Clarifying document: Workflows for Encounter and Patient Summary Documents

Implementer Leader/Topic Plan Template

1. Topic Name?
   - Implementation Considerations When Generating C-CDA Encounter and Patient Summary Documents

2. What problem are you trying to solve?
   - Current patient summaries define default time ranges for each section, discuss sections influenced by query, best practices for section time range
   - Highlighting when an encounter is "done" and best use of legalAuthenticator
   - Differences in sharing based on purpose of use, Tracking Labs from Order to Results, Tracking Lab Result Corrections

3. How are you planning on leading the discussion? (What is your planned approach, what steps will you take?)
   - Tee up discussion with examples/slides/questions; drive to consensus

4. What samples do you plan to use to support the discussion?
   - VA Patient summary section population rubric
   - Specific C-CDA snippets as needed (no full CDAs)

5. What actions do you want attendees to do before or what samples or examples do you want them to bring to the session?
   - Come prepared to discuss whether and how they support the following: current patient summary and section population rubric, whether they ever populate sections based on query time range, how they use section time range, if/how they indicate an encounter is "done", if/how they use legalAuthenticator

6. What actions are you expecting to happen as a result of your session?
   - Come away with clear guidance for as much of the above as possible, and clarify ownership of each topic (core C-CDA spec, companion guides, best practices, tools, etc.)
Clinicians want to know when an encounter is “done”

- The problem is there are two things: the encounter and an encounter summary document, which is a snapshot in time.
- An encounter can appear to be “done” if the document:
  - has an effectiveTime/high, meaning the encounter has concluded
  - has an authenticator or legalAuthenticator, so contents are attested
  - CDA: legalAuthenticator moves the document to “completed” state
- But:
  - Expected content may still be coming (e.g. outstanding lab results)
  - Unexpected corrections may need to be made
  - These will show up as new documents related by APND or RPLC

Inconsistent uses of legalAuthenticator and strategies for handling

- Some use as base CDA implies: an explicit final step of verification of the content, of “signing off on” or “completing” the document.
- Some systems add it as a single configurable identity which is implicitly applied to all generated documents. In practice, this is often set to the HIM manager.
- Some never use it.
- Some make it available, but some clinicians never get around to it.
- SDWG: Can we give any guidance?

State of labs as a hint an encounter is done

- Existing guidance says
  - Labs ordered during encounter but not performed during encounter go in Plan of Treatment
  - Labs performed during encounter go in Results
    - If no results yet, show lab as pending (example)
  - SDWG: Need Results section added to Discharge Summary (POLL)
- SDWG: If effectiveTime/high is present and no pending results, could we say that encounter is “done” in most cases? (POLL)
  - Or would we want to also base on authenticators?
  - Where would we put this guidance? Companion guide? C-CDA? C-CDA?
  - Obviously could never rule out unexpected corrections
The core requirement for a Current Patient Summary

- JDCWG: "...in order for systems to provide a complete picture of a patient's history, they SHALL provide access to, at a minimum, one Encounter Summary Document for each available encounter and a current Patient Summary Document.”
- But what are the requirements for generating the patient summary?
  - What kinds of requests should generate a “current patient summary”?
  - How should implementers populate sections?
  - If the request covers a desired date range, should this influence the patient summary?
- The group discussed options, but left many options open

Generating a current patient summary with a default “wide open” query

- “Pull-based” document exchange works this way:
  - Responder hosts some number of actual or potential documents
  - Requester queries — parameters can filter which are returned as “document entries”
  - A current patient summary might be filtered out, e.g. just querying for Progress Notes
  - Requester retrieves the entries they want — often this is when documents are generated
- So a default “wide open” query for a patient (no time or type filters) should get:
  - At least one document entry for the to-be-generated patient summary (C-CDA CCD)
  - If multiple formats supported (e.g. C-CDA 1.1, C-CDA 2.1, PDF), one entry for each
  - May also return older existing CCDs (e.g. transitions of care, encounter summaries as CCD from before encounter summary document types were supported, etc.)
- Now let’s look at how the sections are populated for this default case
Section requirements: non-time-constrained

- JDCWG requirements
  - Include active problems, medications, allergies, and immunizations
  - Ensure entries match information from the most recent encounter
- That’s all the group could agree on. Can SDWG go further? Discuss.

Example: VA default generation rules
- Allergies, immunizations, problems: all
- Meds: outpatient last 15 mo, all non-VA
- Encounters: all outpatient last 18 mo
- Procedures: 5 most recent surgical last 18 mo
- Plan of care/treatment: max 20 appts next 6 mo
- Clinical notes
  - 2 most recent discharge summaries in last 18 mo
  - 5 most recent radiology rpts in last 24 mo
  - 5 most recent pathology rpts in last 24 mo
  - Max 5 surgery notes per surg procedure
- 10 most recent clinical procedure notes in last 18 mo
- ClinicalDocument/serviceEvent/effectiveTime: patient’s DOB to time of doc generation

What happens if requester bounds a query with a time range of interest?

- Four query parameters operate on the overall document service times, shown below
- The JDCWG guide describes two as “overlapping” and two as “non-overlapping” and recommends using the overlapping parameters
- Note that a non-overlapping query for the past 12 months wouldn’t get the current patient summary from the VA because it starts at the patient’s DOB

GOOD SO FAR?
Optional Capability: Patient Summary Covering Queried Time Range

- Put simply: if request is for a time range, generate a patient summary with contents covering that range
- Supported by multiple systems in production for years, but never specified outside partner agreements
- JDCWG tried to nail down how this would/could/should work
  - But due to time, could not introduce any hard requirements
  - Explained the concept and teed up for future discussion
- We’d like any guidance from SDWG you can give.

Section requirements: time-constrained

- JDCWG requirements
  - May include more than requested in some sections (allergies) and less in others (vitals)
  - Choose entries by effective time the same way (i.e. overlapping or non-overlapping)
  - May reuse document if satisfies a later query
- SDWG guidance?

Example: VA time-constrained rules
- Allergies, immunizations, problems: all (same)
- Medications: outpatient last 15 mo, all non-VA (same)
- Encounters: all outpatient in range
- Procedures: all surgical in range
- Plan of care / treatment: max 20 appts next 6 mo (same)
- Clinical notes
  - All discharge summaries in range
  - All radiology reports in range
  - Max 5 surgery notes per surgical procedure (same)
- ClinicalDocument/serviceEvent/effectiveTime: patient’s DOB to time of doc generation (same)

Applying overlapping time range to section time range: which way is appropriate?

- Choose entries in the section based on the requested range
- Figure out what to put in the section time range
- First approach is what JDCWG draft says now
- Which is right? (POLL)
Reflecting section time range in text: draft JDCWG guidance

If we stay with section time range based on range requested:

- Section text: indicate nature of the range if possible
  - "Procedures performed between 08/15/2012 and 08/15/2015" for non-overlapping
  - "Procedures performed across 08/15/2012 and 08/15/2015" for overlapping
- SDWG: Is this correct/appropriate? How would we improve?