

Data Usability Workgroup

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

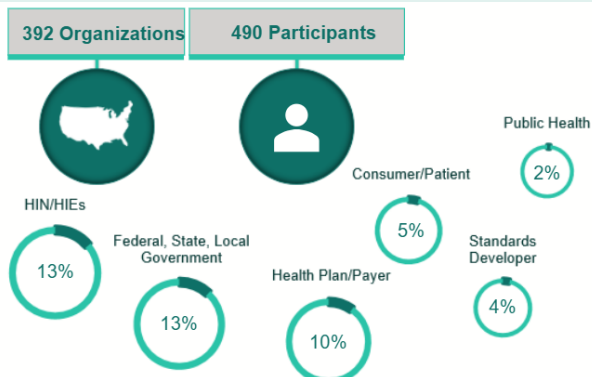


Testing Platform



In-person Convenings

Participation Levels





**It's one thing to get health data to the right place
at the right time; it's quite another to make sure
that data is complete and useful.**

Cross-industry Guidance for Data Usability

- 5** years in the making
- 75** workgroup meetings
- 392** engaged organizations
- 490** subject matter experts

Interoperability Matters

*A public-private cooperative that solves
high-impact challenges to enable nationwide
health information exchange*

Your priorities drive our process

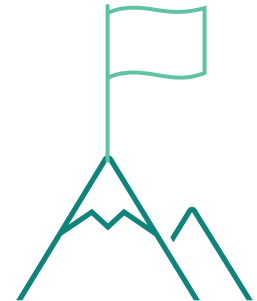
We set our course based on our members' challenges, barriers, gaps, and opportunities.



Identify



Prioritize



Solve

Your voice matters

You have an impact at all levels within the Interoperability Matters initiative.



Data Usability Workgroup Leadership



Adam Davis, MD, Co-chair
Sutter Health



Bill Gregg, MD, Co-chair
HCA Healthcare



Didi Davis, VP
The Sequoia Project

Workgroup Members

392 Organizations

490 Participants



Healthcare
Providers



Public Health



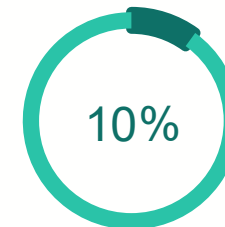
Consumer/Patient



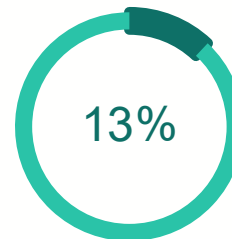
Standards
Developer



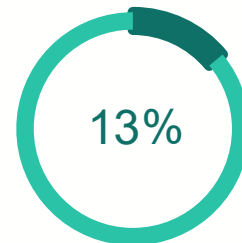
Health Plan/Payer



Federal, State, Local
Government



HIN/HIEs



Other



Health IT
Developers

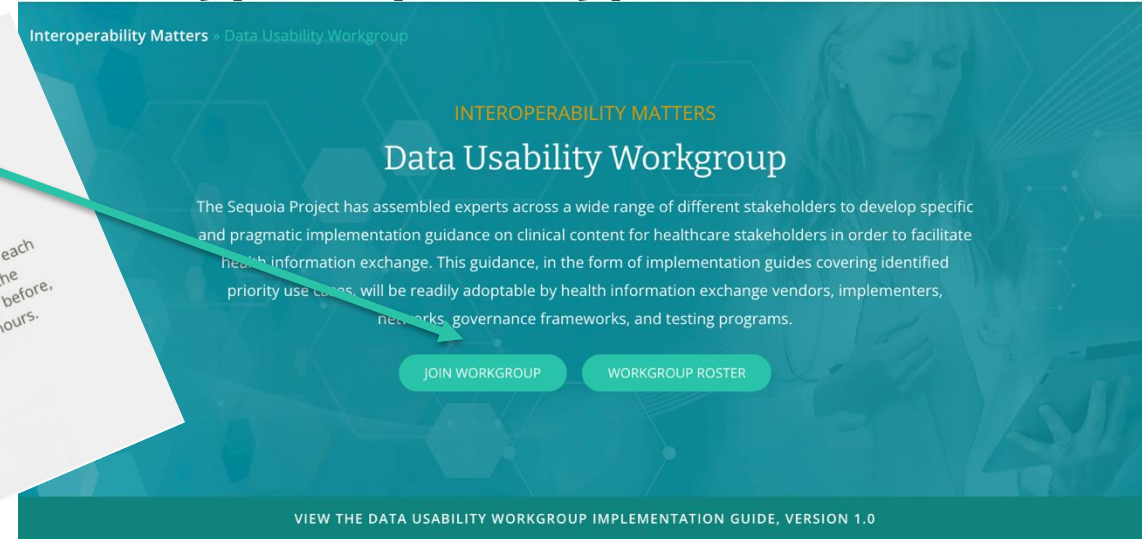
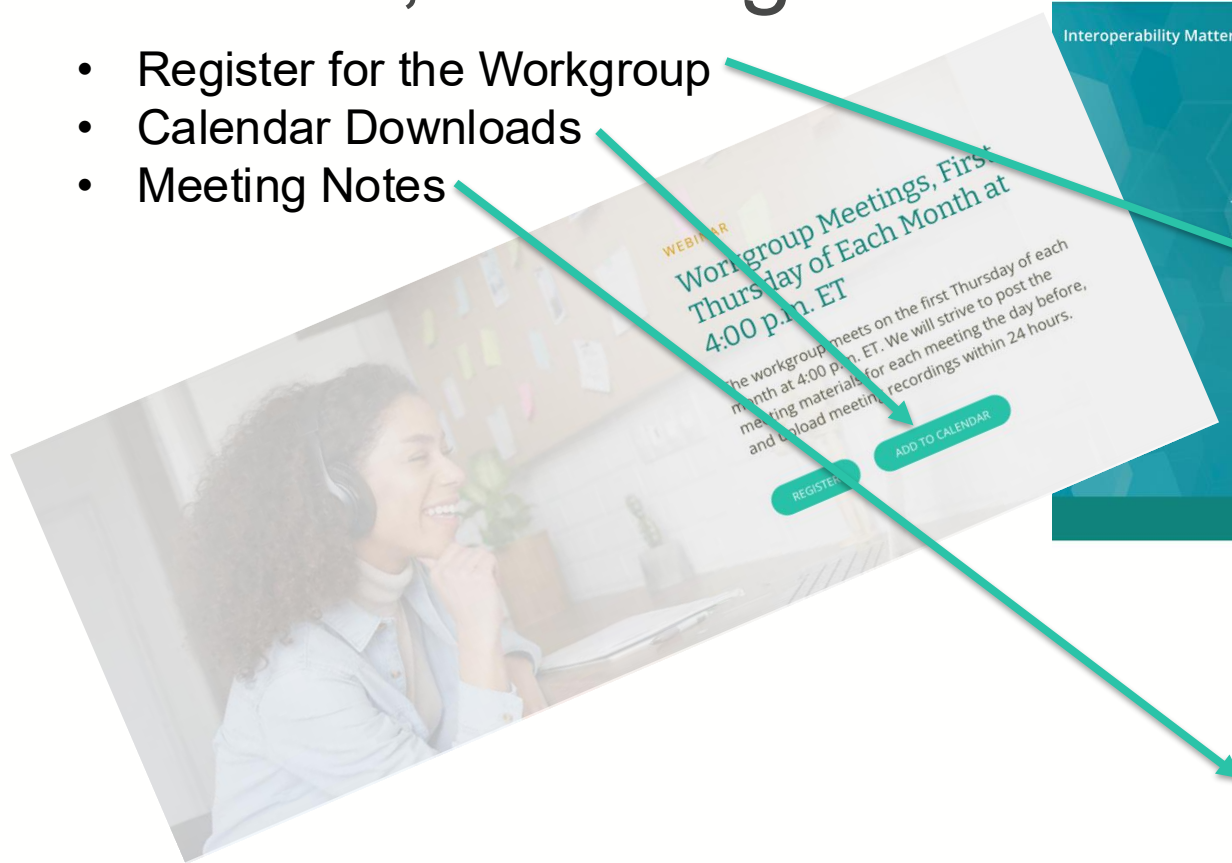



Meeting Logistics and Timeline

- In 2025, the Data Usability Workgroup will begin a quarterly meeting cadence on the following dates:
 - February 6
 - April 3
 - August 7
 - October 2
- This will allow industry to familiarize themselves with the new V2.0 before we get too ahead of ourselves for the expected 18-month adoption expectations.
- Calendar invites are available [here](#) for download

Website, Meeting and Workgroup Logistics

- Register for the Workgroup
- Calendar Downloads
- Meeting Notes



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

Data Usability Implementation Guide V2.0 (Published 12/11/24)

DUWG Implementation Guide Version 2.0 – Summary

Key changes in this final publication 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
 - ASTP/ONC has updated the USCDI standard in § 170.213 by adding USCDI Version 3 (v3) and establishing a January 1, 2026, expiration date for USCDI v1 (July 2020 Errata) for purposes of the Certification Program.
- 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



USCDI

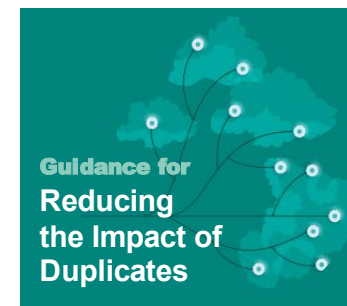
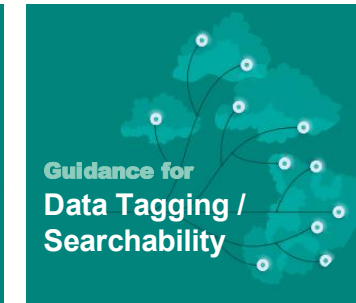
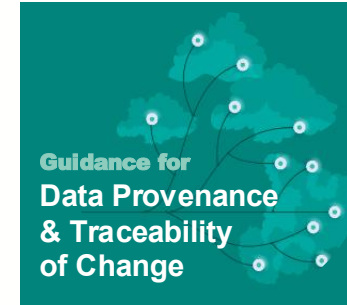
USCDI Version 3 – Required in Base EHRs by 2026

Allergies and Intolerances <ul style="list-style-type: none"> Substance (Medication) Substance (Drug Class) Reaction 	Clinical Tests <ul style="list-style-type: none"> Clinical Test Clinical Test Result/Report 	Health Status/ Assessments <ul style="list-style-type: none"> Health Concerns → Functional Status ★ Disability Status ★ Mental / Cognitive Status ★ Pregnancy Status ★ Smoking Status → 	Patient Demographics/ Information <ul style="list-style-type: none"> First Name Last Name Middle Name (Including middle initial) Suffix Previous Name Date of Birth Date of Death ★ Race Ethnicity Tribal Affiliation ★ Sex Sexual Orientation Gender Identity Preferred Language Current Address Previous Address Phone Number Phone Number Type Email Address Related Person's Name ★ Related Person's Relationship ★ Occupation ★ Occupation Industry ★ 	Procedures <ul style="list-style-type: none"> Procedures SDOH Interventions Reason for Referral ★
Assessment and Plan of Treatment <ul style="list-style-type: none"> Assessment and Plan of Treatment SDOH Assessment 	Diagnostic Imaging <ul style="list-style-type: none"> Diagnostic Imaging Test Diagnostic Imaging Report 			Provenance <ul style="list-style-type: none"> Author Organization Author Time Stamp
Care Team Member(s) <ul style="list-style-type: none"> Care Team Member Name Care Team Member Identifier Care Team Member Role Care Team Member Location Care Team Member Telecom 	Encounter Information <ul style="list-style-type: none"> Encounter Type Encounter Diagnosis Encounter Time Encounter Location Encounter Disposition 	Immunizations <ul style="list-style-type: none"> Immunizations 		Unique Device Identifier(s) for a Patient's Implantable Device(s) <ul style="list-style-type: none"> Unique Device Identifier(s) for a patient's implantable device(s)
Clinical Notes <ul style="list-style-type: none"> Consultation Note Discharge Summary Note History & Physical Procedure Note Progress Note 	Goals <ul style="list-style-type: none"> Patient Goals SDOH Goals 	Laboratory <ul style="list-style-type: none"> Test Values/Results Specimen Type ★ Result Status ★ 	Problems <ul style="list-style-type: none"> Problems SDOH Problems/Health Concerns Date of Diagnosis Date of Resolution 	Vital Signs <ul style="list-style-type: none"> Systolic blood pressure Diastolic blood pressure Heart Rate Respiratory rate Body temperature Body height Body weight Pulse oximetry Inhaled oxygen concentration BMI Percentile (2 - 20 years) Weight-for-length Percentile (Birth - 24 Months) Head Occipital-frontal Circumference Percentile (Birth - 36 Months)
	Health Insurance Information ★ <ul style="list-style-type: none"> Coverage Status ★ Coverage Type ★ Relationship to Subscriber ★ Member Identifier ★ Subscriber Identifier ★ Group Number ★ Payer Identifier ★ 	Medications <ul style="list-style-type: none"> Medications Dose ★ Dose Unit of Measure ★ Indication ★ Fill Status ★ 		

★ New Data Classes and Elements → Data Element Reclassified

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

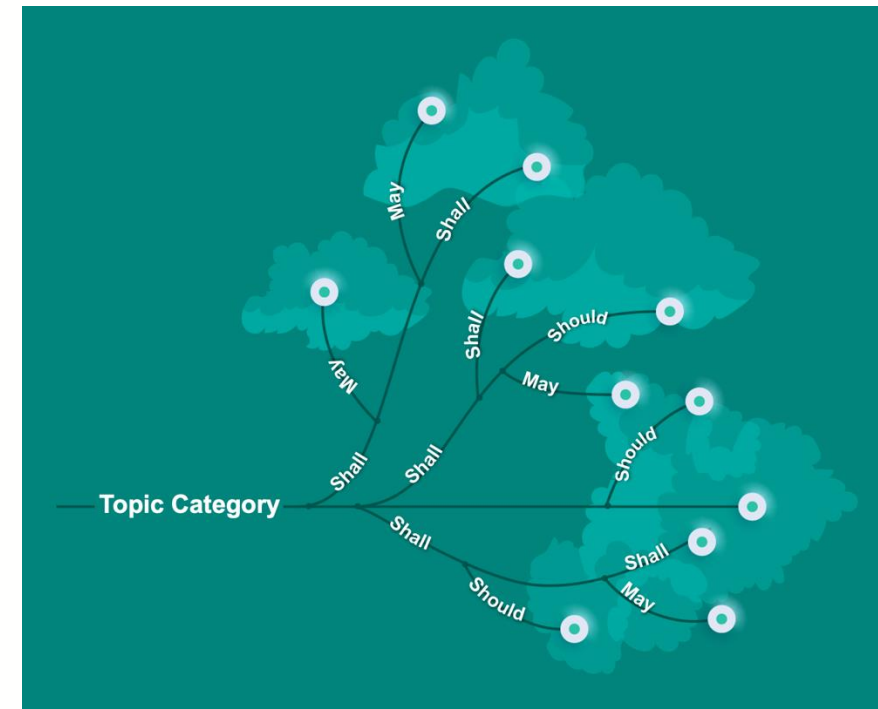


Use Cases

- Provider-to-provider health information exchange
- Provider-to-public health agency information exchange
- Healthcare entity-to-consumer information exchange

Section / Chapter Structure

- Problem statement
- Use Cases
- Existing Published Work
- Guidance
- Future Efforts



Data Usability Work Group

For more information:

www.sequoiaproject.org/interoperability-matters/data-usability-workgroup/



(571) 327-3640



Interopmatters@sequoiaproject.org

Convene



Collaborate

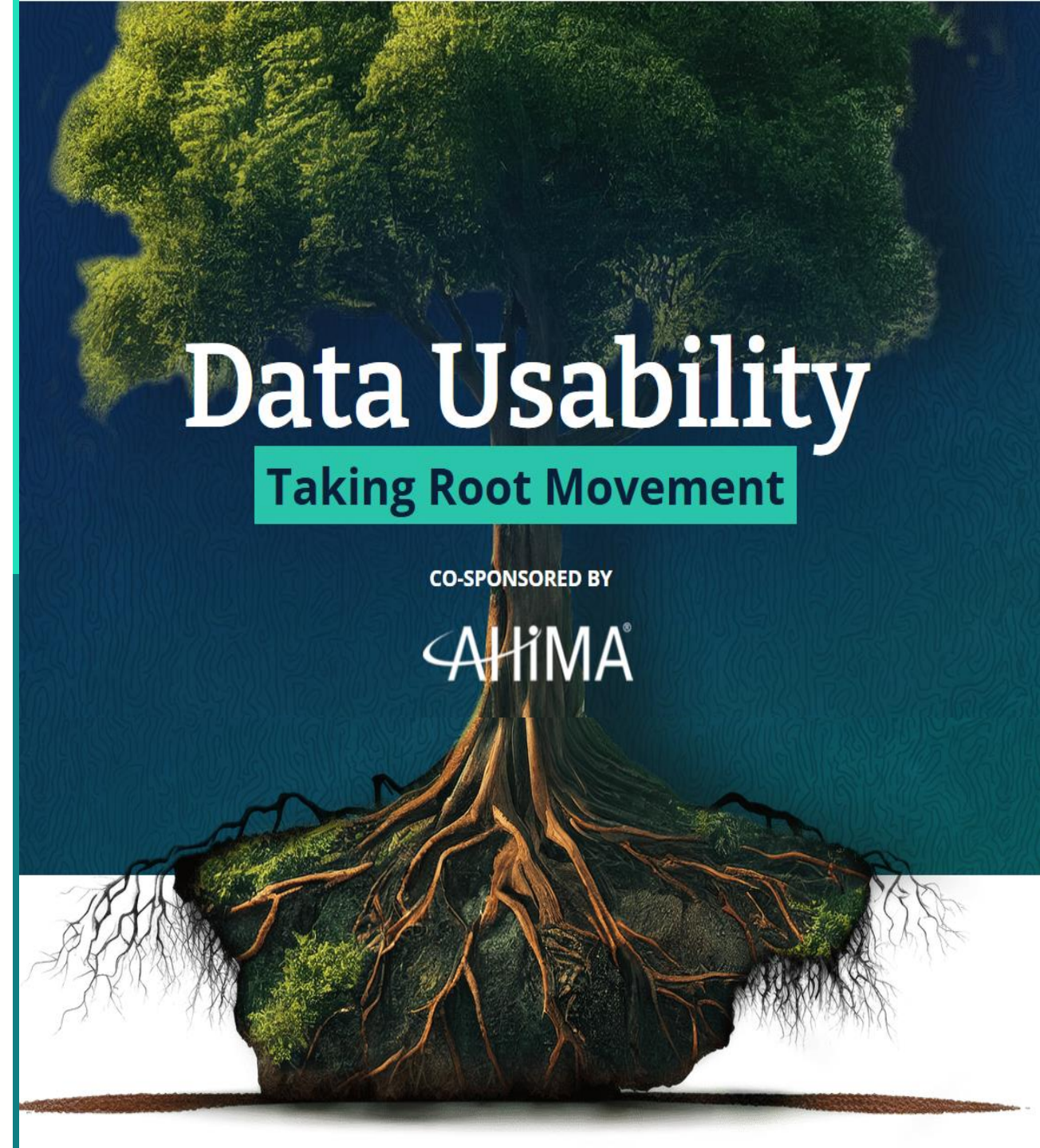


Interoperate



**Thank You for your support of
Interoperability Matters!**

Data Usability Taking Root Movement



It's time for this guidance to **take root.**


Why Join Our Data Usability Initiative?

Because...

- More complete data improves outcomes.
- Better data leads to better and timely decisions.
- Usable data are more actionable
- Reduces clinician burden.
- Guidance promotes consistency across technologies.
- Practical, incremental improvements simplify implementation.
- Addresses a common challenge across all actors.
- It's the right thing to do.

Putting Guidance Into Practice

- **Identify where to start**
 - Which V1.0 sections are priorities?
 - Which can be done quickly?
 - What is the timeframe?
- **Track progress**
 - Potential self-reported score card promotes transparency and healthy competition
 - # elements supported
 - % of customers supporting
- **Incremental approach**
 - Enables rollout in conjunction with other IT projects
 - Elevates data usability for all IT projects - UAP
- **Other Considerations**
 - Leverage for governmental programs (e.g., EHR certification, USCDI, TEFCA, etc)
 - Address as part of Data Usability Round Table



Participants
choose their
own
implementation
pathway and
pace...

What makes this distinctive

Data Usability Guidance leverages existing standards to address pain points from end users on the frontline.

- The universal benefit of this work cannot be achieved in isolation.
- This work empowers diverse actors to affect change.
- The industry is entwined in interdependencies.
- When there is strength in numbers, momentum will accelerate.
- Collective action will solve a shared pain point.
- Those that adopt early will have first mover advantage.
- Practical focus can inform future versions of USCDI.
- Model of continuous improvement of data quality.

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

Consumer

The Value of Useful Data

- **Provenance & Traceability of Changes:**
 - Allows consumers to understand and filter on organization and date/time of data captured during their journey.
- **Effective Use of Codes:**
 - Enables clinical decision support, graphing and trending of lab data.
 - Enables patient reported vaccines to be included in immunizations shared among providers.
- **Data Integrity, Format and Trust:**
 - Enables the consumer to search and find data more easily with use of consistent patient demographics.
 - Enables the consumer to find and share their complete patient story with new providers.
- **Data Tagging / Searchability:**
 - Enables a consumer to search for data related to certain criteria, such as diagnosis code.
- **Effective Use of Narrative for Usability:**
 - Provides value to the consumer by including them in the clinical reasoning and thoughts of the authoring provider.

Provider

The Value of Useful Data

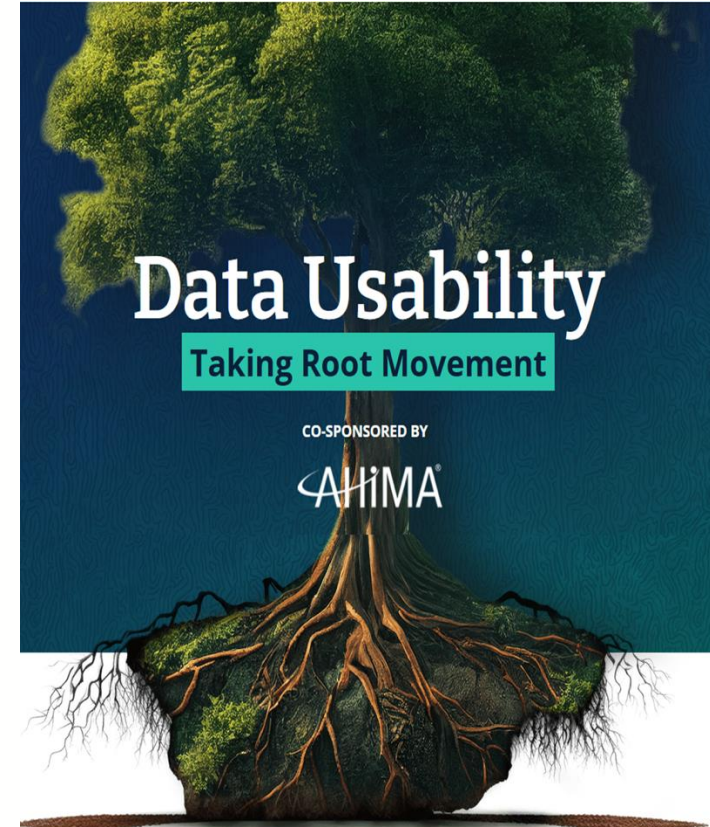
- **Provenance & Traceability of Changes:**
 - Allows implementers to focus on consistency and presentation of provenance metadata in document sections.
- **Effective Use of Codes:**
 - Enables clinical decision support, graphing and trending of lab data.
- **Reducing the Impact of Duplicates:**
 - Known duplicates are identifiable between documents exchanged using consistent identifiers.
- **Data Integrity, Format and Trust:**
 - Improves patient matching with use of consistent patient demographics.
 - Enables a complete picture of a patient's history with use of patient summary and encounter documents to convey the complete patient story.
- **Data Tagging / Searchability:**
 - Enables a provider to search for document titles pertaining to certain criteria, i.e., diagnosis code.
- **Effective Use of Narrative for Usability:**
 - Enables consistent inclusion and linking of clinical narratives and notes with discrete data to provide mechanisms for clinicians to view and support better clinical decision making.

HIEs and HINs

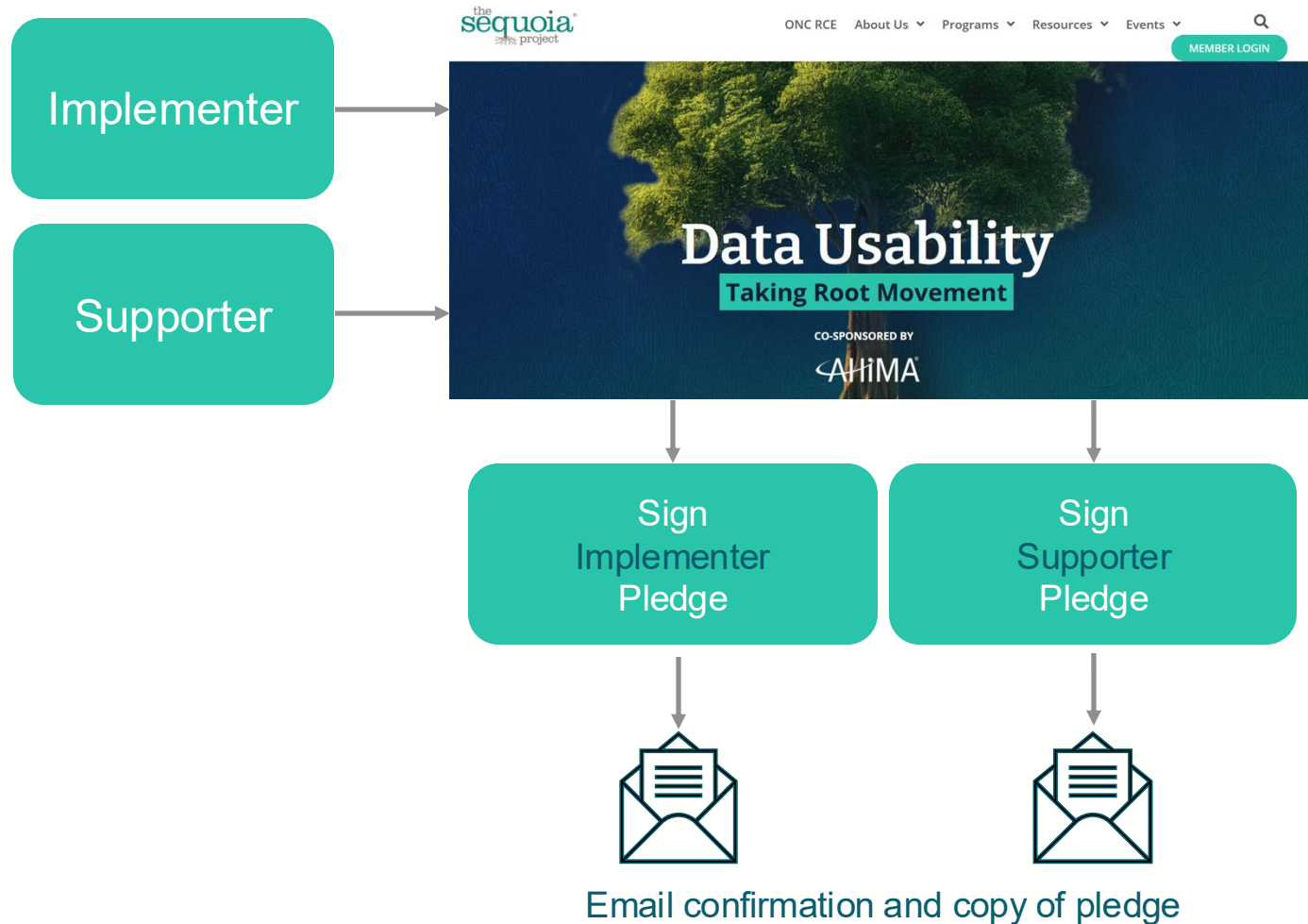
The Value of Useful Data

- **Provenance & Traceability of Changes:**
 - Allows HIEs and HINs to focus on consistency and presentation of provenance metadata in on-demand created document sections.
- **Reducing the Impact of Duplicates:**
 - Known duplicates are identifiable between documents exchanged using consistent identifiers within platforms.
- **Data Integrity, Format and Trust:**
 - Improves patient matching with use of consistent patient demographics for data sent and received.
 - Supports a complete picture of a patient's history with use of patient summary and encounter documents to convey the complete patient story.
- **Data Tagging / Searchability:**
 - Enables an HIE/HIN platforms to search for document titles which pertain to certain criteria, i.e., diagnosis code.
- **Effective Use of Narrative for Usability:**
 - Enables HIE/HIN platforms to have consistent inclusion and linking of clinical narratives and notes with discrete data to provide mechanisms for clinicians to view and support better clinical decision making.

Organizations that have pledged to participate!



Pledge Process – Open NOW!



Those who have pledged will have password-protected access to Data Usability Taking Root Resources on the Sequoia website

<https://sequoiaproject.org/data-usability-taking-root-movement/>

CALL to ACTION:

- Consider Pledging to be a Supporter or Implementer of the Data Usability Taking Root Initiative
- Share/Socialize this information internally to our organization or with your partners/peers

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/>

Save the Date – AHIMA 2025 Conference

