TEXAS DSHS ELECTRONIC CASE REPORTING (eCR)

ONBOARDING GUIDELINES

APRIL 2023

TEXAS Health and Human Services
Texas Department of State Health Services

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Document History

Version	Date Revised	Revisions	Edited By
1.0	4/2023	--	DSHS Public Health Informatics & Data Exchange Team

Introduction

Although the Texas Department of State Health Services (DSHS) ***has not yet officially declared readiness*** to accept electronic case reporting in accordance with the Centers for Medicaid & Medicare Services (CMS) Promoting interoperability Program (PIP) guidance, **DSHS is still accepting electronic case reports (eCR) from critical access hospitals (CAHs) and eligible hospitals (EHs)**.

DSHS currently requests that CAHs and EHs:

1. **Register with DSHS for eCR,**Fully onboard **into production** with the Association of Public Health Laboratories (APHL) Informatics Messaging Services (AIMS) platform,
2. Complete final onboarding instructions provided by DSHS, and
3. Remain in parallel production (continue to send manual reports to public health as typically done AND send eCRs) until explicitly instructed by DSHS to stop any manual report submissions.

Please reference the DSHS eCR **website** for latest updates and see more detailed information on these steps below.

Background

Electronic case reporting (eCR) is the automated, real-time exchange of case report information between electronic health records (EHRs) and Public Health Agencies (PHAs). The eCR process has many mutual benefits to both health care organizations and public health. eCR helps hospitals to fulfill their Texas mandated reporting requirements for **reportable conditions.** Automated, standards-based, and secure transfer of clinical data reduce manual burden on both health care organizations (HCOs) as well as public health. eCR also promotes interoperability and timely reporting of emerging diseases; ultimately improving case detection, surveillance, and disease investigation activities.

This document serves as a guide, providing the process for CAHs or EHs to follow to successfully implement eCR with DSHS. CAHs and EHs are also collectively referred to interchangeably as HCOs throughout this document.

This guidance is intended for use by CAHs and EHs that are seeking to implement electronic case reporting with DSHS. A CAH or EH that successfully onboards for eCR with DSHS will be able to transmit notifications to the Texas National Electronic Disease Surveillance System (NEDSS). Texas NEDSS is the primary statewide infectious disease surveillance system for public health departments across Texas.

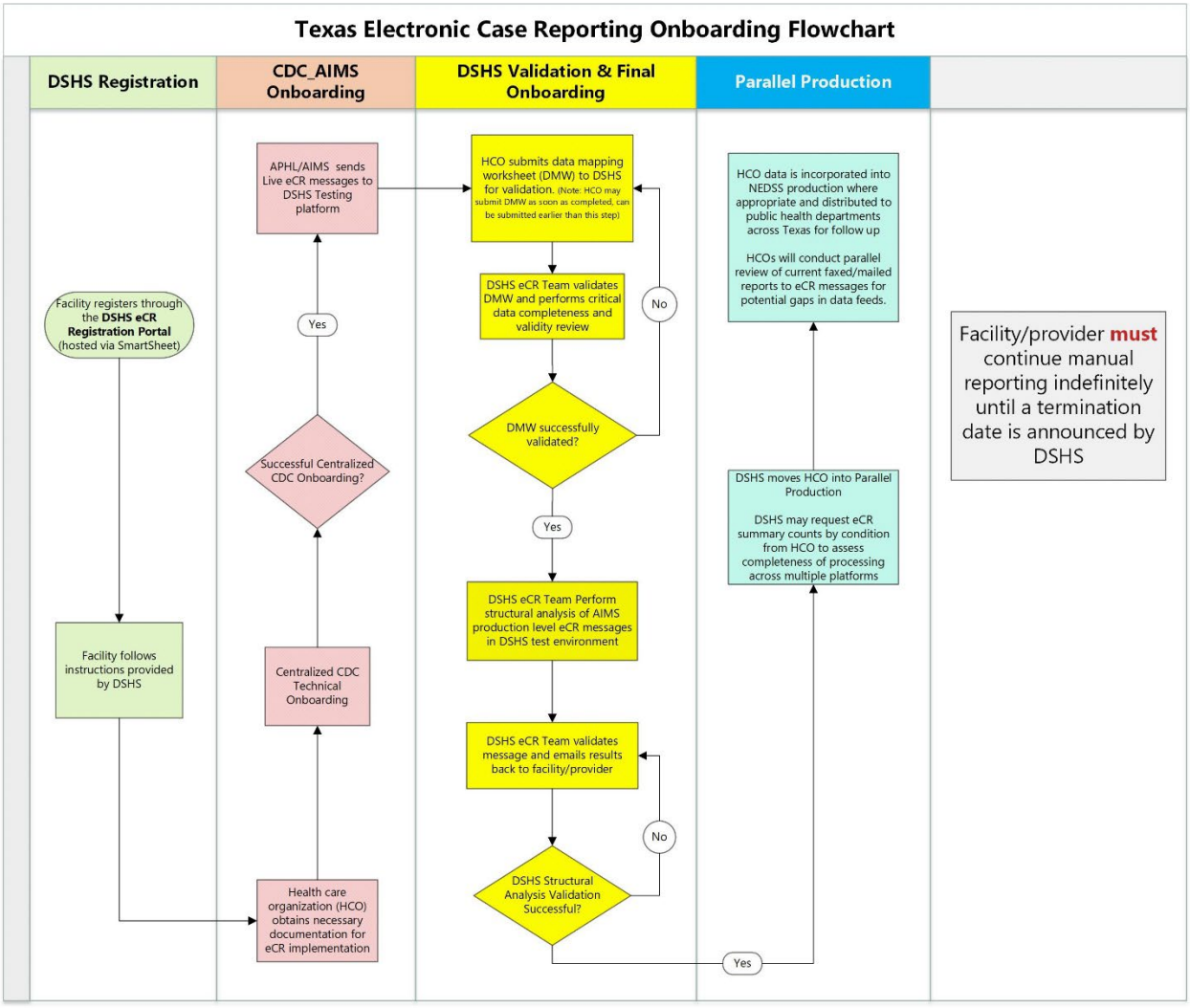
Scope

This document provides instruction to eligible EHs and CAHs who are seeking to onboard and submit eCRs to DSHS. It is also intended as a complementary document to any documentation provided by Association for Public Health Laboratories (APHL) and CDC that may provide more detail on transport setup HL7 v3 and CDA messaging. However, this document is **not** intended to be used as a tutorial for Health Level Seven (HL7) messaging or electronic interfaces. The EH or CAH is expected to have a basic understanding of interface concepts, HL7 messaging, and eCR to public health.

Onboarding via APHL/AIMS

EHs and CAHs must confirm having an EHR system that can produce a conformant message according to the HL7 Standards Product Brief - HL7 CDA® R2 Implementation Guide: Reportability Response, Release 1, STU Release 1.1 - US Realm | HL7 International.
EHs and CAHs that can produce conformant messages will need to onboard with AIMS. For more information regarding the onboarding process with AIMS, please see **https://ecr.aimsplatform.org/providers/** or e-mail **ecr@cdc.gov**.

DSHS eCR Onboarding Process



DSHS is currently conducting onboarding and validation for most **Texas notifiable disease conditions**. HCOs are encouraged to submit as many conditions as can be authored via AIMS.

PHASE 1: Registration with DSHS

- EHs and CAHs who are ready to initiate eCR should begin by registering with DSHS via the **DSHS eCR registration form**.
- DSHS staff will provide information on next steps including requesting additional data.
- Documents requested from HCOs include the following:
    - **Facility Lists**- A complete list of facilities where a diagnosis of a notifiable disease condition may occur for which an eICR may be generated through the organization's data feed.
    - **Data Mapping Worksheet (DMW)**- DSHS requires important background information on data submitted by the EH or CAH. For COVID-19, it is important to provide information on what LOINCs are submitted to ensure matching of incoming eICR data. Follow provided instructions for completion.
- HCOs may work simultaneously on completing this info while also beginning Phase 2 below.

PHASE 2: CDC/AIMS Onboarding

- EHs and CAHs should register and complete onboarding with AIMS.
- Contact **eCR@cdc.gov** or **ecr-info@aimsplatform.org** to initiate the eCR onboarding process with AIMS and follow all instructions to push your data to successful production with AIMS.

PHASE 3: DSHS Validation and Onboarding into NEDSS

- Once AIMS onboarding is complete, DSHS will follow up with your organization to complete onboarding with DSHS. DSHS will help guide you through the production of eCR into the Texas NEDSS.
- DSHS will conduct an eICR data review assessing data completeness and data validity.
- If messages are not valid, appropriate technical communication and outreach will occur with EH and CAH or other appropriate entity to convey errors identified.
    - If necessary, DSHS will review any corrected eICR messages for final approval.
- DSHS will push the health care organization's eICR feed into the production environment.

PHASE 4: Parallel Production

- HCOs will be required to continue to send eCR messages through the normal manual means until explicitly notified by DSHS to stop manual reporting. DSHS is coordinating with local and regional health departments to determine a time frame for discontinuing any current manual reporting.

PHASE 5: Release from Manual Reporting (Criteria still in Development)

- Health care organizations will be instructed by DSHS to discontinue legacy feed (if any) or discontinue sending case reports through fax and phone calls and end parallel testing.
- Please note: Regular review and validation will be conducted with the health care organization via AIMS to ensure reporting requirements continue to be met.

Electronic Case Reporting (eCR) Frequently Asked Questions

Q: I am ready to begin Electronic Case Reporting (eCR). How do I begin?
A: If your facility is ready to begin eCR, please start by completing the following:

1. Complete the **Registration Form to Submit Electronic Case Reports (eCR) to Texas DSHS.**
2. Contact the CDC AIMS onboarding team at **eCR@cdc.gov** to learn more about onboarding at CDC.

Q: What constitutes eCR in Texas?
A: eCR is the generation and transmission of initial case reports from an electronic health record (EHR) to public health for review and action. eCR allows health care organizations to report initial cases to DSHS and other local public health entities across Texas for further investigation from their EHR.

Q: Is the Texas Department of State Health Services (DSHS) accepting eCR data to fulfill the CMS Promoting Interoperability Program objectives?
A: Although Texas (DSHS) has not yet declared readiness, Texas is currently accepting eCR messages from organizations seeking to fulfill their CMS Promoting Interoperability public health requirement. For more information, please visit **Public Health Data Interoperability (cdc.gov)**.

Q: Which entities in Texas should submit eCR messages?
A: eCR data is currently being accepted from ***Eligible Hospitals (EHs)*** and ***Critical Access Hospitals (CAHs)***. If you are interested in reporting data to Texas (DSHS), please complete the **Registration Form to Submit Electronic Case Reports (eCR) to Texas DSHS**. If you need to register multiple facilities, please complete the facility bulk registration template and submit through that form during registration.

Q: What notifiable conditions does Texas DSHS accept?
A: Texas Notifiable conditions should be reported according to the **HL7 Standards Product Brief - HL7 CDA® R2 Implementation Guide: Reportability Response, Release 1, STU Release 1.1 - US Realm | HL7 International**. Texas can accept all conditions currently published via the Reportable Conditions Knowledge Management System (RCKMS). For reference, a list of **Texas notifiable conditions** is also available.

Q: Where do I submit the electronic lab results that correspond to the eCR?
A: All facilities conducting testing of notifiable conditions in Texas should already be onboarded and reporting to the Texas National Electronic Disease Surveillance System (NEDSS). Please contact **TEXASeCR@dshs.texas.gov** with any questions regarding reporting ELRs or eCRs. The DSHS eCR staff will provide data format specifications and will schedule technical assistance as needed.

Q: What HL7 versions can DSHS NEDSS ELR currently receive for eCR?
A: For Promoting Interoperability Program (PIP), the acceptable format for DSHS NEDSS ELR is HL7 v2 and CDA messaging following the respective standards and implementation guides. Texas DSHS understands that vendors are implementing processes for generating the eCR standard. Thus, DSHS is prepared to accept the eCR 1.1 CDA standard. For the eCR, facilities are asked to reference the HL7 CDA R2 Implementation Guide: Public Health Case Report, Release 2- US Realm the Electronic Initial Case Report (eICR).

Q: Do you require the use of standard vocabulary?
A: Yes, we require the use of standard clinical vocabulary and value sets, including but not limited to Logical Observation Identifiers Names and Codes (LOINC), Systematized Nomenclature of Medicine (SNOMED), International Classification of Diseases (ICD)-10 and Unified Code for Unified Measures (UCUM).

Q: What web-based tools are available to assist me in validating my message structure?
A: DSHS eCR team uses on-line eCR message tools to assist in validation. Examples include the **AIMS Validator (aimsplatform.org)** for testing and validating files.

Q: Are there trigger codes available for eCR?
A: Please check the Public Health Information Network Vocabulary Access and Distribution System (PHIN VADS) for the latest Reportable Conditions Trigger Codes (RCTC) at **Electronic Reporting & Surveillance Distribution (eRSD)** for the latest published trigger codes.

Q: What transport mechanism is available to send eCR to DSHS NEDSS?
A: Texas DSHS is accepting eCR messages submitted via CDC AIMS platform.

Q: Will new vendor(s) or healthcare organizations need Data Sharing Agreements?
A: See the following:

- There is no Data Usage Agreement (DUA) required for notifiable condition reporting to the Department of State Health Services (DSHS), as this information is required through regulation.
- Chapter 81, Subchapter C of the Texas Health and Safety Code requires reporting on certain notifiable disease conditions to health authorities or to DSHS. Persons required to report under the statute include, physicians, dentists, veterinarians, local school authorities and individuals in charge of clinical or hospital laboratories. Reporting procedures and notifiable conditions are outlined in the Texas Administrative Code, Title 25, Chapter 97. Memorandums are not mandatory under these rules and reporting structure.

Applicability under HIPAA

- The Health Insurance Portability and Accountability Act of 1996's (HIPAA) Privacy Rule authorizes the disclosure of protected health information (PHI) by covered entities- without individual authorization from the patient- to public

health authorities such as DSHS for public health purposes including, but not limited to, public health surveillance and investigations.

- The Privacy Rule, at **45 CFR 164.512(b)**, allows covered entities to disclose PHI to public health authorities such as DSHS, when required by state laws. Chapter 81 of the Texas Health and Safety Code is the applicable state statute for this type of reporting.
- Covered entities operating in Texas are expected to comply with applicable mandatory reporting requirements in Texas state law and may rely on HIPPA for additional legal basis for disclosing the required information to DSHS.
- If onboarding via the Association of Public Health Laboratories (APHL) Informatics Messaging Services (AIMS), an appropriate chain of trust must be established with the APHL using the eHealth Exchange, Care quality, or the APHL participation agreement. The AIMS platform operates through Business Associate or equivalent authorities from the clinical care covered entity.

Definition of Terms

AIMS (APHL Informatics Messaging Services): A secure, cloud-based environment that accelerates the implementation of public health messaging solutions by providing shared services to aid in the transport, validation, translation, and routing of electronic data.

APHL (Association for Public Health Laboratories): An organization that works to strengthen laboratory systems serving the public's health in the United States and globally. APHL represents state and local governmental health laboratories in the United States. Its members, known as "public health laboratories," monitor, detect, and respond to health threats.

CDA (Clinical Document Architecture): The HL7 Version 3 Clinical Document Architecture (CDA®) is a document markup standard that specifies the structure and semantics of "clinical documents" for the purpose of exchange between healthcare providers and patients. It defines a clinical document as having the following six characteristics: 1) Persistence, 2) Stewardship, 3) Potential for authentication, 4) Context, 5) Wholeness and 6) Human readability.

CDC (Centers for Disease Control and Prevention)

CMS (Centers for Medicare & Medicaid Services)

CLIA (Clinical Laboratory Improvement Amendments)

EHR (Electronic Health Record) An electronic version of a patient's medical history that is maintained by the provider over time and may include all key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data, and radiology reports.

eICR (Electronic Initial Case Report): An initial case report made to Public Health containing sufficient data for PHAs to initiate investigation or other appropriate public health activities that is automatically initiated by the EHR when patient data is matched against a series of RCTCs. The eICR conveys core, initial case data to a PHA that may also lead to additional reporting or follow-up intended to confirm reportability, provide condition-specific or public health jurisdiction-specific reporting data, or support public health investigation, contact tracing, and/or countermeasure administration. The eICR serves as input to reportability evaluation to RCKMS and also allows PHAs to communicate the reportability of a condition back to clinical care personnel through the RR.

eCR (Electronic Case Reporting): Electronic case reporting (eCR) is the automated generation and transmission of case reports from electronic health records to public health agencies for review and action.

ELR (Electronic Laboratory Reporting): Electronic Laboratory Reporting (ELR) for public health is the transmission of digital laboratory reports, often from laboratories to state and local public health departments, healthcare systems, and CDC.

EHR (Electronic Health Record): An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

eRSD (Electronic Reporting & Surveillance Distribution): The eRSD supports the distribution of reporting guidance and parameters, trigger code value sets, and more complex reporting rules and clinician / reporter support resources.

HIE (Health Information Exchange)

HIPAA (Health Insurance Portability and Accountability Act)

HL7 (Health Level 7): An interface standard and specifications for clinical and administrative healthcare data developed by the Health Level Seven organization and approved by the American National Standards Institute (ANSI). HL7 provides a method for disparate systems to communicate clinical and administrative information in a normalized format with acknowledgement of receipt
ICD-10 (International Classification of Diseases 10th Revision)

LOINC (Logical Observation Identifiers Names and Codes)

NEDSS (National Electronic Disease Surveillance System)

NPI (National Provider Identifier)

ONC (Office of the National Coordinator)

PHA (Public Health Agency): The governmental body at the local, state, and federal level responsible for delivery of public health services.

PHDC (Public Health Document Container)

PHI (Patient Health Information or Protected Health Information)

PHIN VADS (Public Health Information Network Vocabulary Access and Distribution System)

PIP (Promoting Interoperability Program)

RCKMS (Reportable Conditions Knowledge Management System (works with collaboration with AIMS)

RCTC (Reportable Conditions Trigger Codes)

RR (Reportability Response): A message generated by the RCKMS DSS documenting if any condition(s) in the eICR were found to be reportable, to which jurisdiction(s) reporting is required, and additional information, such as contact information of the relevant PHA.

SNOMED-CT (Systematized Nomenclature of Medicine- Clinical Terms)

References

- AIMS Platform
- APHL Healthcare Organizations
- Clinical Laboratory Improvement Amendments (CLIA) | CMS
- eRSD Electronic Reporting and Surveillance Distribution
- Health IT Acronyms | HealthIT.gov
- Health Information Exchange (HIE) | HealthIT.gov
- Health Information Technology (Health IT) | HHS.gov
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) | CDC
- HL7 Implementation Guide (HL7 Standards Product Brief - HL7 CDA® R2 Implementation Guide: Reportability Response, Release 1, STU Release 1.1 - US Realm | HL7 International)
- HL7 v3 and CDA messages validator AIMS Validator
- International Classification of Diseases (ICD)
- LOINC
- NPPES NPI Registry (hhs.gov)
- About ONC | HealthIT.gov
- NEDSS Base System
- What is PHI? | HHS.gov
- 2022 Medicare Promoting Interoperability Program Requirements | CMS
- PHIN VADS Hot Topics (cdc.gov)
- RCKMS
- SNOMED, refer to either:
    - SNOMED CT (nih.gov)
    - NPEx: SNOMED-CT Browser
    - PHINVADS
    - SNOMED CT - Home (ihtsdotools.org)

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