



Data Usability Workgroup

August 6, 2026

Agenda

- Welcome Phil Beckett Introduction, Membership, Agenda - Bill Gregg, MD – 10 minutes
- Data Usability Workgroup Update & Logistics Discussion – Bill Gregg, MD
- Data Usability Taking Root Update – Phil Beckett – 10 minutes
- Taking Root Implementers Check-in Update – Didi Davis 5 minutes
- Cycle #3 Implementation Guide V2.1 Scope Summary: - Didi Davis/Bill Gregg, MD/Phil Beckett, PhD – 25 minutes
- Data Usability Workgroup Charter Update Review and Next Steps– Didi Davis 5 min
- Reminders – 5 minutes



Phil Beckett, PhD, Co-chair
Texas Health Services Authority



Bill Gregg, MD, Co-chair
HCA Healthcare



Didi Davis, VP
The Sequoia Project

Workgroup Members

409 Organizations

587 Participants



Healthcare Providers



Public Health



Consumer/Patient



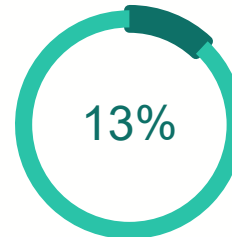
Standards Developer



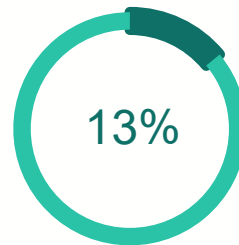
Health Plan/Payer



Federal, State, Local Government



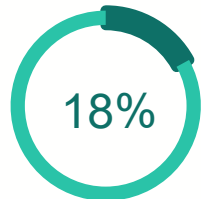
HIN/HIEs



Other

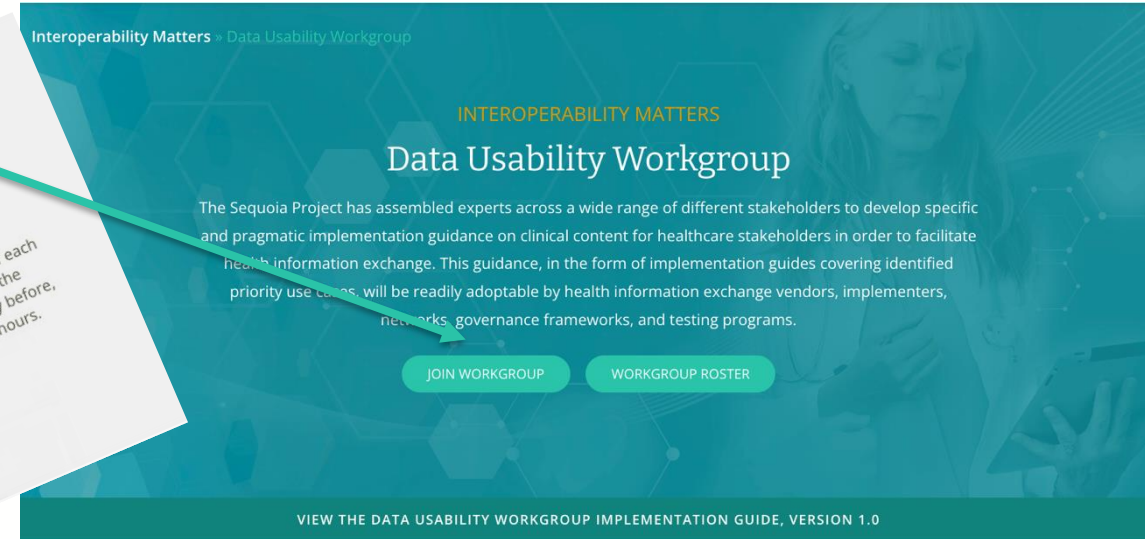


Health IT Developers



Website, Meeting and Workgroup Logistics

- Register for the Workgroup
- Calendar Downloads
- Meeting Notes



Meeting Materials and Recordings

2025 - 2026

2023 - 2024

2020 - 2022

- ▶ **February 5: Meeting Notes**
- ▶ **October 2: Meeting Notes**
- ▶ **August 7: Meeting Notes**
- ▶ **April 3: Meeting Notes**
- ▶ **February 6: Meeting Notes**

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

Sequoia Members Shape Interoperability for the Public Good



Sequoia Members Shape Interoperability for the Public Good



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Meeting Logistics and Timeline

- In 2026, the Data Usability Workgroup will continue to meet quarterly from 4:00 – 5:00pm ET on the following dates:
 - [February 5](#)
 -  [April 30](#)
 - [August 6](#)
 - [November 5](#)
 - **November 17 – More info coming soon!**
 - **½ Day Data Usability Virtual Workshop**

**Click on each date above to download the calendar invite.*

2026 - 2027 Data Usability Workgroup Cycle #3

Next Phase of Activities - Process & Timeframe

- Phase 1 - Administration and Prioritization
 - November 2025 – June 2026
- Phase 2: Developing Initial Draft Guidance
 - July 2026 – October 2026
- Phase 3: Public Comment Period/Recommended Next Steps
 - November 2026 – January 2027
- Phase 4: Finalizing Implementation Guide and Call to Action
 - January 2027 – March 2027

Community of Practice Roundtable

Last met April 22, 2026



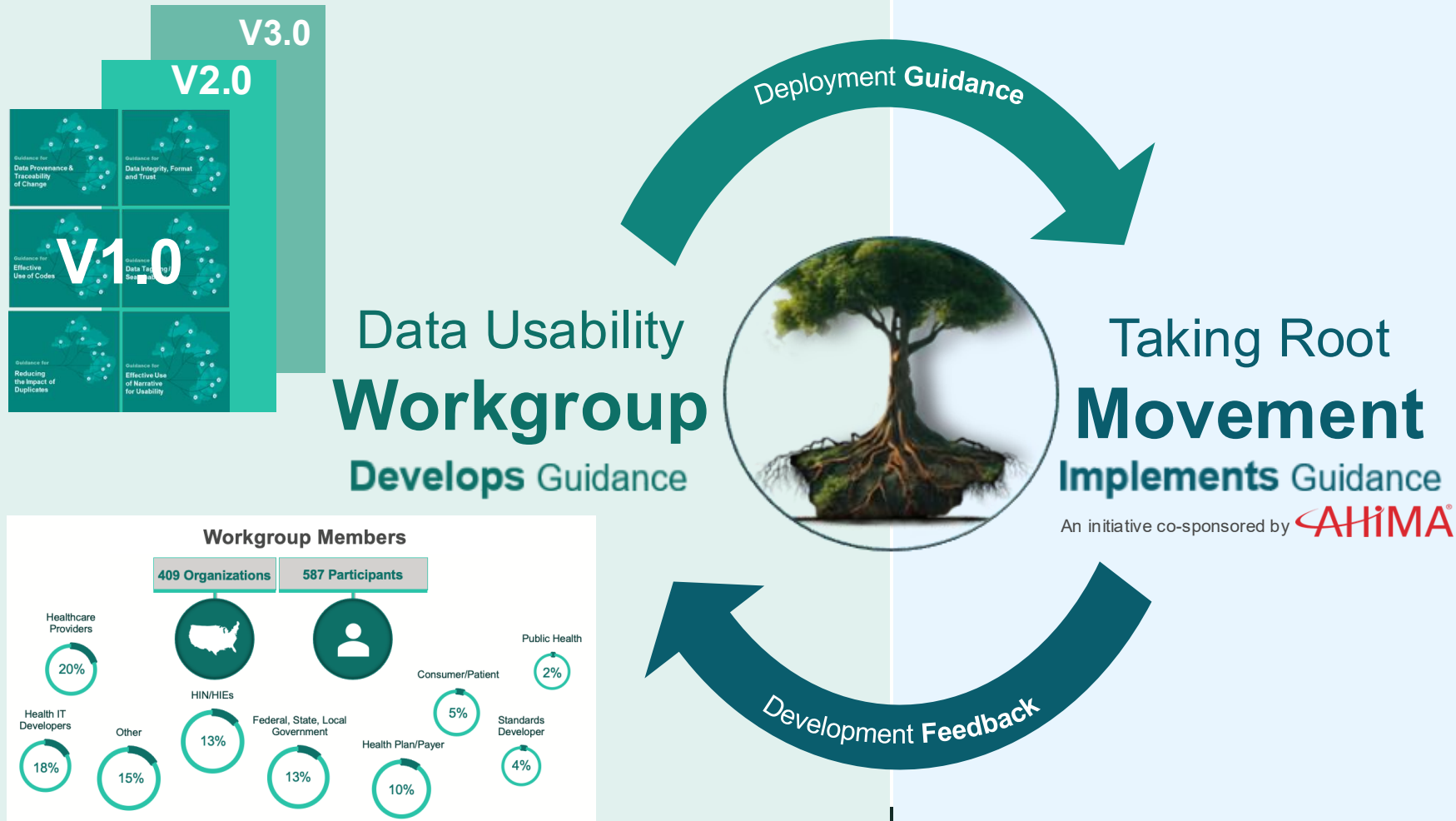
Data Usability

Taking Root Movement

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



Community of Practice

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

Participation Levels

- IMPLEMENTER
- SUPPORTER
- SPONSOR



2026 Taking Root Meetings

- Jan 28 2pm ET: Community of Practice Roundtable
- Apr 22 2pm ET: Community of Practice Roundtable
- 📍 Aug 12 2pm ET: Community of Practice Roundtable
- ★ Aug 28 AHIMA Health Informatics Summit
- ★ Oct 4-6 AHIMA Conference
- ★ Oct 28-29 Sequoia Annual Meeting
- ★ Nov 17 ½ Day Data Usability Virtual Workshop – **SAVE THE DATE**
- Dec 2 2pm ET: Community of Practice Roundtable

Organizations that have pledged to participate!

AHIMA

C³HIE

CIVITAS
Networks for Health

Clinical
Architecture

commonwell[®]
HEALTH ALLIANCE

DATUM
REPUBLIC

DirectTrust[®]

eHealth Exchange[®]

enable
DATA

Ep^{ic}

HAWAII
PACIFIC
HEALTH

HEALTH[™]
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Indiana Health
Information Exchange

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LAPORTACARE

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A CENTAURI HEALTH SOLUTIONS COMPANY

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Netsmart

nextgen[®]
healthcare

on^{ye}

opala

Optum

ORACLE
Health

patientory
association

Quality
Measurement
Group

smile[™]
DIGITAL HEALTH

surescripts[®]

THSA
TEXAS HEALTH SERVICES AUTHORITY

Recorded Video Interview with Texas Health Services Authority

Interview organized in segments

1. Opening/Setting the Stage (3 Qs)
2. One State's Approach Building a Data Usability Collaborative (5 Qs)
3. One State's Approach Building a Data Usability Collaborative – Lessons Learned (5 Qs)
4. Future Direction (5 Qs)
5. An important use case: Patient Matching / Newborn Naming (5 Qs)
6. Another important Use Case: Maternal Health / OB Flowsheet Exchange (4 Qs)
7. Data Tagging and Searchability (3 Qs)
8. Effective Use of Codes (3 Qs)
9. Laboratory Interoperability (3 Qs)

Implementer/Supporter Check-Ins

Implementer/Supporter Check-In

- 30-Minute Check-Ins Completed
 - Implementers – (8)
 - Supporters (7)
- During our discussion goals were:
 - Gain a clearer understanding of your current outreach and progress
 - Identify any support or resources you may need from our team
 - Gather feedback on potential new use cases for DUIG V2.X
 - Gather areas of improvement for DUIG V2.X

Implementer/Supporter Voices

Sequoia has received feedback from Taking Root Participants.

Focus has shifted to implementing V2.0

Request expansion in lab data guidance

Need to consider Provider-Payer Interop

Organizations requested additional guidance

Need help on demonstrating the how v. defining the what

Technical assistance has made a huge difference

The conversations went well beyond simple implementation feedback—they revealed where organizations are encountering friction, where Version 2.0 is already driving change, and where the Community of Practice needs additional practical resources.

Executive Summary



The feedback is remarkably consistent across EHR vendors, HIEs, implementers, and supporters:



The overall direction of the Data Usability Implementation Guide v2.0 is strongly supported.



Organizations generally reported that **most recommendations are technically achievable**, with some vendors indicating they already support roughly three-quarters or most all of the guidance.



The greatest barriers are **not standards**, but workflow, implementation cost, inconsistent vendor interpretation, terminology mapping, and organizational priorities.



The Community is asking for **more implementation support** rather than simply more recommendations.

Cycle #3 Data Usability Implementation Guide v2.1 Scope Summary

Highest Priority Improvements for Version 2.1

1. Prioritize real-world implementation over additional recommendations
2. Better document metadata guidance
3. Patient identity improvements
4. Laboratory data guidance expansion
5. Guidance for Better prioritization of recommendations
6. Public Health / Electronic Case Reporting
7. Clarify recommendations that are difficult or unrealistic
8. Better alignment with FHIR and CMS initiatives
9. Provider–Payer interoperability

1. Prioritize real-world implementation over additional recommendations (This was by far the strongest theme)

Organizations consistently asked for:

- clearer implementation examples
- vendor implementation awareness
- prioritization guidance
- realistic adoption pathways

Recommendation: Add an “Implementation Playbook” section for every focus area (examples):

- Why this matters
- Minimum implementation
- Better implementation
- Best practice implementation
- Common pitfalls
- ROI-Value
- Example C-CDA or FHIR equivalent
- Regulatory/Policy breadcrumbs

2. Better document metadata guidance

Several organizations want guidance around

- document categorization
- document types
- searchable metadata
- PDF vs XML
- structured vs unstructured content

Recommendation: Expand Metadata Tagging chapter

3. Patient identity improvements

Suggestions included:

- newborn naming
- baby names
- birth encounters
- ADT conventions

Recommendation:

- reference existing DirectTrust publications
- Highlight AHIMA Newborn Naming Guidance and associated publications:
 - <https://www.naham.org/page/StandardizedNamingConventionforImprovedNewbornSafetyandPatientMatching>
 - <https://publications.aap.org/aapnews/news/31164/Guidelines-for-identifying-unnamed-newborns-can?autologincheck=redirected>
 - <https://thsa.org/standardize-newborn-naming-press-release/>

4. Laboratory data guidance expansion

This was mentioned repeatedly.

Needs include:

- LOINC mapping realities
- unmappable tests
- reference ranges
- display guidance

Organizations also noted:

- Not every laboratory currently has an achievable LOINC mapping

Recommendation:

- Expand laboratory chapter or consider additional appendix references

5. Better prioritization of recommendations

Organizations asked:

- “What should we do first?”
- Instead of dozens of equal recommendations.

Recommendation is to consider adding levels of maturity (examples):

- Level 1
Quick wins
- Level 2
Medium effort
- Level 3
Advanced maturity

Need to define these levels: Consider taking this up with the State Taking Root CoP Movement and task them with defining while leveraging their checklist for criteria.

6. Public Health / Electronic Case Reporting

Multiple organizations expressed concern that:

- eCR adoption may fail if usability problems aren't addressed

Recommendation (Add dedicated guidance for eCR Public Health)

- Work with Public Health Workgroup to gather expert input related to eCR
- Expand or add to use cases
- Highlight quality requirements related to USCDI
- Focus on workflow readiness
- How can we improve on data completeness?

7. Clarify recommendations that are difficult or unrealistic

Several vendors indicated clinician workflow changes outweigh the benefit.

Examples discussed:

- “No Known Allergies” versus “No Known Drug Allergies”

Review recommendations through the lens of:

- Implementation burden
- Clinical value
- Vendor feasibility

Consider taking this up with the Data Usability Taking Root CoP and Leadership

8. Better alignment with FHIR and CMS initiatives

Several organizations said their development priorities are increasingly FHIR-centric.

Suggestions included:

- show where CDA guidance overlaps FHIR
- map recommendations across both standards
- support HTI-1 / HTI-4 and/or HTI-5
- align with CMS Aligned Networks where appropriate

Every recommendation should consider newly published work or examples of relevant SDO or organizational published work for use case appropriate specifications:

- C-CDA implementation
- FHIR equivalent
- Others?

9. Provider–Payer interoperability

Strong discussion around **CMS-0057**

Challenges:

- payers moving faster
- providers not engaged
- communication gaps
- inconsistent implementations

Recommendation (HOLD off for now but consider sprinkling usability principles related to Payer under Healthcare Entity to Consumer use case as appropriate):

- Payer to Consumer Data Usability Focus
- Charter will not be altered at this time but will consider in the future. Collaboration with HL7 Da Vinci underway to expand and support the community better

Data Usability Workgroup Charter Update/Next Steps

Process for Approval New and Reframed Workgroup Charters



1 The Workgroup Lead drafts new charter or proposes amendments to existing charter

2 The Workgroup Lead presents the charter to Interoperability Matters Steering Committee



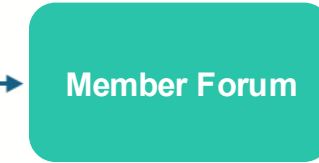
3 **Prioritization Team**
The Prioritization Team evaluates the proposed new charter or charter amendments against criteria, provides input to the Workgroup Lead, and makes a recommendation to the Steering Committee. [1st 30min-WG Lead Presents; 2nd 30-min Team deliberates separately]



4 The Interoperability Matters Steering Committee makes a recommendation to the Sequoia Board



5 The Workgroup Charter is published to the Sequoia website.



6 The Workgroup Lead presents the new or amended charter at the Member Forum

Data Usability Workgroup Charter

- Original Publication – October 2020
- Last Revision – April 2021
- Updates to Charter in Process
 - 2026 DUWG Charter Drafted Updates – Leadership Team Approval
 - Interoperability Matters Steering Committee Approval
 - The Sequoia Board Approval
 - Revised Data Usability Workgroup Charter Publication
 - Member Forum Presentation

Reminders

Annual Meeting- October 28-29, 2026

- The Sequoia Project and Carequality Annual Meeting is moving to the Texas Hill Country, near Austin. The Lost Pines Resort and Spa is an upscale, 400+ acre ranch.
- [Book](#) your room at the Hyatt Regency Lost Pines today.
- Consider [sponsorship](#)
- Register [here](#):



Annual Meeting Pricing

BEST VALUE Early Bird Available Mar. 25 - Jul. 31 \$525 FOR MEMBERS \$1,525 for non-members	Standard Available Aug. 1 - Oct. 16 \$625 FOR MEMBERS \$1,625 for non-members
LAST MINUTE PRICING* Available Oct. 17 - Oct. 28 \$925 FOR MEMBERS \$1,925 for non-members	

*Last minute pricing reflects the increased costs for accommodating late changes.

Industry Events

- [HL7 FHIR Connectathon](#) – Early Bird ends August 21, 2026
 - September 19-20, 2026, Bethesda North Marriott
- [AHIMA 2026 Annual Conference](#)
 - October 4-6, 2026, San Antonio, TX
- [IHE North America Connectathon Week 2026](#) and Experience Days
 - October 12-16, 2026, George Mason University, Arlington, VA
- **SAVE THE DATE** Sequoia Data Usability Workshop
 - November 17, 2026

Data Usability Work Group

For more information:

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



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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/>

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