

# Electronic Case Reporting (eCR) Certification Needs

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September 9, 2022



# Certification for eCR



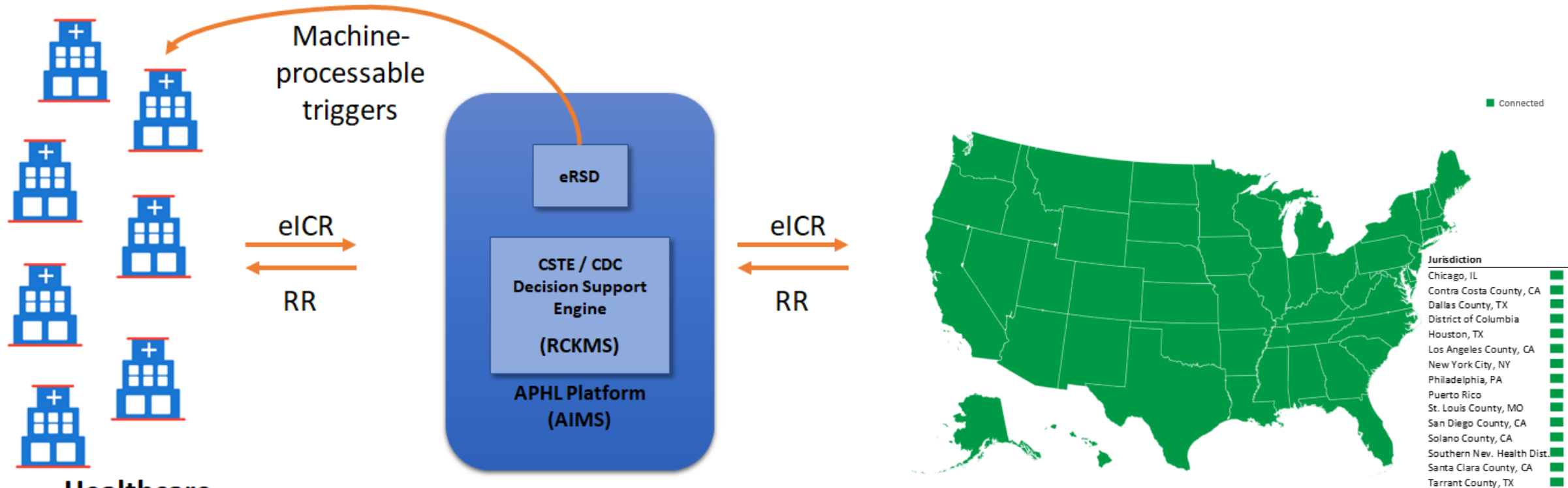
## Current State: 2015 “Functional” Certification

### §170.315 (f)(5) *Transmission to public health agencies – electronic case reporting—*

1. Consume and maintain a table of trigger codes to determine which encounters may be reportable.
2. Match a patient visit or encounter to the trigger code based on the parameters of the trigger code table.
3. *Case report creation.* Create a case report for electronic transmission:
  1. Based on a matched trigger from paragraph (f)(5)(ii).
  2. That includes, at a minimum:
    1. The data classes expressed in the standards in § 170.213, or
    2. The Common Clinical Data Set until December 31, 2022.
    3. Encounter diagnoses. Formatted according to at least one of the following standards:
      1. The standard specified in §170.207(i).
      2. At a minimum, the version of the standard specified in §170.207(a)(4).
  4. The provider's name, office contact information, and reason for visit.
  5. An identifier representing the row and version of the trigger table that triggered the case report.

## Needed Future State: “Standards-based” Certification

# SINGLE way for eCR data to move to public health



**All 50 states, Washington D.C.,  
Puerto Rico, and 13 local jurisdictions  
can receive eCR**

## HL7 Standards

eICR - Electronic Initial Case Report  
RR - Reportability Response

## Terms

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

# eCR Standards



## **CDA electronic Initial Case Report (eICR):**

HL7 CDA® R2 Implementation Guide: Public Health Case Report - the Electronic Initial Case Report (eICR) Release 2, STU Release 3.1 - US Realm

[http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2\\_IG\\_PHCASERPT\\_R2\\_STU3.1\\_2022JUL.zip](http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_PHCASERPT_R2_STU3.1_2022JUL.zip)

## **CDA Reportability Response (RR):**

HL7 CDA® R2 Implementation Guide: Reportability Response, Release 1, STU Release 1.1 - US Realm

[http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2\\_IG\\_PHCR\\_R2\\_RR\\_STU1.1\\_2022JUL.zip](http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_PHCR_R2_RR_STU1.1_2022JUL.zip)

## **FHIR eCR (includes eICR, RR and electronic Reporting and Surveillance Distribution (eRSD)):**

HL7 FHIR® Implementation Guide: Electronic Case Reporting (eCR), Release 2.1 - US Realm (publication pending)

<http://hl7.org/fhir/us/ecr/STU2.1>

# Certification needs for eCR



- **Automated uptake of trigger codes** in EHRs is critical to address emergent use cases
  - Key examples: COVID-19, Monkeypox
  - Can't rely on ingest of a spreadsheet to meet these needs



Use of the Electronic Reporting and Surveillance Distribution (eRSD)

- **Data quality** coming out of EHRs is key to PHAs being able to quickly use them
  - EHR data are irregularly structured and coded
  - USCDI doesn't yet go far enough - EHRs not only need to be capable of using coded data but need to consistently share coded data
  - Coded data are needed for effective triggers



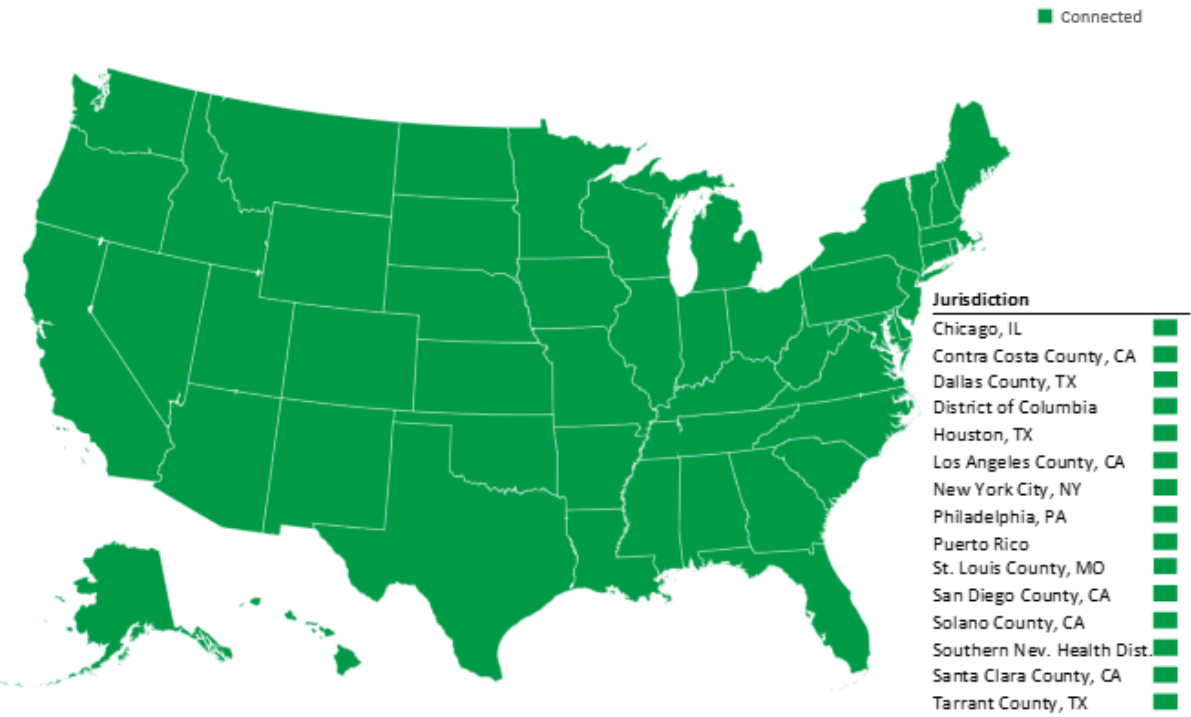
Use of the Electronic Initial Case Report (eICR)

- Closing the loop - **bidirectional communication** from public health

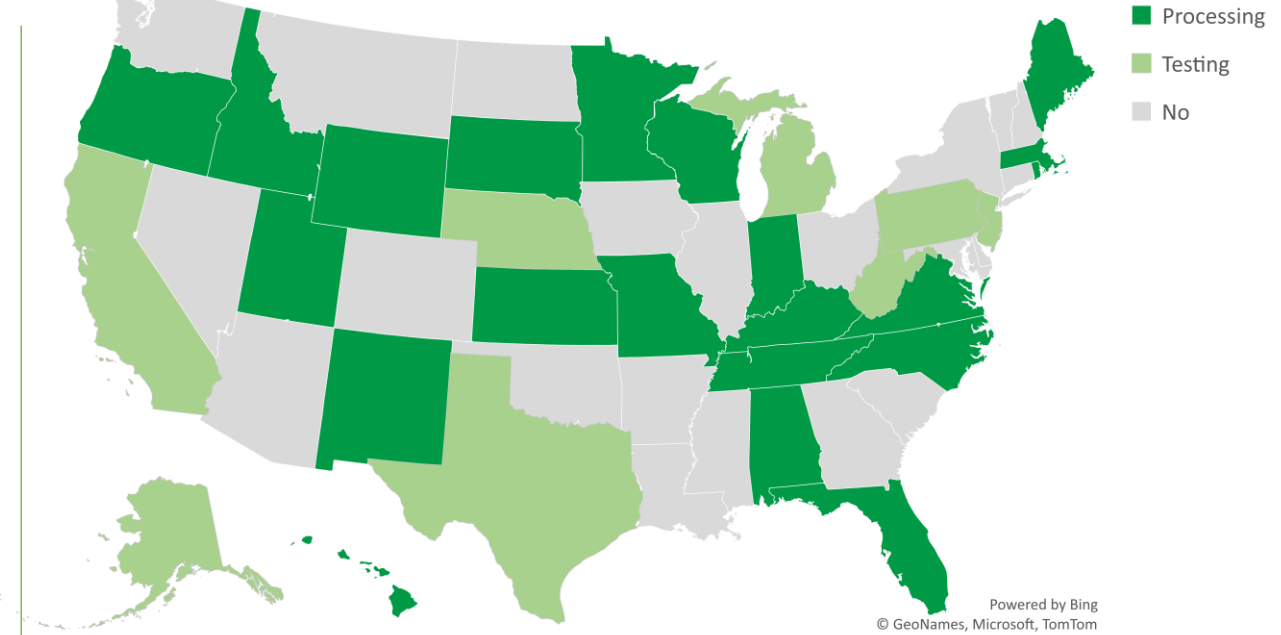


Use of the Reportability Response (RR)

# Use of eCR by Public Health Agencies



**All 50 states, Washington D.C.,  
Puerto Rico, and 13 local jurisdictions  
can receive eCR**



**29 States, Puerto Rico and 2 local jurisdictions  
are processing eCR data into production or  
test systems**



# Thank you!

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.