**IMPLEMENTATION OF EMR REPORTING FROM ESP TO MAVEN**

On-Boarding and Validation

**Document Version 3.0**

**Prepared by the Massachusetts Department of Public Health and the Department of Population Medicine at Harvard Medical School and Harvard Pilgrim Health Care Institute on behalf of the Massachusetts Department of Public Health.**

esphealth@harvardpilgrim.org

**May 30, 2023**

**Modification History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modification** | **By** |
| 1.0 | 11/10/2017 | * Original circulated version
 | MDPH/DPM |
| 1.1 | 4/24/2018 | * Edited language to make steps 5-8 clearer
 | MDPH/DPM |
| 1.2 | 5/28/2018 | * Edited language to make steps clearer
 | MDPH/DPM |
| 2.0 | 9/26/2022 | * Updated notifiable conditions reported via ESP
* Added meeting to review HIV mapping to step 2
* Edited language to make steps 7-8 clearer
* Updated site resource expectations for step 10
 | MDPH/DPM |
| 3.0 | 5/30/2023 | * Edited language/steps to be more generalizable
 | MDPH/DPM |

*Intent:* Provide an overview of all steps needed to have case reporting fully implemented for a reportable condition for participating clinical sites. Additional details for certain steps are in the ESP Validation Guidance.

1. **BACKGROUND**

The Electronic Support for Public Health (ESP) platform enables electronic reporting of incident cases of select notifiable diseases (including HIV, HCV, HAV, HBV, chlamydia, gonorrhea, syphilis, TB, anaplasmosis, and babesiosis) and continuum of care (i.e., longitudinal, prospective) information for a subset (HIV, HCV) to the Massachusetts Department of Public Health (MDPH). Information extracted from electronic medical records is reported to MDPH’s web-based surveillance system, MAVEN, via ESP.

Case detection algorithms have been developed for several notifiable diseases ([see ESP public wiki](https://espnet.atlassian.net/wiki/spaces/EP/pages/93585410/ESP%2BAlgorithms)). These case detection algorithms have been preliminarily validated at other ESP sites. **Each case detection algorithm must be validated at each site following the process described in the next section.**

1. **PROCESS**

This section outlines the necessary steps for MDPH to bring electronic case reporting for selected diseases to Production in collaboration with the participating clinical site, Commonwealth Informatics, Inc. (CII), and the Department of Population Medicine (DPM) at Harvard Medical School & Harvard Pilgrim Health Care Institute.

Routine meetings (e.g., monthly) with technical representatives from MDPH, DPM, CII and the site will facilitate the process. These meetings should occur more frequently (e.g., weekly) as the team moves closer to production.

 NOTE: VPN access is required for CII staff to the site-hosted ESP server for initial setup and configuration. If VPN access is also granted for ongoing maintenance and support, it removes that responsibility from the site, and allows CII to perform monitoring and troubleshooting.

**Step 1: Establish Connectivity in the Health Information Reporting Portal (HIRP) [for new sites only]**

Data can be sent to the HIRP via a webservice.

1. MDPH will provide the site with software and username/password key and .properties file. Instructions and support will be provided.
2. CII will help the site install the software, configure ESP to reference the installation, and establish connectivity to the staging portal.

*Estimated time frame:* 2-4 weeks

**Step 2: Map Local Codes from ESP to MDPH [for new sites and for new algorithms at active sites]**

In order to receive messages in the HIRP, local codes from each site’s EMR must be mapped to standardized codes.

1. The site, with assistance of SQL scripts provided by CII, will create a comprehensive, consolidated report of lab tests mapped for the case detection algorithm (“MAPPED LABS REPORT”). *Note there is no PHI involved in these reports.*
2. With assistance from the site, MDPH staff will determine the appropriate LOINC (test) and SNOMED (result) codes recognized by HIRP for each lab test and update the MAPPED LAB REPORT.
	* 1. Non-test variables (e.g., diagnosis codes, treatment information, etc.) will be mapped to MDPH standard codes in the same manner.
		2. MDPH staff will assist with mapping non-test variables to codes recognized by HIRP.
		3. For HIV and as needed for other conditions, MDPH, DPM, CII, and clinical staff at the site should meet to review LOINC/SNOMED mapping assignments and finalize.
3. MDPH will create a site-specific domain in the HIRP staging (test) portal and give the appropriate people access (site staff and CII, if appropriate).
	* 1. CII will train the site on how to update the ESP conf\_labtestmap table with the MDPH approved LOINC and SNOMED codes.  The site will then update this data in ESP.
		2. The site, after training, will update the ESP conf\_labtestmap table and the portal with all approved mappings.

*Estimated time frame: 2-6 weeks per condition*

**Step 3: Validation of ESP Detection Algorithm against Site’s EMR**

1. The site, with assistance of SQL code provided by CII (dependent on EMR system), will create a list of cases identified by ESP at the site during a specified time period (“ESP CASE LINE LISTING REPORT”). *Note that this report does contain PHI.*
	1. The site will use this list to confirm the case status via EMR/chart review. The site will summarize their findings and report to MDPH on their findings.
	2. The site will generate their own internal list of patients with the infection of interest and compare it against the ESP generated list, with support from CII. The site will summarize their findings and report to MDPH on their findings.
		1. Sensitivity, specificity, and positive predictive value (PPV) of the algorithm may be calculated by MDPH based on the findings.

*Estimated time frame: 1-2 months*

**Step 4: Validate ESP cases against MAVEN**

1. Once the above step is complete, MDPH will validate the list of cases identified by ESP (ESP CASE LINE LISTING REPORT) against what is already in MAVEN during the same time period by doing individual case look up. *Note that this report does contain PHI.*
2. MDPH staff will work closely with the site to understand any discrepancies and document findings.

*Estimated time frame: 4-6 weeks*

**Step 5: Message Syntax Validation**

This step can happen before, during, or after steps 3 and 4 are complete.

1. CII will train the site on how to generate messages transmit them accordingly.
2. The site will send sample messages to the portal.
3. MDPH will review sample messages and ensure that:
	* 1. Message syntax is correct and meets MA and other requirements.
		2. Messages do not create errors.

*Estimated time frame: 4 weeks*

**Step 6: Message Content Validation**

1. MDPH will review sample messages and ensure they match filespec- for example:
	* 1. All fields in the message are complete where appropriate.
		2. Data populate fields in MAVEN as expected.
		3. Deduplication is occurring as expected.
		4. Message creates case (as opposed to Unknown) events.
		5. Tests with numeric only results append appropriately.
		6. Prospective information (continuum of care data elements) append to prevalent cases already in MAVEN as well as to incident cases reported via ESP to MAVEN.
2. Incremental reporting will be permissible to the extent that is satisfactory to MDPH.
	1. For example, MDPH may decide that ESP can begin reporting cases before all continuum of care variables are accepted by MAVEN.

*Estimated timeframe: 4-6 weeks*

**Step 7: Data Element Validation**

During onboarding, CII and MDPH will work with the site to confirm that the data elements reported to MAVEN via ESP are correct and complete in comparison to what is in the EMR. *This will be done for a small number of cases (e.g., <5) for each algorithm and any time an algorithm is changed in some way.*

1. When new reporting fields are implemented and as needed, the site will pull medical charts for a random sample of cases identified by ESP. (If it is more efficient for an MDPH epidemiologist to conduct this step on-site at the clinic, that will be arranged.)
2. All data elements (listed in 1a-c from Step 6) will be tracked from EMR to MAVEN to ensure that these fields are complete, accurate, and consistent. MDPH/DPM staff will work closely with the site to complete this activity.
	1. CII will be available for technical assistance.

*Estimated timeframe: ~4 weeks*

**Step 8: Live Data Testing**

1. Once message syntax and content are validated, the site will send “live” (i.e. not historic) data to the HIRP staging site for continued testing for a period of at least 1 month.
	1. Connectivity from site LIVE implementation to HIRP Staging site is required.
	2. CII will be available to train the site on how to turn reporting to staging “live and automated” by implementing daily batch processing and case reporting for cases via toolkit of shell scripts/cron jobs.
2. For brand new ESP installations, MDPH will review live messages daily for syntax and content. When on-boarding new algorithms at existing ESP sites, this review will be done using batches of messages which are pushed up manually to the HIRP Staging site.
3. In addition, analysis will be done inclusive of all test messages received to identify any systematic issues (e.g., gaps in data, unnecessary defaults, etc.).

Live data testing by MDPH will occur for the first algorithm to be “turned on” by a new ESP site as well as any time a new algorithm is implemented at a site and anytime an algorithm undergoes a change. (Note for CII: this step will be handled “manually” for sites who have at least 1 algorithm in production.)

*Estimated timeframe: at least 4 weeks*

**Step 9: Moving to Production**

1. Once validation and testing activities are completed as indicated below, case reporting will move into production.
	1. Message syntax and content have been validated
		1. 100% completeness of mandatory variables.
		2. 80% completeness of supplemental/non-mandatory variables.
	2. Confirmation from MDPH that case detection algorithm is validated.
		1. All cases and messages expected to be in MAVEN testing should be there.
		2. If any cases or messages are missing, there must be documentation as to why they are missing and confirmation from MDPH whether or not this is acceptable.
2. CII will help the site ensure that the SFTP properties are correctly configured for the live site.
	1. Connectivity from site LIVE implementation to HIRP Production site is required.
3. CII will help the site implement the daily batch email report, which will help ensure that reporting is happening on a daily basis.

**Step 10: Ongoing Monitoring/Routine Maintenance and Additional Algorithms**

Once case reporting moves to production and is live, MDPH, CII, and the site will regularly monitor cases reported and conduct ongoing QA.

1. On a daily basis, MDPH will:
	1. Validate message syntax and content, following processes detailed in a separate document.
	2. Review connectivity, and the smooth flow of data.
2. On a daily basis, CII will:
	1. Send DPH and the site an automated report summarizing reported case counts daily, cumulatively, and in the last 30 days.
3. On a monthly or more frequent basis, CII will:
	1. Identify any new labs for reportable conditions and work with DPH to assign LOINCs and SNOMEDs.
4. On a quarterly and as-needed basis, the site will provide up to:
	1. 2 hours of clinical staff time.
	2. 5 hours of IT staff time.
5. On an annual basis, CII, DPH, DPM, and the site will:
	1. Review LOINC/SNOMED mapping for all conditions currently reported and update as needed.

When bringing on additional algorithms, MDPH, DPM, CII, and the site will work together to implement.

1. On a weekly basis during implementation, MDPH will:
	1. Validate algorithms and analyze test cases.
	2. Review connectivity, and the smooth flow of data.
	3. Collaborate with CII to ensure a smooth implementation.
2. On a weekly basis during implementation, the site will provide up to:
	1. 2 hours of clinical staff time.
	2. 5 hours of IT staff time (If CII has direct access, IT time is significantly reduced).