Sequoia Data Usability Workgroup

October 12, 2023 · 11:54 AM · ID: 982542493

Chat

Didi Davissent a chat · 12:07 PM
Please forward this link to colleagues who you may want to invite to this Lab Tiger Team. https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/

Jay Nakashimasent a chat · 12:08 PM
Do we have any active attendees with a strong background with LIS/LIM systems, especially with analyzer/instrument interface experience?

Scott Stuewesent a chat · 12:09 PM
Dusty Jay, but I have a strong background on lab-to-lab interfacing topics and robotics.

Carol Ross (Clinisys)sent a chat · 12:10 PM
Hi there - yes, I have a strong LIS and instrument interface experience. Currently in product management at Clinisys (formerly Sunquest) and I also worked on IT solutions for Beckman Coulter

sent a chat · 12:11 PM
I have LIS and interface experience

Mark Dorner (PreciseMDX)sent a chat · 12:12 PM
Our platform deals with data curation and interoperability between labs and the outside world. So both clinical and operational information

Amy Weinlandsent a chat · 12:12 PM
I do, 10+ years LIMS experience from both a vendor (implementation) and consumer view. Currently managing one of the LIMS teams at Nationwide Children's Hospital.

Desiree Mustaquimsent a chat · 12:13 PM
Not sure if this is relevant, but public health reporting seems to be missing from this list.

Steven Lanesent a chat · 12:14 PM
As mentioned previously, for Lab data in particular we will want to consider USCDI v4 data elements, as key items have been added that were missing from v3: https://www.healthit.gov/isa/uscdi-data-class/laboratory#uscdi-v4

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIAsent a chat · 12:14 PM
There are a number of laboratory professionals, pathologists, terminologists, HL7 experts, PH folks, on the call.

Hans Buitendijksent a chat · 12:14 PM
Since laboratory interop typically starts with HL7 v2 messages and then once received then packaged into C-CDAs or made available using FHIR, is there intent to address any pre-requisites to address data usability from the source forward? Or is that scope left to SHIELD?

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIAsent a chat · 12:14 PM
Thanks for asking Hans!. One of my questions is the scope of this work so we stay focused

Desiree Mustaquimsent a chat · 12:14 PM
Andrea - good to know - I just did not see it mention on the list on the slide.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIAsent a chat · 12:18 PM
There are a number of SHIELD members here too. SHIELD is working on laboratory data interoperability from point of origin from IVD vendors to LISs and EHRs/HIEs/Pub Hlth, with focus on having the complete/same meaning of laboratory results in each system.

Scott Stuewesent a chat · 12:19 PM
can you put links in chat please?

Steven Lanesent a chat · 12:19 PM
There are a number of additional Laboratory data elements that have been submitted to ISA/USCDI that have not yet been added to USCDI. Those that are specified now as Level 2 could potentially be added to USCDI v5 as a part of next year's expansion. One thing that this group could/should do is to provide public feedback to the Draft USCDI v5, when it comes out (expected January '24?) re additional data elements to include in v5 (expected July '24).

Hans Buitendijksent a chat · 12:20 PM
As earlier slides did not include HL7 v2, but slide 10 does, it seems the intent is to go from source all the way through, which then should be more clear in overall scope statement. E.g., ELR (HL7 v2 based) would seemingly be in scope. Correct?

Desiree Mustaquimsent a chat · 12:20 PM
Makes sense, Hans.

Riki Merrick | APHLsent a chat · 12:21 PM
provider = clinician to PH is different requirements than lab to PH - we should be clear which of these (or both) we want to cover

Bill Greggsent a chat · 12:22 PM
That is correct Hans -- while we may not have as much influence over how HL7 V2 is used because of the high level of variability, we want to tackle all phases of lab data as it moves from source to end point.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIAsent a chat · 12:23 PM
PH reporting with labs: ELR, eCR, HAI

Riki Merrick | APHLsent a chat · 12:23 PM
We have national V2 based standards for lab data, that could help reduce the variability in V2 interfaces - and covers CLIA requirements

Hans Buitendijksent a chat · 12:23 PM
We probably have as much influence on HL7 v2, CDA C-CDA, and FHIR when we focus on content regardless of which one is used. Attempting to only exchange using CDA C-CDA and FHIR and attempt to switch from HL7 v2 to those would indeed be an uphill battle that will take years/decades.

Bill Gregg sent a chat · 12:24 PM
Good point

Riki Merrick | APHL sent a chat · 12:24 PM
I agree 100% with your statement Hans

Desiree Mustaquim sent a chat · 12:24 PM
Agree, Riki - we have standards and need to consistently use them.

Scott Stuewe sent a chat · 12:24 PM
Agreed Hans. There are thousands of existing laboratory interfaces.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 12:25 PM
+Hans. Some of these reporting paths are dependent on whether LIS/EHR implementation is with same vendor (shared database modules without HL7 interfaces for internal sharing) and also those which involve different vendors and thus external interfaces between LIS and EHR, as well as each with HIEs, other LISs, other EHRs, PH, etc.

Hazel Chappell - ishca health sent a chat · 12:26 PM
the scope of the identified pain points would be very helpful in the first instance

Scott Stuewe sent a chat · 12:27 PM
thanks!

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 12:28 PM
https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/ slides on the website now too

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 12:30 PM
+Dr. Lane on USCDI. per Hans' points too, some of the requirements/standards may not apply/be used in certain areas so may need to be "converted" downstream.

Riki Merrick | APHL sent a chat · 12:30 PM
apologies I have to drop

Hans Buitendijk sent a chat · 12:31 PM
Unfortunately I have to drop due a conflict, but plan to join as much as possible. Thank you!

Desiree Mustaquim sent a chat · 12:34 PM
Is the role of this group to possibly help guide LIMS/LIS certification efforts? Or is that out of scope?

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 12:35 PM
@Hazel, it depends where the lab item is. CLIA regulations apply in certain areas, similar to ONC requirements, and other regulatory (PH laws), etc.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIA sent a chat · 12:36 PM
It is a multifactoral/complex problem as we know.

Scott Stuewe sent a chat · 12:39 PM
Andrea, you are triggering my PTSD.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIAsent a chat · 12:40 PM
:) our unfortunate current state. The good news is you are all here as we work to improve it.

Scott Stuewesent a chat · 12:41 PM
Sorry it's not better since my last experience in 1999.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIAsent a chat · 12:43 PM
https://www.fda.gov/medical-devices/diagnostic-data-program/systemic-harmonization-and-interoperability-enhancement-laboratory-data-shield (A brief overview of the FDA SHIELD focus)

Mick Talleysent a chat · 12:45 PM
Thanks Andrea! Are we going to get the slides by email or download now?

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIAsent a chat · 12:45 PM
https://www.fda.gov/medical-devices/diagnostic-data-program/systemic-harmonization-and-interoperability-enhancement-laboratory-data-shield

Scott Stuewesent a chat · 12:47 PM
This is why sometimes the usability branches to "workflow" from data.

Desiree Mustaquimsent a chat · 12:49 PM
Are these all for the same test panels?

Desiree Mustaquimsent a chat · 12:50 PM
thank you - it's still helpful to see

Jay Nakashimasent a chat · 12:53 PM
Remember some of these display variations are due to the health system's internal EHR team (not always due to the EHR brand)

Scott Stuewesent a chat · 12:53 PM
!!!!

Scott Stuewesent a chat · 12:53 PM
+1

Scott Stuewesent a chat · 12:54 PM
If we can figure out what will work, Certification is the best lever we have.

Carol Ross (Clinisys)sent a chat · 12:56 PM
Jay - re: Remember some of these display variations are due to the health system... That is very true and often the people making the decisions about the display do not understand the downstream ramifications. Everyone is on a go-live schedule and is forced to just move forward without complete information

Desiree Mustaquimsent a chat · 12:57 PM
I have to drop - I promise to do my homework!

Scott Stuewesent a chat · 12:58 PM
workflow... not "data"...

Scott Stuewesent a chat · 12:58 PM
Really glad to be a part of this group. Important, long overdue work.

Andrea Pitkus, PhD, MLS(ASCP)CM, FAMIAsent a chat · 12:59 PM
Also if folks are attending next week's LOINC, and SNOMED CT meeting (both in ATL, with in person/virtual options) the week after, there are presenters on some of these topics.

Hazel Chappell - ishca health sent a chat · 12:59 PM
Echo that Scott