

Electronic Case Reporting: Perspectives from MN Dept of Health

Ann Kayser | Electronic Onboarding Coordinator

eCR @ MDH – Current Status

**As of
Aug. 2022**

Attested July 2021 for eCR

Receive COVID-19/Monkeypox eCRs from both in-state and other states for who are MN residents

Automated into MEDSS since Aug 2020

Receiving daily eCR data from 4 FQHCs and 5 major health systems

Working with 2 HCOs for COVID-19/Monkeypox & 2 HCOs for all reportables

- Data extract from eICR burdensome for PHAs
 - Inability to extract relevant case information without mapping local codes or manual review
- Trigger codes not implemented on all lab data
 - Liver function panel – more likely to be run in-house at smaller labs; more likely to not have standardized codes added
 - PH use: case definition for acute hepatitis
 - Specialized testing sent out – general order for very rare testing; cannot utilize standard order LOINC codes

Recommendation

- No HL7 eCR transmission standards requirement
 - ELR utilizes the HL7 2.5.1 IS
 - IG utilized at PHA to set routing standards, extraction of specific information
- OIDS – in eICR to provide a unique identifier for facility/system, but no way to look up
- eSRD: no timeline around implementing updated trigger codes
 - Review of submitters showed as of July 2022 some HCOs still using RCTC from previous year
- Address EMR interoperability with other/feeder systems (reference labs) for adding standardized codes

Thank You!

Ann Kayser

Ann.Kayser@state.mn.us

651-201-4625