Is there a link to the kick-off call video?	3
Can an EHR vendor participate in the Challenge and receive an award?	4
Can a Health Information Exchange (HIE) participate in the Challenge and receive an award?	4
Although it does get sent in eCRs, what if my jurisdictional PHA does not currently ingest occupational data in the product they are testing?	4
Can you elaborate more on how we are scored?.....	4
Additional Challenge Data	5
Can you please elaborate on how additional challenge data should be documented and sent if some of these items are not documented discretely in our EHR?	5
What if some of the additional challenge data elements are only included in the progress note?.....	5
How many of the additional challenge data elements do we need to include to still qualify for the Challenge?.....	5
Occupational Data for Health	6
In Pediatric hospitals, the Occupational Data for Health (ODH) is generally only collected for the patients’ parent/guardian. Will this be an issue for the challenge?	6
Are there any general resources available to assist with implementation of ODH, especially collecting occupation and industry concepts?	6
Do you supply data imports for occupation and industry dictionaries?	6
Do you have an example workflow of who is capturing ODH data in a clinical setting?.....	6

Regarding the additional challenge data related to ODH data and parent/guardian, if the patient is an adult, would the equivalent be a Home Care Aide (HCA) or would we need to document in some other way that there is no legal guardian? 6

What if my jurisdictional PHA does not have Silicosis as a reportable condition? Will that impact our score and/or eligibility for the \$25K bonus? 6

For ODH data elements where data type is “code,” which code sets are being referenced and need to be submitted? 7

Does the challenge define a specific lookback period for employment status and job history, or do we define what the “specified time period” should be as part of operationalizing? 7

eCR Standards and Implementation 8

Is there additional information available about the HL7 CDA eICR R3.1 standard? 8

How do we migrate from R1.1 to R3.1? 8

Is patient consent needed to do eCR? 8

Will PHAs also receive the complete case information that is being submitted to AIMS? 8

What if my jurisdictional PHA has not declared readiness for eCR yet? 8

How does the Challenge help with promoting interoperability and MIPS? 8

Challenge Requirements, Eligibility, and Awards

Does the successful completion of challenge requirements fulfill current and/or future regulatory requirements?

Successful completion of this challenge will fulfill the following:

1. CMS Promoting Interoperability / MIPS requirements for electronic case reporting (eCR),
2. the Cures Act eCR related USCDI V3 requirements, and
3. the proposed ONC eCR certification requirements for electronic health records (EHRs) that are in the current Notice of Proposed Rulemaking (NPRM).
4. the proposed ONC USCDI V3 certification requirements for ‘occupation’ and ‘occupation industry’ (job occupation and job industry, respectively) that are in the current NRPM.

The notice states that “only complete submissions will be considered for an award.” What is considered “complete”?

A complete submission is an entry that fulfills “[The Challenge Requirements](#)” and provides evidence thereof prior to the submission deadline, as detailed on the Challenge web page – <https://ecr.aimsplatform.org/odh-challenge>. Note: The “Judging Criteria” and the “Additional Challenge Data” will also be considered in terms of developing a participant’s ultimate score.

Can we participate in the Challenge if we have implemented eCR for COVID reporting only?

Participation in this challenge does not require reporting for all conditions. The supplemental funding for silicosis reporting does require more than COVID reporting, including the reporting of silicosis cases. Trigger codes for silicosis are included in all eCR eRSD trigger code distributions. Participants may need to determine if silicosis reporting is required in a particular jurisdiction and is authored in RCKMS.

Our facility uses the eCR Now FHIR App for case reporting. Are we eligible to participate in the Challenge?

EHRs that implement the eCR Now FHIR App are fully eligible to participate in the Challenge.

Will all Challenge awards be made?

All Challenge awards will be made conditional to receipt of adequate numbers of fully eligible applications and complete submissions.

Is there a link to the kick-off call video?

Yes! You can view the kick-off call here: <https://www.youtube.com/watch?v=HFOfYOXsafA>

Can an EHR vendor participate in the Challenge and receive an award?

EHR companies can participate in this challenge and receive an award if their team meets all requirements, including having a participating healthcare organization that is originating the eCRs.

Can a Health Information Exchange (HIE) participate in the Challenge and receive an award?

An HIE can be a participant in the challenge and receive an award if their team meets all requirements, including having a participating healthcare organization that is originating the eCRs.

Although it does get sent in eCRs, what if my jurisdictional PHA does not currently ingest occupational data in the product they are testing? Are we still eligible for awards?

Yes, if your jurisdictional PHA does not currently ingest occupational data, your organization will still be eligible for the awards provided all of the challenge requirements are met. See the [Challenge Requirements section](#) for details on challenge requirements. Participants are encouraged to reach out to their jurisdictional PHAs to encourage them to implement the eCR R3.1 standard.

Can you elaborate more on how we are scored?

All decisions will be final on the basis of the panel evaluation. The panel will consider:

- **Data Completeness:** Evidence of collection of all [required challenge data](#) using the value sets and codes specified in the [eICR R3.1 standard](#).
 - The percentage or count of the documents sent that include the [required challenge data](#) including analysis of correct and incorrect coding.
 - Evidence of collecting and sending [additional challenge data](#) can improve the participant's score. The number of these elements included and the frequency of their presence using the specified value sets will contribute to scoring.
- **Policy and Technical Compliance:** Evidence of successful eCR processing through the APHL AIMS Platform using the [eICR R3.1 standard](#).
- **Communication/Collaboration with the Relevant PHA(s):** Evidence of communication / collaboration with the eCR and occupational health programs' points-of-contact, if applicable.
- **Breadth of Impact:** Evidence of using [ODH](#) to implement collection of patients' work information in one or more healthcare facilities. The size of your HCO will not impact your score.

Additional Challenge Data

Can you please elaborate on how additional challenge data should be documented and sent if some of these items are not documented discretely in our EHR?

Although these data elements are not required for the Challenge, including them (using the value sets identified in the [eICR R3.1 standard](#) and correctly mapped into the R3.1 template) will increase your score based on both the number of these data elements implemented and the percentage of sent documents that include them.

What if some of the additional challenge data elements are only included in the progress note?

For additional challenge data to be considered in scoring, it must be implemented using the value sets identified in the [eICR R3.1 standard](#) and correctly mapped into the R3.1 template. ODH data must be implemented in the OHD templates. [Value sets](#) are available for most ODH data elements; for downloadable files, see the [ODH Hot Topics tab](#). Occupation and industry concepts are supported by large value sets that enable keyword searches using common terms. [A Guide to Collection of Occupational Data for Health \(ODH\): Tips for Health IT Developers](#) (“The ODH Collection Guide”) provides valuable suggestions for collecting the ODH data elements, particularly occupation and industry values. ODH interoperability templates enable adding ODH topics into broader implementation guides ([HL7 CDA](#), [IHE CDA](#), [FHIR](#), [V2](#)). The Past or Present Job and Usual Work templates are included in the [eICR 3.1 standard](#).

How many of the additional challenge data elements do we need to include to still qualify for the Challenge?

Additional challenge data are not required to participate in the challenge or be eligible for awards. See the [Challenge Requirements section](#) for details on challenge requirements.

Occupational Data for Health

In Pediatric hospitals, the Occupational Data for Health (ODH) is generally only collected for the patients' parent/guardian. Will this be an issue for the challenge?

The parent, guardian, or other household member's job occupation and industry can be implemented in the HL7 CDA eICR R3.1. Such implementation is acceptable to meet the challenge requirements.

Are there any general resources available to assist with implementation of ODH, especially collecting occupation and industry concepts?

Please see the following NIOSH (The National Institute for Occupational Safety and Health) publication: [A Guide to the Collection of Occupational Data for Health: Tips for Health IT System Developers](#) for general information about implementing Occupational Data for Health.

Do you supply data imports for occupation and industry dictionaries?

We recommend using the downloadable files under the PHIN VADS Hot Topics section for the ODH vocabulary. These files provide additional information, such as Spanish translations.

Do you have an example workflow of who is capturing ODH data in a clinical setting?

The clinical setting and the EHR being used will determine the implementation workflow for capturing data.

Regarding the additional challenge data related to ODH data and parent/guardian, if the patient is an adult, would the equivalent be a Home Care Aide (HCA) or would we need to document in some other way that there is no legal guardian?

The ODH framework includes work information for household members of a minor; however, the patient does not necessarily have to be a minor to collect this information. These data elements are designed to provide work information about people residing in the household of the patient and possible take-home hazards. Information on guardianship or legal roles related to the patient are not included. [A Guide to Collection of Occupational Data for Health \(ODH\): Tips for Health IT Developers](#) ("The ODH Collection Guide") provides valuable suggestions for collecting the ODH data elements, including work information for household members.

What if my jurisdictional PHA does not have Silicosis as a reportable condition? Will that impact our score and/or eligibility for the \$25K bonus?

Only participants within jurisdictions where silicosis case reporting is required by law are eligible to receive the supplemental award. Participants are encouraged to reach out to their jurisdictional PHAs to determine if silicosis is a reportable condition.

For ODH data elements where data type is “code,” which code sets are being referenced and need to be submitted?

The code sets for these elements can be found in the [HL7 CDA® R2 Implementation Guide: Public Health Case Report – the Electronic Initial Case Report \(eICR\) Release 2, STU Release 3.1 – US Realm](#).

For example, the value set for “Employment Status” can be found in table 131 (Employment Status ODH) of the guide.

Table 131: Employment Status ODH

Value Set: Employment Status ODH urn:oid:2.16.840.1.113883.1.11.20562

Concepts describing a person’s self-reported relationship to working for pay, family earnings, or training (e.g., having one or more jobs, searching for work, etc.). A person’s Employment Status is independent of Job characteristics, e.g., not “full-time work” or “part-time work,” because many people have more than one job.

Value Set Source: <https://www.hl7.org/fhir/v3/employmentStatusODH/vs.html>

Code	Code System	Code System OID	Print Name
Employed	HL7ObservationValue	urn:oid:2.16.840.1.113883.5.1063	Employed
Unemployed	HL7ObservationValue	urn:oid:2.16.840.1.113883.5.1063	Unemployed
NotInLaborForce	HL7ObservationValue	urn:oid:2.16.840.1.113883.5.1063	Not in Labor Force

Does the challenge define a specific lookback period for employment status and job history, or do we define what the “specified time period” should be as part of operationalizing?

eCR targets current data based on a patient’s self-reported employment status. The “specified time period” described in the employment status definition is the current data documented as the employment status start date and the employment status end data.

“A History of Employment Status Observation Entry is a clinical statement about a person’s relationship to working for pay, family earnings, or training (e.g., having one or more jobs, searching for work, etc.). A person’s ODH Employment Status is independent of Job characteristics, e.g., not “full-time work,” “part-time work,” “self-employed,” because many people have more than one job. A History of Employment Status Observation Entry is a clinical statement about the subject’s state of being employed during the time period specified in the observation effectiveTime. Generally, employment status refers to whether or not a person has a job (e.g., employed, unemployed, not in labor force). In a healthcare setting employment status may be used to determine appropriate probing questions for occupational hazards and occupational history. For example, someone who is unemployed or has chosen not to work may be prompted to provide information about previous jobs. Employment status is not the same as work classification, which describes characteristics of a given job such as self-employed.”¹

¹ CDA® R2 Implementation Guide: Public Health Case Report – the Electronic Initial Case Report (eICR) Release 2, STU Release 3.1 – US Realm, p. 249.

eCR Standards and Implementation

Is there additional information available about the HL7 CDA eICR R3.1 standard?

The HL7 CDA eICR R3.1 standard is the most current standard for eICR from HL7. The HL7 CDA eICR R3.1 Implementation Guide can be found on the HL7 website, here:

http://www.hl7.org/implement/standards/product_brief.cfm?product_id=436 with additional information about the standard.

How do we migrate from R1.1 to R3.1?

The EHR vendor must, in the end, produce a compliant HL7 CDA eICR R3.1 document using a vendor-developed system or the [eCR Now FHIR App](#) and submit it for reporting. There is validation available for testing HL7 CDA eICR 3.1 documents here:

<https://validator.aimsplatform.org/>. (Under version, select the eICR 3.1 from the drop-down list.)

Is patient consent needed to do eCR?

Public Health case reporting is required by law in every state and territory in the United States. Patient consent is not required to do electronic case reporting that complies with these laws. eCR supports the requirements for case reporting and the relevant laws through the use of the HL7 eICR standard and the RCKMS decision support engine on the APHL AIMS platform. The rules in this decision support engine are authored by the relevant public health agencies to represent their reporting laws and requirements.

Will PHAs also receive the complete case information that is being submitted to AIMS?

All eICRs that are determined to be reportable for a jurisdiction(s) are transmitted in the format received by the AIMS platform to those jurisdictions. All reportable conditions will be routed to relevant PHAs without change. Any other eICRs are deleted.

What if my jurisdictional PHA has not declared readiness for eCR yet?

Generally, it is expected for PHAs to declare readiness prior to participation in the Challenge. But, with the jurisdictional PHA's approval, an HCO may participate even if readiness has not yet been declared.

How does the Challenge help with promoting interoperability and MIPS?

eCR is a requirement in Promoting Interoperability and the MIPS incentive programs. See the following webpage on MIPS eligibility: [How MIPS Eligibility is Determined PY 2022 \(cms.gov\)](#). Successful participants will meet [CMS Promoting Interoperability](#) requirements for eCR and Challenge data elements support the [Cures Act](#) and proposed [U.S. Core Data for Interoperability \(USCDI\) V3](#) requirements.