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.
Electronic Lab Reporting (ELR) vs eCR

- ELR is the electronic submission of laboratory reports that identify notifiable conditions from laboratories to public health.

- eCR has potential to provide a broader array of data collection including health history and co-morbidities ultimately supporting a more effective public health system.

**IT IS IMPORTANT TO NOTE:** eCR is NOT intended to replace ELR or be a substitute for any ELR requirements.
Healthcare Provider eCR Benefits

Reduces burden without disrupting the clinical workflow

- Saves time by eliminating manual data entry and reporting
- Streamlines jurisdiction reporting challenges
- Receives information back from public health associated with the reportable condition
- Fulfills legal reporting requirements
- Can be implemented for all reportable conditions
- Fulfills the CMS Promoting Interoperability Program requirement for eCR
Public Health Agency eCR Benefits

Provides critical clinical data from healthcare for better surveillance and response

- Accelerates response
- Efficiently monitors the spread of reportable diseases
- Improves communication with healthcare
- Provides more complete data
- Enables bidirectional data exchange
**eCR Infrastructure**

Triggering Set-Up

- eCR Now FHIR App
  - Provider (EHR)
  - Health Information Exchange (HIE) and / or eHealth Exchange / Carequality Trust Framework with / or without DirectTrust
- CSTE / CDC Decision Support Engine (RCKMS)
  - APHL Platform (AIMS)
  - eCR
  - RR

- eRSD
  - Public Health Agency
    - Where care was provided
  - Public Health Agency
    - Patient residence

**Terms**
- RCKMS - Reportable Condition Knowledge Management System
- eRSD – Electronic Reporting and Surveillance Distribution System

**Possible Policy Agreements**
- eHealth Exchange, Carequality, CommonWell, APHL participation agreement

**HL7 Standards**
- eICR - Electronic Initial Case Report CDA v1.1
- RR - Reportability Response CDA v1.0

**Source:** CDC eCR Team
NDDoH & NDHIN

CMS Promoting Interoperability
Public Health and Clinical Data Exchange Objective

<table>
<thead>
<tr>
<th>Eligible Hospital/Critical Access Hospital (required)</th>
<th>Eligible Provider (MIPS/APM) (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization Registry Reporting</td>
<td>Immunization Registry Reporting</td>
</tr>
<tr>
<td>Electronic Case Reporting</td>
<td>Electronic Case Reporting</td>
</tr>
<tr>
<td>Syndromic Surveillance Reporting</td>
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<tr>
<td>Electronic Reportable Lab Results Reporting</td>
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</tbody>
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**Electronic Case Reporting**
The eligible hospital (EH) or CAH/Eligible Provider (EP) is in active engagement with a public health agency (PHA) to submit case reporting of reportable conditions.

**Active engagement:** The EH/CAH/EP is in the process of moving towards sending "production data" to a public health agency or clinical data registry or is sending production data to a public health agency (PHA) or clinical data registry (CDR).

**Testing and Validation:** The EH/CAH/EP is in the process of testing and validation of the electronic submission of data. EH/CAH/EP must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in not meeting the measure.

**Production:** The EH/CAH/EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.
Exclusions

This measure has four exclusions:

1. Clinician does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period. OR

2. Operates in a jurisdiction for which no PHA is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR

3. Operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data as of six months prior to the start of the performance period.

4. (For 2022 only) The MIPS eligible clinician uses CEHRT that is not certified to the electronic case reporting certification criterion at § 170.315(f)(5) prior to the start of the performance period they select in CY 2022.

Not applicable, the NDDoH is ready to receive eCR messages and have declared their state of readiness.
Registration of Intent: NDDoH

You will be able to register your intent for Electronic Case Reporting (eCR) on the ND Department of Health's (NDDoH) website. This will replace provider reporting via phone, fax or direct web portal entry.

The steps are quite simple and include:

1. Visit the NDDoH eCR web page [here](#).
2. Review the details on the page about the program, requirements and North Dakota's onboarding readiness and plans.
3. Follow the [link](#) to register your intent for Electronic Case Reporting onboarding.
4. Select the 'Electronic Case Reporting' option and complete your facility specific information.
5. Click the RED button with an arrow at the bottom of the page to submit your response to NDDoH.
6. Someone from NDDoH will be in touch on next steps.
7. If you have questions, please contact the NDHIN Outreach Team.
ND Department of Health has contracted with HealthTech Solutions to assist them in accelerating the implementation of eCR across North Dakota.

HealthTech Solutions is working on the following activities:

- Readiness Assessment Survey - Click the following link: Readiness Assessment Survey
- Provider Outreach
  - Education and information
  - Tracking of provider implementations
  - Support NDDoH with Promoting Interoperability/MIPS Provider Requirements
    - Registration of Intent
- Provider Technical Assistance
  - Support related to Direct Secure Messaging & the NDHIN HISP
NDHIN Contact Information

OUTREACH TEAM

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Questions??