Public Health Informatics Institute

Template Electronic Case Reporting Adoption Evaluation Plan

EHR Services Organization/Health Center Controlled Network				
#	**Area**	**Question**	**Measure(s)**	**Data Source/Notes**
1	Background Site Characteristics	How do you characterize the clinical site(s) and study population?	a. Name of clinic(s) [Indicate which are FQHCs, FQHC look-alikes, or CHCs.] b. Local health department based on clinic(s) address c. Study period start date d. Study period end date e. Total number of all encounters among study eligible patients during study period [i.e., patient volume of participating clinic(s)] f. Age range of study eligible patients g. Name and version of EHR platform h. Do clinic(s), or the labs they contract with, currently participate in ELR? If so, briefly describe.	
2	Background Site Characteristics	What is the estimated burden of disease for each clinical site?	a. Est. Case Count (20XX) - <<CLINICAL SITE #1's>> Annual case count: Chlamydia b. Est. Case Count (20XX) - <<CLINICAL SITE #1's>> Annual case count: Gonorrhea c. Est. Case Count (20XX) - <<CLINICAL SITE #2's>> Annual case count: Chlamydia b. Est. Case Count (20XX) - <<CLINICAL SITE #2's>> Annual case count: Gonorrhea a. Est. Case Count (20XX) - <<CLINICAL SITE #3's>> Annual case count: Chlamydia b. Est. Case Count (20XX) - <<CLINICAL SITE #3's>> Annual case count: Gonorrhea	
3	Case Detection Frequency & Efficacy	Do the case detection value sets perform as intended, compared to the traditional reporting method?	a. (For detected cases) Frequency that code value sets (i.e., “scenarios”) generate an eICR: Chlamydia b. (For detected cases) Frequency that code value sets (i.e., “scenarios”) generate an eICR: Gonorrhea c. Sensitivity: Chlamydia d. Sensitivity: Gonorrhea e. Specificity: Chlamydia f. Specificity: Gonorrhea g. Positive Predictive Value: Chlamydia h. Positive Predictive Value: Gonorrhea i. Negative Predictive Value: Chlamydia j. Negative Predictive Value: Gonorrhea	
4	Case Detection Frequency & Efficacy	How can the case detection logic and value sets be improved?	a. Feedback from implementers on suggested case detection logic modification or codes to add or remove for case detection: Chlamydia b. Feedback from implementers on suggested case detection logic modification or codes to add or remove for case detection: Gonorrhea	

5	eICR Completeness	How are patient data in the EHR evaluated against the case detection logic?	a. Description of workflow setup, including: ● any time delay between documenting the patient encounter data and evaluating it against the case detection logic ● any time delay between evaluating against case detection logic and sending to public health ● any anticipated generation of subsequent eICRs	
6	eICR Completeness	How complete is the eICR at the time of creation?	a. Percent completeness of CSTE Identified Data Requirements within the eICR documents at the time of creation	
7	eCR Throughput	How many eICRs were generated during the study period?	a. Count of eICRs generated during the study period b. Count of eICRs sent to the public health agency during the study period c. Count of patients with at least one (1) eICR during the study period	
8	eCR Throughput	How many receipt confirmations were received during the study period?	a. Count of receipt confirmations received during the study period	
9	Time to treatment	What is the median time between date of encounter and date of treatment?	a. Chlamydia: Median time between date of initial encounter and date of treatment b. Gonorrhea: Median time between date of initial encounter and date of treatment	
10	Implementation Resource Feedback	How effective were the implementation resources?	a. Feedback from implementers on available resources: PHII Technical Guidance, HL7 eICR Implementation Guide, Lantana CDA Validator, etc.	
11	Implementation Resource Feedback	What additional resources are needed for implementing EHR-based eCR?	a. Feedback from implementers to guide future resource development	
12	Sustainability Indicators	What factors facilitated or hindered your eCR implementation?	a. Qualitative feedback on implementation experience - facilitating factors b. Qualitative feedback on implementation experience - barriers c. Qualitative feedback on implementation experience - advice to future implementers d. Qualitative feedback on implementation experience – advice to increase implementation feasibility	
Public Health Agency				
#	**Area**	**Question**	**Measure(s)**	**Data Source**
13	Background Site Characteristics	How do you characterize the public health agency?	a. Name and county of local/jurisdictional health authority b. Name and county of state health authority c. Name and version of surveillance system/other systems used for STDs	

			d. Does surveillance system also receive electronic lab reports (ELRs)? e. IT services infrastructure (e.g., centralized, decentralized, contracted) f. HIE partnership (if applicable) g. Does state agency support meaningful use/promoting interoperability credit for eCR? h. Selected transport mechanism(s) for eCR use case with clinical site(s) i. Excluding eCR adoption work, modalities currently used for provider STD reporting (e.g., web-form, fax, etc.) j. Timeframe for provider reporting of chlamydia and gonorrhea to respective public health agency per existing guidelines k. For 2018 STD surveillance data, what is the estimated percentage of case files in the electronic disease surveillance system created from ELR?	
14	Background Site Characteristics	What is the burden of disease in the STLT state, county and clinical sites?	*Primary Measures* a. Case Count (20XX) - Statewide: Chlamydia b. Case Count (20XX)- Statewide: Gonorrhea c. Case Count (20XX) - <<CLINICAL SITE #1's>> Jurisdiction-wide (e.g., county): Chlamydia d. Case Count (20XX)- <<CLINICAL SITE #1's>> Jurisdiction-wide (e.g., county): Gonorrhea e. Case Count (20XX) - <<CLINICAL SITE #2's>> Jurisdiction-wide (e.g., county): Chlamydia f. Case Count (20XX)- <<CLINICAL SITE #2's>> Jurisdiction-wide (e.g., county): Gonorrhea g. Case Count (20XX) - <<CLINICAL SITE #3's>> Jurisdiction-wide (e.g., county): Chlamydia h. Case Count (20XX)- <<CLINICAL SITE #3's>> Jurisdiction-wide (e.g., county): Gonorrhea *Secondary Measures* i. Est. Case Count (20XX) - <<CLINICAL SITE #1's>> Annual case count: Chlamydia j. Est. Case Count (20XX) - <<CLINICAL SITE #1's>> Annual case count: Gonorrhea k. Est. Case Count (20XX) - <<CLINICAL SITE #2's>> Annual case count: Chlamydia l. Est. Case Count (20XX) - <<CLINICAL SITE #2's>> Annual case count: Gonorrhea m. Est. Case Count (20XX) - <<CLINICAL SITE #3's>> Annual case count: Chlamydia n. Est. Case Count (20XX) - <<CLINICAL SITE #3's>> Annual case count: Gonorrhea	
15	Case Detection Frequency & Efficacy	How does the existing case detection logic and associated value sets compare to provider	a. Feedback from PHA on suggested logic modification or codes to add or remove for case detection: Chlamydia b. Feedback from PHA on suggested logic modification or codes to add or remove for case detection: Gonorrhea	

		reporting guidance in the STLT jurisdiction?		
16	eCR Throughput	How many eICRs were received during the study period?	a. Total count of eICRs received during the study period i. Count of valid eICRs received during the study period 1. Count of eICRs that meet STLT case definition 2. Count of eICRs that do not meet STLT case definition	
17	eCR Throughput	How many receipt confirmations were generated during the study period?	a. Count of receipt confirmations generated during the study period	
18	eCR Throughput	How are eICRs deduplicated when more than one is received for a given patient or case?	a. Description of mechanism/process of deduplicating multiple eICRs b. Count of unique patients with at least one (1) valid eICR during study period c. Count of unique cases reported via eCR during study period	
19	eCR Throughout	What is the average and range of eICRs for a given case?	a. Chlamydia i. Range of eICRs for a given case during study period ii. Average number of eICRs for a given case during study period b. Gonorrhea i. Range of eICRs for a given case during study period ii. Average number of eICRs for a given case during study period	
20	eICR to ELR Comparison	How do data received via eICRs compare to ELRs for similar patient and provider contexts?	a.2x2 table: Presence of eICRs and ELRs for suspected cases reported during study period b. Comparison of eICR to ELR: fields available within each data stream c. Comparison of eICR to ELR: patient data present within each data stream	
21	eICR to ELR Comparison	How does the timeliness of eICR receipt compare to that of ELR?	a. Median time from documented patient encounter date to the date data received by PHA: ELR b. Median time from documented patient encounter date to the date data received by PHA: eICR – trigged from scenario 1 (e.g., encounter diagnosis) c. Median time from documented patient encounter date to the date data received by PHA: eICR – trigged from scenario 3 (e.g., lab result)	
22	eICR to ELR Comparison	What percentage of STI cases in the surveillance system with at least one eICR attached also had at	a. Chlamydia i. Numerator: Chlamydia cases in surveillance system with at least one eICR and at least one ELR ii. Denominator: Chlamydia cases in surveillance system with at least one eICR	

		least one ELR attached?	b. Gonorrhea i. Numerator: Gonorrhea cases in surveillance system with at least one eICR and at least one ELR ii. Denominator: Gonorrhea cases in surveillance system with at least one eICR	
23	Time to treatment	What is the median time between date of encounter and date of treatment?	a. Chlamydia: Median time between date of initial encounter and date of treatment, stratified by eICR vs no-eICR. b. Gonorrhea: Median time between date of initial encounter and date of treatment, stratified by eICR vs no-eICR	
24	Implementation Resource Feedback	How effective were the implementation resources?	a. Feedback from PHA on available resources: PHII Technical Guidance, HL7 eICR Implementation Guide, Lantana CDA Validator, etc.	
25	Implementation Resource Feedback	What additional resources are needed for implementing EHR-based eCR?	a. Feedback from PHA to guide future resource development b. Perception of PHA for level of readiness (technical, social) for FHIR-based eCR	
26	Sustainability Indicators	What factors facilitated or hindered your eCR implementation?	a. Qualitative feedback on implementation experience - facilitating factors b. Qualitative feedback on implementation experience - barriers c. Qualitative feedback on implementation experience - advice to future implementers d. Qualitative feedback on implementation experience – advice to increase implementation feasibility	

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