



CRISP
Shared Services

A graphic consisting of a solid yellow circle on the left, connected by a vertical dotted line to a horizontal dotted line that extends across the top of the slide.

**TEFCA & Public Health – eCR
and Query for Case
Investigation**

October 15, 2024



● TEFCA Public Health Use Cases

While Public Health generally is a TEFCA Permitted purpose, we know that stakeholders have prioritized eCR as the first use case to exchange data under this purpose.

In addition to creating efficiencies in the case reporting processes, STLTs have expressed challenges in the next step of the reportable condition workflow, which is Case Investigation.

Frequent challenges include:

- Often needing to request medical records manually from each facility
- Individual credentialing to each facility's EMR to pull relevant records
- Some facilities don't offer access at all to their EMR, which results in delayed information or lack of information all together
- Medical records from outside the STLTs jurisdiction may not be accessible at all



● Case Investigation User Story

- I am a public health investigator. I have received an ecase report about a specific condition.
- I need to access additional clinical records to review relevant information about the diagnosis and prognosis in order to complete a full case investigation.
- I may use the additional information to further inform patient interviews or propose recommendations



● CDC: TEFCA Early Demonstration

- In alignment with the CDC's Public Health Data Strategy Milestones for 2024/2025, CSS partnered in supporting the early advancement of the following 2024 milestone:
 - CDC launches at least two public health use cases for TEFCA such as to query data from healthcare settings for urgent public health investigations. (<https://www.cdc.gov/ophdst/public-health-data-strategy/phds-milestones.html>)

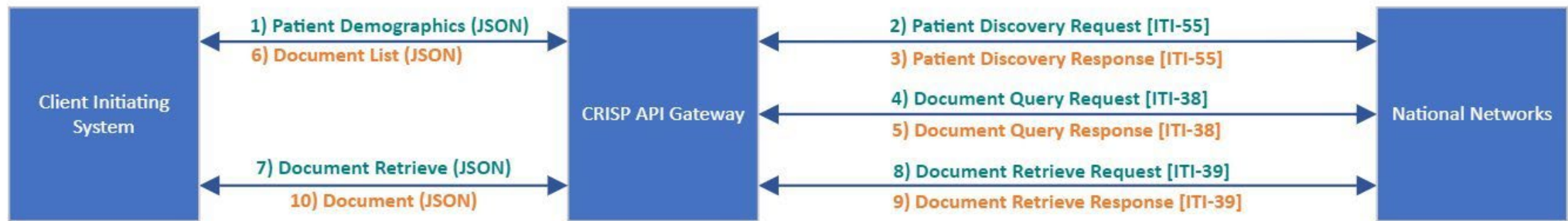


● CDC: TEFCA Early Demonstration

- CSS engaged 3 initial PHAs to lead the charge in leveraging TEFCA for case investigations
 - Maryland Department of Health
 - Fairfax County Department of Health
 - Alaska Department of Health
- CSS built a public health-specific portal to enable individual queries across the TEFCA network



● Technical Specs



Data Flow Legend:

- Request towards National Networks
- ← Response towards Client Initiating System

CSS Interface



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SWITCH HIE

MY HIE ADMIN(S)

SEND FEEDBACK

PRODUCT UPDATES

JACK JAHRIES

LOGOUT

HOME

Search Applications & Reports



This query portal is for authorized use only. By using this system, all users acknowledge notice of, and agree to comply with, MD Public Health Authority's Participation Agreement ("PA") and MD Public Health Authority Policies and Procedures. Click here to review the policies and procedure. MD Public Health Authority uses a privacy monitoring tool to ensure all users are adherent to an approved policy or use case. By continuing to use this system you indicate your awareness of and consent to these terms and conditions of use.

Patient Search

First Name * Last Name *

Date of Birth * Gender

SSN

Search Results

First Name	Last Name	Date of Birth	Gender	Address	Match Score
GILBERT	GRAPE	01/01/1984	Male	4145 Earl C Adkins Dr, RIVER, WV, 26000	117 - probable
Gilbert	Grape		Male	1620 Eye Street, NW, Washington, DC, 20006	117 - probable
Gilbert	Grape		Male	123 Fake Road, Faketown, Fakestate, 12345	117 - probable
GILBERT	GRAPE		Male	123 AUDACIOUS LANE, BALTIMORE, MD, 21245	117 - probable
Gilbert	Grape		Female	28 Artisan Park, Birmingham, Alabama, 24849	117 - probable

Select App

Clinical Information

Your Dashboard

For applications requiring patient context, please start by using the Patient Search interface above.

Clinical Information Test

Clinical Information Demo

InContext Dev

CRI - Troubleshooting

User Guide & Help



● Post Go-live Feedback

- Three PHAs went live in July
- Confirmed data could be sent and received
- PHAs were happy with the user experience and integration into their workflow
- After data was not returned for many queries, the PHAs largely stopped querying over the TEFCAnetwork



● Initial Feedback: Data not available due to “minimum necessary” concerns

- "Minimum necessary" is typically a conversation, rather than a set of data elements
- Because automatic data exchange is not a "conversation," this issue is often brought-up by early adopters as an issue / concern and a reason PROVIDERS do not provide data to public health agencies automatically through a network
- If OCR were to promulgate or suggest standardized / agreed upon data elements for typical public health use cases, that may alleviate the concerns, and we think may be the most impactful way forward; alternatively, OCR could provide subregulatory guidance that gives automate requests/representations from PHAs a presumption of reasonableness on which covered-entities could rely
- The community could also consider piloting “minimum necessary standards” based on use cases



Initial Feedback: Data not available due to jurisdictional concerns

- We have heard that providers have concerns for patients' privacy and potential criminality if other jurisdictions are permitted to query for "public health" cases
- Potential solutions include:
 - Limiting queries / responses based on jurisdiction(s)
 - Creating agreed-up reportable conditions / events across jurisdictions
 - Allowing more patient transparency / Accounting of Disclosures

