Interoperability MATTERS

an initiative of The Sequoia Project

Data Usability Workgroup

January 4, 2024

the sequoia project

Agenda

- Welcome, Introductions, Membership, Agenda - Adam Davis, MD – 5 minutes
- Overview of Future Efforts for Version 2.0 of the Implementation Guide – Bill Gregg, MD – 5 min
- Data Usability Taking Root Community of Practice Update – Didi Davis – 5 minutes
- Data Tagging/Searchability and Effective Use of Narrative for Usability Proposed work items – 30 minutes
- Save the Dates: HL7 FHIR Connectathon & HL7 Working Group Meeting – 5 minutes
- Workgroup Discussion & Q&A – Didi Davis, Co-chairs and Workgroup

Adam Davis, MD, Co-chair
Sutter Health

Bill Gregg, MD, Co-chair
HCA Healthcare

Didi Davis, VP
The Sequoia Project

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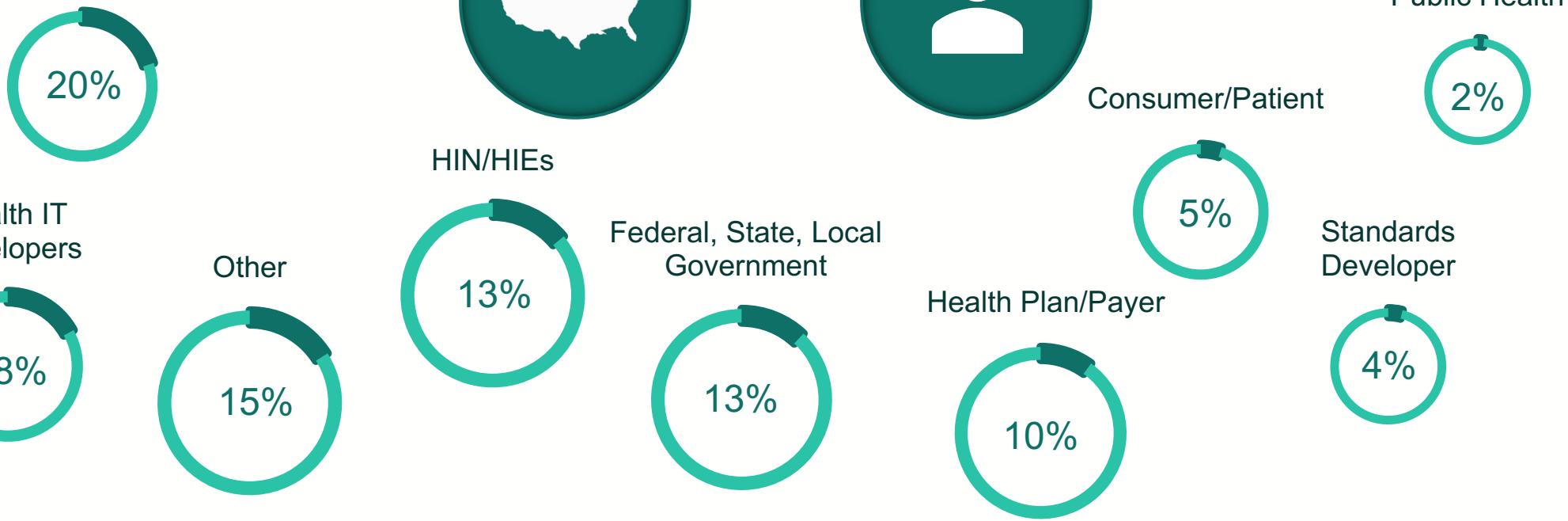
Workgroup Members

391 Organizations | **488 Participants**



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Sequoia Member's Shape Interoperability for the Public Good

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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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Overview of Future Efforts for Version 2.0 of the Implementation Guide

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2023-2024 Sequoia Data Usability WG – Proposed Work V2.0

2023-2024 Sequoia Data Usability WG - Proposed Work Items

File Edit View Insert Format Data Tools Extensions Help

Topic Category	Description or link to page	Assigned	Use case: Provider to provider	Use case: Provider to Public Health Agency	Use case: Healthcare entity to consumer	General: End user usability	General: Data quality	Laboratory Related	Notes	Action Items
	Guidance for Data Provenance		X	X	X	X	X		From this brainstorming page	
	Consequential Data Update		X	X	X	X	X		From this brainstorming page	
Data Provenance & Traceability of Changes	US Realm Header - Legal Authenticator									@Steven Lane comment to scorecard for v1.0: Suggest that we consider in V2 a second tier of medium priority data classes for which to collect provenance, specifically Laboratory, Clinical Tests, Clinical Notes, and Vital Signs. Also, suggest that, in V2, we specify that the Author Person SHOULD be included when it is the individual/patient. @Katherine Lusk comment to scorecard for v1.0: Corrections to provenance should be available in audit trail for 5 years at a minimum. Disaster preparedness with back-up plan in 2 formats with provenance. Also under Public Health comments: Exploration of the future of involvement of public health with TEFCA evolution and moving organizations from direct HL7 connections, connecting thru QHINS (eCR becoming part of a QHIN) Corrections to provenance should be available in audit trail for 5 years at a minimum. Disaster preparedness with back-up plan in 2 formats with provenance included. @Lisa Nelson submitted comment to scorecard for v1.0: Suggest adding Healthcare Entity to Consumer Use case. DUWG can consider this if a more detailed sub-use case is developed for inclusion. Also, for the Consumer to Provider use case to support sharing of a patient's care experience preferences, treatment intervention preferences, and patient goals, author's need to support an author person (the patient his or her self). There will not be an author organization in this use case. It also may be important to clarify the importance of the "performer" role for data provenance, not just author. author person and performer are both essential in the Consumer to Provider use case.
	Prioritized list of laboratory results to be shared		X	X			X	X	From this brainstroming page	
	Guidance for the translation of lab result codes and nomenclature		X	X		X	X	X		
	Guidance for codes in discrete data elements		X	X			X		From this brainstorming page	@Katherine Lusk comment to scorecard for v1.0: Texas IMMTRAC wants CVX for historical with new administration NDC codes. Need to get alignment with State Agencies.
	Descriptions/codes for document/data types are desired to filter (i.e. Radiology Reports from Lab Data) to allow indexing or filtering by date		X			X		X		@Lisa Nelson comment to scorecard for v1.0: I feel like we should start at the VERY TOP and say something about expecting proper Document Type codes to be used. We have seen it really helps to agree to send the one most general document type code as the primary code and then an more specific document type codes as translations. - clarification to be discussed at 11/29/23 DUWG taking root call.
Effective Use of Codes in Shared Information	Use experience with SHIELD and COVID-19 to create/identify codes and mappings in some other domain?							X		
	Reduce Impact of Known Duplicates		X			X	X		From this brainstorming page	
Reduce the Impact of Duplicates	List Reconciliation		X	X	X	X	X			
	Data Accountability/Binding Content and Authorship		X	X	X	X	X		From this brainstorming page	@Katherine Lusk comment to scorecard for v1.0: Adoption of Project US address adoption for all persons captured within the EHR; i.e providers with directory for Direct Address, Guarantors, Next of Kin...' - @Katherine, agreed. The IG does state that "Data for address fields used for patient discovery query" be compliant at this time, additional guidance can be added for future IG's. This comment has also been added to the DUWG v2.0 spreadsheet for tracking purposes here:
	Data Integration or Data Insulation		X	X	X	X	X			
	Problems with name formats between XDS/CDA								From this brainstorming page	
Data Integrity Format and Trust	Data Transformation from Source		X	X	X	X	X		From this brainstorming page	@Lisa Nelson comment to scorecard for v1.0: It would be nice if we had A SINGLE Source of Truth open source API that could be called with any addr information and it would return the properly formatted addr entry according to Project US@. - @Lisa, agreed. The USPS provides and an open source free to use API. More information can be found here: https://www.usps.com/business/web-tools-apis/general-api-developer-guide.htm and https://github.com/lob/usps-webtools-api Also: So as not to "block available information", sections that are a SHOULD or MAY really SHALL be populated with the available information in your system so as not to commit an act of "Information Blocking". - @Lisa, agreed, this is a minimum bar set at this time, but all data sources are still required to meet minimum USCDI data classes and send all data captured, stored and available.

Summary of DUWG Proposed Work Items | Laboratory Work Items

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2023-2024 Sequoia DUWG - Proposed Work Items

- Google Spreadsheet used for tracking
  - Anyone with the link can comment within the document
  - Contains Phase 2 IG Development – Parking lot of existing pain points
- Add FHIR guidance in addition to C-CDA – technology agnostic
  - Need to flesh out use cases
- Laboratory Data Exchange
- Receiving System Guidance
- Alignment with USCDI v3

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Laboratory Tiger Team – November 9, 2023

- Open call for Participation to workgroup members who are Laboratory subject matter experts and consumers of lab data
  - Quest Diagnostics resource committed
  - Outreach to Labcorp in process
- Expectation is that Tiger Team will meet monthly
  - Next meeting January 11, 2024
- Purpose of the Tiger Team – work on Lab focused pain points to advance sending and receiving system guidance to improve usability for all stakeholders

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Tiger Team Roster
42 members
36 organizations

Should we consider inviting others?

First Name	Last Name	Organization
Maria	Moen	ADVault, Inc.
Mary-Sara	Jones	Amazon
Jenna	Rychert	ARUP Laboratories
Riki	Merrick	Association of Public Health Laboratories
Reddy C	Haraneesh	AthenaHealth, Inc.
Manish	Naik	Austin Regional Clinic
Muktha	Natrajan	CDC
Hung	Luu	Children's Health System of Texas
Stephanie	Broderick	Clinical Architecture
Carol	Ross	Clinisys, Inc.
Robert	Rae	College of American Pathologists
Scott	Stuewe	DirectTrust
Jay	Nakashima	eHealth exchange
Benjamin	Ollila	Epic
Supantha	Samanta	Epic systems corporation
Robert	Oakley	Evernorth - Office of Interoperability
Nathan	Davis	Graphite Health
Stanley	Huff	Graphite Health
Hilary	Greer	HCA
Steven	Lane	Health Gorilla Inc.
Hazel	Chappell	Ishca health
Teresa	Saxon	JP Systems
CJ	Amurao	JP Systems
Sulayman	Aziz	jpsys
Aaron	Green	Labgnostic, Inc.
Deb	Loniewski	MDHHS
Holly	Miller	MedAllies, Inc.
Desiree	Mustaquim	National Center for Injury Prevention and Control
Amy	Weinland	Nationwide Children's Hospital
Sara	Haddon	New York eHealth Collaborative
Andrea	Pitkus, PhD, MLS(ASCP)CM	none
Sara	Armson	ONC
Natalee	Agassi	Oracle
Hans	Buitendijk	Oracle
Mark	Dorner	PreciseMDX
Mick	Talley	Southeast Michigan Health Information Exchange
M E	de Baca	Sysmex America Inc
Katherine	Lusk	Texas Health Services Authority
Didi	Davis	The Sequoia Project
Thomas	Bronken	Trinity Health
Elizabeth	McElhiney	Verisma
Sandra	Mitchell	VHIE, contractor JP Systems
Aaron	Berdofe	Zus Health

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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 Draft Guidance
    - July 2023 – July 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

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Community of Practice **Update**

November 29, 2023

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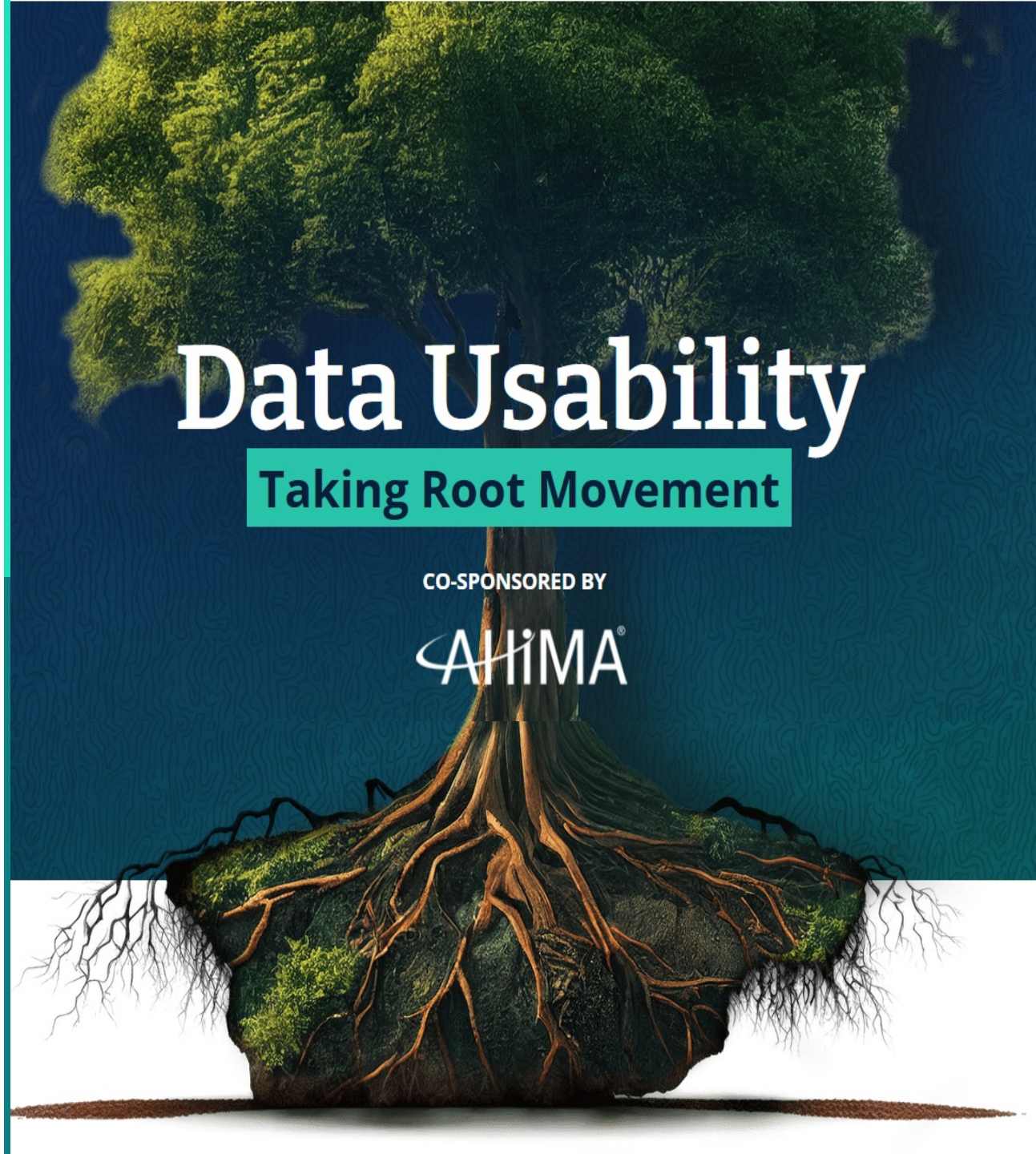


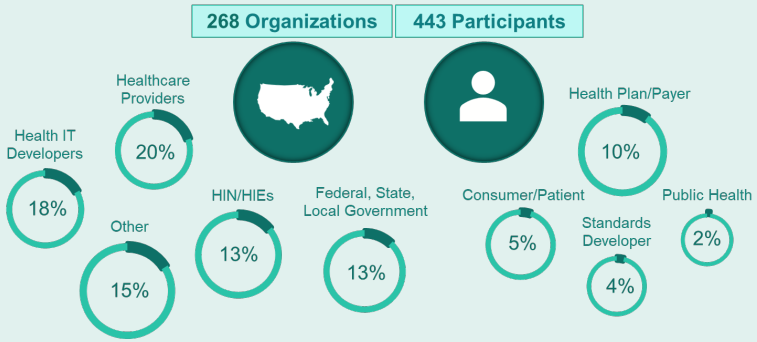
What is the difference between the **Data Usability Taking Root Movement** and the **Data Usability Workgroup**?

Data Usability
Workgroup
Develops Guidance

Deployment **Guidance**

Development **Feedback**

Taking Root
Movement
Implements Guidance
An initiative co-sponsored by AHIMA



Community of Practice

- Roundtables
- Technical Assistance
- Testing Platform
- In-person Convenings

Participation Levels

IMPLEMENTER
SUPPORTER
SPONSOR

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Data Usability Taking Root

Supporter

Pledges to support the data usability movement as a member of the data usability community of practice. Grants right to Sequoia to include logo in its Taking Root member directory. Participates in Data Usability Roundtables. Supporters that are also Sequoia members are invited to Taking Root Summits.

Implementer

Pledges to implement V1.0 data usability guidance across one or more topics within a defined timeline. Invited to participate in the data usability community of practice, the Data Usability Taking Root Planning Committee, and the Taking Root Summits. Grants right to Sequoia to include logo in its Taking Root member directory.

Sponsor

Pledges to provide sponsorship of the Taking Root Summit(s). Socializes and evangelizes the purpose and power of this work. Co-hosts Taking Root Summits and participates in The Data Usability Taking Root Planning Committee, Roundtables, and Summits.

Levels of Engagement

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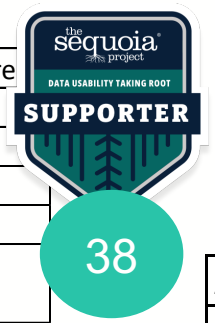
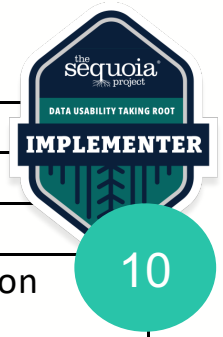
The Data Usability Taking Root **Movement**

(as of November 28, 2023)



ADVaultinc
American Medical Association
Austin Regional Clinic
Banner
Brevard Health Alliance
Civitas
Claim Clarity
DirectTrust
eHealth Exchange
Elevance Health
First Genesis, Inc.
Foothold Technology
Hawaii Pacific Health
HCA Healthcare
HealthElence
Health Services of North Texas (HSNT)
Johnson and Johnson
Kaiser Permanente
Kno 2
MTC Group LLC
Netsmart
NextGen Healthcare
Optum
Particle Health Inc.
Patientory
PeaceHealth
Premiere Pointe Podiatry
Social Security Administration
Surescripts
Texas A&M
Texas Department of State Health Services
Texas Health Services Authority
The Picture of Health
The University of Texas Health Science Center
University of Washington
Verinovum
Veterns Health Information Exchange
Zus Health



Azuba
Bwell
Clinical Architecture
Delaware Health Information Network
Epic
Health Gorilla
National Institutes of Health, National Institute of Diabetes & Digestive & Kidney Diseases
New York eHealth Collaborative
Opala
Santa Cruz Health Information Exchange

American Health Information Management Association	**Program Sponsor**
MedAllies	Event Sponsor
Smile Digital Health	Event Sponsor

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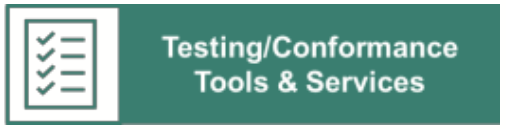
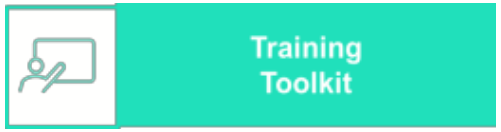
Community of Practice Survey

Data Usability Taking Root Community of Practice					
Technical Assistance Needs N=22		**Top 3**			
		Rank 1	Rank 2	Rank 3	Total
	Current State Evaluation Tool	5	9	3	17
	Testing/Conformance Tools & Services	7	1	4	12
	Implementation Scorecard	1	2	8	11
	Communications Toolkit	4	2	4	10
	Business Case & Contracting Toolkit	2	6	1	9
	Training Resources	3	2	2	7

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Contact Us

Thank you for your interest in The Sequoia Project's new **Data Usability Taking Root** Initiative.

If you would like to get in touch you can reach us at:

takingroot@sequoiaproject.org

To join the Community of Practice Roundtables, please sign up as a Supporter, Implementer or Sponsor here:
https://sequoiaproject.org/data-usability-taking-root-movement/

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Data Tagging/Searchability

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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**

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Data Tagging/Searchability - FHIR specific proposal from Veterans Health Information Exchange (VHIE)

Scenario

- In order to close the loop on referral orders sent to external organizations, the inclusion of the original order unique ID can Close the Loop if included in the both the original order and the response message / encounter that includes the result/report.

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Effective Use of Narrative for Usability

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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

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Effective Use of Narrative for Usability – FHIR specific proposal from Veterans Health Information Exchange (VHIE)

Scenario

- All text messages exchanged in different FHIR resources need to be organized in a way that supports connecting specific data elements within specific structured parts of the message and the unstructured parts of the message (e.g., Clinical Note). The Care Team EHR display of the exchanged data will be enhanced and more complete because often the structured and unstructured are populated differently.

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Reminders

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HL7 FHIR Connectathon and HL7 Working Group Meeting

- HL7 FHIR Connectathon – January 16-18, 2024
- HL7 Working Group Meeting – January 29 – February 2, 2024 – Early Bird registration ends 1/5/24
  - Registration available at http://www.hl7.org

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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/

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Interopmatters@sequoiaproject.org

Convene

Collaborate

Interoperate

Thank You for your support of Interoperability Matters!

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