

## CalREDIE eCR 101 Webinar: Q&A

Combined Questions & Answers from all 4 eCR 101 sessions  
(2019: March 1<sup>st</sup>, 5<sup>th</sup>, 14<sup>th</sup>, 18<sup>th</sup>)

*This webinar was intended to inform local health departments fully utilizing CalREDIE on electronic case reporting.*

1. Will electronic case reporting (eCR) replace electronic lab reporting (ELR)?
  - a. No. ELR is the mechanism by which labs fulfill their reporting requirements under Title 17, and eCR is a mechanism which providers can use to fulfill their reporting requirements under Title 17. One does not replace the other.
2. Will eCR have its own tab in CalREDIE or populate existing tabs?
  - a. When an electronic initial case report (eICR) is received into CalREDIE, the data will be automatically populated on the existing Patient, Clinical Info, and Case Investigation tabs with the data that was present in the eICR message generated from the electronic health record (EHR). A new incident will be submitted to the Disease Incident Staging Area (DISA) for LHD review. eCR will have its own User Defined Form (UDF) which will be stored in the Electronic Filing Cabinet (EFC) for that patient, which will act as a snapshot of the original eICR message.
3. Will Provider Portal continue even with eCR to allow for manual entry for those who want it?
  - a. Yes. The Provider Portal module will still be available for use by providers who wish to report to CalREDIE electronically but do not yet have capability to transmit an eICR message from their EHR system.
4. Will LHDs need to resolve any potential data conflicts submitted via Provider Portal versus electronic initial case report (eICR)?
  - a. It is the expectation that providers who opt to report via eCR will not also report via Provider Portal because the eICR message will replace reporting through the Provider Portal. However, if a Provider Portal web report was created for the same incident reported via eCR, CalREDIE will match these incidents and notify the LHD that these two reports may be a match. Additionally, it's possible to attach the web report within the patient's incident. During onboarding and User Acceptance Testing (UAT) for new providers, we will compare the provider's existing reporting mechanism to the eICR to ensure the quality of the eICR message is as good as or better than the existing reporting method. LHDs are encouraged to participate in this process to assure data quality.

5. Are any EHR vendors able to immediately participate in eCR now?
  - a. CalREDIE does not have specific information regarding the eCR capacity of any particular vendor, which is why we recommend that health care organizations contact their in-house IT Analyst or EHR vendor directly. EHR vendors involved with the Digital Bridge Initiative (Epic, Cerner, Allscripts, Meditech, and eClinical Works) are expected to be the first vendors to be able to offer an eCR solution to their clients; however, this does not preclude other vendors from also working on a solution.
  
6. Will each jurisdiction have access to the Reportable Conditions Knowledge Management System (RCKMS) tool?
  - a. California is pleased to be a part of the national pilot so that we can better understand how the RCKMS tool works and how it may be best implemented in California.
  
7. Will the eICR go to the patient's or provider's LHJ?
  - a. The eICR will be directed to the LHJ where the patient resides. However, RCKMS has the ability to select that a copy of the eICR also be sent to the LHJ based on the provider's address.
  
8. What is the website for registering for eCR?
  - a. CDPH HIE Gateway: <http://hie.cdph.ca.gov/>
  
9. How can we be added to the CalREDIE eCR Informational Bulletin distribution list?
  - a. Please send an email to [CalREDIEeCR@cdph.ca.gov](mailto:CalREDIEeCR@cdph.ca.gov) and ask to be added to our eCR distribution list.