

Sequoia Data Usability Workgroup

May 4, 2023 · 3:55 PM · ID: 982542493

Chat

Didi Davis sent a chat · 4:05 PM

<https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/>

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 4:09 PM

@didi, I don't see the slides/meeting for today listed yet. Do you know when it will be posted?

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 4:20 PM

The recent ONC NPRM requests feedback on lab data interoperability. Please comment: <https://www.federalregister.gov/d/2023-07229/p-1350>

Bill Gregg sent a chat · 4:24 PM

Thank you for sharing Andrea

Tom Bronken sent a chat · 4:28 PM

Is there an example of an outbound Epic going to Cerner or Meditech?

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 4:29 PM

+1

Lisa Nelson sent a chat · 4:30 PM

I missed the very beginning. What does Meditech to Epic mean? They are looking at data in an Epic EHR which was imported from a Meditech out? Is that how to interpret what Manish was showing?

Katherine Lusk sent a chat · 4:30 PM

@Tom - We did not bring. but we were seeing when Epic and Athena arrived at a Cerner org - they were organized

Jim Jirjis sent a chat · 4:30 PM

great examples

Lisa Nelson sent a chat · 4:31 PM

To what extent is the rendering of the information considered to be "the responsibility" of the consuming EHR

sent a chat · 4:31 PM

+1

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 4:32 PM

+1 Lisa

Lisa Nelson sent a chat · 4:32 PM

Did you gather that in your examples? Could we see what that Meditech data "looked like" in the Meditech EHR before it got put into the exchange document?

Katherine Lusksent a chat · 4:33 PM

@Lisa - No we did not but perhaps you all could do that

Lisa Nelsonsent a chat · 4:33 PM

I think that would be very interesting and telling to add as findings to consider.

Karlsent a chat · 4:33 PM

I don't have the specific XML of those to share but in the text sections these are defined as tables, so the layout isn't really something that the recipient EHR can modify

Bart Carlson (Azuba)sent a chat · 4:34 PM

Do you have a recommended template for display of digital health records (even if it hasn't been implemented yet)?

Didi Davissent a chat · 4:34 PM

@Andrea - apologies, I have confirmed with Amber that she is following up with our marketing folks to get them up asap in the background.

Lisa Nelsonsent a chat · 4:35 PM

If an EHR already knows how to optimize the view of the information, then maybe they could output the info into the C-CDA in a better order. But Order independence is an assumption for the interface document. We do need smarter Content Consumers

Scott Hertersent a chat · 4:35 PM

Is there a group code for the lab results? If there is a group code it would be easier to apply "group by" logic. Most programmers aren't lab techs and don't know what these things are.

Lisa Nelsonsent a chat · 4:35 PM

Result Organizer.code could be used to group like test types.

Lisa Nelsonsent a chat · 4:36 PM

I think this is a "partnership situation". We need both sides to do better

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIsent a chat · 4:36 PM

There are other LOINC Committee and SHIELD members on the call. Both working on aspects of lab interoperability/usability too.

sent a chat · 4:36 PM

I listened in on some of the working calls to get this presentation together. One thing I noticed is there a lot more viewing of documents in a viewer (style sheet direct render) in actual practice vs being processed by the receiving system and viewed in there. As an interop person this was a bit surprising. Observation not much opinion other than being surprised

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIsent a chat · 4:42 PM

Especially when all Interpretations are under "I"

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIsent a chat · 4:47 PM

<https://problemlist.org/> provides downloadable maps which can be used by EHRs to group labs and meds by top problems on problem list (POV by Dr Weed)

Lisa Nelsonsent a chat · 4:51 PM

Attenuation

Lisa Nelsonsent a chat · 4:52 PM

Loss of signal quality as it passes through various systems.

Lisa Nelsonsent a chat · 4:52 PM

+1 Andrea

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIsent a chat · 4:54 PM

<https://www.fda.gov/medical-devices/diagnostic-data-program/systemic-harmonization-and-interoperability-enhancement-laboratory-data-shield>

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIsent a chat · 4:54 PM

This is the recently launched FDA SHIELD page with info

H Miller, MDsent a chat · 4:55 PM

AGREE

H Miller, MDsent a chat · 4:55 PM

ABSOLUTELY LAB INTEROPERABILITY SHOULD BE A PRIORITY!@

Tom Bronkensent a chat · 4:55 PM

There has to be a standard for how labs are grouped. The vendors should follow it.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIsent a chat · 4:56 PM

@tom. agree where the performing lab defines their panels.

Steven Lanesent a chat · 4:57 PM

Does it make sense to launch a Lab Subcommittee, or simply to make Lab data interoperability the primary/first focus of the V2 work?

Lisa Nelsonsent a chat · 4:58 PM

OK by me to post chats. Great idea.

Bill Greggsent a chat · 4:58 PM

I think we are open to either one Dr. Lane -- we thought a smaller group might be able to meet more often, but either way that works is ok from our perspective.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIsent a chat · 4:59 PM

It would be good to get feedback on challenges with certain lab areas. We know clinical lab is better than pathology and genomics

Bill Greggsent a chat · 5:00 PM

Agree Andrea.

Bill Greggsent a chat · 5:00 PM

Thank you everyone for the comments!

Steven Lanesent a chat · 5:00 PM

+1 Andrea

Margaret Harrisonsent a chat · 5:00 PM

Thank you

Lisa Nelsonsent a chat · 5:00 PM

Great stats in that article Andrea. Thanks!

Lisa Nelson sent a chat · 5:00 PM

Researchers conducted an evaluation [External Link Disclaimer](#) with five health care systems that found data maintained only 59% integrity as it moved from laboratory analyzer to laboratory information system. Similarly, the authors of a recent Journal of the American Medical Informatics Association (JAMIA) article estimated that the integrity of a single round-trip through the lab data lifecycle yielded 22-68% integrity.