Submit by: **Oct. 14, 2022** via this webpage:
https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/data-usability-workgroup-implementation-guide/

Feedback to The Sequoia Project's Data Usability Workgroup on its Implementation Guide

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INFORMATION TO BE SUBMITTED ON THE WORKGROUP'S FEEDBACK FORM

Data provenance and traceability of changes

The Texas Medical Association (TMA) appreciates the workgroup's approach to provenance, especially the emphasis on creating a standardized and decluttered view. It is important for physicians to quickly and efficiently ascertain where and when a patient's care was received.

Effective use of codes in shared information

TMA appreciates the workgroup's efforts to standardize the sharing of information through the use of existing health care standard code sets. It is noted that the data elements detailed in the various versions of the United States Core Data for Interoperability (USCDI) do not all have an applicable vocabulary standard. It is important for all stakeholders to arrive at consensus on what vocabulary standards should be used so that electronic health record (EHR) vendors are consistently developing products to enable data sharing and mapping across all USCDI data elements. Not only does this help with interoperability, but it also aids in the transition of complete patient information when physicians change EHRs.

Reducing the impact of duplicates

TMA appreciates the workgroup's efforts to reduce duplicate information in the EHR to minimize the physician's time required to filter and reconcile potential duplicates. While much of the guidance seems to focus on what organizations should do, please remain cognizant that many small physician practices do not have dedicated information technology support, which would make the recommendations burdensome. Please consider guidance that can be automated and is not burdensome for physician practices to implement.

Data integrity, format, and trust

TMA agrees with the workgroup's recommendation to use the Project US@ technical standards to improve patient matching and encourages all EHR vendors to adopt this standard. Physicians should not have to purchase nor implement add-on software to have access to the Project US@ address standards.

Data tagging/searchability

TMA agrees that data tagging is important. In fact, for years, TMA has advocated for universal use of extensible markup language (XML) or a similar standard (e.g., Fast Healthcare Interoperability Resources, or FHIR) as a way of exchanging meaningful health data, as is used in accounting and other industries. Universal common encoding of all data elements could permit disparate systems to share and consume information much more easily. Information consumed by a receiving EHR could be placed correctly within the system to give it meaning and make it useful. As a simple example: Currently it is not possible to transmit pacemaker information and settings via discrete data between a hospital and the follow-up physician's EHR, even in some cases if they use the same vendor; standardized XML or FHIR coding of data elements would make this easy and inexpensive. This kind of encoding could allow the information in the receiving EHR to be searchable, extracted for reports (such as medication or device recalls), and available for clinical decision support. A more complex example of the benefits

of standard tagging in an EHR database is where a physician desires to change EHRs. If the receiving EHR has the same functionality as the sending EHR, standard tagging would make it possible to move from one EHR to another almost instantaneously and at little to no cost. Requiring this kind of data-element tagging has the potential to more rapidly advance interoperability while decreasing user burden.

Effective use of narrative for usability

TMA enthusiastically agrees with the workgroup's recommendation that the narrative discharge summary provides valuable insights when sharing patient information with the receiving physician as the patient's care is transitioned. The Texas Health Services Authority (THSA) has a Consolidated Clinical Document Architecture (C-CDA) workgroup that has focused on prioritizing and standardizing what should be displayed on the transition-of-care discharge summary C-CDA. In addition to the discharge narrative and discharge diagnosis, the following items are recommended and listed in order of priority.

1. Discharge medications,
2. Admission diagnosis,
3. Reason for visit,
4. History of present illness,
5. Procedures,
6. Chief complaint,
7. Diagnostic imaging,
8. Hospital consultations,
9. Laboratory, and
10. Problem list

Additional feedback

This feedback is provided on behalf of TMA and our more than 56,000 physician and medical student members. Physicians desire interoperability that is available at low cost and with little effort, and provides relevant patient information at the point of care to inform clinical decision making. Physicians are feeling crushed by the increasing regulatory demands that at times are not supported by current health technology. Please consider how the workgroup's recommendations can be efficiently implemented at all levels of health care, whether it be a large medical system or a rural, solo physician practice.

Any questions may be directed to Shannon Vogel, TMA associate vice president of health information technology, by emailing shannon.vogel@texmed.org or calling (512) 370-1411.

These recommendations are reviewed and approved by:

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