Technology and Ethics Panel

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Electronic Case Reporting Context

- *Electronic case reporting (eCR) - The automated identification of reportable health events in electronic health records and their transmission to state and local public health authorities for review and action*
- *eCR is a joint initiative of the Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and Prevention (CDC), and the Association of Public Health Laboratories (APHL)*
- COVID-19 has highlighted the need for essential clinical (in addition to labs and hospital capacities) data for outbreak management at public health agencies:
  - patient demographics including race and ethnicity
  - occupation
  - pregnancy status
  - other clinical data
- *At the start of COVID-19 eCR had three initial implementations after "incubation" in the Digital Bridge initiative.*
- After COVID-19, with the eCR Now initiative, we now have over 4,800 sites doing eCR reporting

Clinical data at public health agencies

- Case reporting laws (including COVID-19) exist in all states and with the support of HIPAA, needed identifiable data are required to be reported to PHAs without patient consent
- The data for an all-jurisdiction, all-condition case report were identified by a task force of the CSTE and made manifest in the Electronic Initial Case Report (eICR) HL7 CDA and FHIR standards
- APHL has been greatly aided by partnering with the eHealth Exchange and Carequality. All eHealth Exchange members, Carequality Implementors, and CommonWell members, as well as those who connect to them, can do eCR without any additional data use agreements or other legal agreements
- eCR is in process, but has not been effectively advanced by federal regulations and is only a “menu choice” in CMS’s “Promoting Interoperability” - data are not yet broadly available to public health agencies

Suggestions for Broader Data authorities

- Suggestions that public health needs broader authority to collect data are not generally cognizant of the eCR data yet
- Some are based on the premise that clinical documents (like the "CCD") should be made available to public health even though they:
  1) do not have some data public health specifically needs
  2) have some clinical data that public health is not eligible to receive or really wants

➢ These issues are more a factor of inadequate advancement of existing public health requirements and authorities than the need for new ones. More federal incentives and support for state-based programs, like eCR, should be considered.

The Role of Health Information Networks (and TEFCA)

- Now seeing the power of a nationwide health information network
- Many eCR implementations use Direct for physical transport, but need broader Health Information Network policy frameworks
- The eHealth Exchange DURSA and analogous trust agreements in Carequality facilitate data exchange:
  - with policy scalability and without the need for additional agreements
  - but also with concomitant security and transaction validation

➢These network capabilities (and the TEFCA) should be considered as another level of enablement and protection in addition to broad privacy policy. Who determines data availability in this context needs further consideration.