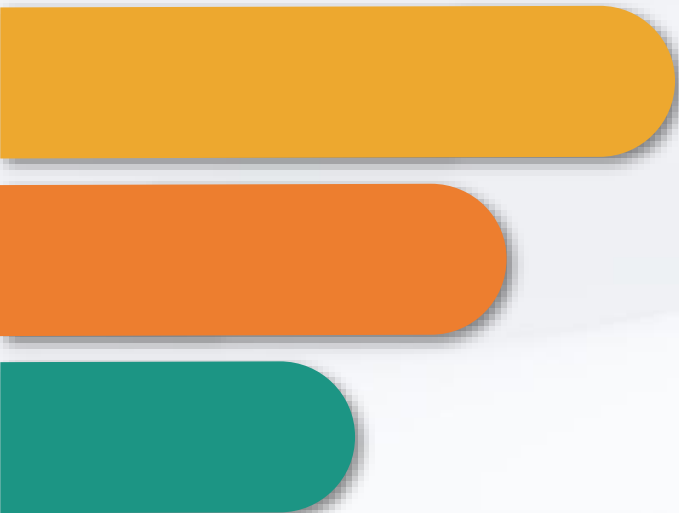




CRISP Shared Services: Public Health Implementation Center Webinar Series



Session 1

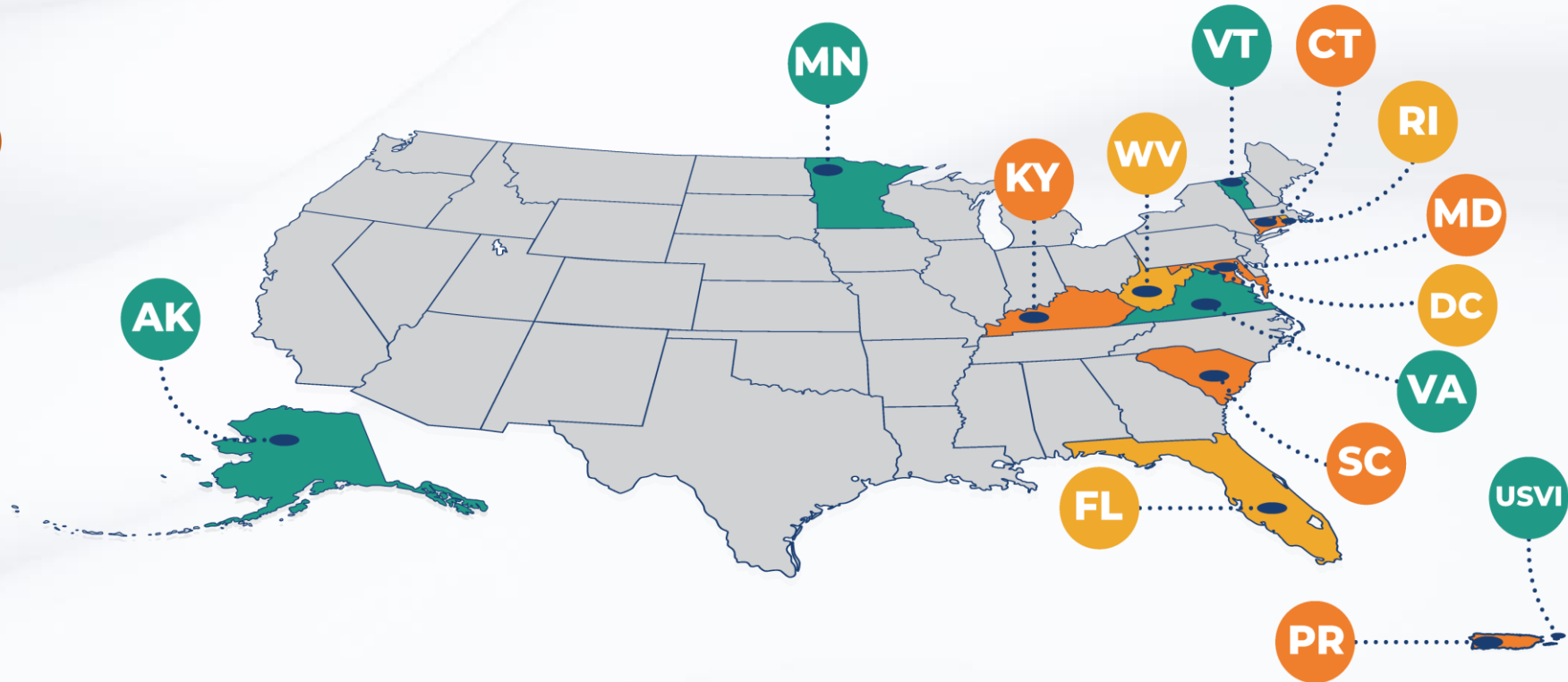
Reportable Condition Authoring, Tools, Best Practices & Incorporating New Consensus Criteria

A Proven Approach to Multi-State Health Data Infrastructure

CRISP Shared Services (CSS) is a non-profit, mission-driven organization operating shared health data infrastructure across the country

Supports 12 states and territories through centralized technology and localized governance

Multi-sector connectivity and petabyte-scale environment enables secure data exchange, analytics, public health, care coordination, and Medicaid use cases

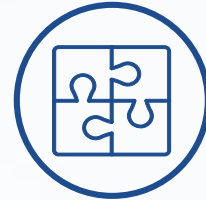


● National Shared Services Model

CSS operates through an innovative nonprofit shared services and technology model that provides partners with a single, proven infrastructure and platform, while enabling each partner and region to retain ownership of their data and full control over its use and governance.



Reduces operating costs and improves access to technical solutions



Powers sustainability and scalability



Fosters innovation and expands value across sectors



Independent governance with national collaboration

CSS Mission

To assist member organizations in achieving economies of scale, pooling innovation efforts, and implementing best practices

- Data prioritization, funding, and relationships remain locally controlled
- CSS customers participate in governance and strategic decisions
- Technology is designed for reuse and operational efficiency



Housekeeping

Chat panel	• For technical issues, message the host (private). • For questions or responses related to meeting content, message everyone.
Q&A	• Please use Q&A to ask questions, “upvote” and/or respond to existing conversations.
Closed captioning	• To enable automatically generated closed captioning, click the CC icon in the bottom of your screen. If you don’t see CC, select “More.”
Raise hand	• To ask the host to unmute your line, click the raise hand icon next to your name.
Feedback poll questions	• Near the end we’ll ask a few poll questions to help us plan for future sessions.



Today's Speakers

Megan Tompkins, MPH, Director of Data Modernization, CSTE

Shaily Krishan, MPH, Manager Surveillance & Informatics, CSTE

Gillian Haney, Director of Surveillance and Informatics, CSTE

Laura Conn, eCR Program Lead, CDC

Joel Hartsell, eCR Program Lead, APHL

Session Flow

Reportable Condition Authoring, Tools, Best Practices & Incorporating New Consensus Criteria

5m	20m	30m	5m
Welcome CSS	eCR foundations CSTE	Real-world questions and group discussion PHAs + CSTE + CSS	Poll & Closing CSS

eCR infrastructure & resources

- How data flows: EHR → AIMS / RCKMS → PHA
- RCKMS.org: content repository & training
- eCR Consensus Criteria & onboarding
- CSTE eCR Workgroup & CSTE Connect

Discussion Threads

1

Authoring strategy

Which conditions, in what order, and how to expand

2

Data quality

Consensus criteria and balancing migration from legacy processes and systems

3

Volume & peer support

Duplicate reports, routing, communities



CSTE

RCKMS, authoring resources & national eCR support



CSS

Common themes from Wave 1 IC projects



Wave 1 PHAs

Bring questions, wins and blockers

● Agenda

1

**eCR Infrastructure &
Consensus Criteria**

3

Centralized Tools

5

**eCR Community
Resources**

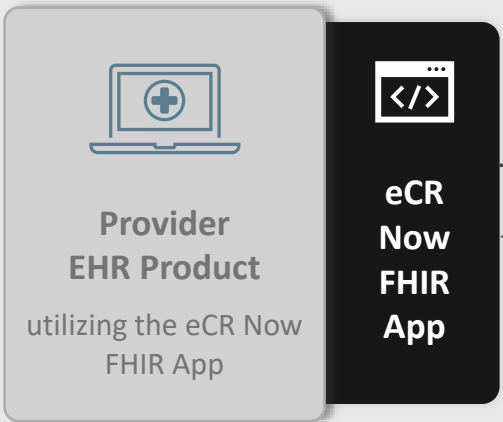
2

eCR Onboarding

4

**RCKMS Content &
Authoring Support**

Healthcare Providers



eCR Infrastructure

TRIGGERING SETUP



AIMS Platform

Trigger Codes & Timing Parameters

Electronic Reporting and Surveillance Distribution System (eRSD)

Decision Support Engine

Reportable Condition Knowledge Management System (RCKMS)

Centralized Tools

(Text to Code, Terminology Exchange Service, eCR Refiner, Difference in Documents, Query Connector)



eICR & RR

eICR & RR

Public Health Agency

where care was provided



Public Health Agency

of patient residence



eCR Consensus Criteria



- Designed to ensure EHR products/ HCOs can send specific data elements with completeness thresholds
 - Tested during early onboarding stages to address data quality
 - Separates IG conformance testing from data quality
 - Reduced variation in PHA requirements for EHR product onboarding, initial HCO implementation & PHA validation
- Published February 2026: <https://libraries.cste.org/wp-content/uploads/2026/07/CSTE-eCR-Consensus-Criteria-20260204.pdf>

52 Priority Dealbreaker Data Elements (See **Table 1** in document for more details)



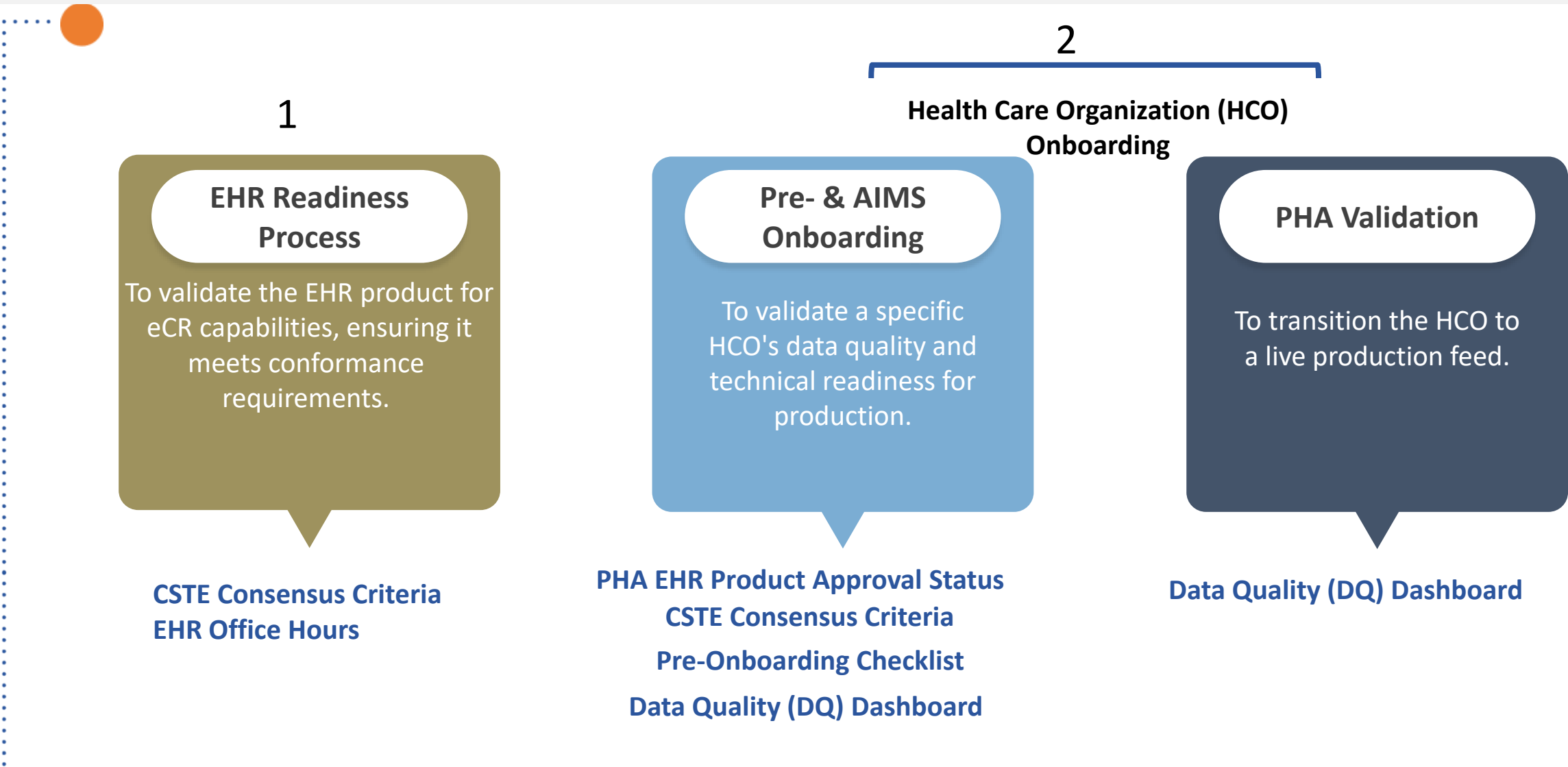
- Data elements included in the eICR Implementation Guide and the DQ schematron
- Essential to public health functions
- Impact overall eCR data quality and reliability, RCKMS rules function
- May be legally required by jurisdiction(s)
- In alignment with US Core Data for Interoperability (USCDI) version 3 where applicable

EHR products and HCOs will be required to support these dealbreaker data elements. If any of these data elements are not supported, some public health agencies may not accept data from sending organizations.

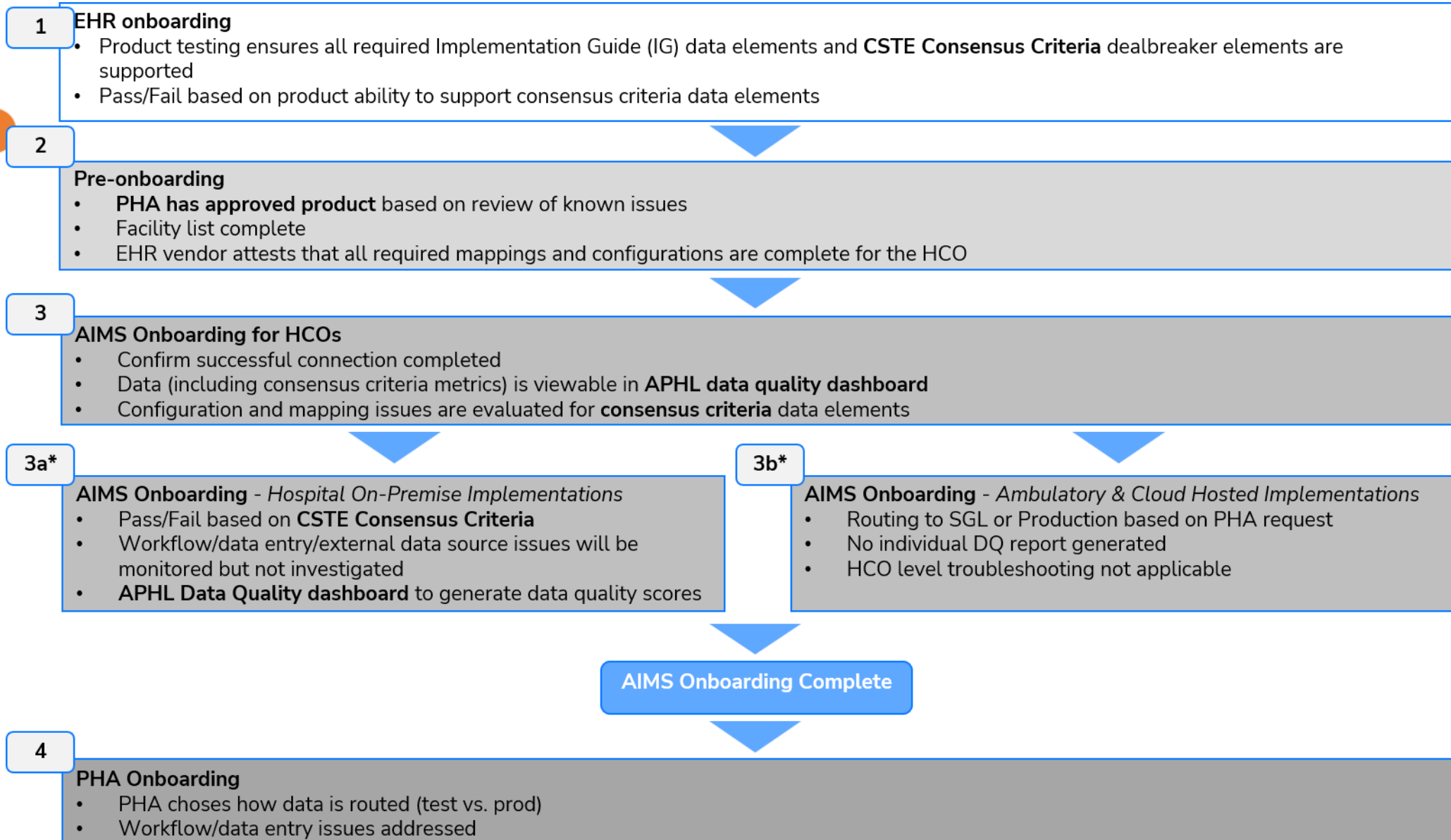
Onboarding Process Overview



Streamlining onboarding with a structured, phased approach built on shared responsibility and clearer requirements.

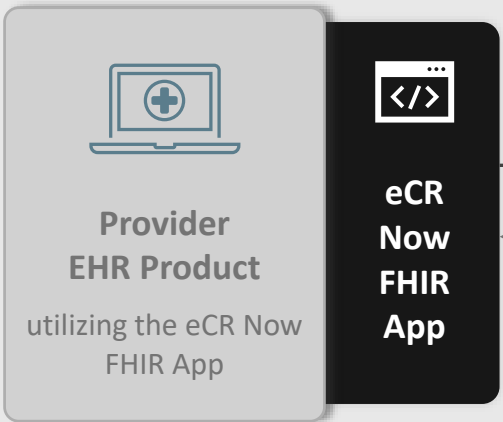


Onboarding Process Overview



* In process of operationalizing

Healthcare Providers



eCR Infrastructure

TRIGGERING SETUP



AIMS Platform

Trigger Codes & Timing Parameters

Electronic Reporting and Surveillance Distribution System (eRSD)

Decision Support Engine

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(Text to Code, Terminology Exchange Service, eCR Refiner, Difference in Documents, Query Connector)



Public Health Agency

where care was provided



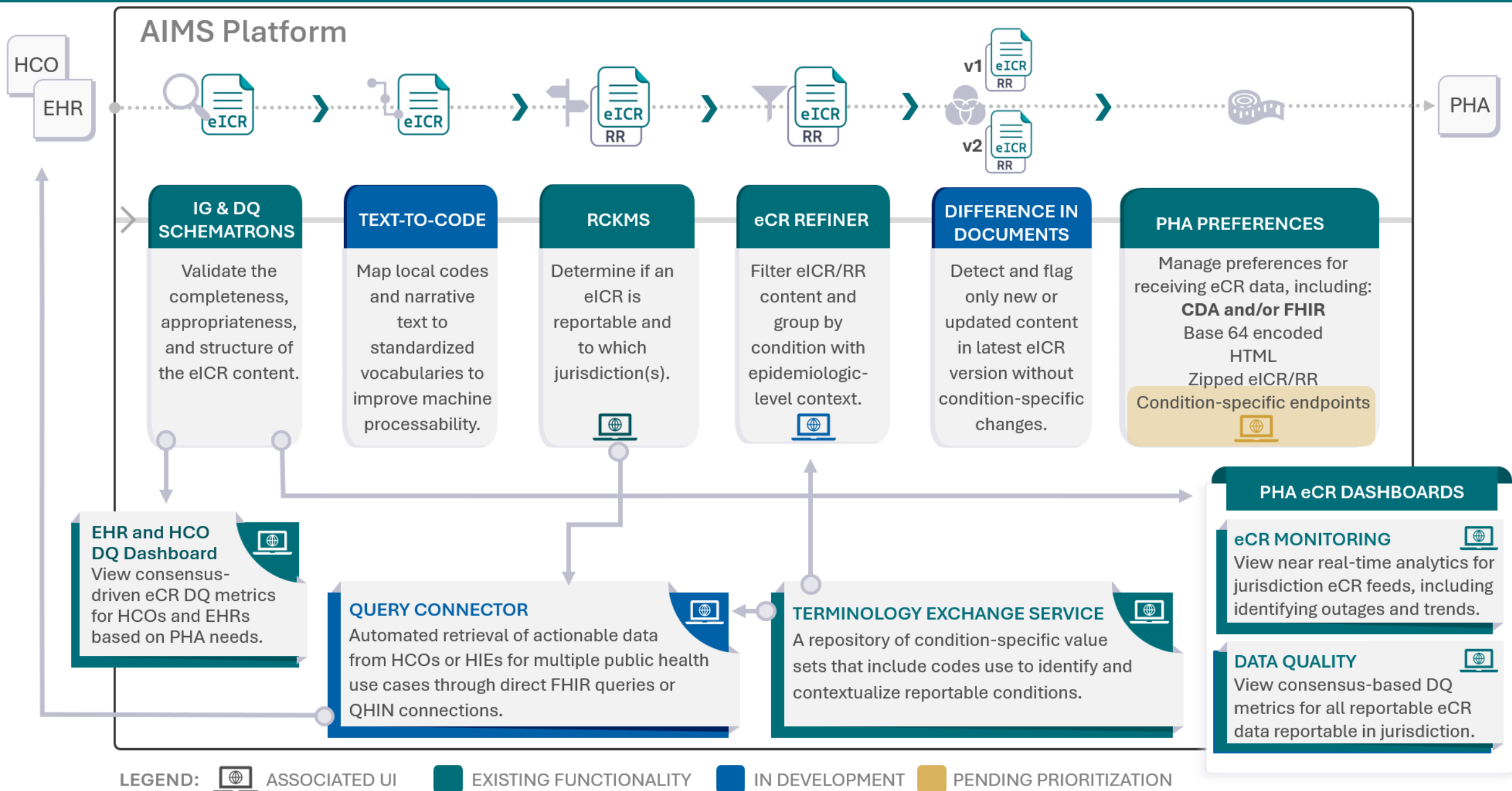
eICR & RR

Public Health Agency

of patient residence



eICR & RR



RCKMS Content Development & Maintenance



- Reporting specifications provide reportability requirements for each jurisdiction
- Based on HL7 eICR implementation guide requirements & operationalized using value sets based on standard clinical vocabularies (LOINC, SNOMED, ICD10CM, etc.)
 - Reporting Specifications for implementation into the RCKMS tool Authoring Interface
 - Reportable Condition Trigger Codes (RCTC) for use by Electronic Health Record (EHR) applications, healthcare providers to facilitate eCR
- Content for [262 conditions](#) currently available in RCKMS, includes infectious & non-infectious diseases
 - 2 Content Releases with new & updated materials
 - Materials available at: <https://www.rckms.org/content-repository/>
- Activities overseen by CSTE
 - RCKMS Content Team includes CSTE staff lead and contractors with epidemiology/ terminology expertise (J Michael Consulting)

RCKMS Authoring Support



- Activities overseen by CSTE
 - Support available to 78 jurisdictions utilizing RCKMS:
<https://www.rckms.org/rckms-authoring-support-team/>
 - Training modules: <https://www.rckms.org/rckms-training-modules/>
 - Support for authoring, eICR and RR troubleshooting, and other RCKMS-related support needs (e.g., new user support)
 - Monthly RCKMS jurisdiction Support sessions available
 - 1 Consultant - RCKMS ASA (Authoring Support Associate)
- Submit authoring and troubleshooting requests through the eCR AIMS Service Desk
 - <https://aphlinformatics.atlassian.net/servicedesk/customer/portal/23/group/75>

- Managed by CSTE
 - Established in February 2023; meets monthly on 3rd Tuesday at 4pm ET
 - Co-chairs: Sara Mader (WI), Becca Sandahl (CO)
- Purpose of workgroup: To improve eCR implementation across PHAs through informing policy and procedures; facilitate information sharing and identifying best practices regarding eCR processes
- Workgroup members: PHAs participating in eCR implementation activities and CDC/APHL partners

APHL eCR DQ Workgroup



Purpose: A monthly, APHL-hosted technical forum that provides eCR program updates and promotes discussion and information sharing to support understanding and improving eCR data quality and transmission, including topics related to the AIMS platform, eCR tools and products, onboarding and implementation practices, and regulatory updates.

Intended Audience: Staff from state, local, territorial, and tribal public health agencies (PHAs) participating in eCR implementation

Cadence: Every second Tuesday of the month

How to join: If you or a colleague would like to join the eCR DQ Workgroup distribution list, please complete [this participation form](#).

Confluence access: For more information and resources, see the [eCR Knowledge Management Space](#) on Confluence, including materials from previous [eCR Data Quality Workgroup Meetings](#).

Appendix



Resource Links



- More information at [RCKMS.org](https://rckms.org)
- RCKMS Trainings on [CSTE Learn](https://cstelearn.org)
- Electronic Reporting and Surveillance Distribution (eRSD): <https://ersd.aimsplatform.org/#/home>
- eCR Consensus Criteria: <https://libraries.cste.org/wp-content/uploads/2026/07/CSTE-eCR-Consensus-Criteria-20260204.pdf>
- <https://www.cdc.gov/ecr/index.html>
- <https://ecr.aimsplatform.org/>
- HL7 Standard Implementation guides:
https://www.hl7.org/implement/standards/product_brief.cfm?product_id=436
- To join CSTE eCR Workgroup: <https://app.smartsheet.com/b/form/a245ab3c0b754161a9759a6a437c39cf>
- **[CSTE Connect](#)** facilitates information sharing/ ideas exchange/ troubleshooting/ eCR resources:

eCR Consensus Criteria Dealbreaker Data Elements: 95%, 80%, 75% completeness thresholds



95%

eICR Section	Data Element
Encounter	Date of Diagnosis (Encounter)
Encounter	Diagnoses (Encounter)
Encompassing Encounter	Encompassing Encounter Code
Encompassing Encounter	Facility Address
Encompassing Encounter	Facility ID Number
Encompassing Encounter	Facility Name
Encompassing Encounter	Facility Type/Hospital Unit
Encompassing Encounter	Healthcare Organization Address
Encompassing Encounter	Healthcare Organization ID
Encompassing Encounter	Healthcare Organization Name
Encompassing Encounter	Visit Start and Admission Date/Time
Header	Date of the Report
Header	Document ID
Header	Set ID
Header	Version Number
Header	Patient Address
Patient	Patient Birth Date
Patient	Patient Gender
Patient	Patient ID
Patient	Patient Name
Problems	Date of Diagnosis
Problems	Diagnosis/ Symptom Code

80%

eICR Section	Data Elements
Encompassing Encounter	Provider Address
Encompassing Encounter	Provider Name
Encompassing Encounter	Provider Phone
Patient	Patient Phone

75%

eICR Section	Data Elements
Results	Result Observation Code
Results	Result Observation Value

eCR Consensus Criteria Dealbreaker Data Elements: No completeness thresholds*



eICR Section	Data Elements
Encounter	Encounter Disposition
Encompassing Encounter	Discharge Date/Time
Header	Custodian Address**
Header	Custodian ID**
Header	Custodian ID – Extension**
Header	Custodian Name**
Immunizations	Immunization Date
Immunizations	Immunization Vaccine Code
Medications	Medication Administered (list)
Medications	Medication Administration Time
Patient	Date of Death
Patient	Death Indicator
Patient	Ethnicity
Patient	Preferred Language
Patient	Race
Problems	Date of Onset
Reason for Visit	Reason for Visit
Results	Result Observation Interpretation
Results	Result Observation Reference Range
Results	Specimen Collection Date
Results	Specimen ID
Results	Specimen Source
Results	Specimen Type
Social History	Pregnancy Value (Pregnancy status)

***Data elements with no thresholds; must be EHR product supported**

eCR Validation Checklist (See **Appendix A** in eCR Consensus Criteria document for more details)



- All conditions triggering using the most recent version of the Electronic Reporting and Surveillance Distribution (eRSD)
- EHR/ HCO must maintain the latest version of the eCR Now FHIR App in alignment with their EHR release cycle when appropriate
- Required use of HL7 electronic initial case report (eICR) and Reportability Response (RR) standards for electronic case reporting (eCR)
- HCOs provide a list of unique facilities/ clinics going live
- HCOs/EHRs must closely align to AIMS trigger timing guidance
- EHR/ HCOs must address all schema violations
- Use of LOINC for transmittal of lab test results
- The HCO key contact(s) must confirm receipt and access to Reportability Responses
- EHRs must include the EHR name, product number (or FHIR App Version), within the eICR document

EHR Readiness Process



1

Kickoff

EHR product expresses interest in eCR to CDC and receives resources and requirements.

Exit Criteria: EHR product completes Intake Form and confirms they understand requirements.

2

Development

EHR product develops product receiving support from eCR Team during monthly office hours.

Exit Criteria: EHR product submits eCR Data Needs Workbook and confirms they will meet eCR Consensus Criteria.

3

Testing

EHR product conducts QA and then submits eCR test scenarios that conform to IG and CSTE Consensus Criteria.

Exit Criteria: eCR Testing Team confirms EHR product supporting eCR Consensus Criteria based on test scenarios.

4

Initial Implementers

EHR product onboards a small number of initial implementers, complete soft go-live with production data to test IG conformance and CSTE Consensus Criteria.

Exit Criteria: eCR Leadership approval. Initial Implementer HCOs meet all eCR Consensus Criteria and completeness scores.

5

General Availability

EHR's eCR Product now available for onboarding customers. EHR continues to address DQ needs using DQ Dashboard as support.

HCO Onboarding Process



1

Pre-Onboarding

PHA pre-approves product and **EHR product completes pre-onboarding checklist**. Facility list is completed correctly, and EHR has confirmed all required mappings and configurations are complete.

Exit Criteria: PHA approved product with completed facility list and confirmation of completion of mappings and configurations.

2

AIMS Onboarding

HCO begins soft go-live, EHR vendor/HCO review completeness scores in **APHL DQ Dashboard** and ensures that the HCO meets **CSTE eCR Consensus Criteria** thresholds.

Exit Criteria: HCO passes all CSTE eCR Consensus Criteria Scores.

3

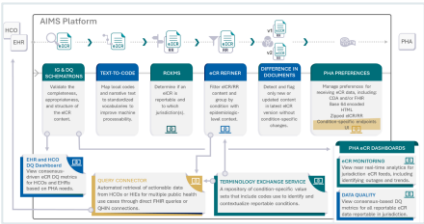
PHA Onboarding & Validation

PHA chooses how data is routed (test vs. prod), HCO addresses data entry/workflow issues, and HCO continues to refine data quality at the direction of PHA.

Exit Criteria: High-quality data is received by PHA, allowing a reduction of required manual reporting.

Centralized Tools on the AIMS Platform

One shared pipeline for every jurisdiction — flexible enough to tailor to PHA-specific needs.



See Confluence for the full pipeline diagram

Goal: Implement tools once, centrally, with the flexibility to tailor to PHA-specific needs — so every jurisdiction benefits at the same time, without duplicating engineering effort locally.

- Reduce duplication across jurisdictions
- Accelerate time to implementation
- Enable consistent, efficient use of eCR data
- Support sustainable, scalable, modular tools

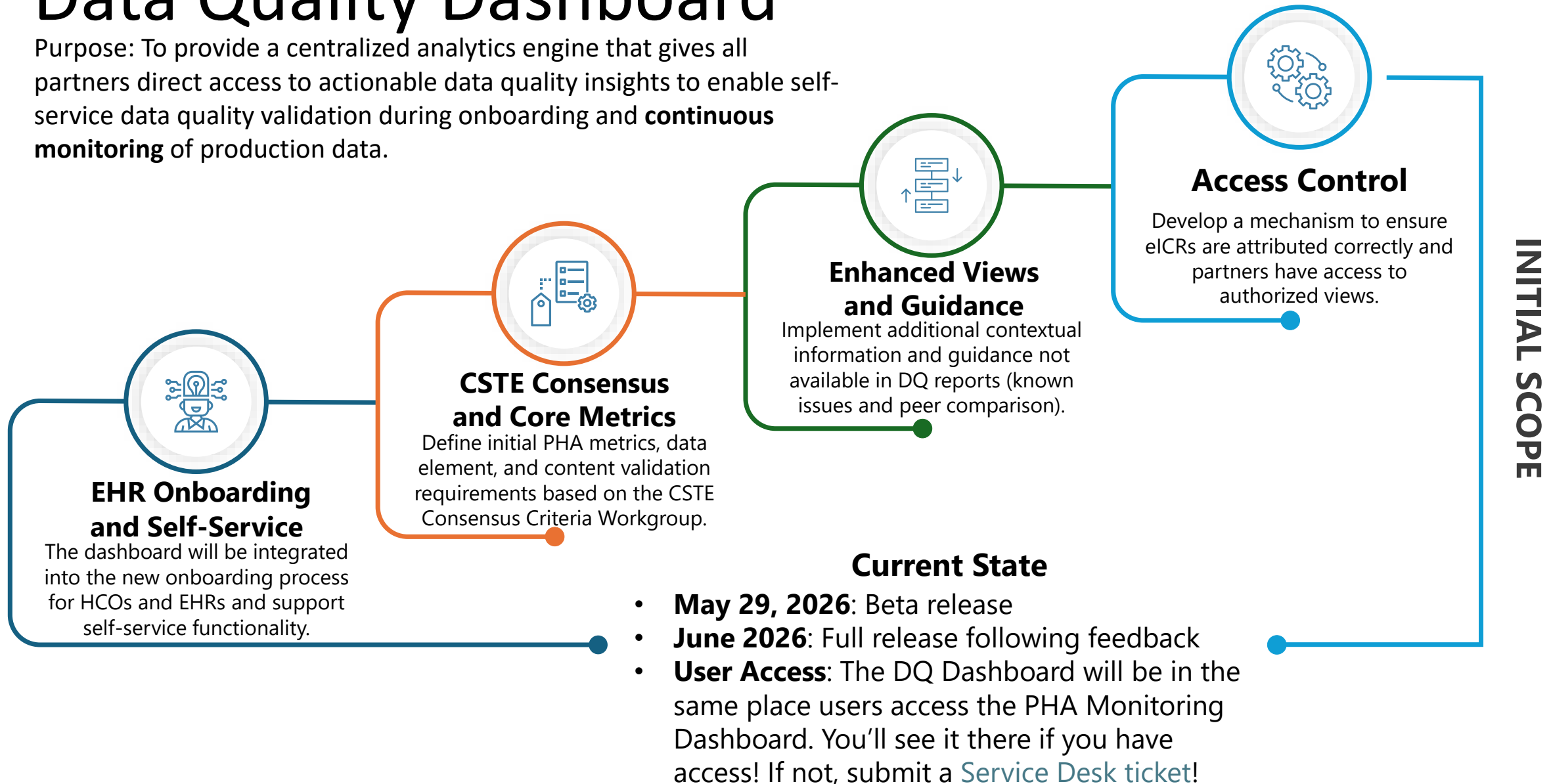
AIMS PLATFORM

★ = the 4 priority centralized tools



Data Quality Dashboard

Purpose: To provide a centralized analytics engine that gives all partners direct access to actionable data quality insights to enable self-service data quality validation during onboarding and **continuous monitoring** of production data.





Session Prompts

1

Authoring Your Conditions

- Which conditions has your agency authored in RCKMS, and how did you prioritize them?
- What would you add next, and which program areas need to be at the table?
- Where are you unsure how much to tune criteria for your jurisdiction?
- If you could ask one other PHA in this room how they handle authoring, what would you want to know?

2

Onboarding & Data Quality

- How are you using the eCR Consensus Criteria and DQ Dashboard with HCOs?
- When an HCO misses a threshold, how do you decide whether to go to production?
- What would it take to turn off legacy reporting?
- How do you keep up with CSTE's content releases and version updates? Is that someone's dedicated responsibility, or does it compete with other duties?

3

Managing eCR Data & Support

- How are you handling duplicate or repeat case reports?
- How do you route eCRs to the right surveillance systems?
- Where do you go for peer support, and what is still missing?
- What's a mistake (big or small) your agency made early on that you'd warn others about?
- What's one resource, template, or tool you wish existed to make this work easier?

Please Share: a win, a blocker, or a question you want the group to tackle.



Polling

1

Overall, how would you rate today's session?

Poor

Fair

Good

Very Good

Excellent

2

How relevant was today's content to your agency's current work?

Not relevant

Somewhat relevant

Very relevant

3

Do you have open questions, or would your agency want TA support?

Yes, I have questions

Yes, we'd want TA support

No, I'm all set

If yes, describe what you need

4

What topics would you like to see covered in future sessions?

Share topic ideas for future sessions

Your feedback shapes the rest of the series. Find the poll in your webinar window now.

Thank You!



More Sessions Coming Soon

Upcoming dates and topics will be posted on the webinar series page. Your CSS PM will also share updates.

[Visit the Webinar Series Page →](#)



Questions?

Have a question about this session or the series? Email the CSS team.

phdmic-css@crisphealth.org



Watch your inbox: for the recording, slides, FAQ, and additional resources within a week.