eHealth Exchange Taps Electronic Case Reporting for Interoperability

Christopher Jason

The nation's largest health information exchange has boosted its interoperability by enabling electronic case reporting.

eHealth Exchange, the nation's largest health information exchange, launched COVID-19 electronic case reporting (eCR) in connection with the Association of Public Health Laboratories (APHL) and OCHIN to increase interoperability between providers and public health agencies.

eCR is the automated production and submission of reportable diseases and conditions from the EHR to public health agencies, according to the Center for Disease Control & Prevention. It also aims to address and reduce reporting burden.

eCR gathers data from APHL, the Council of State and Territorial Epidemiologists (CSTE), and the CDC. Each organization plays a role in facilitating eCR. Precisely, providers use eCR for reporting certain health conditions, as well as the public health agencies and vendors that enable eCR.

"The new electronic case reporting allows network participants to automatically report relevant health information to public health agencies via the eHealth Exchange," Jay Nakashima, executive director of eHealth Exchange, said in a statement.

"We've been working hard with APHL to bring this to life and hope it eases the process for providers and health information networks reporting COVID-19 data and other reportable conditions to their local, state, and federal agencies."

OCHIN, an Oregon-based nonprofit health information and innovation network that includes over 10,000 clinicians from across the country, is the first eHealth Exchange connection to utilize eCR across its network. According to OCHIN, it tapped eCR through eHealth Exchange due to the eCR requirements for communities that were severely impacted by COVID-19.

"The eHealth Exchange provided OCHIN a single API to securely channel disease notifications to local and state public health authorities all across the U.S.," Paul Matthews, chief technology officer, and chief information security officer of OCHIN, said in a statement.

"So instead of building and maintaining these separate connections with countless public health authorities across the country, this allowed us to create efficiency in the reporting system and reduced the burden on providers in our network."

More than 50 percent of the nation's HIEs are connected to the eHealth Exchange network. Furthermore, 75 percent of all US hospitals, 61 regional or state HIEs, 70,000 medical groups, and over 8,000 pharmacies make up the nationwide exchange. In total, eHealth Exchange accounts for over 120 million patient records.

The eCR service will be provided to all Carequality-connected networks at no cost, to advance public health reporting, cited the organization. The HIE said the eCR platform would automatically generate and transfer COVID-19 case reports, and it will eventually have the capability to support the 50-plus diseases that APHL oversees.

"The eHealth Exchange has paved the way for seamless electronic case reporting via the Association of Public Health Laboratories AIMS platform," John Loonsk, chief medical informatics officer of APHL, said in a statement.

"The policy and technical underpinnings of the eHealth Exchange allow healthcare organizations to provide critical clinical data to public health while practically reducing their reporting burden."

New COVID-19 data protocols now call for situation awareness data to flow from the CDC to the US Department of Health and Human Services (HHS). However, situational awareness data differs from eCR data, which still transfers between state and local public health agencies.

While case reporting between state and local public health agencies is a requirement across the country, providers are facing a challenge with individual public health jurisdictions. The process is very localized, where counties do not want to work directly with the state. This means the CDC and the state have to be on the same page to streamline the process.