

Data Usability Workgroup

September 5, 2024



Agenda

- Welcome, Introductions, Membership, Agenda Bill Gregg, MD

 5 minutes
- Public Comment Phase Summary Adam Davis, MD 15 min
- Data Usability Taking Root Community of Practice Update Didi Davis 5 minutes
- Reminders 5 minutes
 - AHIMA Annual Meeting October 28, 2024
 - Timeline for Phase 4 Final Publication and Save the Date: The Sequoia Project Annual Meeting
- Workgroup Discussion & Q&A Didi Davis, Co-chairs and Workgroup



Adam Davis, MD, Co-chair Sutter Health

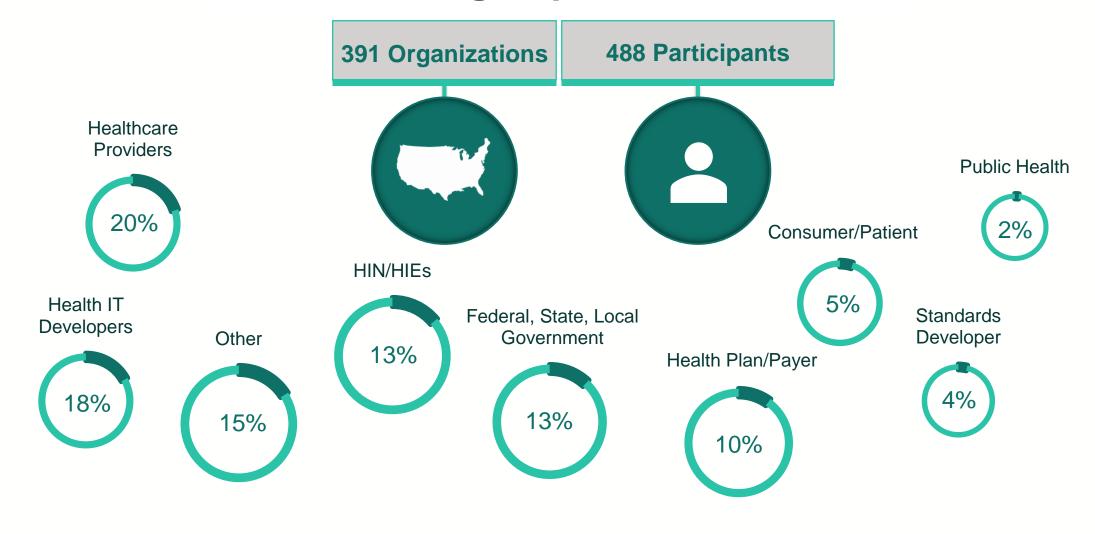


Bill Gregg, MD, Co-chair HCA Healthcare



Didi Davis, VP The Sequoia Project

Workgroup Members



Sequoia Members Shape Interoperability for the Public Good







































































Sequoia Members Shape Interoperability for the Public Good







































































Sequoia Members Shape Interoperability for the Public Good



































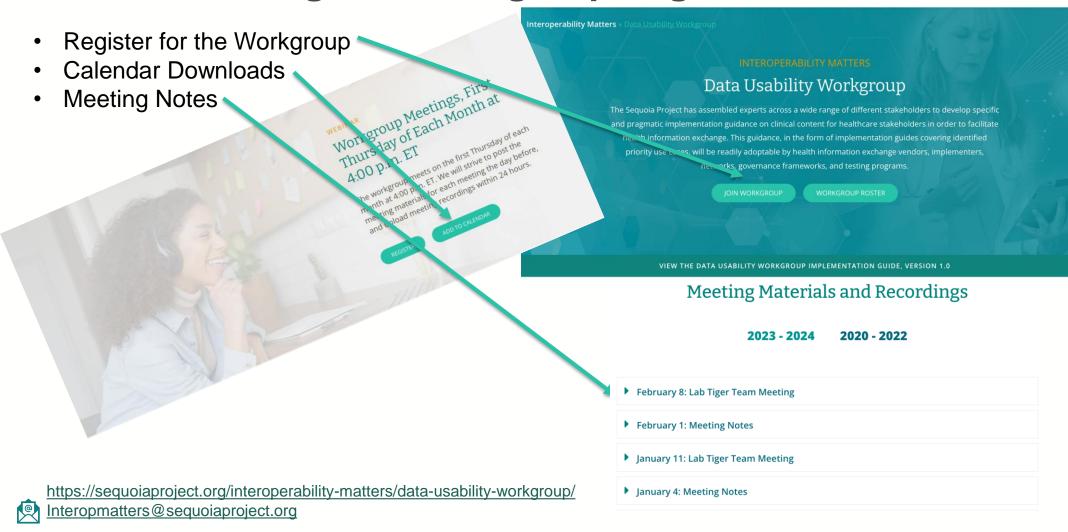








Website, Meeting and Workgroup Logistics



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 - Phase 2: Developing Initial Draft Guidance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 This meeting ends Phase 2
 - Phase 3: Public Comment Period/Recommended Next Steps
 - July 23, 2024 August 23, 2024
 - Phase 4: Finalizing Implementation Guide and Call to Action
 - August 26, 2024 December 11, 2024



Public Comment Summary and Phase 4 Next Steps

DUWG Implementation Guide Version 2.0

The implementation guide covers the identified priority use cases that can be readily adopted within health information exchange vendors, implementers, networks, governance frameworks, and testing programs with 18 months. Some key changes in this public comment version included:

- Added guidance for receiving systems in addition to sending systems
- Advancing the baseline requirements from USCDI V1 (Problem, Allergy, Medications, Immunizations ONLY) to all data classes within USCDI V3
- Expanded guidance to be technology agnostic with added requirements for HL7® FHIR®, HL7 v2.x and HL7 C-CDA across the topic categories
- Added an additional topic category for laboratory

Table of Contents

- Executive Summary & Phases Timeline
 - Phase 1 Administration & Prioritization
 - Phase 2 IG Development
 - Phase 3 IG Public Comment
 - Phase 4 IG Publication
- Statement of Intent
- Sections/Chapters
 - Seven Topic Categories
 - Guidance with SHALL, SHOULD, MAY
- References
- Appendix A High Priority Lab Results
- Appendix B A Priority list of documents for information sharing















Public Comment Summary and Phase 4 Next Steps

- Public Comment was open to the public July 23 August 23, 2024. The webforms were closed on August 26, 2024
- Data Usability Workgroup Members will have the opportunity to provide comments via email to <u>interopmatters@sequoiaproject.org</u> email until September 30, 2024
 - Please include the page number, line number, suggested wording changes or additions, etc per section/chapter.
- Monthly meetings will enlist input for workgroup members on how to remediate the 179 comments received to final publication

Phase 4: Finalizing Implementation Guide for Publication

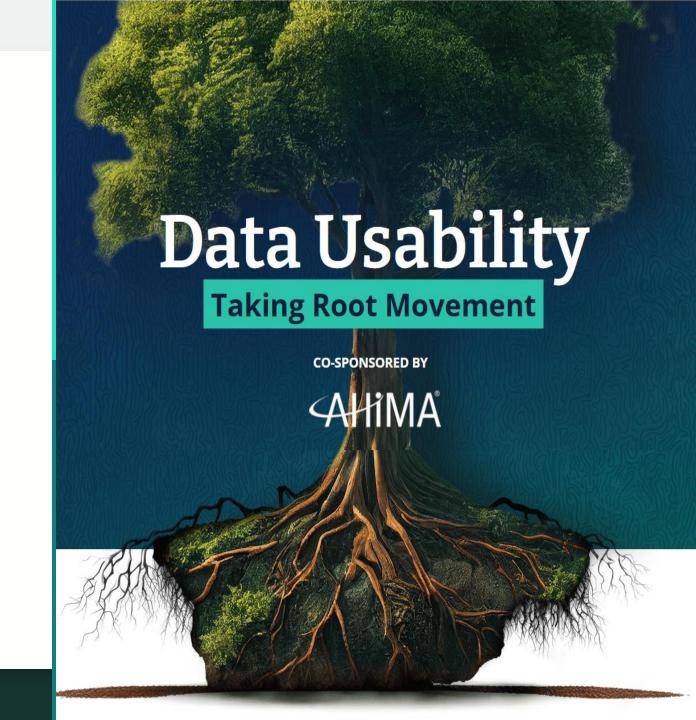
- Comments will be disposed as they are received by the Leadership team and socialized on the monthly workgroup meetings (first Thursday of each month) through December 5, 2024
- The Final Version 2 of the Implementation Guide will be published December 11, 2024
- The Implementation Guide will be highlighted at the in-person Sequoia Annual Member Meeting in Downtown, Nashville, TN
 - Embassy Suites by Hilton
 - Register and Subscribe for Updates
 - https://sequoiaproject.org/2024-annual-meeting/



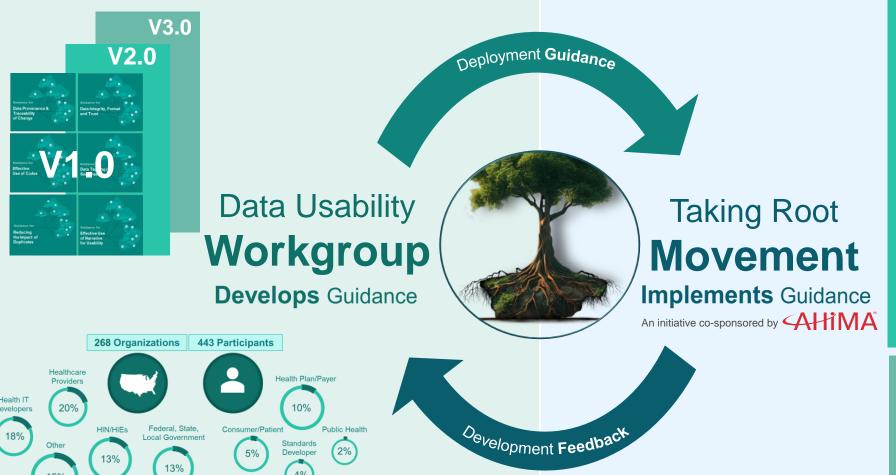
Community of Practice Update

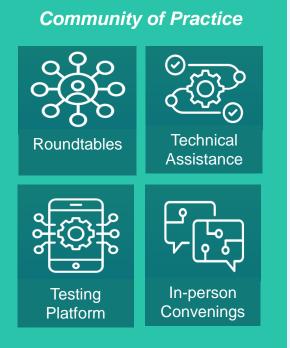
August 28, 2024





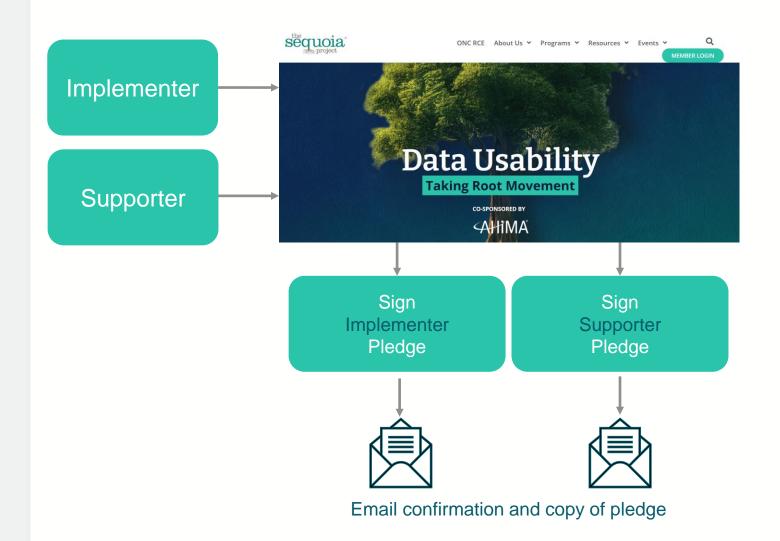
What is the difference between the Data Usability Taking Root Movement and the Data Usability Workgroup?







Pledge Process – Open NOW!



Those who have pledged will have passwordprotected access to **Data Usability Taking Root** Resources on the Sequoia website

Organizations that have pledged to participate!



Clinical Architecture
Epic
Health Gorilla
MedAllies
Opala
Oracle
Santa Cruz Health

Information Exchange

Smile Digital Health



ADVault, Inc. AHIMA Civitas Networks for Health CommonWell DirectTrust Hawai'i Pacific Health LaPortaCare MEDITECH Netsmart Technologies NextGen Healthcare Optum Surescripts Texas Health Services Authority

Grace Period Extended – August 29, 2024!

ROUNDTABLE **PARTICIPANTS** WHO HAVE NOT YET PLEDGED

49

American Medical Association
Austin Regional Clinic
AthenaHealth
Azuba
Banner
Brevard Health Alliance
Bwell
Carequality
Celeste
Cincinnati Children's Hospital Medical Center
Claim Clarity
CommonSpirit
Complete Health
Delaware Health Information Network
eClinical Works
eHealth Exchange
Elevance Health
FINN Partners
First Genesis, Inc.
Foothold Technology
HCA Healthcare
Health Services of North Texas (HSNT)
HealthElence
HIMSS EHRA Association

uue
IHIE
Intermountain Healthcare
Johnson and Johnson
Kaiser Permanente
Kno2
MTC Group LLC
National Institutes of Health, National Institute of
Diabetes & Digestive & Kidney Diseases
New York eHealth Collaborative
OCHIN
Particle Health Inc.
Patientory
Premiere Pointe Podiatry
Social Security Administration
Stanford Health
Sutter Health
Texas A&M
Texas Department of State Health Services
Texas State University
The Picture of Health
The University of Texas Health Science Center
University of Washington
Veterans Health Information Exchange
Wolters Kluwer Health, Health Language
Zus Health

Access the pledge here





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/



Highlights for Workgroup Input and Public Comment

Appendix A – High Priority Lab Results

♠ Interoperability MATTERS

Data Usability Workgroup Implementation Guide Version 2 Draft

59

Appendix A - High Priority Lab Results

The Data Usability Workgroup membership identified Laboratory Interoperability as an area that needed significant improvement during the first cycle (2020 - 2022) that concluded with the publication of the Data Usability Implementation Guide Version 1.0. In Version 1.0, this Appendix A was included to allow HIT Developers, EHR platforms and lab systems to focus on mapping and maintaining codes for this list of preliminary high clinical impact list (for reference only):

Blood Chemistry: Chemistry Results

- Albumin
 - Alkaline Phosphatase

 - Bilirubin, Total
 - Calcium
 - Creatinine
- - Urea Nitrogen (BUN)

 - BNP
 - Vitamin B1
 - Vitamin B12
 - Vitamin D 25.OH

Urine Chemistry:

Microalbumin Urine

Microalbumin/Creat Ratio

Coagulation

The Data Usability Workgroup would like comments and input on whether providing 15 additional detail for the high priority labs above would be useful to the industry? The Workgroup began drafting a spreadsheet for these Lab that can be found here.

Using Albumin as an example (see rows 3 - 8) in the spreadsheet linked above, many (incorrectly) use the high level LOINC Result code to group Albumins by other methods. There are more suitable LOINC codes for Methods as shown in Column I and J. Clinical 20 values can differ significantly with different methods.

BCG	Albumin [Mass/volume] in Serum or Plasma Bromocresol green (BCG) dye binding method	by
ВСР	Albumin [Mass/volume] in Serum or Plasma Bromocresol purple (BCP) dye binding method	by
Nephelometry	Albumin [Mass/volume] in Serum or Plasma Nephelometry	by
Electrophoresis	Albumin [Mass/volume] in Serum or Plasma Electrophoresis	by
ВСР	Albumin [Mass/volume] in Blood by Bromocresol pur (BCP) dye binding method	rple

The Data Usability Workgroup would like industry comments on whether there is value in including this level of detail in the final publication planned for December 2024?

As referenced by Recommendation 13 in the Synensys report: "Develop formal processes for inclusion of laboratorians in the multidisciplinary teams responsible for decisions about laboratory data needs, representations, and interfaces at care facilities.

62

♠ Interoperability MATTERS

Data Usability Workgroup Implementation Guide Version 2 Draft

5 For example, medical practitioners are responsible for ordering tests to monitor and diagnose patients, but at the same time have a huge range of responsibilities and could benefit from better communication with laboratories. Laboratorians have up-to-date information on changes to the diagnostic testing environment, including new test options or how test results should be interpreted. However, due to the way many interfaces are set up, laboratorians may not receive sufficient data to fully support practitioners.

What other guidance may be helpful in addressing the flawed communication and coordination within the lab ecosystem to reduce the potential for patient harm?

The Data Usability Workgroup would like comments and input for the yellow highlighted areas of Appendix A and whether providing additional detail for the high priority labs above would be useful to the industry?

\$ Interoperability MATTERS

Data Usability Workgroup Implementation Guide Version 2 Draft

Table 1: Laboratory Data Element Code System and Exchange Standards

The table below attempts to highlight the USCDI Data Elements across various specifications, fields, value sets and coding requirements for

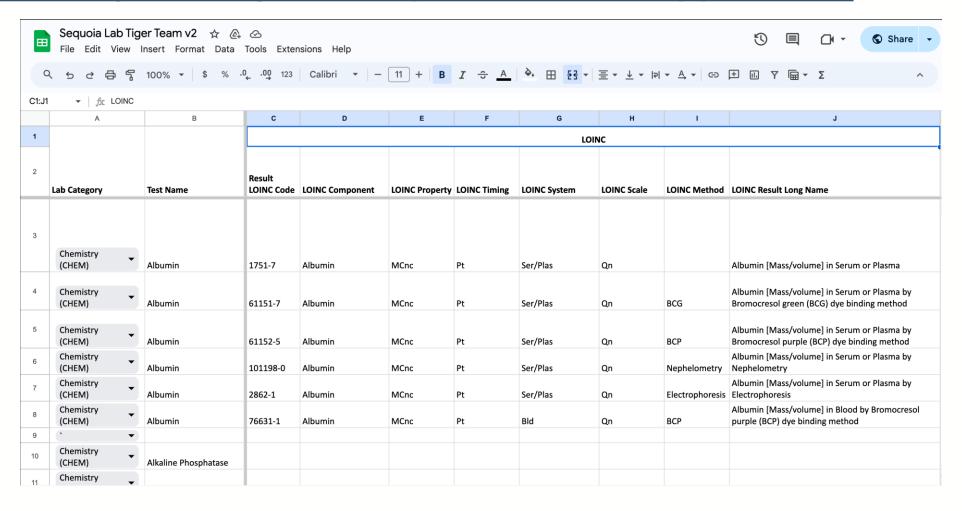
HL7 V2.5.1, HL7 FHIR, HL7 C-CDA and CLIA. This table is non-normative and provided as reference only

The workgroup would welcome feedback on whether this table helpful and how it could be improved

Data Element	Additional Info	Code System	V2.5.1 (LRI, ELR, Genomics)	FHIR Resource	Value Set	CCDA	CLIA
Laboratory Order	May be called Test Procedure or Test Request. Include local test code and information.	LOINC (Order or Both code)	OBR-4	Service Request (preferred) Procedure Observation	HL7 FHIR Value Set (Observation)	ProceduresSection	https://www.ecfr.goulcurreny/ i8th-#22pection-453.1241 \$493.1291(c)(4) \$493.1291(c)(3) \$493.1241(c)(3) \$493.1241(c)(7)
Laboratory Result	Also known as test result or observation	LOINC (Both or Observation code)	OBX-3	Observation (preferred) Observation component	HL7 FHIR Value Set (Observation)	Result Organizer Organizer code "Laboratory results "SHOULD" be from LOINC (CodeSystem: 2.16.840.1.113883.6.1)	https://www.ecfr.gov/curren/ title-42/section-493.1291 \$493.1291(c)(4) \$493.1278 (4)

64

<u>Laboratory Priority Labs Spreadsheet – Appendix A</u>



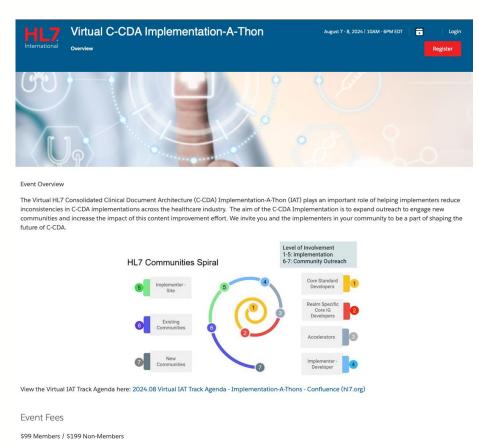


Reminders



AHIMA24 Conference Salt Lake City, UT- October 27 – 29, 2024

- Registration is still open <u>here</u>
- Monday, October 28, 2024
 - 8:30am 9:15am MT
 First Things First: Get the Data
 Right Presentation
 - 9:30am 10am MT
 The ABCs of TEFCA Meetup





Sequoia Annual Meeting 2024 Embassy Suites Nashville | December 11, 2024

- Save the Date Calendar Invite
- Submit a Topic for Discussion
- Book your hotel
- Consider sponsorship opportunities
 See prospectus
- 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!