

# Electronic Case Reporting (eCR) Implementation Guide

## Introduction

InductiveHealth Informatics offers this implementation guide for public health agencies (PHAs) and healthcare providers participating in electronic case reporting. This document provides an overview of InductiveHealth's process for onboarding data feeds. Onboarding is a collaborative process in which health departments and healthcare providers transmit eCR data from internal medical records systems into West Virginia Department of Health's Electronic Disease Surveillance System (EDSS) for communicable disease, the NEDSS Base System (NBS).

## eCR Overview

Case reporting describes the process whereby a healthcare provider reports patient encounter data on reportable diseases and conditions, with personal identifiers, to the PHA operating within its jurisdiction. Case report data contains multiple data elements on patient visits that extend beyond clinical laboratory results, and cases may be suspected or confirmed at the time of initial reporting. Emergency departments, inpatient healthcare settings, ambulatory care and urgent care may all play a role in case reporting. (1)

In electronic case reporting, data is captured in an electronic health record (EHR) and electronically reported to a PHA in near real time so that public health can respond almost immediately to reportable diseases and conditions. eCR may replace paper-based case reporting, which is slower to inform public health surveillance and action. Due to these benefits, eCR advances the Centers for Disease Control and Prevention (CDC) Nationally Notifiable Disease Surveillance System (NNDSS) Modernization Initiative ([NMI](#)), serving to improve nationally notifiable disease (NND) reporting on the state, territorial and national levels via public health technology. (1)

## eCR and Meaningful Use

In July 2010, under the Health Information Technology for Economic and Clinical Health Act (HITECH), the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) authorized incentive payments to healthcare providers and hospitals that demonstrate the meaningful use (MU) of certified electronic health records (EHRs). Eligible professionals and hospitals were able to begin participating in the incentive program in January 2011. (2)

See the [CMS Eligible Hospital Information](#) for more information.

Most recently, this initiative became known as [Promoting Interoperability Programs](#). In 2018, the programs were expanded to include Stage 3 Meaningful Use (MU3), which includes eCR as a measure in the public health and clinical data registry reporting objectives (4).

If you are a provider seeking to register for MU3, please visit the [Promoting Interoperability Programs Registration System](#). Note that to be eligible, hospitals must possess the capabilities and standards of certified electronic health record technology (CEHRT) with 2015 Edition functionality.



Please review the following resources for information about certification and standards for 2015 Edition CEHRT:

- [§ 170.315\(f\)\(5\) Transmission to Public Health Agencies – Electronic Case Reporting](#)
- <https://www.healthit.gov/topic/certification/2015-standards-hub>

## Data Standards

West Virginia Bureau of Public Health (BPH) accepts multiple message structures for eCR, depending on the capabilities of a provider's EHR.

- 1) HL7 CDA® R2 Message standard (eICR) the standards for which should be reviewed in the HL7 CDA® R2 Implementation Guide, found [here](#).
- 2) If your EHR system is unable to generate eCR standard messages, WV BPH will accept other HL7 Consolidated – Clinical Document Architecture (C-CDA) templates. More information can be found [here](#). West Virginia BPH recommends providers review message structure by using an online validator, such as [this](#).
- 3) Flat file (.csv). If your EHR system does not meet CEHRT requirements, you may still send clinical data. Please reach out to the WV DOH technology vendor, InductiveHealth Informatics via [support@inductivehealth.com](mailto:support@inductivehealth.com) to pursue this option.

## Onboarding Steps

Providers ready to initiate eCR to WV BPH should proceed with the following action steps:

- **Engage** – Provider should register intent with the West Virginia Department of Health and Human Resources, Bureau for Public Health (BPH) using the [Meaningful Use Registration System](#).
- **Connect** – Work with the WV BPH's technology vendor, InductiveHealth Informatics, to set up a transmission interface to route eCRs to WVEDSS. Providers must submit eCR data via the West Virginia Health Information Exchange (HIE), a connection directly to the state via SFTP, or the APHL Informatics Messaging Service (AIMS) Platform.
- **Validate** – Provider shares sample eCR messages via sFTP connection that are validated for completeness and validity by InductiveHealth
- **Operate** – Provider messages are moved into production and regularly reported in WVEDSS.

The Health Information Technology for Economic and Clinical Health Act (HITECH) provides financial incentives to encourage the use of electronic health records. CMS implemented incentive programs (i.e. Promoting Interoperability (PI), Meaningful Use (MU), Merit-based Incentive Payments System (MIPS), Hospital Outpatient Prospective Payment System (OPPS)) for eligible health care professionals, eligible hospitals and critical access hospitals to adopt, implement or demonstrate meaningful use of certified EHR technology.

## Frequently Asked Questions (FAQs)

1. **Will Data Sharing Agreements be needed with the new vendor?**  
No.

**2. Does this transition impact reporting of reportable laboratory results via ELR?**

No. These are separate reporting pathways and a separate public health measure.

- (1) [https://cdn.ymaws.com/www.cste.org/resource/resmgr/2016PS/16\\_SI\\_02.pdf](https://cdn.ymaws.com/www.cste.org/resource/resmgr/2016PS/16_SI_02.pdf)
- (2) <https://www1.nyc.gov/site/doh/providers/reporting-and-services/electronic-case-reporting.page>
- (3) [45 CFR Part 170 2015 Edition Health Information Technology \(Health IT\) Certification Criteria, 2015 Edition Base Electronic Health Record \(EHR\) Definition, and ONC Health IT Certification Program Modifications; Final Rule](#)
- (4) <https://www.federalregister.gov/d/2015-25595>