DDPHSS-DMI Consortium Meeting: Executive Summary August 24, 2022

Purpose
The purpose of this session was to seek individual perspectives and experiences, not group consensus advice, to inform planning, engagement, and strategies in the identification and development of sustainable and efficient solutions for interoperable and streamlined data flows, shared solutions, and health data analysis for public health purposes.

This meeting was convened as a group of multisector public health partners (government, public health, industry) to increase dialogue, prioritize goals, and vet real life solutions to achieve a desired future state PH data ecosystem that provides timely, secure, adaptable access and transfer of data and information to effectively drive public health action.
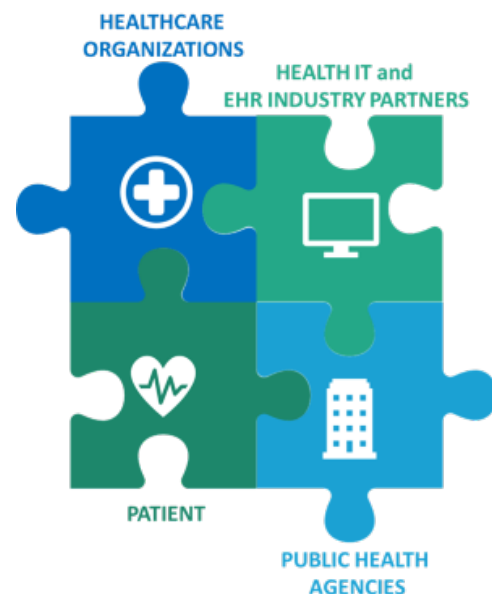
Progress Updates, Regulatory Requirements, and Opportunities and Barriers to Using EHR Data
Presenter(s): Laura Conn

Nationwide eCR Scale-Up: Putting the Pieces Together

Bringing eCR to scale requires aligning efforts of three collaborators:
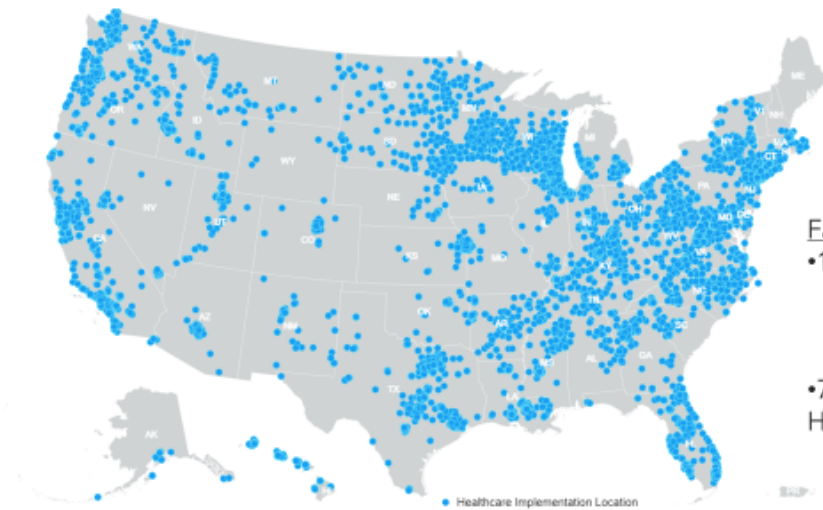
- Public health agencies (PHA)

- Health IT and EHR industry partners

- Healthcare organizations (HCO) and providers

HCO Facility Locations using eCR

>14,600

Facilities are in production for eCR for at least COVID-19

Facilities sending eCR include (as of 8/22/22):
- 1008 (13.8%) of 7,288 (all hospitals)
  - 793 (15.0%) of 5,284 CMS hospitals
  - 190 (14.1 %) of 1,352 Critical Access Hospitals
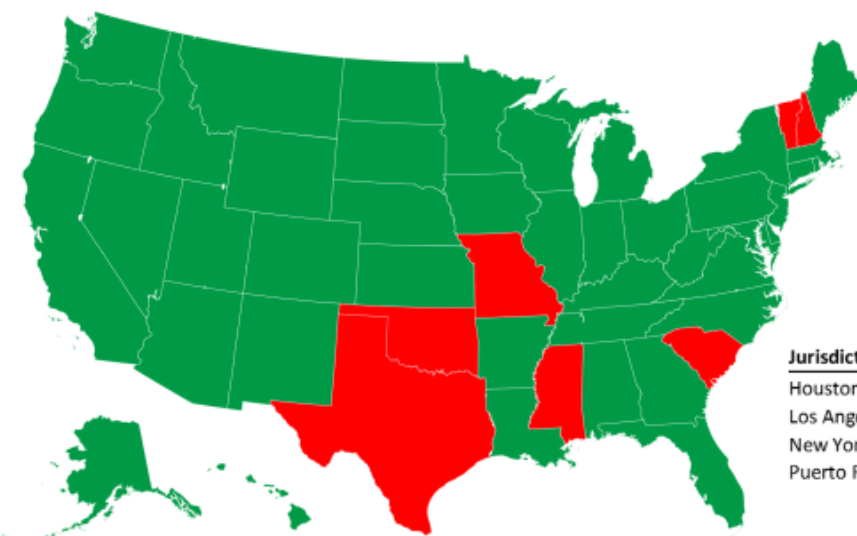- 7.2% (1,005/13,910) of all Federally Qualified Health Center service sites

As of August 22, 2022

Source: CDC eCR Team

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Public Health Declaration of Readiness for eCR

As of July 25, 2022

■ Declared Readiness
■ No

Out of 55 jurisdictions (states, DC, PR, and 3 locals):
- 46 (83%) jurisdictions have declared readiness for EH and CAH's.
- 45 (81%) jurisdictions have declared readiness for MIPS providers
- 9 (16%) jurisdictions have not declared readiness for any providers

| Jurisdiction	
Houston, TX	■
Los Angeles County, CA	■
New York City, NY	■
Puerto Rico	■

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CDC presented on the status of Electronic Case Reporting (eCR), relevant regulatory requirements, and opportunities and barriers to using eCR. The COVID-19 pandemic facilitated the rapid expansion of eCR to reduce reporting and data exchange burden on public health partners. eCR remains a largely collaborative effort between APHL, CSTE, and CDC with public health agencies (PHAs), health IT and EHR industry partners, and healthcare organizations (HCOs), with all 50 states, DC, Puerto Rico, and 13 local PHAs capable of receiving eCR messages and CMS adopting eCR in their promoting interoperability requirements. A shift from manual reporting to eCR, particularly as FHIR

becomes more adopted in healthcare and public health, can greatly increase the speed and detail of data sharing, including automation, timeliness, and completeness. However, challenges remain with ensuring data sharing processes follow state and local legislative guidelines.

Real World Experience and Lessons Learned to Date
Presenter(s): Ann Kayser
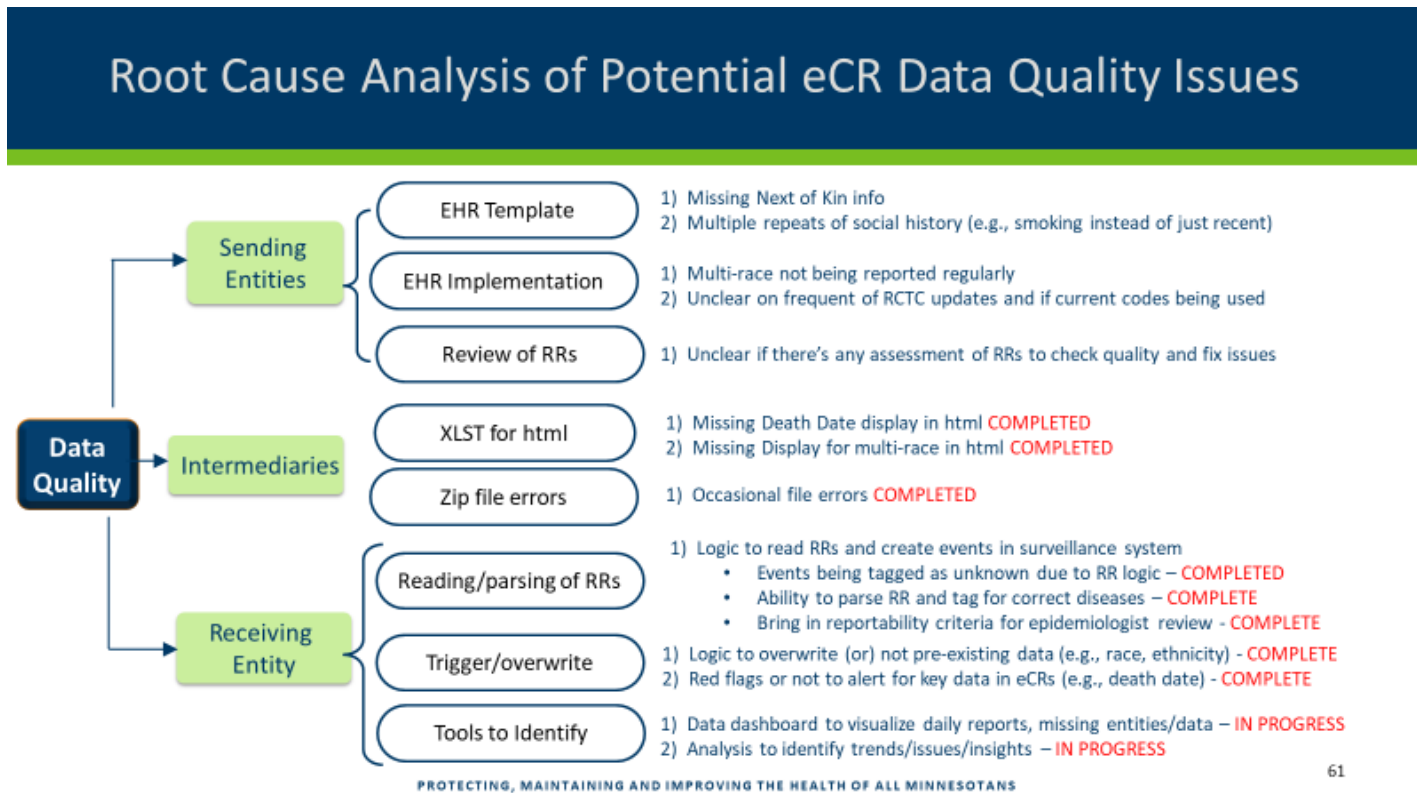
Ann Kayser from the Minnesota Department of Health presented on the Department's real world experience and lessons learned surrounding eCR, including the Department's timeline to eCR adoption and utilizing eCR query mechanisms to identify transmission discrepancies, COVID case classification errors, and areas for improvement in data element completeness across the data lifecycle. The Department noted their ability to monitor data quality outside of a data system, allowing for the creation and updating of dashboards and comparing eCR to ELR data to determine where gaps in data collection or complete transmission may exist.

For questions regarding the CDC DDPHSS-DMI Consortium, please contact DMIconsortium@cdc.gov.