Interoperability MATTERS

an initiative of The Sequoia Project

Data Usability Workgroup

December 1, 2022

the sequoia project

Agenda

- Welcome, Introductions, Membership, Agenda and Workgroup Logistics - Adam Davis, MD – 5 minutes
- Workgroup Roadmap, Phase 3 and Phase 4 Plans – Bill Gregg, MD – 5 minutes
- Data Usability Public Comment Discussion and Edits – Didi Davis, Co-chairs and Workgroup - 50 minutes

Adam Davis, MD, Co-chair
Sutter Health

Bill Gregg, MD, Co-chair
HCA Healthcare

Didi Davis, VP
The Sequoia Project

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Workgroup Members

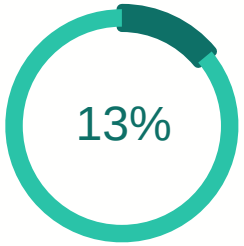
266 Organizations | **369 Participants**

Healthcare Providers

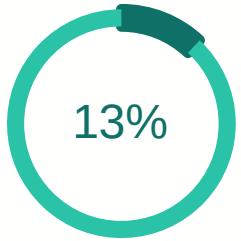
Health IT Developers

Other

HIN/HIEs



Federal, State, Local Government



Health Plan/Payer

Consumer/Patient

Standards Developer

Public Health

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Sequoia Member's Shape Interoperability for the Public Good

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Members Continued

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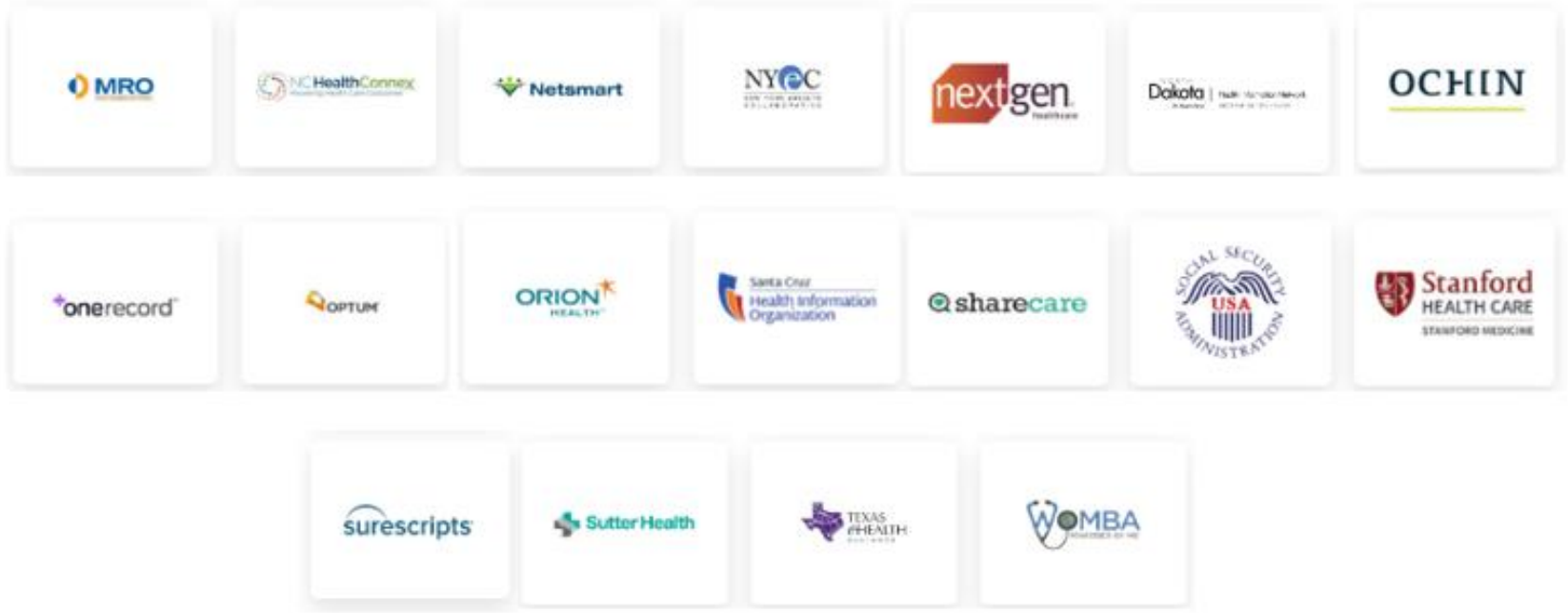
Members Continued



- CA Emergency Medical Services Association
- Cureous Innovations
- Hawaii HIE
- Health InfoNet
- Lyniate
- Mayo Clinic
- Mednition
- Parker Health
- Virginia HIE

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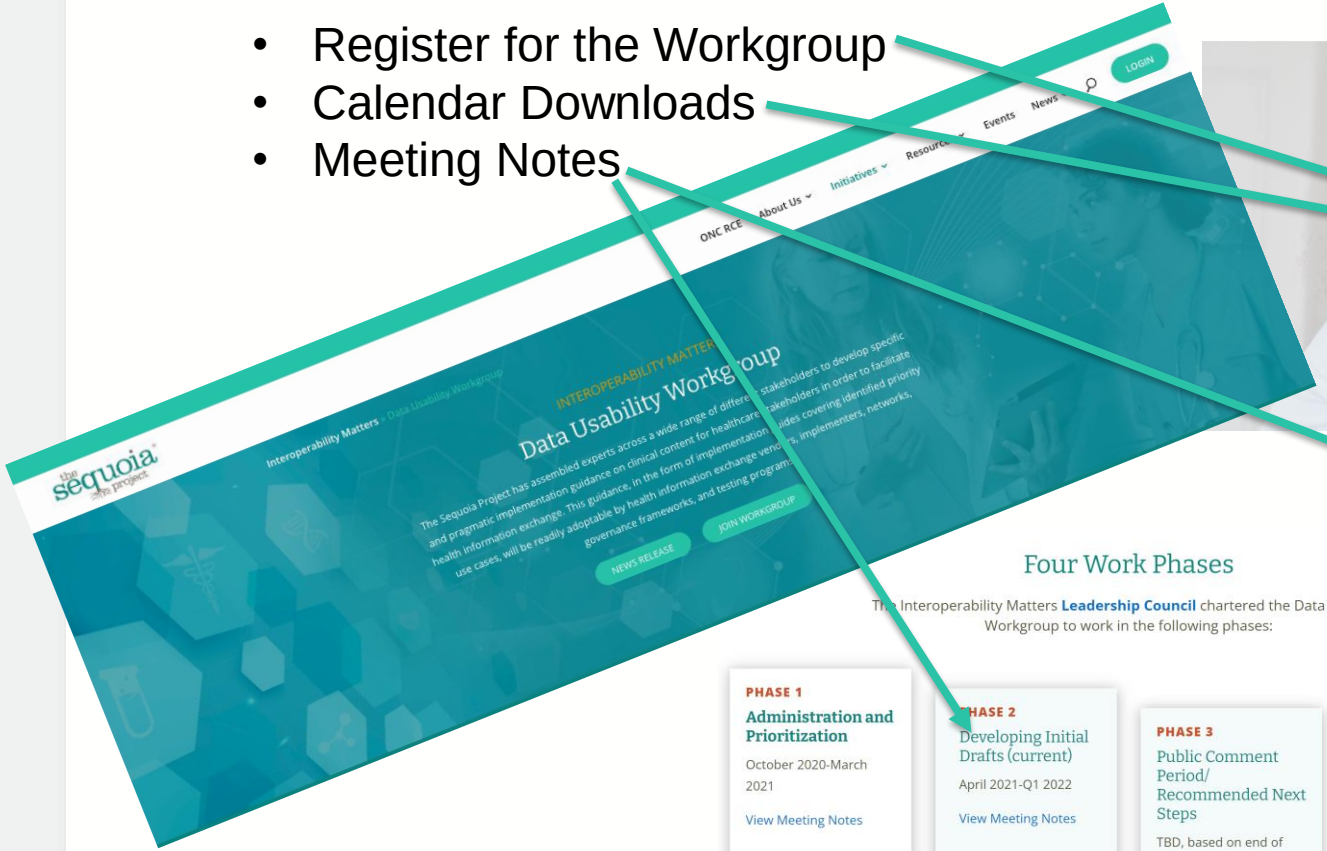
Website, Meeting and Workgroup Logistics

- Register for the Workgroup
- Calendar Downloads
- Meeting Notes



https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/
Interopmatters@sequoiaproject.org

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DATA USABILITY WORKGROUP ROADMAP

Phase 1: Administration and Prioritization

223 Organizations
351 Participants

October 2020
- Workgroup launches
- Open call for participation
- Priority work items discussed for scoping on Draft Implementation Guide
- Input on data usability pain points received, categorized, and prioritized

March 2021
- Workgroup votes on priority work items

Phase 2: Developing Initial Draft

April 2021
- Begin writing Draft Implementation Guide

June 2021
- Clinician Workshop gathers feedback from additional vendors and workgroup members

August 30, 2022
- Draft Implementation Guide published

Phase 3: Public Comment Period/ Recommended Next Steps

August 30, 2022
- 45-Day public comment period begins
- Sequoia Project works with industry partners and leaders to encourage and solicit feedback

October 14, 2022
- Public comments due

Phase 4: Finalizing Implementation Guide

December 14, 2022
- The Sequoia Project Annual Member Meeting
- Implementation Guide published

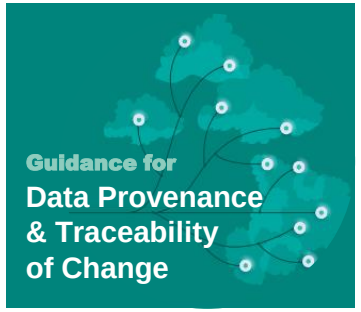
Continues through January 2023
- Industry vendor call to action for commitment to implement guidance

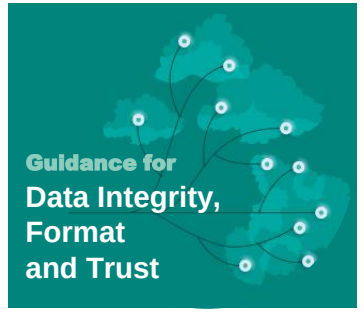
Iterate for future versions of Implementation Guide

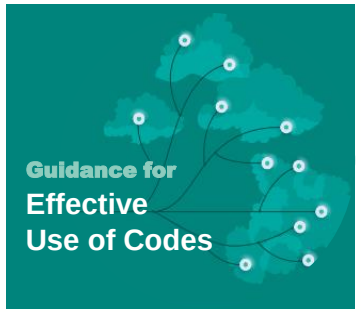
Weekly Meetings — **January 2022** — Monthly Meetings

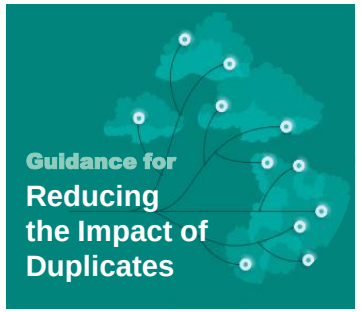
Implementation Guide Table of Contents

- Executive Summary & Phases Timeline
  - Phase 1 - Administration & Prioritization
  - Phase 2 - IG Development
  - Phase 3 - IG Public Comment
  - Phase 4 - IG Publication
- Statement of Intent
- Sections/Chapters
  - Six Topic Categories
  - Guidance with SHALL, SHOULD, MAY
- References
- Appendix A – High Priority Lab Results









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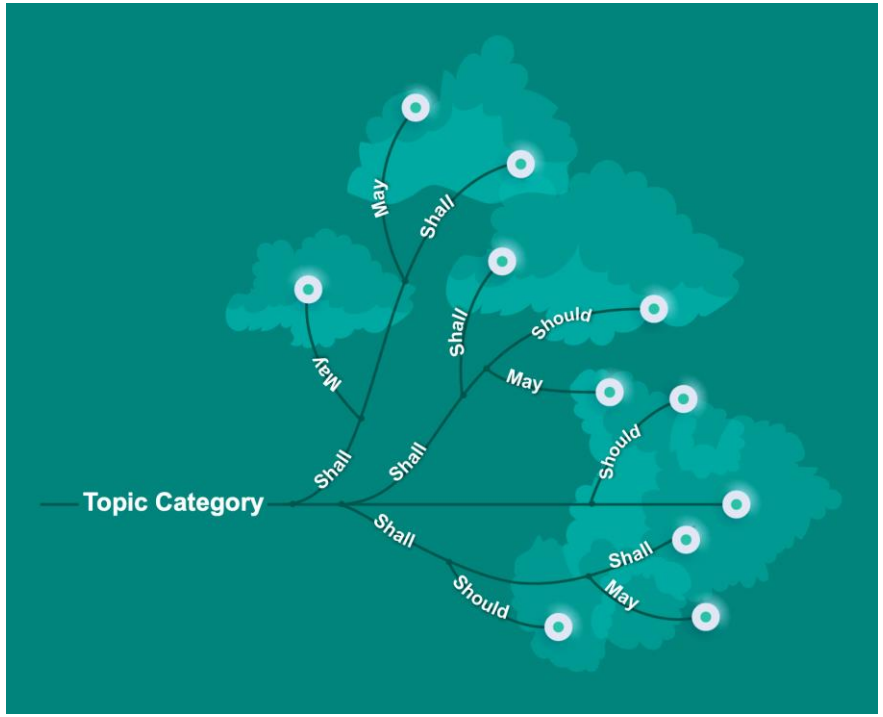
Use Cases

- Provider-to-provider health information exchange
- Provider-to-public health agency information exchange
- Healthcare entity-to-consumer information exchange

Section / Chapter Structure

- Problem statement
- Use Cases
- Existing Published Work
- Guidance
- Future Efforts



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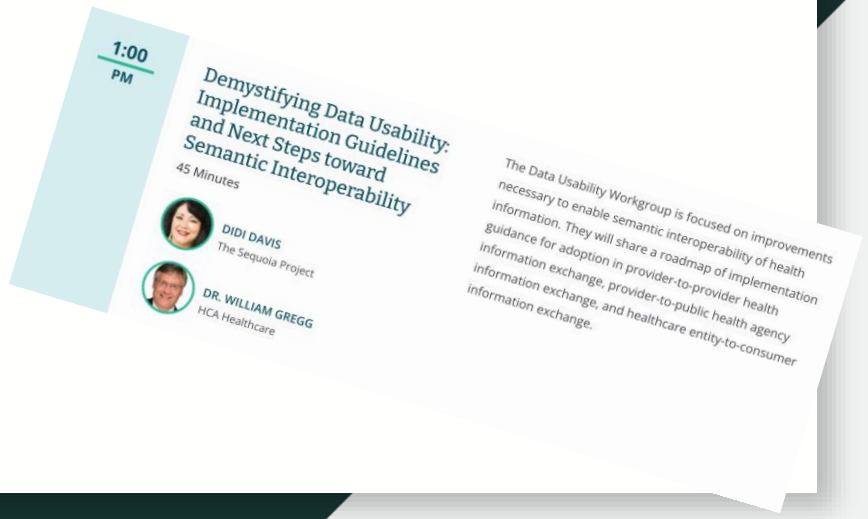
Phase 4: Finalizing Implementation Guide for Publication

- Comments will be disposed as they are received by the Leadership team and a summary will be socialized on the monthly workgroup meetings (first Thursday of each month) through December 1, 2022
- The Final Version 1 of the Implementation Guide will be published December 14, 2022
- The Implementation Guide will be highlighted at the in-person Sequoia Annual Member Meeting in Washington, DC
  - Grand Hyatt Washington
  - Register and Subscribe for Updates
  - https://sequoiaproject.org/2022-annual-meeting/



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Summary of Public Comment Received – 126 Comments from 16 Organizations

- Data Provenance & Traceability of Changes
  - 9 Commenters / 21 Comments
- Effective Use of Codes
  - 9 Commenters / 32 Comments
- Reducing the Impact of Duplicates
  - 8 Commenters / 17 Comments
- Data Integrity, Format and Trust
  - 10 Commenters / 17 Comments
- Data Tagging / Searchability
  - 10 Commenters / 16 Comments
- Effective Use of Narrative for Usability
  - 6 Commenters / 7 Comments
- Additional Feedback
  - 10 Commenters / 16 Comments

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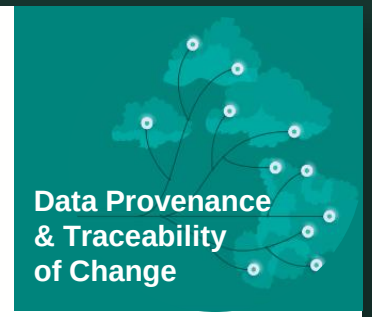

Public Comment Summary

- Problem Statement and Use Case word edits and hyperlink updates
- Public Health: Consider guidance for more than C-CDA formatted data to support immunization, FHIR, electronic lab reporting, electronic case reporting, etc.
- Consider expanding use case for Public Health to Consumer exchange for future IG versions
  - FHIR-enabled technology to provide immunization data to consumers' cell phones. Exchanging data with PHRs
- Addition of coverage for Medications
- 1.4.4 adjusted to MAY until author person is well defined
- Consider going beyond USCDI v1/v2 – decision align with regulation

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Public Comment Summary

- Update Problem Statement language
- General word edits for clarification
- Section 2.2.1.1-2 Updated uses to be more specific
- Section 2.2.2 Consider transmission of results from a Laboratory to a Public Health Agency – out of scope for this implementation guide, but will consider for future guides
- Add URL link to USCDI v2 under existing work
- Future Efforts Updates:
  - Moved 2.4.5.4 to 2.5.2.2 Future Efforts instead of the Guidance section
  - Added 2.5.4 Guidance will go beyond content exchanged for HL7 C-CDA to include HL7 v2.x and HL7 FHIR.
  - Added 2.5.6 Detailed Lab Result fields (e.g., reference ranges, Priority, etc.) will be addressed in a future implementation guide.
  - Added 2.5.7 Investigate the consumption and display of translational fields across vendors
  - Added Section 2.5.8 Consider guidance on chart correction workflows and how to propagate data edited during chart corrections downstream.

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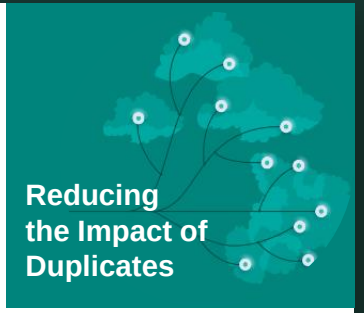

Public Comment Summary

- Updated language for Problem Statement and Use Cases
- 3.2.1.1 Example made more specific
- 3.4.2 Further clarification on exchange of multiple IDs on data elements. If multiple IDs are linked to a single data element, there should be guidance as to what the meaning of each ID is, and which needs to be consistent. Additionally, the guide should refer to the identifier specifically (i.e. "referenceId").
  - Updated 3.4.2.3 language: Organizations SHALL record and share the consistent IDs for entries across documents that refer to the same piece of clinical data. This consistency in identifiers will enable the receiving system to safely de-duplicate repeat clinical data – and perform as a 'resilient receiver' as described by the JDCWG C-CDA Whitepaper.
- Made changes for clarity to the following sections
  - Section 3.4.4
  - Section 3.4.4.2
  - Section 3.5.2.1

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Public Comment Summary

- Comment to consider adding guidance for receiving system in 4.4.2.1. Receiving side usability will be addressed at a later version potentially. This IG v1 focused on the senders.
- Added link to AHIMA naming policy to existing work: https://ahima.org/media/mezosx50/2022-naming-policy-v3-1-21-22.pdf
- Updated language for 4.2.1.1
- Concerns with guidance and limitation in 4.4.1 Project US@
  - Section 4.4.1.2 – concerns with legacy and consider adding address transform engines references (i.e.https://www.smarty.com/
  - Refinements made to scope for section 4.4.2.2

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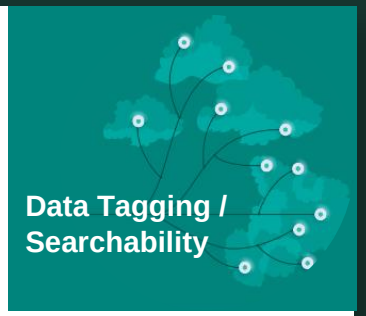

Public Comment Summary

- Reworded problem statement and use cases slightly
- Value of hierarchy of notes – several examples from comments and workgroup members were incorporated. Work will continue in future efforts
- Future Efforts:
  - Minor wording edits
  - Added 5.5.4. Industry and government has an interest in an interchange system that will allow advanced algorithms to parse, search and distribute data sets and digital documents based on pre-ordained data rules. Liaison and work with groups such as the HL7 Structured Documents Work Group can create business cases for further experimentation with tagging in support of advance governance technologies.
  - Current focus on EHRs and Note, but future efforts with other groups could include DICOM image exchange

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Public Comment Summary

- Made edits to Problem statement and use cases language for clarity
- Made edits to establish Discharge Summary as the floor
- Removed 6.4.5 Narrative Parsing guidance to avoid confusion

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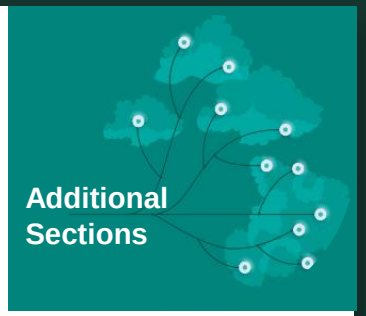

Public Comment Summary

- Slight Language updates were made to the Executive Summary and Statement of Intent
- Appendix A – comments received to add more specifics, leadership decided to leave appendix as is and edit introductory text slightly
  - Goal to encourage (SHALL) for LOINC mapping for codes to enable testing to move the industry forward
  - Acknowledge mapping is difficult – and governance or policy will enforce what is “good” looks like
- Added reference to 2022 ISA in Existing Reference Section https://www.healthit.gov/isa/sites/isa/files/inline-files/2022-ISA-Reference-Edition.pdf

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https://sequoiaproject.org/about-us/become-a-member/

Data Usability Work Group

For more information:
www.sequoiaproject.org/interoperability-matters/data-usability-workgroup/

(571) 327-3640

Interopmatters@sequoiaproject.org

Convene

Collaborate

Interoperate

Thank You for your support of Interoperability Matters!

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