Data Usability Workgroup
April 6, 2023
Agenda

• Welcome, Introductions, Membership, Agenda - Adam Davis, MD – 5 minutes
• Workgroup Priorities & 2023 – 2024 Timeline – Bill Gregg, MD – 5 minutes
• USCDI V4 Comments – Didi Davis – 10 minutes
• Overview of Future Efforts – V1 Implementation Guide published 12/14/22 – Co-chairs & Didi – 10 minutes
• Sequoia @HIMSS23 – Didi – 5 minutes
• Workgroup Discussion & Q&A – Didi Davis, Co-chairs and Workgroup - 25 minutes

Adam Davis, MD, Co-chair
Sutter Health

Bill Gregg, MD, Co-chair
HCA Healthcare

Didi Davis, VP
The Sequoia Project
Workgroup Members

266 Organizations

Healthcare Providers: 20%
Health IT Developers: 18%
HIN/HIEs: 13%
Federal, State, Local Government: 13%
Health Plan/Payer: 10%
Consumer/Patient: 5%
Standards Developer: 4%
Other: 15%

378 Participants

Public Health: 2%
Federal, State, Local Government: 13%
Health Plan/Payer: 10%
Consumer/Patient: 5%
Standards Developer: 4%
Other: 15%

©The Sequoia Project. All rights reserved.
Sequoia Member’s Shape Interoperability for the Public Good
Sequoia Member’s Shape Interoperability for the Public Good

<table>
<thead>
<tr>
<th>HealthCatalyst</th>
<th>HEALTH GORILLA</th>
<th>HealthInfoNet</th>
<th>HIGHMARK HEALTH</th>
<th>HIMSS</th>
<th>HITRUST</th>
<th>HONOR HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana</td>
<td>imprado</td>
<td>Indiana Health Information Exchange</td>
<td>Intermountain Healthcare</td>
<td>JCMR</td>
<td>NAIER PERMANENTE</td>
<td>Kno2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KONZA</td>
<td>Lehigh Valley Health Network</td>
<td>Lifimage</td>
<td>LYNiate</td>
<td>marble</td>
<td>MatrixCare</td>
<td>MedAllies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solarity</td>
<td>MEDVIRGINIA</td>
<td>Midato Health</td>
<td>MIHIN</td>
<td>ModMed</td>
<td>MRO</td>
<td>NCH HealthConnex</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netsmart</td>
<td>New Jersey Innovation Institute An NJIT Corporation</td>
<td>NYCC</td>
<td>nextgen</td>
<td>North Dakota</td>
<td>one record</td>
<td>OCHIN</td>
</tr>
</tbody>
</table>

©2023 The Sequoia Project. All rights reserved.
Sequoia Member’s Shape Interoperability for the Public Good
Website, Meeting and Workgroup Logistics

- Register for the Workgroup
- Calendar Downloads
- Meeting Notes

Interopmatters@sequoiaproject.org
Interoperability Matters
Data Usability Workgroup
Priorities &
2023 – 2024 Timeline
Meeting Logistics and Timeline

- 2023 – 2024 Planned Schedule
  - Kickoff Call: February 2, 2023
  - Ongoing calls: 1ST Thursday each month
- Next Phase of Activities - Process & Timeframe
  - Phase 1: Administration and Prioritization
    - February 2023 – June 2023
  - Phase 2: Developing Initial Drafts
    - July 2023 – June 2024
  - Phase 3: Public Comment Period/Recommended Next Steps
    - July 2024 – August 2024
  - Phase 4: Finalizing Implementation Guide and Call to Action
    - August 2024 – December 2024
Prior Work Efforts Topic Categories Used for Prioritization

2020 – 2022 Sequoia Data Usability Workgroup – Proposed Work Items
Your priorities drive our process

We set our course based on our members' challenges, barriers, gaps, and opportunities.

- Identify
- Prioritize
- Solve
Data Usability Workgroup Work Item Proposal

• Summary/Description
• The Problem
• Use Cases/Clinical Scenario
• Standards and Systems
• Implementation Guide Applicability
• Risks/Key Challenges
• Open Issues/Notes/Comments
• Status

SUBMIT to interopmatters@sequoiaproject.org

Data Usability Workgroup Work Item Proposal Template
USCDI V4 Comments
Due April 17, 2023
Clinical Notes

Clinical Notes data class needs to include Encounter Summaries and Patient Summaries

- The C-CDA standard defines Clinical Note Templates for the document types named in the Clinical Notes Data Class. It needs to be clarified that this data class covers support for Clinical Notes including support for “note activity” as as wholly formed encounter summaries which are Clinical Notes of these types. Specifically, the Clinical Notes data class needs to call out Clinical Notes, Clinical Note Encounter Documents, and Patient Summary Documents. Patient Summary Documents are also known as Continuity of Care Documents (CCDs) they are a type of Clinical Note which covers a span of time which may cover multiple encounters.

- The categories can apply to collections of information gathered as a whole document, a Notes Section within a larger document, or a single Note Activity entry that holds a narrative clinical note that appears within a standard structured section.
Patient Summary and Plan

- Patient Summary and Plan data class needs to be renamed to Patient Assessment and Plan
  - The Patient Summary and Plan data class should clarify that this data class covers Patient Assessment, and Plan of Treatment information. Using the words “Patient Summary” is confusing because a “Patient Summary” is a type of Clinical Note Document that summarizes the patient’s medical history over a span of time.
Provenance

• Chain of Trust
  – To ensure data quality and usability, data is conveyed via a verifiable chain of trust from **source to end use**:
  – Starting as captured at the **source** (point of origination), then
  – Retained in the source EHR/HIT system, then
  – Transmitted from the source system, then
  – If so configured: Received, retained and ultimately transmitted from intermediary system (e.g., HIN), then
  – Received and retained by the receiving EHR/HIT system, then
  – Made available to each ultimate **end use and user** (point of access/use)
ONC Standards Version Advancement Process (SVAP)

- Blog Post - 2/21/23
  - Public comments open through May 22, 2023
- Please note that a user account is required to submit comments for the SVAP. Create a user account by clicking the Log In button located at the top right of the SVAP page.
- SVAP Fact Sheet
United States Core Data for Interoperability (USCDI)

- **ONC Standards Bulletin 2023-1 (SB23-1)** was released January 12, 2023
- **Draft USCDI v4** includes USCDI v3, 20 new data elements, and one new data class.
- **Comments Due Monday, April 17, 2023 at 11:59 p.m. Eastern time**
- Review the USCDI Fact Sheet to learn more.

### New Data Classes and Data Elements Added to USCDI v4

#### Allergies and Intolerances
- Substance (non-medication)

#### Encounter Information
- Encounter identifier

#### Facility Information
- Facility identifier
- Facility type
- Facility name

#### Goals
- Treatment intervention preference
- Care experience preference

#### Health Status Assessments
- Alcohol use
- Substance use
- Physical activity

#### Laboratory
- Result unit of measure
- Result reference range
- Result interpretation
- Specimen source site
- Specimen identifier
- Specimen condition and disposition

#### Medications
- Medication instructions
- Medication adherence

#### Procedures
- Time of procedure

#### Vital Signs
- Average blood pressure
Overview of Future Efforts
Data Provenance & Traceability of Changes
Future Efforts

- **JDCWG C-CDA Whitepaper**
  - 1.5.1.1. As Appendix A highlights, this workgroup whitepaper deliverables will build upon the reference to USCDI (most current version) in this original guide to document testable guidance for future implementers.

- **Guidance for Data Provenance**
  - Additional data elements and staged requirements over time
  - Guidance beyond HL7 C-CDA to include HL7 FHIR to align with HL7 mapping

- **Consequential Data Update**
  - Likely build and add data provenance elements to better communicate the appropriate provenance attributes to support the Who, What, When, Where, How and Why.
  - US Realm Header - Legal Authenticator Guidance

- **Create guidance on provenance for various use cases**
  - Healthcare Entity to Consumer / Patient Access and/or remote patient monitoring sensors/devices
Effective Use of Codes

Future Efforts

• Prioritized list of laboratory results to be shared
  – Expand guidance for Laboratory Test Lifecycle: JDCWG C-CDA Whitepaper section 2.5.1
  – Interoperable Laboratory Results: JDCWG C-CDA Whitepaper section 2.5.2
  – Consider transmission of results from a Laboratory to a Public Health Agency
  – Investigate the differences among vendors for consumption and display of translational fields
  – Guidance for the translation of lab result codes and nomenclature

• Guidance for codes in discrete data elements

• Guidance will go beyond content exchanged for HL7 C-CDA to include HL7 v2.x and HL7 FHIR

• Create guidance for various use cases: Descriptions/codes for document/data types to filter (i.e., Radiology Reports from Lab Data to allow indexing or filtering by date)

• Investigate consumption and display of translation fields across vendors

• Consider guidance on chart correction workflows and how to propagate data edited during chart corrections downstream
Reducing the Impact of Duplicates
Future Efforts

- Expand **guidance beyond Allergies, Immunizations & Problem Lists**
- **List Reconciliation**
  - Consider **best practice guidance for receiving systems to optimize speed reconciliation of lists**, including deduplications strategies and auto-reconciliation thresholds
  - **Expand Healthcare Entity to Consumer use case** from Documents/data imported into a system or Portal.
- **Problem Oriented Health Record functional requirements** are in the process of being balloted by HL7. Future versions of this implementation guide will **consider referencing guidance** once published
Data Integrity, Format and Trust
Future Efforts

- **Data Accountability/Binding Content and Authorship**
  - Consider how to ensure content and authorship binding is intact and verifiable when data is exchanged

- **Data Integration or Data Insulation**
  - Consider best practices for how receivers import and incorporate external data into a clinical workflow to avoid having a provider navigate among multiple user interfaces
  - Consider guidance for remote patient monitory sensors/devices as sources of data
  - Consider guidance from AHIMA’s Recommended Data Elements for Capture in the Master Patient Index (MPI)

- **Data Transformation from Source**

- **Temporal Parameters** - Consider additional temporal parameters to improve C-CDA
  - Consider referencing 360X Project – Closed Loop Referral IG temporal Parameters
    - Consider additional temporal parameters to improve C-CDA
  - Consider derived work from HL7 EHR Reducing Clinician Burden Project referenced in Proposed Data Usability Characteristics and Data Definition Consistency

- Consider how to improve **data granularity in a groupable hierarchy**
Data Tagging / Searchability

- **Data in Context** – e.g., BP – Physical location, patient positioning, method, performer, author, etc. geared to FHIR exchange
- **Guidance for longitudinal view** – For a resilient receiver, providing robust search and filtering capabilities helps the end user to quickly find relevant
- **Receiving system filtering and search** within Received Documents
- 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
- **Consideration for Orders and results for diagnostic Imaging**
Effective Use of Narrative for Usability

- Continue to help define and encourage the use of standard narrative inclusions in various exchange use cases. Currently, there is little standardization in what is actually shared and further developing rational guidance may help consistency in the industry.
Discounted Rates Available for Sequoia Project Members

The Sequoia Project is excited to be a Collaborator at HIMSS23! Our members receive the HIMSS member rate to attend the conference. Here’s how to register:

1. Visit the HIMSS23 Website

2. Start Your Registration
   Once you’re signed in, start your registration. Be sure to select the Collaborator tab on the left-hand side when prompted.

3. Enter Discount Code
   Select your preferred HIMSS23 pass and enter “The Sequoia Project” as the “Referring Collaborator Organization” to receive the HIMSS member rate on registration.

We hope you’ll take advantage of this discount and join your colleagues for exclusive education, exhibition and networking opportunities at HIMSS23. We look forward to seeing you in Chicago!

[https://sequoiaproject.org/himss23/](https://sequoiaproject.org/himss23/)
The Sequoia Project is hosting a celebratory Spring Has Sprung cocktail reception at HIMSS23 in Chicago, featuring Kyiv Mules and good food. This members-only reception will be held at the Marriott Marquis connected to the convention center on Tuesday, April 18th.

This is a free event thanks to the generosity of our sponsors, but advance registration is required. Space is limited.

Register Now

SPONSORED BY:

mro
HEALTH
GORILLA

Tuesday, April 18th
6:00 – 7:30 p.m.
Marriott Marquis Chicago
Great Lakes Ballroom
2121 South Prairie Avenue
Chicago, Illinois 60616
Sequoia Speaking Engagements @HIMSS23
http://sequoiaproject.org/himss23/

Monday - April 17
11:15 a.m. - 12:15 p.m.

Driving Interoperability in 2023: CURES, TEFCA, and Information Blocking

Didi Davis
VP, Informatics, Conformance and Interoperability

The Trusted Exchange Framework and Common Agreement (TEFCA) is live and exchange partners are signing up. Hot on its heels comes rules from the Office of the National Coordinator for Health IT to prevent Information Blocking as required by the 21st Century Cures Act.

View More Details

Tuesday - April 18
4:15 - 5:15 p.m.

The Sequoia Project: Interoperability Matters Process for Improving Data Usability

Didi Davis
VP, Informatics, Conformance and Interoperability

The Sequoia Project’s Data Usability Workgroup convened 300+ workgroup members to develop and release the first version of implementation guidance that targets improvements necessary to enable semantic interoperability of health information and will build on existing work already published by other industry organizations.

View More Details

Tuesday - April 18
1:30 - 2:30 p.m.

ONC Update from RCE

Marianne Veager
CEO, The Sequoia Project

The speakers will review the current scope and requirements of the TEFCA and the progress made by the RCE in collaboration with ONC, to include the Common Agreement and the Qualified Health Information Network (QHIN) Technical Framework. Opportunities for stakeholder and community input will be presented.

View More Details

Thursday - April 20
11:30 a.m. - 12:30 p.m.

Securing TEFCA: Security Practices Promoting Nationwide Health Information Exchange

Zoe Barber
Policy Director

This session describes security considerations for the Trusted Exchange Framework and Common Agreement (TEFCA).

View More Details
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!