

Topic 5: July C-CDA virtual IAT

- Call for Content
 - Implementer-led topics
 - Anything that is problem for data quality now
 - Big or small, as long as you can describe an actionable solution
- Confluence Site for Sign-ups:

<https://confluence.hl7.org/display/IAT/2020.07.22++IAT+Track+Agenda>

What does it look like to lead a topic?

- Facilitators will meet with presenters ahead of time to make sure the presenters have what they need, have demonstrated the problem clearly, and have a clearly proposed solution.
- 1 Prep Session to review your topic and the mechanics of the session
- 1 Dress Rehearsal session, how to handle the virtual session, poll review

July 2020 (NEW Implementer-led forum)

- 4-8 available slots (min of 4 to run the IAT)
- 30 to 45-minute slots
- Implementers sign-up on Confluence
 - Include link here
- If no topics, then we don't have a session

Examples

- **Encounter data:** There's a lot of variation in what people are sending here and would be good to set conventions on HL7 vs. SNOMED vs CPT. Also would be good to think about how encounters are used in respect to encompassingEncounter...should the encompassingEncounter be in encounters? Finally, we've some EHRs that aren't sending any (since not in USCDI 😞) and others that don't distinguish well phone/ electronic communications (i.e. refill) vs an in person visit. All of the above is pretty important for how eCQMs work.

Examples

- **Encounter (Billed) Diagnoses:** We don't get them all the time and even then, we still deal with the ordering issue. I don't think we ever firmly resolved the issue Linda M brought up a few months back

Examples

- **Status Assessment vs. Health Concern vs. Procedure:** It would be good to continue along the path of how to send - depression screening, fall risk assessment, etc. We've begin to see the first PHQ-9 scores in production, although they come in Health Concerns. Would also be good for consultations (nutritional, physical, etc.) which often get lumped in procedures

Examples

- **Care Team Info:** (including their specialty, credential, NPI, etc.) Obviously Emma has done work here but would be good to have a structured example in the repo.
- **Dead Patients:** An example of how to document death, date of death, cause of death
- **Example of Pregnancy** would be helpful to have conception and estimated delivery date. How to denote when no longer pregnant

Examples

- **Timestamps in General:** We're still seeing a lot of padding of "000000" which just makes everything confusing (what really happens at midnight?). It would also be good keep clarifying what times mean. We worked with a payer recently and had trouble on result order vs. result collection vs. resulted time. Also for problems, would be good to have more guidance clearer on the difference between onset vs documentation. Makes a difference in quality measures

Examples

- **Medications:** We still see a lot of sigs not being structured that could. Also having more planned end date and dispense examples (e.g. fill data from a pharmacy) would be valuable in med reconciliation. Also an example of how to document medication reconciliation would be helpful
- **Payer Mappings:** How to map plan info and categorization inside a coverage activity. We still don't have any payer examples on cdasearch

Questions

THANK YOU

Potential Actions resulting from IAT topics

- Agree to start doing something different now
- Propose a new Rubric Rule
- Propose a new C-CDA to FHIR mapping rule
- Sign-up to present a C-CDA Example/Proposal at the upcoming IAT
- Report an errata in a current specification
- Request a change to the current specification
- Report a certification problem
- Develop and propose a new template
- Initiate a discussion within HL7 WG, SDWG, or CMG