

ELR– Standards and Certification – Current State

- Results for reportable conditions from lab to Public Health Authority (PHA)
- ELR is a national profile (each state may have some variation in their profile)
- Have NIST tooling for certification
- Older versions of ELR are implemented and still in use
- PHAs set up to automatically digest current named ELR standard (R1), some may have updated to R2 or LRI PH_Component
- PHAs require support for LOINC and SNOMED CT
- PHLs have at least reportable tests LOINC coded and most can provide SNOMED CT codes for coded result values
- Epi uses ELR to get demographic data to assess health disparities
- Each state has different reporting rules (not standards related, but makes implementation harder for lab operating in multiple jurisdictions)



ELR– Standards and Certification – Gaps and Recommendations

- Current gaps as it relates to functionality and implementation of this (f) criteria?
 - Certification only applies to EHR-s
 - NIST tooling not covering validation for all codes in the preferred code systems (LOINC / SNOMED CT)
 - RCMT has the list larger list of all codes associated with reportable conditions
 - does not consider the combination of LOINC+SNOMED CT for triggers
 - Does not include state specific rules
 - RCKMS has trigger codes and allows jurisdictions to author their specific rules, but current focus is on electronic Case reporting (eCR)
- Recommendations for advancing the criteria, testing guidance, and/or standards and implementation specifications to address gaps you have identified?
 - Expanding certification to LIMS and PH Surveillance systems
 - Expanding beyond system certification to implementation certification
 - Consider updating to latest version (PH_Component of LRI)
 - Consider support for GenderHarmony_Component (under ballot) – IF that data is important to the lab
 - Support expansion of eCR for data used to assess health disparities



ELR– Data Exchange Functions / Workflows

What makes interfaces work and supports use of the data being exchanged?

- Both systems in the exchange adhering to the standard
- Proper use of value sets as part of in-line validation in production
- OID directory (so you can identify systems that assign identifiers for senders, patients, specimen)
- Master Patient Index (ideal)

Functions in PH Surveillance systems suggested for improvement (tightening existing standards and implementation specifications, further standardization and potential certification)

- sending of data
 - Certification to the ELR R1 (or any later version supporting the same functionality, including FHIR)
- ingestion of data
 - Specification around data use rules (not part of ELR so far) – this might require new standard to be written as a companion guide
- analysis of data
 - Utilization of codes in analysis rather than the human readable descriptions (supports inferences)



ELR– Data Flows

What recommended data flows, aligned with existing (f) criteria, should be prioritized for standardized receipt of data?

- ELR for results (often more timely and unadulterated)
- Demographic and social determinants of health should flow through eCR
- Additional clinical information about co-morbidities should flow through eCR

