



Data Usability Workgroup

March 7, 2024

Agenda

- Welcome, Introductions, Membership, Agenda - Bill Gregg, MD – 5 minutes
- Overview of Future Efforts for Version 2.0 of the Implementation Guide – Adam Davis, MD – 5 min
- Data Usability Taking Root Community of Practice Update – Didi Davis – 5 minutes
- New Interoperability Matters Steering Committee – Didi Davis - 5 minutes
- Effective Use of Codes in Shared Information items – 30 minutes
- Save the Dates: HIMSS 2024 – 5 minutes
- Workgroup Discussion & Q&A – Didi Davis, Co-chairs and Workgroup



Adam Davis, MD, Co-chair
Sutter Health

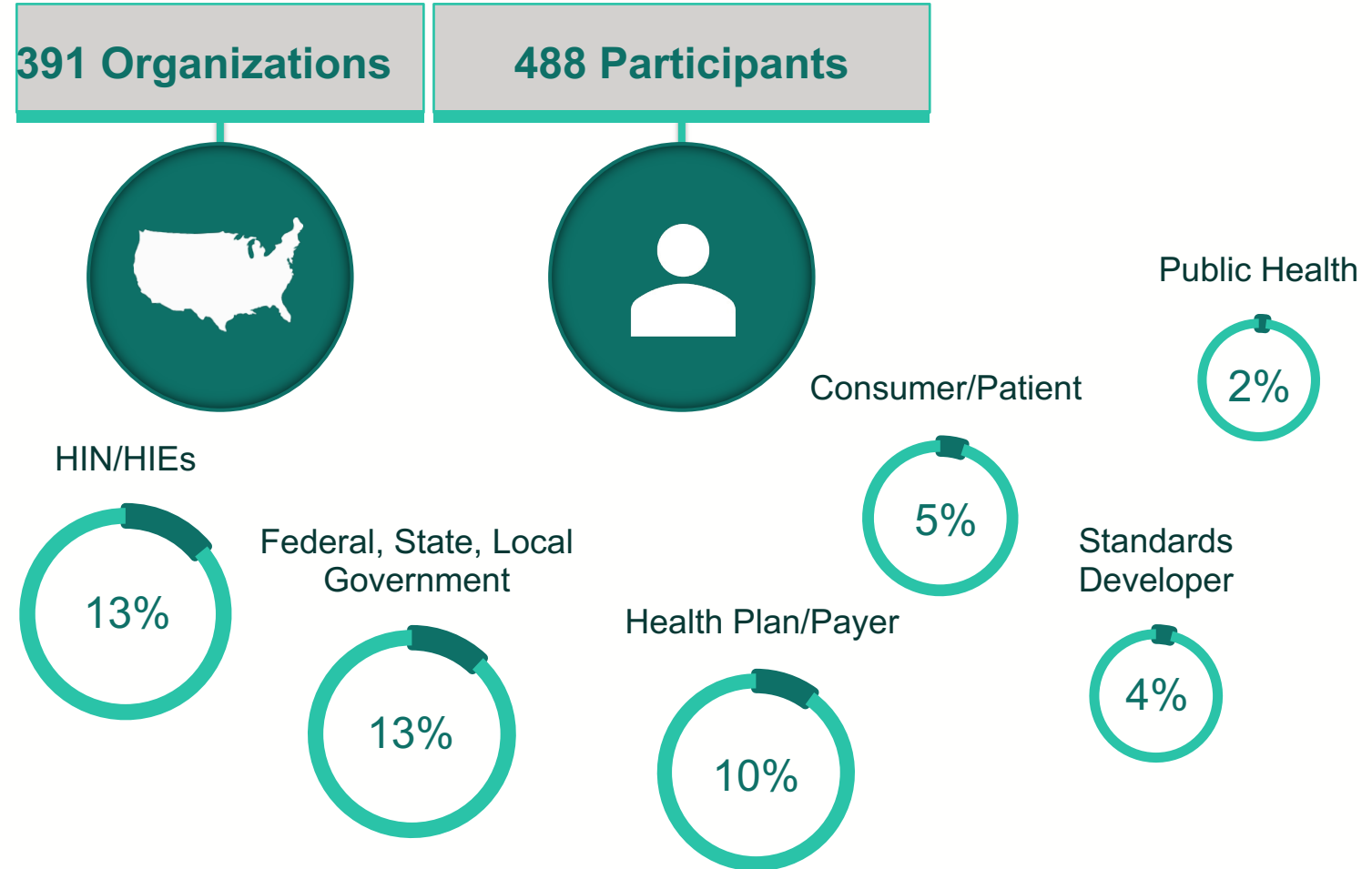


Bill Gregg, MD, Co-chair
HCA Healthcare



Didi Davis, VP
The Sequoia Project

Workgroup Members



Sequoia Members Shape Interoperability for the Public Good



Sequoia Members Shape Interoperability for the Public Good

 HealthCatalyst

 HEALTH
GORILLA

 HealthInfoNet

 HEALTHMARK
GROUP

 HIGHMARK
HEALTH

 HIMSS

 HITRUST

 HONORHEALTH

 Humana

 Indiana Health
Information Exchange

 Intermountain
Healthcare

 JCMR
JACKSON COMMUNITY MEDICAL RECORD

 KAISER PERMANENTE

 KlearTrust

 Kno2

 KONZA

 Lehigh Valley
Health Network

 luma

 marble

 MedAllies

 Medica

 MEDVIRGINIA

 MiHIN
MICHIGAN HEALTH INFORMATION NETWORK
SHARED SERVICES

 mro
Accelerating Clinical
Data Exchange

 NC HealthConnex
Powering Health Care Outcomes

 Netsmart

 New Jersey
Innovation Institute
An NJIT Corporation

 NYeC
NEW YORK HEALTH
COLLABORATIVE

 NewYork-
Presbyterian

 nextgen
healthcare

 NORTH
Dakota | Health Information Network
Be Legendary INFORMATION TECHNOLOGY

 OCHIN

 onerecord

 Optum

 ORACLE
Health

Sequoia Members Shape Interoperability for the Public Good

ORION
HEALTH™

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association

PointClickCare®

RHAPSODY

 SCHIO
Serving Communities Health
Information Organization
Community Interoperability
Since 1996

 schellman
Quality. Always.


SEKHMET

smile
DIGITAL HEALTH

SOCIAL SECURITY
USA
ADMINISTRATION

Solarity®

 Stanford
HEALTH CARE
STANFORD MEDICINE

surescripts®

 Sutter Health

 SyqurX™

 TEXAS
HEALTH
ALLIANCE

 Velatura HIE Corp.
A Velatura Company

 verisma®

VA  U.S. Department
of Veterans Affairs
Veterans Health
Administration

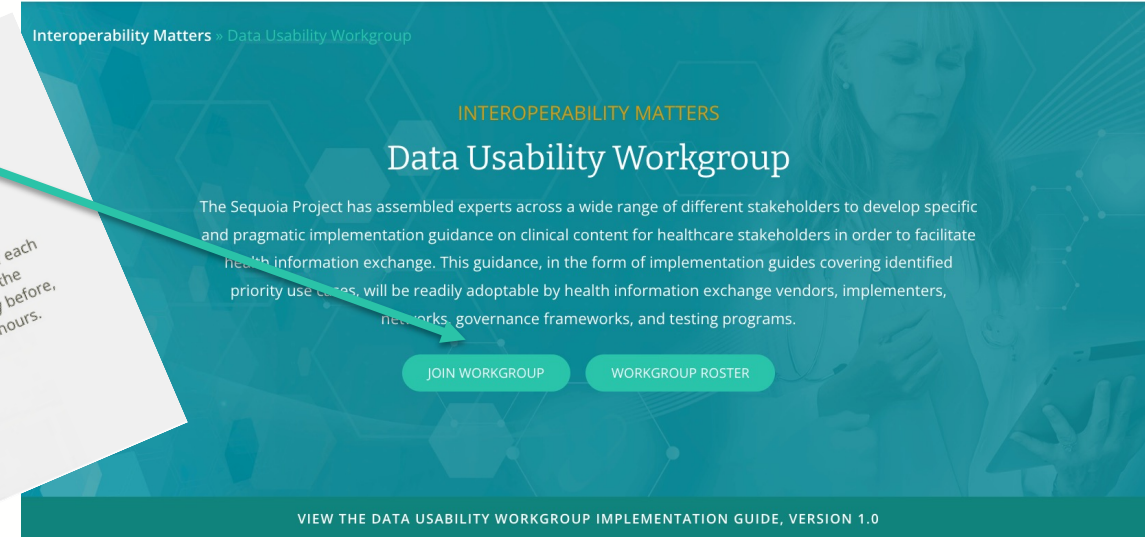
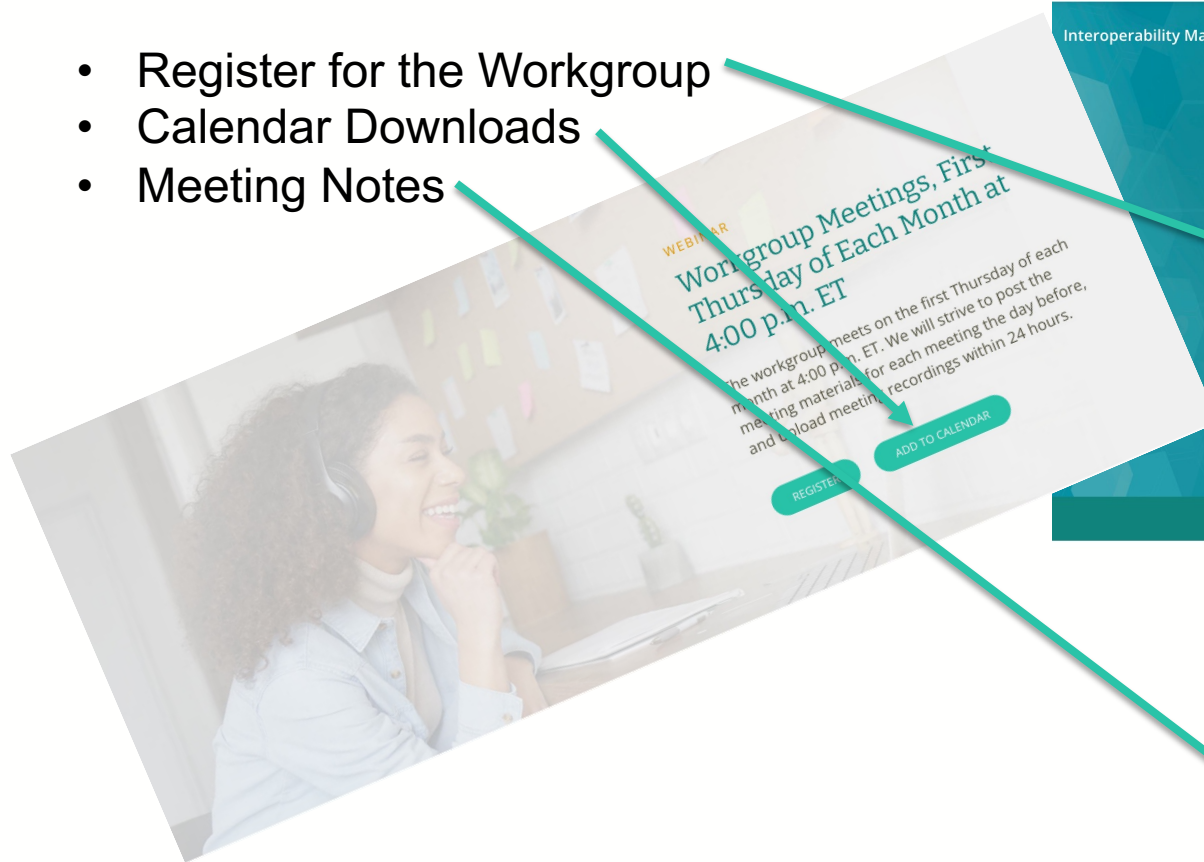
YoCierge
Record Retrieval Reinvented

 ZN
ZANE NETWORKS

 ZUS

Website, Meeting and Workgroup Logistics

- Register for the Workgroup
- Calendar Downloads
- Meeting Notes



Meeting Materials and Recordings

2023 - 2024


2020 - 2022

▶ February 8: Lab Tiger Team Meeting

▶ February 1: Meeting Notes

▶ January 11: Lab Tiger Team Meeting

▶ January 4: Meeting Notes

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

Version 2.0 of the Implementation Guide

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

Google Spreadsheet used for tracking

- Contains Phase 2 IG Development – Parking lot of existing pain points

Effective Use of Codes in Shared Information	Prioritized list of laboratory results to be shared	X	X			X	X	From this brainstorming page	<p>@Katherine Lusk comment to scorecard for v1.0: Texas IMMTRAC wants CVX for historical new administration NDC codes. Need to get alignment with State Agencies.</p> <p>@Lisa Nelson comment to scorecard for v1.0: I feel like we should start at the VERY TOP something about expecting proper Document Type codes to be used. We have seen it recommended to agree to send the one most general document type code as the primary code and the specific document type codes as translations. - clarification to be discussed at 11/29/23 taking root call.</p>
	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	
	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		
	Use experience with SHIELD and COVID-19 to create/identify codes and mappings in some other domain?						X		

ALL Comments Incorporated into Working Draft IG V2.0

2. Effective Use of Codes

Problem Statement

When a system sends clinical data to another system, discrete data usually references standardized sets of codes, such as LOINC, CPT, or CVX. This potentially allows the receiving system to map data elements to standard codesets, such as a medication, to the local representation of that element, which in turn allows the data to be "understood" by the receiving system. Coded data can be more easily incorporated into clinical decision support and may make reconciliation easier. This coded data may be found in the structured section of the XML as a translational field, depending on the receiving system, the translational field may or may not be consumed or displayed.

A core issue for health care providers is the mapping of common 'concepts' to one or more coded terms. The granularity of these concepts depends upon the use case. In multi-hierarchical terminologies such as SNOMED CT, the parent child relationships can sometimes be used to group similar terms, though referencing relationships across different hierarchies can be challenging (i.e., identifying interceptive parents and siblings in the hierarchies). Some clinical content may require the curation and use of logical value sets with multiple terminologies (i.e., LOINC used with SNOMED CT) to represent the full meaning of lab data. Work between these terminologies, EHR-data developers and other stakeholders can help create and maintain methods, metadata and value sets to help providers and other technology implementers effectively and safely USE externally mapped data in the care of patients. As the world moves toward FHIR based queries and exchange, effectively using these relationships will enable the appropriate level of abstraction when requesting information. Enabling Clinical Decision Support (CDS), concept-based search and other techniques helps clinicians sift through the noise of available data.

Use Cases

2.2.1. Provider to Provider - Example Scenarios:

[Show more](#)



Didi Davis
2:27 PM Yesterday



From tracking spreadsheet (notes field Column J row 10) - submitted as anonymous:
Has the team already discussed managing data received where the codes are nonsensical or omitted. Should this data be suppressed, or should this data be suppressed with a notation that there was additional data that was nonsensical?

Reply or add others with @



Laura Bright
3:51 PM Mar 1

@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

[Show more](#)



Laura Bright
4:46 PM Mar 3

Comment from Andrea Pitkus on original work item proposal: Would be helpful to have crisp use cases/scope listing data elements to be exchanged and

[Show more](#)



Laura Bright
5:22 PM Mar 3

comment from Andrea Pitkus: LIVD wasn't designed to perform automatable translations, but rather inform and guide lab professionals mapping IVD vendor results

[Show more](#)



Laura Bright
5:28 PM Mar 3

Comment from Andrea Pitkus
Per the call, looks like 2 scenarios with lab data are missing. 1. Consumer data shared with the EHR (i.e.

Prior “parking lot” documents updated to view only access

Comments incorporated into this [working draft](#)

Comments will be discussed on monthly calls

Homework assignments for input from Workgroup monthly

Internal comments resolved leading to public comment version posted July 2024

Laboratory Tiger Team – February 8, 2024

2023-2024 Sequoia Data Usability WG – Proposed Work Items

File Edit View Insert Format Data Tools Extensions Help

Menus 100% 123 Default... 10 B I A

A9 Standardizing Laboratory Result Display in C-CDA

	A	B
1	Work Item Proposal Template Link: https://docs.google.com/document/d/1NKfml0EM-nbVXnRMQ-XXZ4Pp0w-OVgCcYot_puyD5h8/edit#heading=1	
2		
3	<initial working name for it>	Proposed Work Item Title
4	<Describe the integration and/or workflow problem: What doesn't work, or what needs to work.> <Describe the Value Statement: what is the underlying cost incurred by the problem, what is to be gained by solving it. If possible, provide quantifiable costs, or data to demonstrate the scale of the problem.> <Describe how this will improve usability and for what stakeholders>	The Problem Description
5	<List existing systems that are or could be involved in the problem/solution.>	Actors/Systems
6	<Describe one or more short use case scenario(s) from the user perspective. The use case should demonstrate the current integration/workflow problem. Consider a chronological bullet list of "A does X with Y".> <Feel free to add a second use case scenario demonstrating how it "should" work. Try to show the people/systems involved, the tasks they are doing, the information they need, and hopefully where the information should come from.> <Focus on the end user requirements, and not just the solution mechanism. Give concrete examples to help people trying to understand the problem and the nature of the solution required. Remember that other committee members reviewing the proposal may or may not have a detailed familiarity with this problem. Where appropriate, define terms.>	Use Case/Clinical Scenario
7	<List relevant standards, where possible giving current version numbers, level of support by system vendors, and references for obtaining detailed information.>	Standards
8		
9	Standardizing Laboratory Result Display in C-CDA	
10	Appendix A Updates	
11		

+ Summary of DUWG Proposed Work Items Laboratory Work Items

- Google Spreadsheet used for tracking will be place for gathering Laboratory Data Exchange pain points
 - Use cases and standards
 - Anyone with the link can comment within the documents

Tiger Team Roster

55 members

43 organizations

First Name	Last Name	Company
Maria	Moen	ADVault, Inc.
Mary-Sara	Jones	Amazon
Jenna	Rychert	ARUP Laboratories
Riki	Merrick	Association of Public Health Laboratories
Maruthu Vijay	Kumar	AthenaHealth, Inc.
Reddy C	Haraneesh	AthenaHealth, Inc.
Manish	Naik	Austin Regional Clinic
Abigail	Viall	CDC
Muktha	Natrajan	CDC
Hung	Luu	Children's Health System of Texas
April	Bohbrink	Clinical Architecture
Kristin	Benware	Clinical Architecture
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
Mike	Kolzet	EQTY Life Sciences
Robert	Oakley	Evernorth - Office of Interoperability
Victoria	Derbyshire	FDA
Stanley	Huff	Graphite Health
Nathan	Davis	Graphite Health
Hilary	Greer	HCA

First Name	Last Name	Company
Steven	Lane	Health Gorilla Inc.
Satish	Kholay	IdLink
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
Christopher	Kellogg	Quest Diagnostics
Christopher	Harrison	Quest Diagnostics
Mick	Talley	Southeast Michigan Health Information Exchange
Daniel	Wyman	Synensys
Stephen	Powell	Synensys
Alana	Keller	Synensys, LLC
M E	de Baca	Sysmex America Inc
Katherine	Lusk	Texas Health Services Authority
Baraah	Elsaadi	Texas State University
Thomas	Bronken	Trinity Health
Elizabeth	McElhiney	Verisma
Sandra	Mitchell	VHIE, contractor JP Systems
Aaron	Berdofe	Zus Health

Next Lab Tiger Team Call Reschedule Announcement

- The next regularly scheduled Laboratory Tiger Team falls on March 14, 2024 during the HIMSS24 Annual Conference week
- Due to likely conflicts, the next meeting has been rescheduled for March 21, 2024 (one week later)
- The calendar update was pushed out on February 6, 2024 to all Tiger Team members. Please let us know if you did not receive the invite.

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

Community of Practice Update

February 28, 2024



Data Usability

Taking Root Movement

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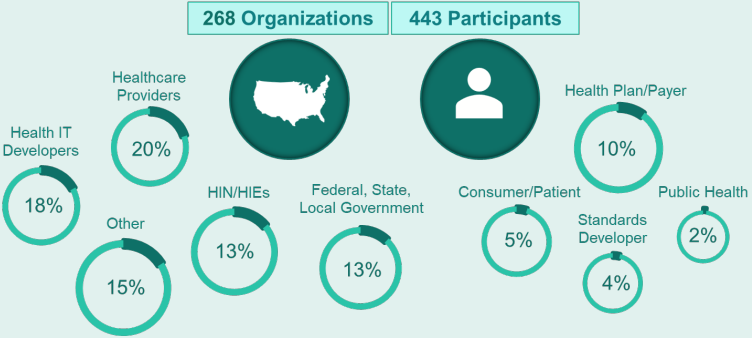
What is the difference between the **Data Usability Taking Root Movement** and the **Data Usability Workgroup**?







Data Usability Workgroup
Develops Guidance



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



Community of Practice

 Roundtables	 Technical Assistance
 Testing Platform	 In-person Convenings

Participation Levels



The Data Usability Taking Root **Movement** – February 2024



11

Azuba
Bwell
Celeste
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



43

ADVaultinc
American Medical Association
Austin Regional Clinic
Banner
Brevard Health Alliance
Civitas
Claim Clarity
Complete Health
DirectTrust
eHealth Exchange
Elevance Health
First Genesis, Inc.
Foothold Technology
Hawaii Pacific Health
HCA Healthcare
Health Services of North Texas (HSNT)
HealthElence
Johnson and Johnson
Kaiser Permanente
Kno 2
LaPortaCare

MedAllies
Meditech
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
Texas State University
The Picture of Health
The University of Texas Health Science Center
University of Washington
Verinovum
Veterans Health Information Exchange
Wolters Kluwer Health, Health Language
Zus Health



2023 Event Sponsors

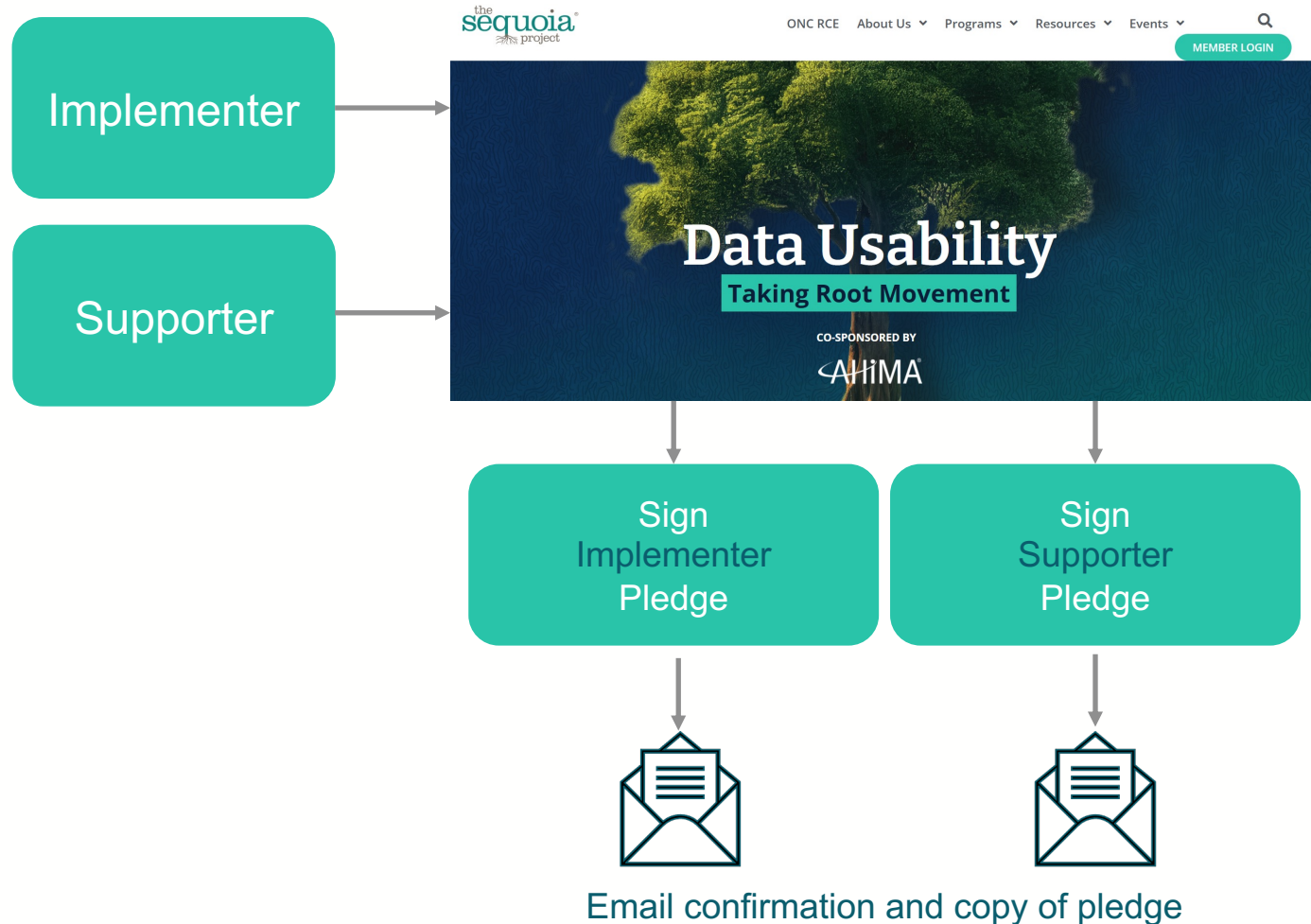
MedAllies
Smile Digital Health

OTHER ROUNDTABLE PARTICIPANTS

8

Carequality
HIMSS EHRA Association
IHIE
OCHIN
Oracle
Smile Digital Health
Stanford Health
Sutter Health

Pledge Process – Open NOW!



Data Usability
Taking Root
participants
have been
alerted that the
pledge feature
is operational on
Sequoia's
website

Status Testing Platform & Services

- 1st of its kind – data usability content validator
- Implementers & Supporters have access to the testing tool
- ETA: To be announced at HIMSS
- Test data, no PHI data in 2024
- Reminder – this is a **self-serve** tool with minimal onboarding
- Testing Services Contract & Process – next meeting

Sequoia Data Usability IG v1.0 Readiness Checklist

- The draft Readiness Checklist is grouped by Categories and then further grouped by Data Sent and Received as appropriate:
 - General
 - Data Provenance and Traceability of Changes
 - Effective Use of Codes
 - Reduce Impact of Duplicates
 - Data Integrity, Format and Trust
 - Data Tagging/Searchability
 - Effective Use of Narrative for Usability
- Please review and provide comments by March 15, 2024

Join the Movement | Data Usability Taking Root



- https://youtu.be/qPNxYlcfN5s?si=g8wK_Zw1evFkOn9-



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/>

New Interoperability Matters Steering Committee

New Interoperability Matters Steering Committee

Aligning with Our Growing Member Community

After collecting feedback from our unconference sessions at our 2023 Annual Meeting, we're creating another opportunity for Sequoia members to guide Interoperability Matters work through a new Steering Committee. The Leadership Council approved the charter of the new committee during the Leadership Council meeting on 2/21/24.

There will be 9-13 committee members, including 2 co-chairs, with cross-industry representation. To view the [charter](#) and eligibility requirements, you can log into the [Sequoia Member community portal](#) and view February's Leadership Council meeting materials.

If you're a Sequoia member and interested in serving on the Steering Committee, you can submit your application [here](#). **Deadline to submit your interest/application for the Steering Committee is March 15 by 11:59 p.m. ET.**

[View and Submit Steering Committee Application](#)

Effective Use of Codes

Reminders

Reminders

- **Take the pledge by March 31** – keep an eye out for email alerting you that pledge forms are available on the Sequoia website. **Hope to see you at HIMSS!**
 - **Interoperability & HIE Forum** - Monday, March 11 • 8:00 AM - 4:30 PM Eastern Time
 - USCDI Data Usability & Certification: A Dual Perspective
 - Monday, March 11, 2024 - 11:15 AM - Location: W304A
 - **Interoperability Showcase “Helping Healthcare Heal Itself”**
 - March 12 from 11:15 a.m. to 12:15 p.m. – Hall B | Booth 3760
 - **Interoperability Showcase – Hall B | Booth 3760 “Building a Framework for Better Data Quality”**
 - Tuesday, March 12 • 2:45 PM - 3:05 PM EST –
 - Location: Interoperability Showcase - Spotlight Theater | Hall B | Booth 3760
 - **ONC—Common Agreement Update from the Recognized Coordinating Entity**
 - Tuesday, March 12 • 4:15 PM - 5:15 PM EST- Location: Hall F (WF4)
 - **The Sequoia Project: Advancing Data Usability in Healthcare**
 - Wednesday, March 13th at 2:00 pm. Clinical Architecture Booth 2281
 - **TEFCA/FHIR Roadmap & CA Version 2.0**
 - Thursday, March 14 • 10:00 AM - 11:00 AM EST- Location: Hall F (WF4)

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!**