

Epic Safety Net User Group (eSNUG) Electronic Case Reporting

Tuesday, June 16, 2020
1-2pm

Agenda

Topic	Lead(s)
Welcome, Logistics & Updates	David Lown Zoe So
CDC, Contra Costa, and Sutter Presentation: Electronic Case Reporting	Laura Conn, CSELS, CDC Dr. Troy Kaji, Contra Costa Dr. Steven Lane, Sutter Health
Peer Sharing	All
Wrap-up & Announcements • SNI Updates	David

Logistics



This is our first Zoom. You're encouraged, but not mandated, to go on video!



Please mute yourself! (We'll have to mute lines if there is background noise)



Please feel free to chime in for questions, and especially for the discussion



At any time, feel free to chat your question & we will read out



Webinar will be recorded and saved on [SNI Link/Data/EHR User Groups](#)



Please complete our post-event survey (posted in the chat)

Intros



Laura Conn
eCR Lead, Health
Scientist, CSELS,
CDC



Dr. Troy Kaji
Associate CMIO,
Contra Costa
Regional Medical
Center



Dr. Steven Lane
Clinical Informatics
Director for Privacy,
Security &
Interoperability,
Sutter Health

Epic Safety Net User Group (eSNUG): Electronic Case Reporting

Laura Conn, CSELS, CDC

Dr. Troy Kaji, Contra Costa Regional Medical Center

Dr. Steven Lane, Sutter Health

June 16, 2020

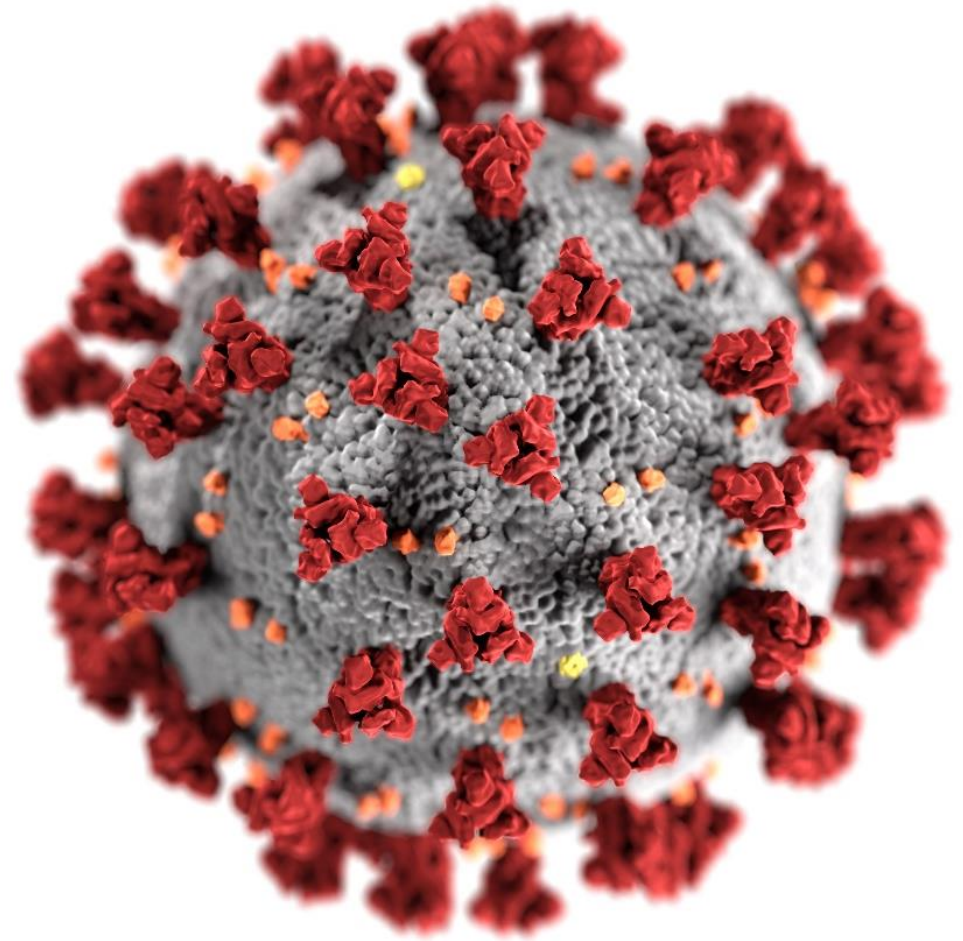
eCR Now: Accelerating Implementation for COVID-19

Laura A. Conn, MPH

eCR Lead, Health Scientist, CSELS, CDC

Epic Safety Net User Group (eSNUG)

June 16, 2020



cdc.gov/coronavirus

Presentation Overview

- Mandated reporting to public health
- What is electronic Case Reporting (eCR)?
- eCR Now
 - Technical approach
 - Legal/policy options
- Next steps for implementation



Mandated Reporting

" TITLE 17, California Code of Regulations

§ 2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.

§ 2500(b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or condition listed below, to report to the local health officer for the jurisdiction where the patient resides. ..."

REPORTABLE COMMUNICABLE DISEASES §2500(i)

Disease Name	Urgency	Disease Name	Urgency
Anaplasmosis	WEEK	Listeriosis	FAX ☎✉
Anthrax, human or animal	☎!	Lyme Disease	WEEK
Babesiosis	FAX ☎✉	Malaria	FAX ☎✉
Botulism (Infant, Foodborne, Wound, Other)	☎!	Measles (Rubeola)	☎!
Brucellosis, animal (except infections due to <i>Brucella canis</i>)	WEEK	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	FAX ☎✉
Brucellosis, human	☎!	Meningococcal Infections	☎!
Campylobacteriosis	FAX ☎✉	Middle East Respiratory Syndrome (MERS)	☎!
Chancroid	WEEK	Mumps	WEEK
Chickenpox (Varicella)(Outbreaks, hospitalizations and deaths)	FAX ☎✉	Novel Coronavirus Infection	☎!
Chikungunya Virus Infection	FAX ☎✉	Novel Virus Infection with Pandemic Potential	☎!

Partial
list as
example

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>



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



Healthcare Provider eCR Benefits

Reduces burden without disrupting the clinical workflow



Fulfills legal reporting requirements



Streamlines jurisdiction reporting challenges



Connects in real time with public health agency



Offers credit through the Promoting Interoperability Program



Eliminates the need for manual data entry, faxing, or calling jurisdictions



Improves COVID-19 reporting immediately and allows expansion to all reportable conditions



eCR for COVID-19

- COVID-19 is now a reportable condition in all jurisdictions
- Over 571,000 case reports triggered from 19 healthcare organizations that have implemented COVID eCR
- Receipt of electronic case reports confirmed faster and more complete than manual reporting and electronic laboratory records (ELR)
- A total of jurisdictions 41 have received case reports from eCR



eCR Implementations in Production (as of 6/15/2020)

Full eCR

- Houston Methodist (TX)
- Intermountain Healthcare (UT, ID)
- The Institute for Family Health (NY)
- UC Davis (CA)

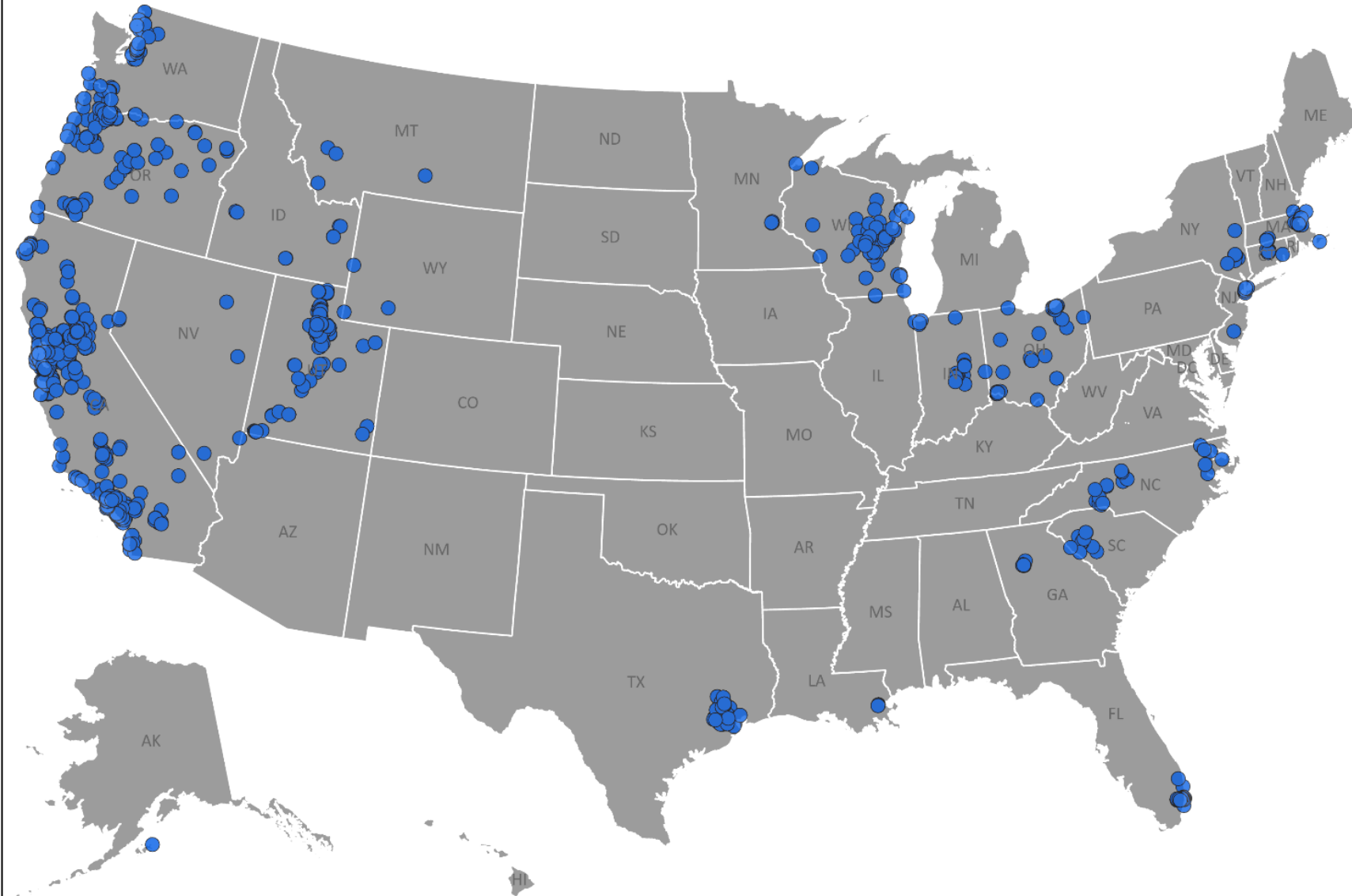
COVID eCR

- Sutter Health (CA)
- OCHIN (19 states)
- Contra Costa Health Services (CA)
- MemorialCare (CA)
- UCLA (CA)
- UC Health (San Diego/Irvine/Riverside) (CA)
- Memorial Healthcare System (FL)
- University of Utah (UT)
- ThedaCare (WI) - – using WISHIN (HIE)
- Bellin (WI) – using WISHIN (HIE)
- Skagit Regional Health (WA)
- Eisenhower Health (CA)
- John Muir Health (CA)
- PeaceHealth (WA, OR, AK)
- Leon Medical Centers (FL)



Electronic Case Reporting for COVID-19 Implementation Sites as of 5/18/2020

● Hospital/Health System Locations



May 2020

Currently Implementing COVID eCR (as of 6/15/2020)

- Community Medical Centers (CA)
- Washington Hospital Healthcare System (CA)
- Group Health Cooperative of South Central Wisconsin (WI)
- Northeast Georgia Health System (GA)
- Confluence (WA)
- Watson Clinic (FL)
- UMC of Southern Nevada (NV)
- AdvocateAurora Health (WI, IL)
- Children's Hospital of Wisconsin (WI)
- Premise Health (40 states)
- Gundersen Health System (WI, IA, IN)
- Vernon Memorial Healthcare (WI)
- UNC (NC)
- Vident (NC)

Implementing full eCR

- Lawrence Memorial Hospital (KS) - Cerner
- Calhoun County LHD (MI) - Netsmart
- SUNY Upstate (NY)
- NY Health and Hospitals (NY)



eCR Now



eCR Now

- eCR is a critical tool for COVID-19 and other reporting needs
- COVID-19 highlighted the need for essential clinical data for outbreak management at public health agencies:
 - patient demographics
 - race and ethnicity
 - occupation
 - pregnancy status
 - other clinical data
- eCR is operating well now for COVID-19, but there were a limited number EHRs with eCR capabilities when COVID-19 began
- We need more implementations of eCR Now



eCR Now Elements

1. Cohort-based COVID-19 rapid eCR implementations for provider sites that use an EHR with eCR capabilities
2. An eCR Now FHIR app that can be immediately implemented to automate COVID-19 eCR in EHRs that are otherwise not enabled
3. Extension of the existing eHealth Exchange policy framework through an approved Carequality eCR implementation guide



eCR Now - Element 1

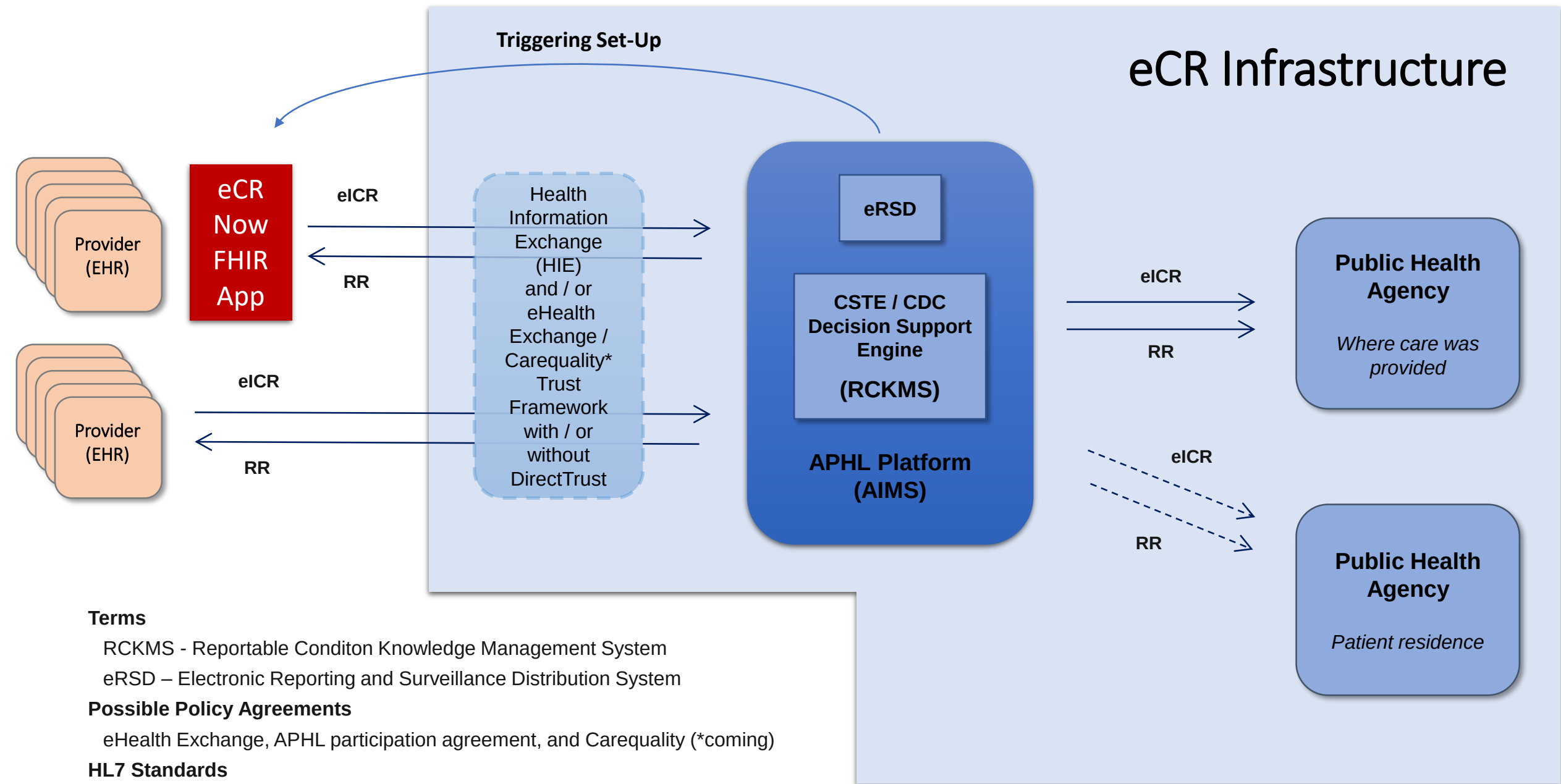
- Cohort-based onboarding for facilities
 - Collaborative implementation with EHR vendor, HISP, CDC, and APHL to work with you to implement this in your healthcare organization
- Using FHIR trigger code distribution service (eRSD) – to keep current with evolving codes (ICD, LOINC, SNOMED)
- Confirmed cases delivered for public health agency surveillance – with no manual entry or further burden on healthcare providers



eCR Now - Element 2

- Providers of care want to do COVID-19 eCR and public health agencies (with a few exceptions) are connected to receive
- We want to do as much COVID-19 case reporting as possible – with CDA or FHIR
- We developed the eCR Now FHIR app so previously non-eCR enabled EHRs can do automated COVID-19 electronic case reporting now
- App connects COVID-19 eCR to existing eCR infrastructure to confirm case reports and route to appropriate public health jurisdictions / surveillance systems (Available at: <https://ecr.aimsplatform.org/ecr-now-fhir-app>)





Terms

RCKMS - Reportable Conditon Knowledge Management System

eRSD – Electronic Reporting and Surveillane System

Possible Policy Agreements

eHealth Exchange, APHL participation agreement, and Carequality (*coming)

HL7 Standards

eICR - Electronic Initial Case Report CDA v1.1

RR - Reportability Response CDA v1.0

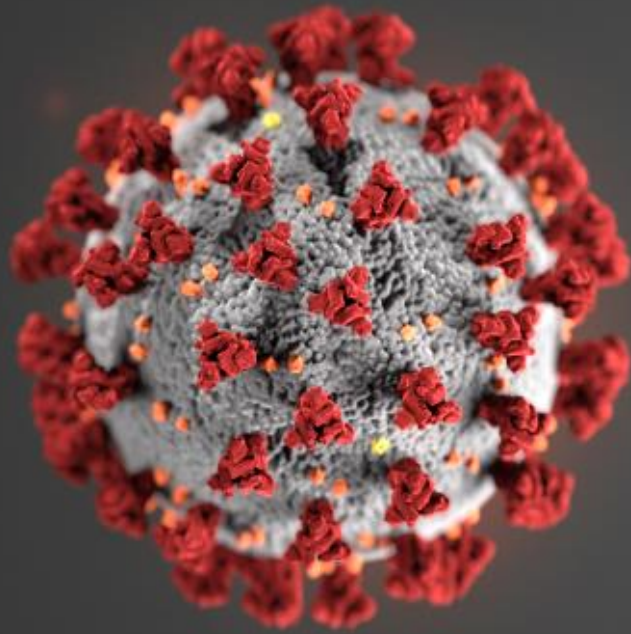
Organizing a cohort approach to implementation

If you are interested in eCR for COVID-19 reporting, please email ecr@cdc.gov with the following information (and pursue appropriate approvals from your organization's leadership):

- Organization name and address
- Who is your primary POC for initial follow-up?
- EHR vendor
- What version of the product do you have currently implemented?
- Do you use Direct? (Y/N/DK)
 - IF you know, provide the name of your Direct Messaging Health Information Service Provider (HISP)?
- Are an eHealth Exchange member? (Y/N/DK)
- Are you a Carequality implementer? (Y/N/DK)



Additional information can be found at: www.cdc.gov/ecr



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 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.



Rapid Implementation of eICR for COVID-19

Troy Kaji MD

Associate Chief Medical Informatics Officer

Contra Costa Health Services

Troy.Kaji@cchealth.org

- ▶ **Existing legal agreements** around data use and transmission = eHealth Exchange, Carequality
- ▶ **Outgoing eICR interface** from Epic using the Bridges Outgoing Initial Public Health Case Report Interface.
- ▶ **Setup to receive Reportability Response** into Care Everywhere.
- ▶ **HISP** to send eICR messages using DirectX
- ▶ <https://userweb.epic.com/Thread/96898/C-OVID-19-Electronic-Case-Reporting-Implementations/>

JOIN A COHORT

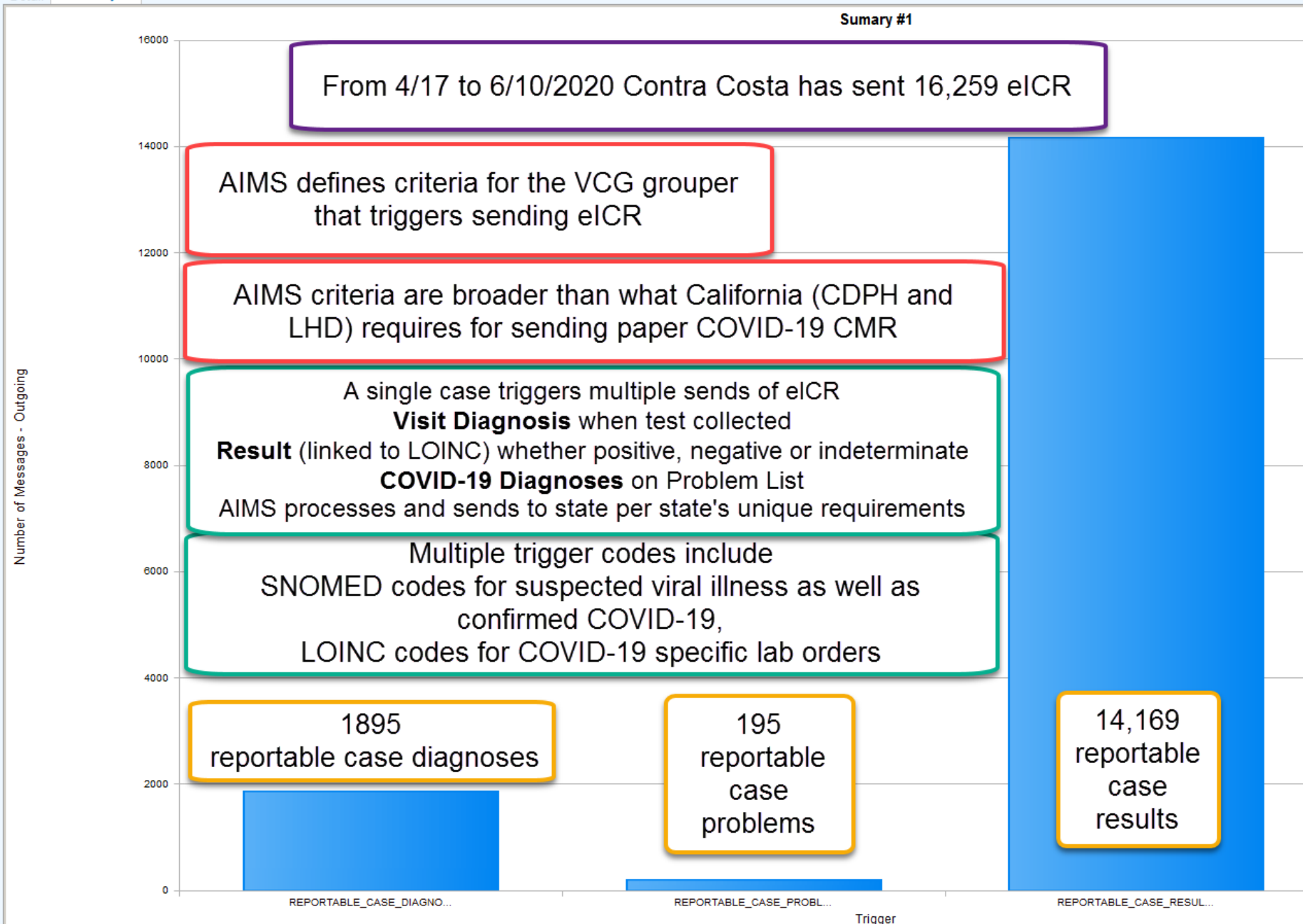
Contact Steven Lane MD

LaneS@sutterhealth.org

To get started, contact your Epic Representative and mention SLG 5209772.

Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

Detail Summary #1



3	Row Labels	▼	Sum of eICR Sent
4	(blank)		
5	4/17/2020 - 4/23/2020		345
6	4/24/2020 - 4/30/2020		772
7	5/1/2020 - 5/7/2020		2374
8	5/8/2020 - 5/14/2020		2476
9	5/15/2020 - 5/21/2020		3236
10	5/22/2020 - 5/28/2020		2413
11	5/29/2020 - 6/4/2020		3035
12	6/5/2020 - 6/10/2020		1578
13	Grand Total		16229

REPORTABILITY RESPONSE from AIMS

Patient	Kidd, Kari
Patient ID(s)	PT-002597 2.16.840.1.113883.19.5
Contact info	Home: 2222 Home Street Salt Lake City, UT 84101, USA
Date of Birth	December 27, 2014
Sex	Female
Race	ASIAN
Ethnicity	Not Hispanic or Latino
Primary Information Recipient:	Seven, Henry
Contact info	Home: 1002 Healthcare Drive Salt Lake City, UT 84101, US
eICR Identifier:	7be878c0-5192-4031-9668-96f3e149fc8a

Test RR from <https://ecr.aimsplatform.org/ehr-implementers/test-package>

Subject:
Public Health Reporting Communication: one or more conditions are reportable, or may be reportable, to public health.

Summary:
Your organization electronically submitted an initial case report to determine if reporting to public health is needed for a patient

"Pertussis (disorder)" is reportable to "Utah Department of Health". The initial case report was sent to "Utah Department of Health". Additional information may be required.

"Pertussis (disorder)" for "Utah Department of Health"

Reporting is required within "3 Day(s)". Reporting to this Public Health Agency is based on "Both patient home address and provider facility address"

- > The following outbreak recommendations and documents were developed in collaboration with representatives from the Utah Department of Health and Utah's Local tools for pertussis outbreak situations. ([Action requested](#))
- > Additional information for the required reporting of Pertussis must be submitted to the Utah Department of Health. The additional information can be submitted here.
- > Best practices for healthcare professionals on the use of Polymerase Chain Reaction (PCR) for diagnosing Pertussis ([Information only](#))
- > More information on specimen collection ([Information only](#))
- > Recommended antimicrobial therapy and chemoprophylaxis ([Information only](#))
- > If you have additional questions regarding Pertussis or reporting, the Utah Department of Health can be reached for 24-Hour Urgent Event & Disease Reporting at 1-800-531-5555

Additional Resources:

- > Pertussis Fact Sheet for Parents ([Information only](#))
- > Utah Department of Health's Pertussis Disease Investigation Plan ([Information only](#))

Questions?

Peer Sharing: eCR and other COVID-19 topics

Feel free to address the following bullets in your response:

- How is electronic case reporting set up in your system?
- What questions do you have for our presenters and other systems on eCR?
- Does your system participate in sharing of COVID data between Safety Nets?
 - E.g., length-of-stay of COVID patients (in-patient vs. ICU), LOS in relation to treatment given, length of intubation of COVID patients, and COVID patient mortality rate
- Any other questions or updates about your COVID-19 response?

WRAP UP



SNI Link

SNI Link/Data Driven Organizations/EHR User Groups

<https://safetynetinstitute.org/membersupport/datadrivenorganizations/ehr-user-groups/>



ABOUT SNI WHAT WE DO MEMBER SUPPORT PUBLICATIONS CONTACT

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About EHR User Groups

In 2019 and 2020, SNI is hosting peer learning sessions for reporting, analytics or clinical operations leads to hear from systems well-established on Epic and Cerner how they are addressing technical and operational practices and lessons learned.

Epic Safety Net User Group (eSNUG)

2020 Schedule

WebEx information and slides will be sent the day before the meeting. All materials will be saved on SNI Link.

A list of proposed topics and dates/times for 2020 meetings are below.

Date To be rescheduled as
needed

Topic (Tentative as of 1/9/20)

Presenter

Tuesday 2/18, 1-2

Predictive Models

Santa Clara tentative

MEMBER SUPPORT

- » Value-Based Strategies
- » Ambulatory Care Redesign
- » Data Driven Organizations
- » Global Payment Program Support
- » PRIME Support
- » Whole Person Care Support
- » Waiver Integration Teams
- » SNI Link

Your thoughts, please



How did we do?

What did you learn?

Do you have
suggestions for future
topics or content?

SURVEY LINK IN CHAT BOX