

# Rhode Island HIT Steering Committee

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September 15, 2021

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# Agenda

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- Welcome
- Review of the Minutes
- Project Updates
- Discussions:
  - Mirah Implementation Review (Jennifer Adams, CODAC Behavioral Healthcare)
  - Electronic Case Reporting Feedback (Gavin Jogi, RIDOH)
- Public Comment
- Next Steps and Next Meeting

# Project Updates

# Mirah Implementation Review



Jennifer Adams, CODAC Behavioral Healthcare

# Electronic Case Reporting Feedback

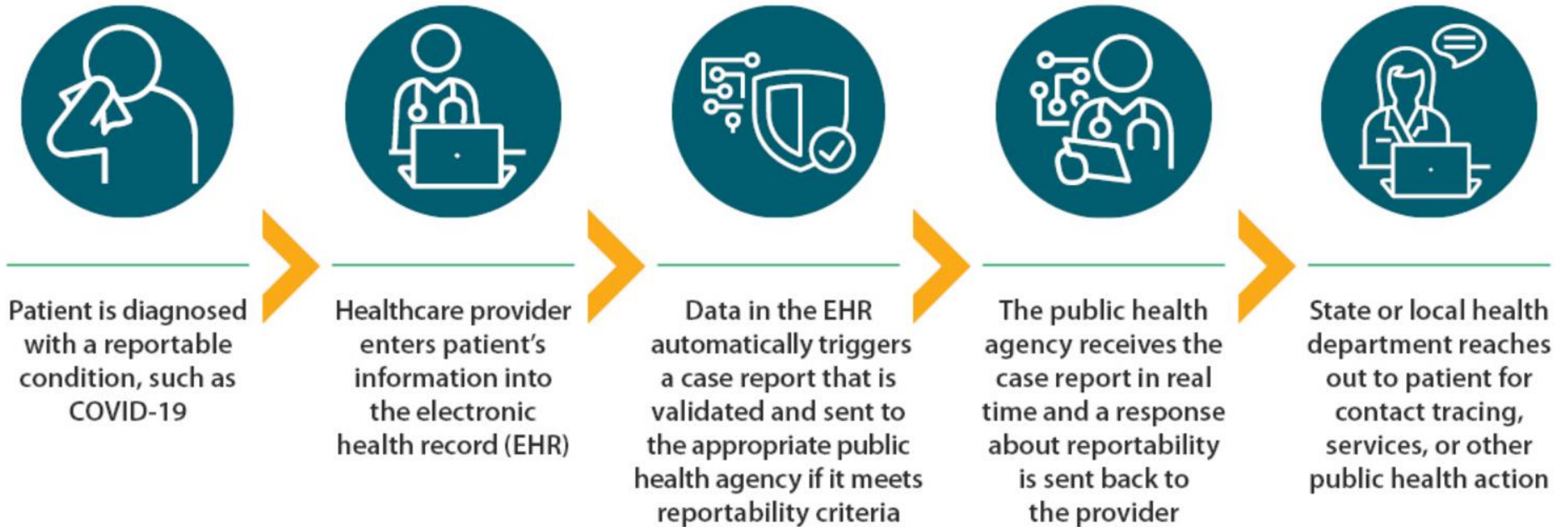


**Gavin Jogi, RIDOH**

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# Electronic Case Reporting (eCR)

Electronic case reporting (eCR) is the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. These timely data are more complete than manual reporting and include patient demographics (such as race and ethnicity), diagnoses, comorbidities, occupation, travel history, immunizations, medications, pregnancy status, and other treatments.



# Benefits of Electronic Case Reporting (eCR)

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## eCR for Public Health Agency

- Accelerates Response with automated information
- Improves communication with healthcare
- Facilitates bi-directional data exchange
- Efficiently monitors the spread of reportable diseases
- Provides more complete data to support outbreak management

## eCR for Health Care Providers

- Saves time by eliminating manual data entry and reporting
- Streamlines jurisdiction reporting challenges
- Connects in real time with public health agency
- Fulfills legal reporting requirements
- Allows expansion to all reportable conditions
- Offers credit for the CMS Promoting Interoperability Program

# Center for Medicare and Medicaid Services (CMS) Promoting Interoperability Program (PIP)

- Starting on January 1, 2022, eCR will be 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.
  - **WHY:** To provide this incentive and to facilitate less burdensome, more complete, and more accurate public health reporting in the future, CMS decided to require electronic case reporting beginning in performance year 2022.
  - **WHAT:** Registration, Testing and Validation, Production
  - **WHO:** Anyone reporting MIPS PI or in the Promoting Interoperability Programs.
  - **HOW:** Per the new CMS guidance, healthcare providers are to register for intent with their public health agency (RIDOH) within 90 days of engagement before Dec 31, 2022, to receive the merit credits for completion of this activity. This means the last day to register for intent would be October 3, 2022
- Exclusions:
  - Clinician does not treat or diagnose any reportable diseases
  - Operate in a jurisdiction for which no PHA is capable of receiving electronic case reporting data
  - Operates in a jurisdiction where no PHA has declared readiness to receive electronic case reporting data
  - (For 2022 only) The MIPS eligible clinician uses CEHRT that is not certified to the electronic case reporting certification criterion at § 170.315(f)(5) prior to the start of the performance period they select in CY 2022.



# Rhode Island Department of Health – Current State

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- The Department is in the Planning Stages of Electronic Case Reporting (eCR), onboarding staff resources to assist with Project Management, communication and outreach.
- Key Stakeholders: CDC, CMS, APHL, CSTE, ACKMS, Inductive Health Analytics (NEDSS Vendor)
- Gather
  - Plan and status of implementing eCR at your organization
  - Challenges from hospitals and providers on eCR
  - eCR Now: Opportunity for providers to streamline their case reporting
  - Best practices and recommendations for the RIDOH while working with health care partners on eCR implementation



# NEXT STEPS for the HIT STEERING COMMITTEE

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Next Meeting: October 20<sup>th</sup> 4:00 pm

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