# Agenda

- Joint Document Content Work Group
- Guidance for On-Demand documents
  - Sharing instances of documents
  - Sharing incomplete encounters
  - Sharing versions of documents
  - Guidance on using the IHE mechanisms
- Prioritized list of labs
- Other work items in backlog
- Next Steps

# JOINT DOCUMENT CONTENT WORK GROUP

# What is the Joint Document Content Work Group?

- Carequality and CommonWell launched in 2018
- Solve common problems
  - Too large C-CDA documents
  - Absence of clinical notes
  - Need for encounter summaries
  - Need for version management
- Output is best practices document
  - Each exchange incorporates into its governance process

# What is the group's "lane"?

- Top level operational spec for exchanges
- Participation from clinicians, vendors, standards SMEs
- Can address problems crossing multiple standards lanes
  - Content: HL7 CDA, C-CDA documents
  - Query and retrieval: IHE Document Sharing
  - Relationships between EHR state, queries, and generated content
- Can feed back issues to standards bodies
  - E.g. consider for C-CDA Companion Guide

# Work so far

- Feb 2019: Concise Consolidated CDA: Deploying Encounter Summary CDA Documents with Clinical Notes
  - Guidance for Progress Notes and Discharge Summaries
  - Guidance for Clinical note placement
  - How dates in queries relate to returned/generated documents
  - Guidance for Smart Senders and Resilient Receivers
- https://www.commonwellalliance.org/wp-content/uploads/2019/01/Improve-Joint-Document-Content-Whitepaper.pdf

# GUIDANCE FOR ON-DEMAND DOCUMENTS

# The problem

- The original ask was for help with “on-demand”
  - Few actually use the IHE On-Demand mechanism (host the metadata for a potential document and generate at retrieve)
  - But many generate documents at the time of query
- Topic now covers all issues related to dynamic generation
  - Sharing instances of documents
  - Sharing incomplete encounters
  - Sharing versions of documents
  - Guidance on using the IHE mechanisms

# Sharing instances of documents

- Some vendors are generating new documents every time someone asks
  - New document ID, new creation time – metadata immediately deprecated so others won't see in queries
  - Difficult to detect duplicative data
- When does it make sense to share the same document instance?
  - Same encounter, nothing has changed = share same instance
  - Encounter goes through revisions = share same versions
  - Patient summary (CCD) newly generated = share same or new?

# Sharing incomplete encounters

- When and how to share the current state of an incomplete encounter as an encounter summary document?
  - Encounter with a start but not an end date
  - Encounter that has concluded, but which still has outstanding results that are expected to be included in an updated encounter summary
  - Encounter waiting to be “locked down” or “signed”
- Share based on data completeness or explicit action?
  - As soon as enough data to generate a conformant document?
  - Only after a specific trigger (e.g. signing)?
  - Allow sharing in special cases (very incomplete) only through action?

# Incomplete encounters: knowing what's to come

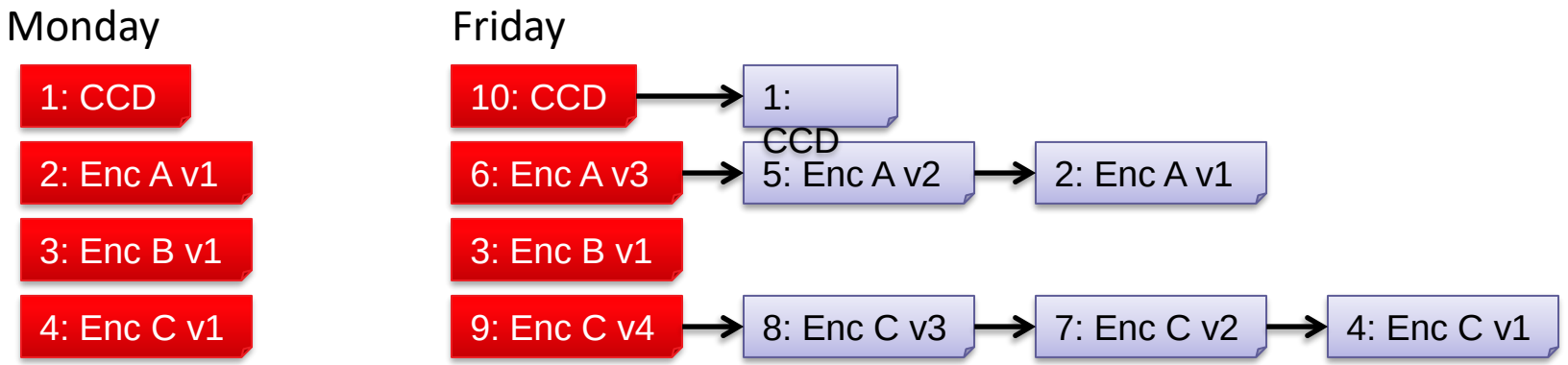
- Request: I want to know when getting an encounter summary which tests or studies are pending:
  - When tests were performed during the encounter, but results were not available when I first retrieved the encounter summary
  - When tests were ordered during the encounter, but not performed within the encounter
- How can we share this pending status?
  - Existing specs/guidance sufficient?
- Which results should come in an update to the encounter summary vs. some other way (e.g. updated CCD)?

# Sharing versions of documents

- Examples
  - Unexpected corrections
  - Expected updates (e.g. labs come in after discharge)
- Versioning scenario
  - Monday, you get four documents for a patient: one patient summary (CCD) and three encounter summaries.
  - During the week, two encounters get updated in the EHR, some multiple times, and others have requested those versions, causing them to be saved and earlier versions to be deprecated.

# Versioning scenario continued

Red = approved for clinical use
Gray = deprecated
Newer versions refer to their predecessor
(this is what the arrows show)

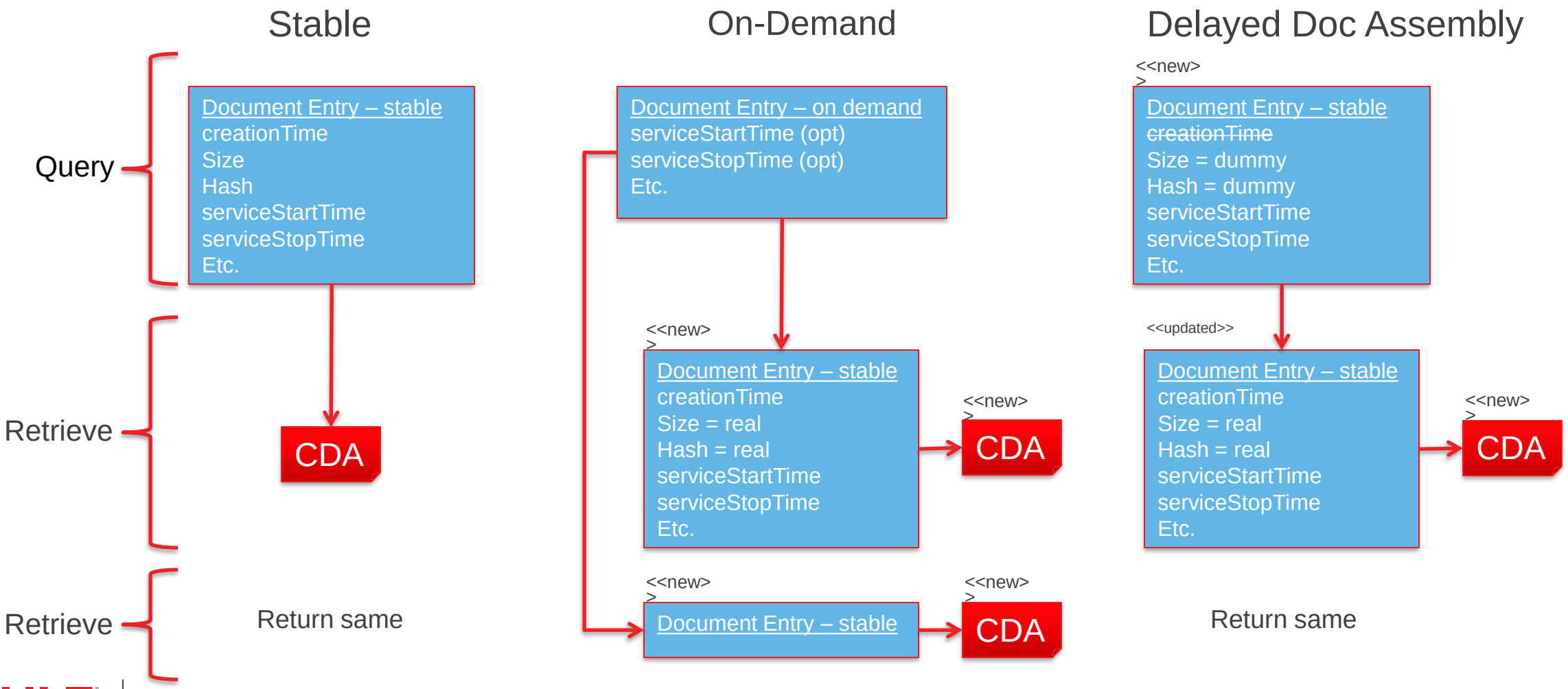



Friday, you see the patient again. Assuming you want the latest info, how do you want to see it?

- Just want to get the latest (i.e. 10, 6, 3, 9)
- Want to know without reading the document which of the encounters each update is for (i.e. 6 is an update to 2).
- Want to see the entire chain of revisions before retrieving and decide if I want to retrieve any intermediate versions.

# Mechanisms in the IHE specs

Red = the CDA document
Blue = Document entry: metadata about the document
Receive document entries when you query, documents when you retrieve



# Some general guidance on IHE mechanisms

- If the data for an encounter has changed since the last generated encounter summary, a query shall return a new stable approved document entry, and the earlier stable entry shall be deprecated.
  - IOW, don't have to retrieve to find out something has changed
  - Makes choice of mechanism more invisible to requester
- For patient summaries, use IHE On-Demand
- For encounter summaries, TBD - will depend on versioning needs

# PRIORITIZED LIST OF LABS

# The problem

- Want to develop a prioritized list of laboratory results to be shared, similar to “most common allergens” from Allergies and Intolerances
- Many examples of problems captured
  - Mismatched codes
  - One to many mappings
  - Excessive use of local codes coming from labs
- Considering limiting scope to COVID-19 to get something useful

# Potential solutions

- Leverage work Epic and Sutter have already been doing
- Develop harmonized list
- Develop mappings to-from other value sets
- Choose deployment options and governance
  - Burden on the source to do mappings; harmonized values on the wire
  - Just publish mappings and leave to implementers

# Other work items in backlog

- Additions/revisions to v1.1 guide
- Best practices for rendering documents
- Guidance for Data Provenance
- Guidance for documents vs. clinical scenarios
- Guidance for longitudinal view
- Guidance for patient summaries
- Guidance for populating meaningful narratives
- Guidance for Referral Notes and Consultation Notes
- Guidance for sharing entries within/across documents
- Guidance for meaningful codes
- Problems with name formats between XDS/CDA

# Next steps

- Add labs to C-CDA rubric?
- Consider guidance for C-CDA Companion Guide
  - Incomplete encounters
  - Versioning