

#### **Data Usability Workgroup**

November 7, 2024



#### **Agenda**

- Welcome, Introductions, Membership, Agenda Bill Gregg, MD 5 minutes
- Public Comment Phase Summary Adam Davis, MD 10 min
- Data Usability Taking Root Community of Practice Update Didi Davis 10 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

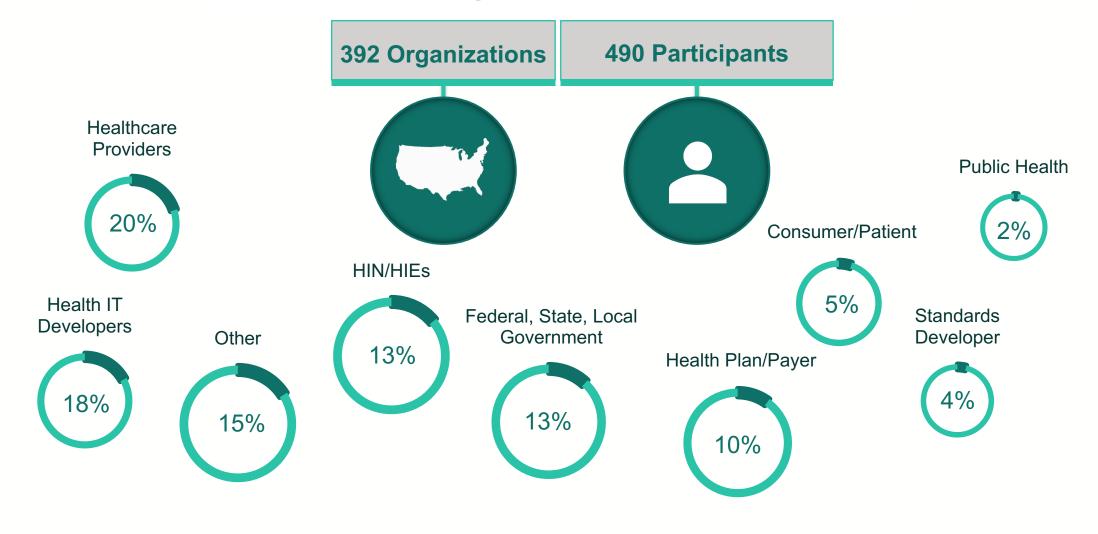


Bill Gregg, MD, Co-chair HCA Healthcare



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







































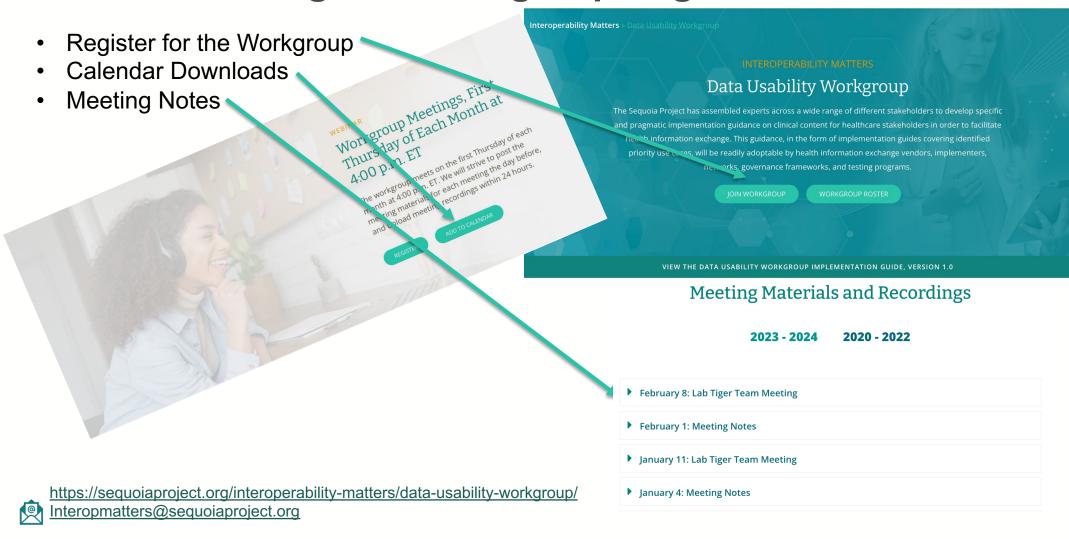








#### Website, Meeting and Workgroup Logistics



#### **Meeting Logistics and Timeline**

- 2023 2024 Planned Schedule Kickoff Call: February 2, 2023
  - Ongoing calls: 1<sup>ST</sup> 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    - Phase 2: Developing Initial Draft Guidance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 had the opportunity to provide comments via until September 30, 2024
- 179 comments were received
- The final Phase 4 of our process is in progress currently
  - Leadership team drafting new language
  - Resolutions for comments can be tracked in this <u>spreadsheet</u>
  - Working draft for final publication can be found <u>here</u>

#### Phase 4: Finalizing Implementation Guide for Publication

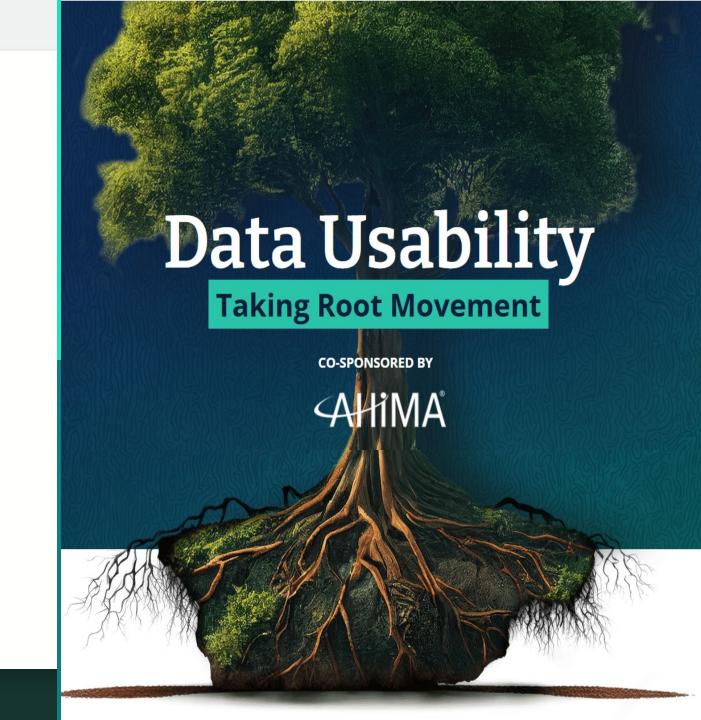
- Comments will be disposed as they are received by the Leadership team and socialized on the monthly workgroup meetings (first Thursday of each month) through December 5, 2024
- The Final Version 2 of the Implementation Guide will be published December 11, 2024
- The Implementation Guide will be highlighted 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

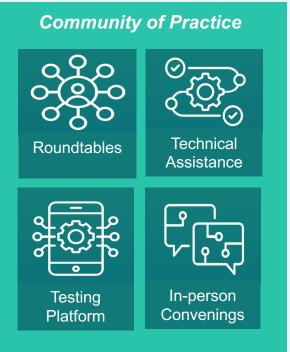
October 23, 2024





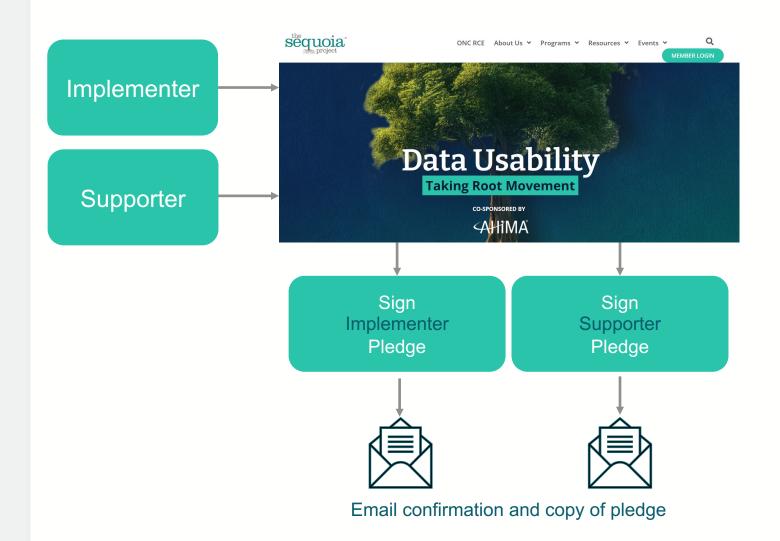
## What is the difference between the Data Usability Taking Root Movement and the Data Usability Workgroup?







#### 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!





















































#### **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

#### **Topics for Workgroup Input/Discussion**

- 179 Comments received during Public Comment July 23 August 23, 2024
  - Comment Spreadsheet can be found <u>here</u>
  - Comments are in process of being triaged and remediated by the leadership team
- Working Data Usability Implementation Guide V2.0 can be found <u>here</u>
- Homework assigned to commenters to help resolve comments marked with red and green to indicate status
- HL7 Orders and Observations Workgroup created <u>Confluence Page</u> to consider for replacement of <u>Table 1</u>: <u>Laboratory Data Element Code System and</u> <u>Exchange Standards</u>

#### **Appendix A – High Priority Lab Results**

♠ Interoperability MATTERS

Data Usability Workgroup Implementation Guide Version 2 Draft

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#### 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
  - ALT
  - AST
  - Bilirubin, Total
  - Calcium
    - Creatinine
    - •CEB
  - Glucose
- Hemoglobin A1
  - Lead Screening
  - Potassium
  - Protein, Total
  - Sodiur
  - T4Urea Nitrogen (BUN)
  - BNP
  - Troponin
  - Vitamin B1
  - Vitamin B12
     Vitamin D 25.OH

#### Urine Chemistry:

Microalbumin Urine

Microalbumin/Creat Ratio

#### Coagulation:

INR

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 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 purple (BCP) dye binding method							

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 <u>Synensys report</u>: "Develop formal processes 5 for inclusion of laboratorians in the multidisciplinary teams responsible for decisions about laboratory data needs, representations, and interfaces at care facilities.

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Data Usability Workgroup Implementation Guide Version 2 Draft

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?

Data Usability Workgroup Implementation Guide Version 2 Draft

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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

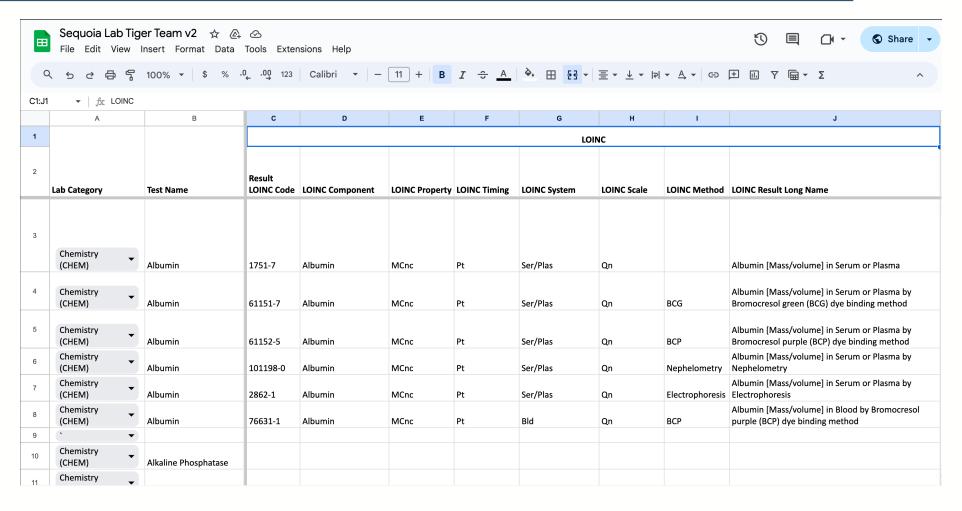
HL7 V2.5.1, HL7 FHIR, HL7 C-CDA and CLIA. This table is non-normative and provided as reference only

#### 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.gov/current/ 1886-42/section-493.1241 5493.1291(c)(4) 5493.1291(a) 5493.1241(c)(3) 5493.1241(c)(6) 5493.1241(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  Cranizer "Laboratory results "SHOULD" be from LOINC  (CodeSystem: 2,16.840.1.113883.6.1)	https://www.ecfr.gov/current/ title-42/section-493.1291 \$493.1291(c)(4) \$493.1278 (4)

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





## Reminders



## **ASTP Annual Meeting**

- December 4-5, 2024
- Omni Shoreham Hotel | Washington, DC
- The Assistant Secretary for Technology Policy Annual Meeting is back in Washington, DC on December 4-5, 2024. Join us for two days of conversation, learning, and networking as we reflect on 20 years and look ahead to the future of better health enabled by health IT.
- Agenda
- Register Now



# Sequoia Annual Meeting 2024 <a href="Embassy Suites Nashville">Embassy Suites Nashville</a> | December 11, 2024</a>

- Save the Date Calendar Invite
- Book your hotel
- Easy walk to Broadway
- Register and learn more







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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Convene

Collaborate

Interoperate







Thank You for your support of Interoperability Matters!