Interoperability Matters - Data Usability Workgroup
October 29, 2020
Agenda

- Welcome and Introductions - Mariann Yeager (10 minutes)
- Review Workgroup Charter - Didi Davis & Co-chairs (20 minutes)
- Introduce Carequality/Commonwell Joint Document Content Workgroup Work – Joe Lamy (20 minutes)
Interoperability Matters Structure

Public Advisory Forum

Leadership Council (Members Only)

Facilitate

Information Blocking WG

Data Usability WG

Emergency Preparedness WG

Sequoia Board

Align Mission

Support

Input

Input

Input

Input
Interoperability Matters Leadership Council

• Represents diverse perspectives from leaders in health IT
• Oversees Interoperability Matters public-private cooperative
• Provides strategic input to Sequoia board of directors
• Guides Sequoia’s strategic priorities and informs feedback to policymakers
• Sponsors Sequoia programs to lead in solving high impact challenges
• Assures maximum transparency and stakeholder engagement
• Leads in building education and resources for public good

Current Work
• Patient Matching
• Information Blocking
• Data Usability Workgroup
  2020/10/29 Launch

Future Work
• Emergency Preparedness Workgroup
• The next major challenge
### The Sequoia Project’s Members

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New Sequoia Members

- Audacious Inquiry
- Cureous Innovations
- Hawaii HIE
- Health InfoNet
- Texas eHealth Alliance
# Data Usability Workgroup Charter

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Meeting Logistics and Timeline

• Launch Schedule
  – Kickoff Call: October 29, 2020 3:00-4:00pm ET
  – Ongoing calls: Weekly, Thursday 3:00-4:00pm ET

• Process & Timeframe
  – Phase 1 - Administration and Prioritization
    • October 2020-March 2021
  – Phase 2: Developing Initial Drafts
    • April 2021-[TBD, based on project plan, but not to go beyond January 2022]
  – Phase 3: Public Comment Period/Recommended Next Steps
    • [TBD, based on end of Phase 2]-[60 days after start]
  – Phase 4: Finalizing Implementation Guides
    • [TBD, based on end of Phase 3]-[3 months after start]
Purpose

• Develop specific and pragmatic implementation guides on clinical content for healthcare stakeholders to facilitate health information exchange.

• Cover identified priority use cases, that are readily adoptable by health information exchange vendors, implementers, networks, governance frameworks, and testing programs.

• Target improvements necessary to enable semantic interoperability of health information to improve the usability of data received by end users within their workflows.

• Build on existing work (e.g. C-CDA Templates, ONC, USCDI V1, joint Carequality-CommonWell Document Content Workgroup) and coordinate with related SDOs and industry initiatives.
Scope and Key Deliverables

• Develop three implementation guides focusing on data quality and addressing each of the following high-level use cases:
  – Provider-to-provider health information exchange
  – Provider-to-Public Health Agency information exchange
  – Healthcare entity-to-consumer information exchange

• Initial focus will be identifying priority elements to address in each implementation guide.

• Limit each implementation guide to a set of recommendations that is reasonable for a technology provider to address in one major software version cycle (e.g. 18 months).
Workgroup Members

169 Organizations

230 Participants

Healthcare Providers: 20%
Health IT Developers: 17%
HIN/HIEs: 14%
Federal, State, Local Government: 12%
Health Plan/Payer: 10%
Consumer/Patient: 5%
Standards Developer: 4%
Other: 16%
Other: 12%
Public Health: 2%
Other: 10%
Workgroup Member Responsibilities

- Maintain personal involvement in Workgroup meetings and related activities
- Respect the confidentiality of discussions held in the Workgroup
- Publicly support the Workgroup activities
- Represent the necessary expertise to contribute to the development of the Workgroup deliverables and enlist feedback from the constituents represented
- Accept occasional assignment of tasks between Workgroup meetings.
Industry Led Implementation Guide Review
Carequality/Commonwell Joint Document Content Workgroup

- Top level implementation guide
  - Intended to be adopted by production exchanges and put through their adoption/governance process
- Complements lower level HL7 and IHE specs
  - Can feed back into them as needed
- Guidance and requirements for C-CDA content plus SOAP web services "pull" transactions
  - Push and subscription transactions considered but not added
- Mostly provider-provider or HIE, although some attention to rendering and end-user use cases
- Focus on treatment use case
- V1.0 (2018) and V1.1 (2019): focus on encounter summaries, clinical notes, relationship of patient and encounter summaries, USCDI
- V2.0 (2020): focus on workflow, lifecycle, IHE transactions, labs, and generation of encounter and patient summaries
- All versions include "smart senders" and "resilient receivers" best practices
Thank You!

Convene  Collaborate  Interoperate

For more information:
www.sequoiaproject.org