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**Healthcare readiness assessment**

Questions for healthcare entities to assess readiness for eCR of STI

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The following questions should be used by the various healthcare entities considering a move to an eCR of STI system. Answering the following questions will allow for an assessment of readiness to implement eCR of STI.

# Questions for healthcare system/health center controlled network informatics team

1. What code systems or terminologies are in use for:
   1. Problem list entries
   2. Encounter diagnoses
   3. Laboratory result test names
   4. Laboratory result observations
      1. Qualitative findings
      2. Quantitative findings
2. How autonomous is the informatics team from the EHR vendor regarding:
   1. Configuring case detection logic (i.e., “trigger codes”) to determine which encounters may be reportable
   2. Configuring process for evaluating patient visit or encounter data against the case detection logic
   3. Creating and transmitting the eICR to public health
      1. What in-house expertise is available on HL7 consolidated clinical document architecture? The eICR implementation guide?
      2. Do staff have experience with developing CDA files?
      3. Do staff have experience with troubleshooting CDA files?
         1. Will you need external technical assistance?
3. What, if any, existing transport mechanisms have been established with the public health agency? (e.g., DIRECT XDR, PHINMS, SFTP, FHIR)
   1. Will use of the existing transport mechanisms incur additional cost for the data sender?
4. Will implementation of eCR for STIs require the creation or revision of any legal agreements (e.g., data use agreement, trading partner agreement, business associate agreement) to support the automated submission of protected health information to the public health agency?
5. Will implementation of eCR for STIs require IRB approval (or exemption as non-human subject research)?
6. Are any major EHR updates or competing projects planned during the timeline that will impact eCR implementation resources?
7. What is the process for recruiting clinical sites to implement eCR, if applicable?
8. What do you feel are your key facilitating factors for implementing eCR for STIs?
9. What do you feel are your key barriers for implementing eCR for STIs?

# Questions for electronic health record vendors

1. Is the EHR platform and version certified for eCR?
2. Can the EHR platform and version generate an HL7 eICR? Which version(s)?
   1. If not, is this on the vendor roadmap? Is there a planned release date for this functionality?

# Questions for clinical sites

1. What is the estimated annual count of chlamydia and gonorrhea cases screened, diagnosed, or treated by providers at the clinical site(s)?
2. Is there an existing mechanism for providers (or their support staff) to report suspected cases of chlamydia and gonorrhea to the public health agency (e.g., paper reporting, fax, web form)?
   1. Can staff commit to continuing this existing STI reporting mechanism for an agreed upon timeframe while the eCR implementation is being evaluated?
3. Will implementation of eCR for STIs require the creation or revision of any legal agreements (e.g., data use agreement, trading partner agreement, business associate agreement) to support the automated submission of protected health information to the public health agency?
4. What do you feel are your key facilitating factors for implementing eCR for STIs?
5. What do you feel are your key barriers for implementing eCR for STIs?

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