



Interoperability MATTERS

an initiative of The Sequoia Project

Data Usability Workgroup

April 4, 2024

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
- Reduce the Impact of Duplicates and Data Integrity Format and Trust – Didi Davis – 40 minutes
- Save the Dates: The Sequoia Project Annual Meeting 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

391 Organizations

488 Participants



Healthcare Providers



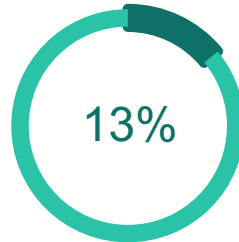
Public Health



Consumer/Patient



HIN/HIEs



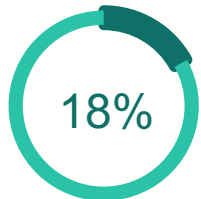
Federal, State, Local Government



Standards Developer



Health IT Developers



Other



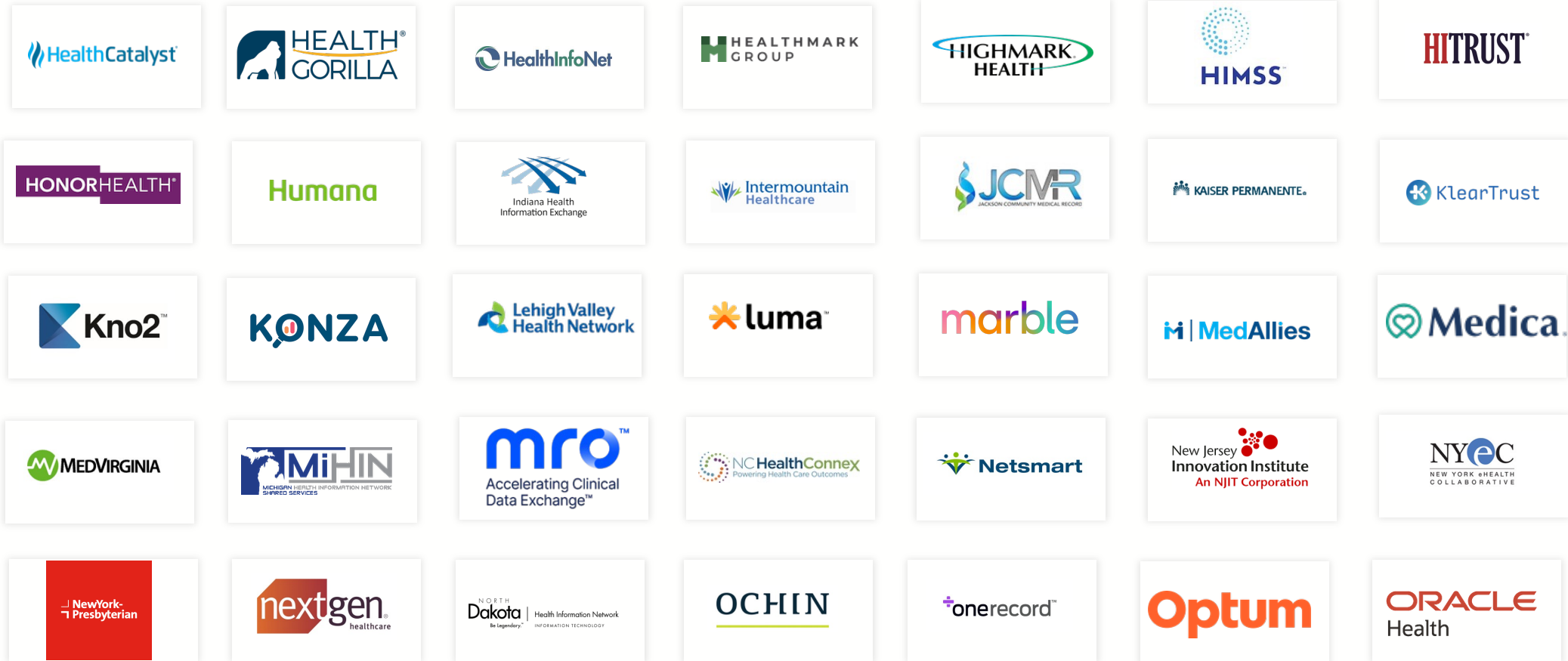
Health Plan/Payer



Sequoia Members Shape Interoperability for the Public Good



Sequoia Members Shape Interoperability for the Public Good

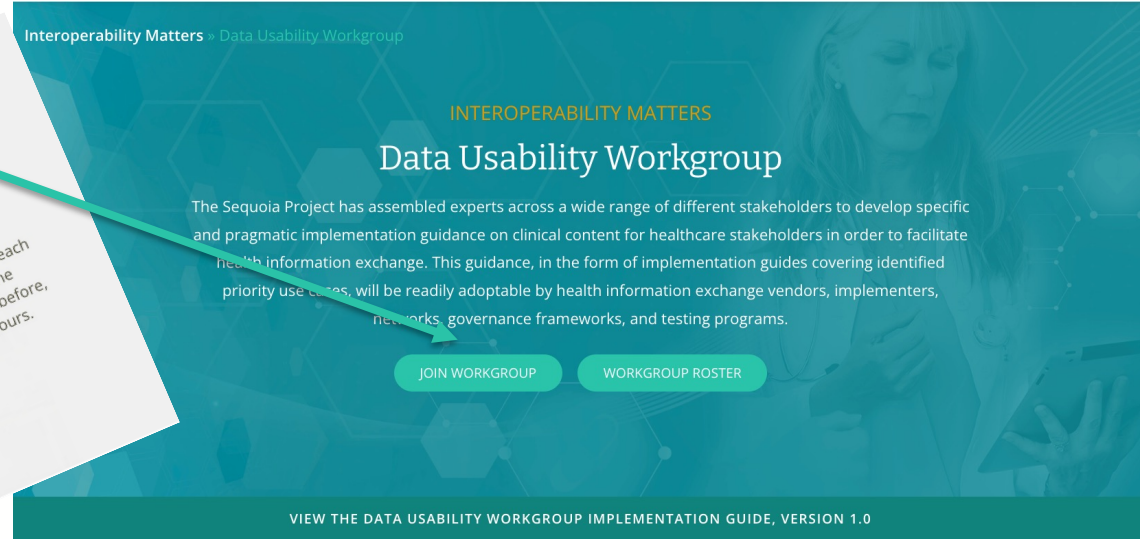


Sequoia Members Shape Interoperability for the Public Good



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

Reduce the Impact of Duplicates	Reduce Impact of Known Duplicates		X			X	X	From this brainstorming page	
	List Reconciliation		X	X	X	X	X		
Data Integrity Format and Trust	Data Accountability/Binding Content and Authorship		X	X	X	X	X	From this brainstorming page	<p>@Katherine Lusk comment to scorecard for v1.0: Adoption of Project US address adoption of persons captured within the EHR; i.e providers with directory for Direct Address, Guarantee of Kin... - @Katherine, agreed. The IG does state that "Data for address fields used for discovery query" be compliant at this time, additional guidance can be added for future IG comment has also been added to the DUWG v2.0 spreadsheet for tracking purposes here</p> <p>@Lisa Nelson comment to scorecard for v1.0: It would be nice if we had A SINGLE Source open source API that could be called with any address information and it would return the properly formatted address entry according to Project US@. - @Lisa, agreed. The USPS provides 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</p> <p>Also: So as not to "block available information", sections that are a SHOULD or MAY requirement 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 are still required to meet minimum USCDI data classes and send all data captured, stored and available.</p>
	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	

ALL Comments Incorporated into Working Draft IG V2.0

3. Reducing the Impact of Duplicates

Problem Statement

When clinical data is exchanged between multiple systems duplicate information is a frequent occurrence. Commonly this is the result of receiving the same information from more than one external organization or multiple times from a single trading partner. Unidentified duplicate

information takes clinician time to filter and reconcile and can make it harder to find the most up to date information about a patient

4. Data Integrity, Format and Trust


Problem Statement

Different types of documents are exchanged between Providers depending on the clinical scenario. These different documents contain different types and quantities of information. For instance, in a clinical summary lab, data may be included in what was produced within a certain time frame.

While a number of factors can influence data integrity format and trust, including provenance and other topics addressed elsewhere in this IG, the Data Usability Workgroup will focus our IG on a core aspect of data integrity – accurate patient matching. This core function underlies all other aspects of data integrity and in the era of TECCA, has become one of the central challenges in information sharing at scale. Future work by the Data Usability Workgroup will likely involve other aspects of Data Integrity, but the initial scope will be focused on patient matching, specifically encouraging broader use and adoption of Project US@ recommendations as a simple, but effective means of improving patient matching.

Use Cases

Potentially add considerations for performance - how can we send the right information in order not to re-process information already processed?


 Laura Bright
4:31 PM Mar 28

Text from Brainstorming document:

The low hanging fruit is where the generating system knows exactly what is duplicated and is in a position to mark it as such. The rest gets increasingly more difficult, as it typically involves human-mediated workflows like reconciliation. I'd ask the group to be specific about how far it wants to go in scoping this.

Below, I'm using the term "information" generically to refer to clinical fine-grained information, which could be communicated in a CDA entry, a FHIR resource, or a V2 component. Obviously there are different solutions based on which technology is used.

Problem: System repeats same information from one source within same document without identifying it as the same

 Didi Davis

From Scorecard v1.0 comments:

@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:

@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>

- 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 – March 21, 2024

	A	B
1	Work Item Proposal Template Link: https://docs.google.com/document/d/1NKfml0EM-nbVXnRMQ-XXZ4Pp0w-OVgCcYot_puvD5h8/edit#heading=1	
2		
3	<initial working name for it> <Describe the integration and/or workflow problem: What doesn't work, or what needs to work.>	Proposed Work Item Title
4	<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		

- **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
- 2nd Tiger Team added in April
 - April 11, 2024
 - April 18, 2024

Tiger Team Roster

60 members
47 organizations

First Name	Last Name	Company
Maria	Moen	ADVault, Inc.
Kristine	Geis	Altera Health
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
Samantha	Spencer	CAP
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	Stuwe	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
Neelam	Sharma	HCA
Hilary	Greer	HCA
Steven	Lane	Health Gorilla Inc.

First Name	Last Name	Company
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
Kendra	Wyatt	New Birth Company
Sara	Haddon	New York eHealth Collaborative
Andrea	Pitkus, PhD, MLS(AS)	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
Atana	Keller	Synensys, LLC
M E	de Baca	System America Inc
Katherine	Lusk	Texas Health Services Authority
Baraah	Elsaadi	Texas State University
Tracy	Asibu	The University of Texas Health Science Center
Thomas	Bronken	Trinity Health
Elizabeth	McElhiney	Verisma
Sandra	Mitchell	VHIE, contractor JP Systems
Aaron	Berdofo	Zus Health

Laboratory Use Cases

1. outpatient clinic ordering labs from other entity needs the result
2. reference lab already sends via HL7, but maybe not fully compliant
3. Institution has in its EHR a lab result and is passing via CCDA or FHIR to another entity

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

March 27, 2024



Data Usability

Taking Root Movement

CO-SPONSORED BY



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**

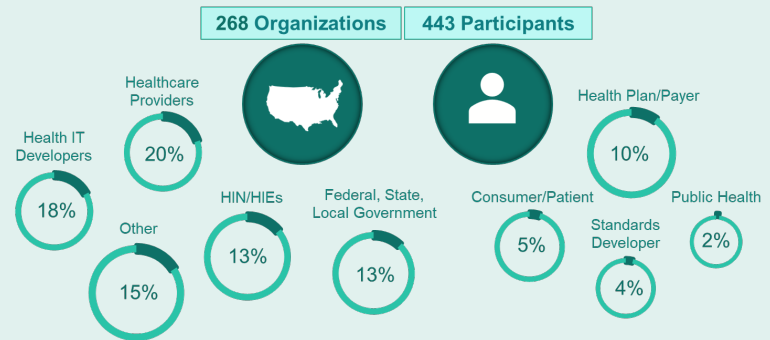


Community of Practice

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

Participation Levels

- IMPLEMENTER**
- SUPPORTER**
- SPONSOR**



The Data Usability Taking Root **Movement** – March 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



44

ADVaultinc
American Medical Association
Austin Regional Clinic
Banner
Brevard Health Alliance
Civitas
Claim Clarity
Cincinnati Children's Hospital Medical Center
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

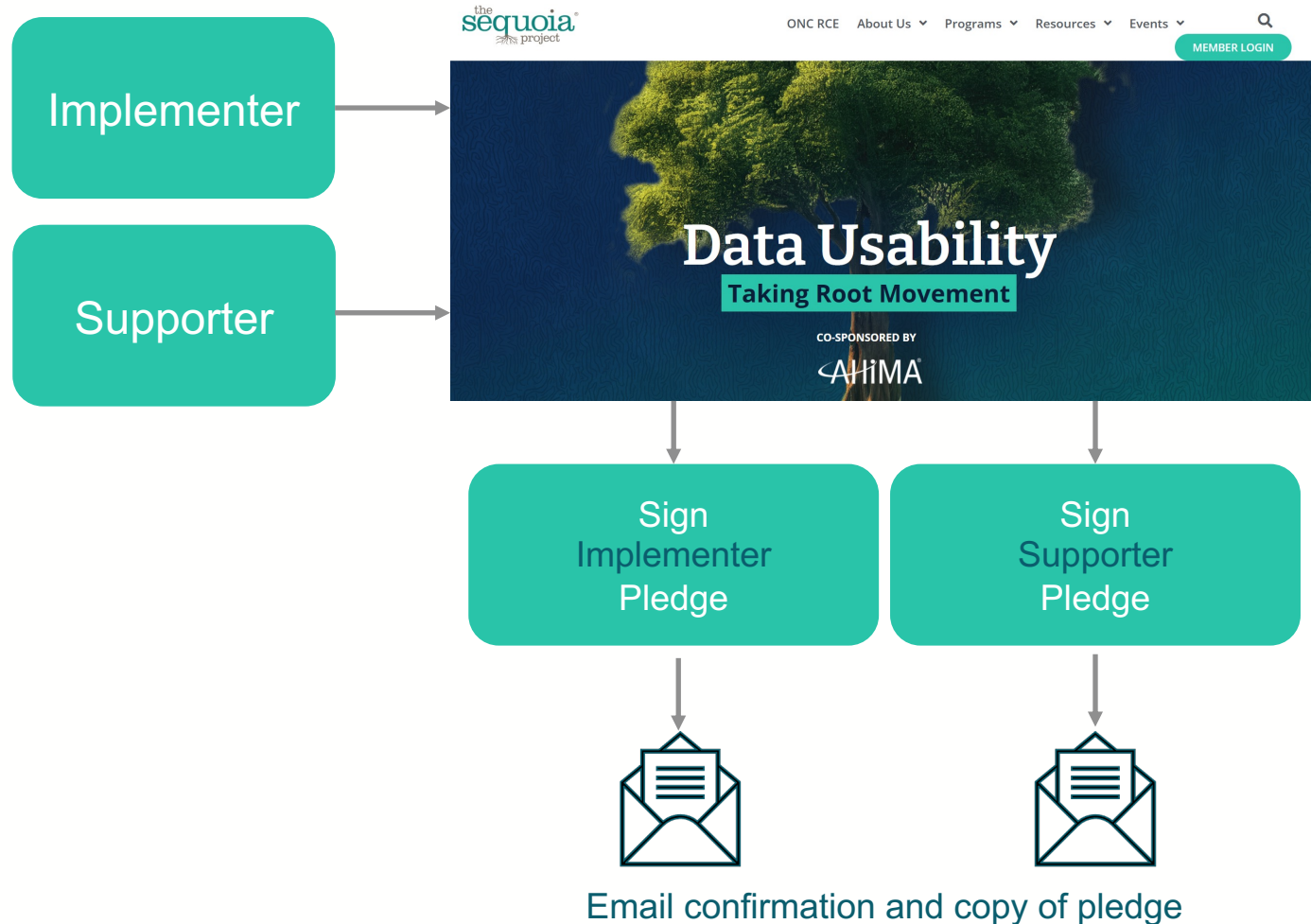
MedAllies
Smile Digital Health

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

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



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/>

Reduce the Impact of Duplicates

Data Integrity Format and Trust

Reminders

Annual Meeting 2024

Embassy Suites Nashville | December 10-12, 2024

- An all-new construction that is the flagship for the brand
- Easy walk to Broadway



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!**