

# The Road Ahead: Electronic (Initial) Case Reporting (eICR/eCR)

## OCTOBER 2022 ECR UPDATE QUESTIONS AND ANSWERS

### IMPORTANT LINKS

- The recorded video presentation: <https://youtu.be/8RrJxg6m9fQ>
- The Prezi presentation: <https://prezi.com/view/zvKlheuJdMnQ3E5BhOwB/>
- eCR Registration questions (PDF version): [Electronic Initial Case Reporting Registration.pdf \(iowa.gov\)](#)
- eCR online registration: [Electronic Initial Case Reporting \(EICR\) Registration \(state.ia.us\)](#)
- When ready to onboard for eCR, send an email to [elr@idph.iowa.gov](mailto:elr@idph.iowa.gov) with subject “Ready for eICR Onboarding”

### QUESTIONS AND ANSWERS

Q1. According to our CyncHealth Iowa Participation Agreement, "CyncHealth Iowa will provide one-way or bi-directional integration through a common CyncHealth Iowa interface with Iowa Department of Public Health Registries. Current available registries: Iowa Immunization Registry Information System (IRIS); electronic Case Reporting (eICR)/Electronic Laboratory Reporting (ELR)." It looks as if only eCR will need to go through AIMS. Will there need to be separate interfaces for IRIS and ELR which would be different than indicated in the CyncHealth Iowa Agreement"?

A1. CyncHealth provides a VPN connection with each facility through which all of the data to public health can travel (including eCR, if a facility so chooses), but each different type of data will require a different interface because each type of information requires different standardized formats. Since the question includes eICR and ELR together, just want to clarify that these are distinct and complementary reporting methods.

Q2. How does eICR/eCR interface with Syndromic Surveillance?

A2. Syndromic surveillance is generally de-identified data based on symptoms categorized into syndromes with which people present at an emergency department and is intended for early detection of exposures or infections of public health concern prior to diagnostic testing. eICR/eCR reporting contains patient-specific details and generally occurs after diagnosis is possible. There is not really much intersection between syndromic surveillance and eICR/eCR, but together with ELR provide much more situational awareness and a more complete picture of public health risks within a community.

Q3. So, if you are not processing eCR data you get... when do you expect that to change? And can we hook up with the feed in advance of your resuming data processing?

A3. It is a challenge to set a date that we will begin processing data again, but it is not likely to be earlier than 4th quarter of 2023. Facilities ready for onboarding eCR can do so before IHHS begins processing eCR data.

Q4. So, for Promoting Interoperability compliance, are we (the hospital / healthcare provider facility) able to claim exemption until you (IHHS) have the system out of beta?

A4. Since IHHS has declared that we are ready and able to receive eCR data, there is not an exemption. Onboarding is not with IHHS directly, so onboarding can proceed with CDC and the AIMS Platform as long as your EHR is in what is called "General Availability – Ready for health care organization (HCO) recruitment and onboarding". Your EHR vendor should know its status. If a facility has not registered for eCR yet, that is a first step that can be used for active engagement for a given reporting period which is a full year. If your EHR is in General Availability, the next reporting period most likely involves onboarding. If your EHR is not in General Availability, your facility should re-register with IHHS in the next reporting period to remain in active engagement and continue to do so until your EHR has reached the General Availability status.

Q5. If we are onboarding CyncHealth Iowa services including eCR, do we still send email to IDPH to start the onboarding process as well?

A5. Yes, registration for eCR and the referral for onboarding with CDC and AIMS when ready is expected to come from IHHS.

Q6. We use the NextGen software and AIMS will be available through NextGen Share service soon. Our office has a lab interface but labs are sometimes processed by local labs that fax us paper results. How will we send these lab results to you through AIMS? Or does AIMS only accept interfaced labs with a valid LOINC?

A6. AIMS facilitates electronic reporting. AIMS can facilitate national ELR reporting to all public health jurisdictions and national eCR although not all jurisdictions are processing eCR at present.

Q7. If we are onboarding with CyncHealth, do you recommend to wait for reporting via CyncHealth or start working on the direct connection?

A7. This is really a facility decision. The VPN connection with CyncHealth can handle all public health reporting (see Q1 & A1). The "connection" to AIMS is more like a secure email.

Q8. Would it be the performing labs responsibility to report it vs. yours since you're not performing it?

A8. Although eCR messages may contain some limited laboratory information, eCR is really more about the clinical information that cannot be communicated in an electronic lab report (ELR). So the eCR responsibility rests with the clinical facility where the patient was seen. To be precise, that is also true for ELR; however, an exemption was put into the Iowa Administrative Code for ordering providers and

facilities if the performing lab was actually reporting to the state public health department on behalf of the ordering facility.

Q9. I believe we are considered engaged as long as our EHR vendor is in testing with AIMS and we are registered with the state per AIMS/CDC due to the bottleneck at AIMS onboarding EHR vendors. This is only for 2022 from what other states have told us. We use Meditech which is in the final steps of onboarding with their beta sites. Is this how Iowa is handling active engagement letters in 2022?

A9. Yes, this is how Iowa is handling this situation also.

Q10. Since there are so many Epic-using organizations in Iowa, would it be possible for you to arrange a working group with maybe weekly meetings, allowing us to share implementation experiences?

A10. Yes, IHHS can help facilitate formation of eCR EHR-specific working groups. If there is interest in participating in such a working group, Please send an e-mail to [john.satre@idph.iowa.gov](mailto:john.satre@idph.iowa.gov)

Q11. We are an Epic Community Connect site under the University of IA, do we follow their lead for the next step of onboarding since we are already registered? Once interfaced with UIHC, will we inherit that integration?

A11. Yes, UIHC will be facilitating eCR for the Community Connect Program participants. Registering an intent with IHHS is something that each facility will need to do in collaboration with UIHC. So it is likely that there will be some things that are handled at the facility level and other items that UIHC will handle on behalf of the entire Community Connect Program.

Q12. What documents are other facilities sending to legal to review?

A12. IHHS is not naturally in the loop to know this information. An overview of the onboarding process, where legal documents and agreements are likely to play a role, can be reviewed at <https://ecr.aimsplatform.org/> - see the facility type menu options.

Q13. Is there anything that local Public Health Agencies need to be aware with this new process?

A13. There is not really an action step for local public health agencies at present. In the future, when eCR is implemented, the content from eCR messages will become immediately relevant as a source of information that local public health staff needed to gather through telephone calls or other types of requests made to the healthcare provider for a person exposed to a toxic substance or infected with a reportable condition.