

Oregon Public Health Division

Manual for Electronic Case Reporting

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Introduction to Electronic Case Reporting (eCR)

The Oregon Electronic Case Reporting (eCR) Project is an effort to modernize the way providers and the healthcare community report cases of disease to the Oregon Public Health Division (OPHD). In this modernized environment, the state health department functions as an electronic hub to accept, translate, and route demographic, clinical, and treatment data contained in a standardized computer processable format. Healthcare providers, facilities, and health systems report notifiable condition data to public health, and public health acts upon the data.

Reports received by eCR are propagated within our integrated electronic disease surveillance systems, Orpheus and Opera. Because Oregon hosts a shared disease surveillance system incoming data are available to local public health departments in near real-time, and the county health department will continue to perform its current investigative responses. These systems are intended for local and state public health epidemiologists and disease investigators to efficiently manage communicable disease reports. Orpheus and Opera are compatible with national standards and comply with the highest level of security and confidentiality.

Benefits

eCR offers long-term benefits to both healthcare providers and public health. Data available via eCR can offer timely access to information not available in more traditional laboratory reports including current problem list, medication list, labs ordered, and social history. Each of these components may provide information to better inform an effective public health response both for routinely reportable diseases as well as conditions of potential public health concern.

Healthcare provider benefits include:

- Automation of reporting reduces person hours and duplicate data entry
- Single data depository removes need for multiple county faxes and phone calls
- Faster, more timely reporting
- Reduced human errors

Public health benefits include:

- Faster, more accurate data lead to improved public health efficacy
- Reduced duplicate data entry
- Reduced burden for epidemiologists and local public health nurses

Oregon Administrative Rules and eCR Resources

In March 2020, in response to the COVID-19 pandemic, electronic reporting of cases, hospitalizations, deaths, testing and Multisystem Inflammatory Syndrome in Children (MIS-C) became reportable in Oregon. In July 2020, the rules were modified to recommend eCR as the **preferred** method for reporting these cases. For facilities unable to meet this recommendation,

entry of data into Oregon's online disease reporting tools (see below) are the only alternative for reporting. While electronic reporting is not required at this time, failure to report cases by any mechanism may result in civil penalties: [Public Health Division - Chapter 333](#).

For all other reportable conditions, while eCR is not mandated, it may still be beneficial in that these facilities will incur the same benefits of lower human error, reduced duplicative entry, etc. On January 1, 2022 eCR became required by the [Centers for Medicare and Medicaid Services' Promoting Interoperability Program \(PIP\)](#) for eligible hospitals and critical access hospitals and the [Merit-Based Incentive Payment System \(MIPS\) Promoting Interoperability Performance Category](#) for eligible clinicians.

References and Tools

If you have this document, you've probably already found the [Oregon eCR website](#). Here you can access link to the Association of Public Health Laboratories (APHL) Informatics Messaging Service (AIMS) platform for information about implementing eCR submission, the HL7 CDA® R2 Implementation Guide: Public Health Case Report, Release 2 - US Realm - the Electronic Initial Case Report (eICR) specification, Clinical Reporting Poster, and links for nationally recognized standards like LOINC and SNOMED. On the Oregon eCR website are also links for Oregon Public Health Promoting Interoperability, and Oregon Administrative Rules. These documents will assist you in developing, testing, validating, and delivering production level reports to OPHD.

Healthcare providers not participating in eCR are required to report cases directly to the Local Health Department (LHD) of the patient's County of Residence using the , by faxing the Confidential Oregon Morbidity Reporting PDF or manually entering the information in the [Morbidity Portal](#). There is an exception for COVID-19 reporting which must be done through the online [OHA COVID Reporting Portal \(OCRP\)](#).

eCR Onboarding and Submission

The Oregon eCR Project collaborates with the national level “eCR Team”, a team comprised of resources from the Association of Public Health Laboratories (APHL), the Council of State and Territorial Epidemiologists (CSTE), and Centers for Disease Control and Prevention (CDC). Together, we support implementation of eCR data feeds by collaborating with Healthcare Organizations (HCO) throughout the onboarding and submission processes. The Oregon eCR Project is prepared to accept eCR for all Oregon reportable conditions.

Onboarding and Development

The [CDC eCR Team website](#) contains detailed information about the onboarding process, including readiness and implementation requirement checklists for [EHR Implementers](#) and [HCOs](#).

After an HCO has reviewed the information available on the CDC eCR Team website and has received confirmation that their EHR is capable of eCR submission, the HCO must notify the Oregon eCR Project to indicate their interest in implementing eCR and share their plan to participate in the Promoting Interoperability Program. This can be done by filling out [Oregon’s eCR Intent to Submit form](#).

Next HCOs must communicate intent to the CDC eCR Team at the general information email eCR-Info@aimsplatform.org. The HCO will be placed in onboarding groups to work directly with the CDC eCR Team. The onboarding process will be coordinated by the CDC eCR Team.

On the CDC eCR Team website, HCOs and EHR Vendors will find the following information:

- How and when to trigger reports
- HL7 eICR standard guides
- Message validator tool (<https://validator.aimsplatform.org>)
- How to receive and implement the HL7 Reportability Response
- Testing and support materials
- Connecting to and testing eICR and RR transport and exchange
- Communicating intent, onboarding, and testing packages

EHR vendor are directed to email eCR-Info@aimsplatform.org to communicate readiness for support and assistance in the testing and onboarding process. Please contact the Oregon eCR project if these resources become unavailable.

Testing

Testing will start with the CDC onboarding group, where message structure will be verified to meet national standards before moving to state level testing. After connectivity is established with the state, test messages will be sent to the Oregon eCR test environment where they will be reviewed by the eCR Coordinator for compatibility with ingestion. Once all parties are satisfied that the message content and structure are sufficient, the submitter will move into an acceptance testing phase. Because eCRs are a developing technology, there will be times when a partner may need to move back to testing to update or improve a feed.

Acceptance Testing

During acceptance testing, production data must be sent to OPHD's production environment, while continuing the existing reporting method (e.g., manual entry in the [Morbidity Portal](#) or [OHA COVID Reporting Portal \(OCR\)](#) or faxing the local public health authority). Typically, facilities remain in acceptance testing for a minimum of 30 days¹. During this time, local public health nurses and state epidemiologists will compare the timeliness, completeness, and accuracy of eCRs with existing reporting practices. As issues arise, they will be reported back to the facility for corrective action. If the volume of reporting is sufficient and when all identified issues have been resolved, the eCR Coordinator will solicit approval from the local health departments to move your facility to full production mode.

Production and Maintenance

Once in full production, the submitting facility will discontinue manual entry and/or faxing of reports and only send eCRs through AIMS. Contacts from the HCO and EHR Vendor must be identified as responsible parties to address issues that might be identified while in production (e.g., missing eCRs, lags, incorrect codes, etc.) require immediate remediation. Failure to quickly address issues will result in a return to acceptance testing until resolved.

Standards and Coding

Use of standardized reporting codes LOINC®, SNOMED, and ICD-10 is required where appropriate in the HL7 specification. Links to these standards are available on our website.

Transport Method

Senders must utilize transport through the Association of Public Health Laboratories (APHL) Informatics Messaging Service (AIMS) platform.

¹ During the COVID-19 response, and due to the volume of reporting, this dual-reporting period may be waived on a case-by-case basis by the eCR Coordinator.

eCR Readiness Checklist

The following checklist can be used to help determine your readiness to participate in eCR with Oregon. We are happy to discuss the onboarding process with sites as they work toward meeting these criteria though the majority of this work is guided by the eCR CDC Team ecr-Info@aimsplatform.org.

- Review the CDC eCR Team’s Readiness and Implementation Checklists for [Health Care Organizations](#) and/or [EHR Implementers](#)
- See the Oregon Administrative Rules (OARS) for disease reporting at http://arcweb.sos.state.or.us/pages/rules/oars_300/oar_333/333_018.html and the ‘Clinician Reporting Poster’ for details for specified infection, disease or conditions which is reportable by law to Oregon Public Health.
- HCO is prepared to meet OPHD-specified reporting guidelines and must:
 - Report reportable disease and demographic data through eCR.
 - Report required demographic and disease specific using the agreed upon eCR format. The eCR Program will work with submitters to validate sample messages that include:
 - Complete patient address information in the report (street, city, state, zip, county, phone, email).
 - Complete demographic data (standard code sets for race, ethnicity, sex, language)
 - Note that Oregon specific collection of race, ethnicity, language and disability ([REALD](#)) are required for COVID-19 encounters and reported separately from eCR.
 - Standardized reporting codes (e.g., LOINC, SNOMED, and ICD) where appropriate.
 - Submit reports in a timely manner (meet or surpass the required time specifications listed in the Oregon Administrative Rules).
 - Have an emergency preparedness plan for reporting continuity in the event of emergency situations that would disrupt electronic communications.
 - Backup plan must utilize at least two alternative methodologies
 - Identify the staff who will be responsible for conducting the contingency reporting
 - Initial and/or periodic tests of alternative methodologies may be requested
 - Agree to participate fully in Oregon’s Data Quality Control program. This includes specified duties such as periodic data checks, verification of reportable codes, etc.

Contact Us

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Revision History

Revision History	Issue Date	Summary of Changes
1	July 20, 2020	Initial version
2	July 13, 2022	Updated to include CDC AIMS information and changed contact email