

## Checklist for Healthcare Organization (HCO) Implementation with Montana Department of Public Health and Human Services (DPHHS) for Electronic Case Reporting (eCR)

- **Communicate intent for eCR implementation.**
  - Register intent of eCR implementation with Montana DPHHS and any other applicable Public Health Agencies (PHAs).
  - HCO or Electronic Health Record (EHR) vendor notify the CDC and the Association of Public Health Laboratories (APHL) eCR Onboarding Teams about intent to start implementing eCR.
- **Ensure that eCR prerequisites are met and start planning for eCR implementation.**
  - Gather approval from HCO leadership to implement eCR.
  - EHR vendor must be [ONC certified](#) and deemed by the CDC eCR Team to be ready for eCR.
    - EHR able to generate an eICR.
    - EHR able to receive an RR message back after an eICR is sent.
    - Please visit the [CDC website](#) to check the status of eCR vendor.
  - Work with EHR vendor about options for eCR implementation.
- **Complete eCR implementation with your EHR Vendor, CDC /APHL eCR Onboarding Teams.**
  - [Confirm eCR data sharing policy path](#) that is required to send data to APHL.
  - Complete required facility list for eCR Onboarding Team.
  - Electronic Initial Case Reports (eICRs) are formatted according to the [HL7 standards for Electronic Initial Case Report \(eICR\) for CDA or FHIR](#).
  - Complete all required EHR checklist items or testing scenarios required by EHR Vendor and onboarding teams to be able to generate or “trigger” an eICR.



- Download and implement the most recent condition code set from the Electronic Reporting and Surveillance Distribution [eRSD](#).
  - Local codes should be mapped to standardized codes (LOINC, SNOMED, ICD-10, etc.) as an eICR is sent to all applicable PHA.
- Implement “full triggering” for all conditions (if EHR is capable).
  - DPHHS encourages all current and onboarding HCOs or eligible providers to implement triggering for all conditions.
- **Establish connection with APHL’s platform – AIMS.**
  - Determine the transport method for sending messages.
  - Trigger a test eICR(s) to APHL to test connection.
  - Confirm successful receipt back of a Reportability Response (RR) after sending test eICR(s) within EHR.
    - There should be an RR received back for every eICR transmitted to AIMS.
- **Complete Soft Go-Live (testing with production data) with CDC/APHL eCR Onboarding Teams.**
  - Complete Soft Go-Live with APHL (duration dependent on volume of eICRs received).
    - During the Soft Go-Live production eICRs are analyzed through the Data Quality (DQ) Schematron and a DQ Monitoring Report of the findings including any identified issues that need to be addressed will be provided back to the HCO and applicable PHA.
  - Review DQ Monitoring Report provided by the CDC/APHL Onboarding Teams and address any necessary errors/problems.
  - Provide resolution to issues identified in Data Quality (DQ) Monitoring Report.
- **PHA Validation (Go-Live)**



- Montana DPHHS eCR team conducts data quality validation on production eICRs.
  - DPHHS will require an extend review period while preparing our surveillance system for eCR implementation into production.
- Review the [Data Element Priority List](#) to see what data elements will be evaluated for completeness and accuracy within eICRs during the PHA validation phase.
- Address any identified data quality, mapping, or triggering issues identified by DPHHS.
- **Montana DPHHS approves HCO eICRs to move into the production environment of our surveillance system, NBS.**
  - HCOs **MUST** continue with manual reporting methods until notified.
- **Received formal email notification that manual reporting methods can be stopped for certain conditions.**
  - Conditions will be validated and implemented in our surveillance system on a rolling basis.
- **Maintain standard of eICRs delivered to Montana DPHHS.**
  - HCOs are responsible for continuing to update the to the most recent Reportable Condition Trigger Codes (RCTC) from [eRSD](#).
  - Failure to meet the data quality requirements may result in Montana DPHHS requiring manual reporting methods to continue.

For more information concerning eCR please visit our [eCR website](#) or email [MIDIS@mt.gov](mailto:MIDIS@mt.gov).

## Acronyms

**AIMS** – APHL Informatics Messaging Services  
**APHL** – Association for Public Health Laboratories  
**CDA** – Clinical Document Architecture  
**CDC** – Centers for Disease Control and Prevention  
**DPHHS** – Department of Public Health and Human Services  
**DQ** – Data Quality  
**eCR** – Electronic Case Reporting or Electronic Case Report  
**eICR** – Electronic Initial Case Report  
**EHR** – Electronic Health Record  
**eRSD** – Electronic Reporting and Surveillance Distribution  
**FHIR** – Fast Healthcare Interoperability Resources  
**HCO** – Healthcare Organization  
**HL7** – Health Level 7  
**MT DPHHS** – Montana Department of Health and Human Services  
**NBS** – NEDSS Base System  
**NEDSS** – National Electronic Disease Surveillance System  
**PHA** – Public Health Association  
**RR** – Reportability Response

