Electronic Case Reporting (eCR) Implementation

Requirements Checklist

November 2020, v3

Purpose

These requirements describe the needs and expectations for applications, networks, and vendor products used to provide eCR capabilities for case reporting between healthcare and public health.

Case reporting is required by law in every state and territory in the United States. When fully implemented electronic case reporting can provide the functionality that public health agencies requires and meet the requirements of state laws so that public health agencies can then rescind manual reporting requirements.

Reporting to State and Local Public Health Agencies

The HIPAA privacy rule permits covered entities to disclose protected health information, without patient consent, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. For disclosures to public health, the minimum necessary determination is made by an appropriate public health authority. The data for the HL7 electronic Initial Case Report (eICR) are identified as appropriate for an all-jurisdiction, all-condition case report by a task force of the Council of State and Territorial Epidemiologists (CSTE).

- ☐ Requirement #1 - The electronic Initial Case Report (eICR) needs to be used for electronic case reporting:
  - it represents the minimum necessary data for a multi-condition, multi-jurisdiction case report identified by an appropriate public health authority,
  - it includes critical public health data that are not available in common clinical documents (C-CDAs, CCDs, etc.). eICR data such as travel history, pregnancy status, and occupation data need to be provided for the eICR by clinical care, and
  - the CDC / CSTE Reportable Condition Knowledge Management System (RCKMS) has been programmed to specifically process it.

State and territorial laws define the data, timing, conditional rules, relevant jurisdictions, and other reporting specifications. The complexity of these rules and related considerations have been implemented 1) in the triggering of the eICR related to data recorded in an Electronic Health Record (EHR) and 2) in the reporting rules authored by the chief epidemiologist, or their representative, from all of the governmental public health agencies in RCKMS.

- ☐ Requirement #2 - Both a) triggering and b) RCKMS reportability confirmation need to be used in order to disclose only reportable condition eICRs to appropriate public health agencies.
- ☐ Requirement #3 – An appropriate chain of trust must be established with the Association of Public Health Laboratories (APHL) using the eHealth Exchange, Carequality, or the APHL participation agreement. The APHL AIMS platform and RCKMS operate through Business Associate or equivalent authorities from the clinical care covered entity.

- Requirement #4 -Technical Connection: Use Direct or XDR technical transport to implement the exchange of the eICR and the Reportability Response with the APHL AIMS Platform. The eHealth Exchange and Carequality policy frameworks both support Direct transport using any Health Information Service Providers (HISPs).

Triggering and Timing of Electronic Initial Case Reports (eICRs)

State laws require reporting at specific times, including for example, "immediate" and "within one hour." Providers may be expected to call in these items, but the public health agencies also need the data from the eICR. Laws also require reporting based on only the suspicion of certain conditions. Some laws also require the reporting of negative lab results and require data not expressed in common clinical documents (C-CDA, CCD etc.).

- Requirement #5 – The current version of the eRSD trigger codes (Electronic Reporting and Surveillance Distribution) is implemented by the eRSD specified "effective date." Utilizing current trigger codes is an important part of the eCR process for accuracy in routine times and is critical in public health emergencies.
- Requirement #6 - Triggering should be based on all the clinical data types stipulated in the eRSD (lab orders, lab result test names and result values, diagnoses, problem list items, medication orders, and soon immunizations). eICRs need to be triggered for both "suspicion of" and "likely" cases.
- Requirement #7 - Triggering should align with the timing parameters of the eRSD specification. The specification includes:
    - A timed delay to construct an initial eICR after the start of an encounter to ensure that adequate data are accumulated.
    - Recurring triggering and eICR updates during long encounters / hospital stays.
    - A final "sweep-up" eICR timed after the end of an encounter to send final data on triggered encounters.

Bidirectional Communications

Clinicians need information from public health and several specific types of information have been identified relative to electronic case reporting. The clinician of record needs to know if their patient has a reportable condition and if public health agencies have been sent a case report for it in keeping with reporting laws. Clinicians need to know if additional steps need to be taken for the patient and would like to know the status of the condition in the community. Those managing eCR in clinical care organizations need response information to ensure proper operations.

- Requirement #8 - Reportability Responses that identify "reportable" or "may be reportable" conditions are made available to clinicians of record by attaching them to the relevant patient's chart and entering them in the clinician's in-basket or equivalent.
- Requirement #9 - All Reportability Responses are made available to EHR administrators to confirm that reporting is functioning, to provide them access to errors and warnings about triggering and eICRs, and to support general reporting.