Strength

- Highly relevant committee with a lot of interest and plenty of participants
- Cited in US Regulations and implemented in other countries (Spain, France, Netherlands, …)
- Broad scope and templating strategy
- Stable and worldwide implemented standards for clinical documents
- 3rd Party Tools exist for building CDA and FHIR implementation guides
- Examples task force supporting the CDA implementer community
- Established process for managing vocabulary with C-CDA and other specifications
- Developing improved C-CDA quality via the Scorecard
- Improved examples access and discovery via Search tool
- Continuing support from ONC for C-CDA
- We are the CDA Methodology Group
- Leveraging HQ/ONC initiatives to develop user-friendly tools & documentation to support implementations

Weakness

- Bandwidth limitations (work, meetings)
- Understanding the process of sustaining/maintaining existing work
- Lack of an HL7 International registry/repository for CDA Templates and historical artifacts
- The size of C-CDA is a challenge to support in a purely volunteer environment.
- Ownership of templates by Domain Committees is less effective than FHIR
- Uneven level of implementation support for multimedia in CDA documents
- CDA Publication format (Word Document, PDF’s)
- Little or no 508d support in our publications
- CDA R2 semantic expressivity limitations
- Not enough time to focus on FHIR tickets
- Not enough Resources to focus on advancing CDA towards alignment with FHIR
- Limited FHIR core standard develop knowledge within the SDWG

Opportunity

- Tooling development to support design in one place and produce in both FHIR and CDA (C-CDA)
- Collaboration with external groups
  - IHE
  - ONC, DOD, VA, FDA, CDC, CMS, …
  - HIMSS
  - DICOM
  - NCCN
  - Professional Societies
  - AMIA, ACP, …
  - Payers and Attachments
- Have major impact on the global healthcare community and healthcare delivery
- Support implementation concerns and improve interoperability
- Showcasing International CDA Implementation
- Work with the CDA Management Group
- CDA R2.1 remains an opportunity to support long term needs
- C-CDA Supplement strategy will evolve
- Look at FHIR strategies to see what can be adopted for CDA
- Coordination between US Realm and International IG’s to improve interoperability
- FHIR ValueSet alignment with USCore (both ways)
- Development of CDA Web Publishing Tooling based on FHIR Publisher
- Evolve terminology strategy to make use of new tools emerging at HL7 (e.g., THO once VSAC capabilities are minimally replicated, and processes are streamlined)
- FHIR – potential to align FHIR documents with CDA
- Leverage the HL7 Implementation Division to better engage with the CDA implementer community and host practical events (re-envision the CDA implementation-a-thon strategy)

Threat

- Competing areas of interest, pulling resources away
- Potential loss of senior knowledge and experience
- The potential for rapid changes in the political landscape
- Loss of knowledge in the V3 space
- V3 maintenance issues is a challenge to advance the CDA standard
- Legacy CDA capabilities are threatened by HL7’s push for FHIR
- V3 tooling for base CDA maintenance no longer really exists