# HL7 POLICY SUMMIT 2014

**Standards Maturity: Where the Rubber Hits the Road**

Liora Alschuler, CEO, Lantana &
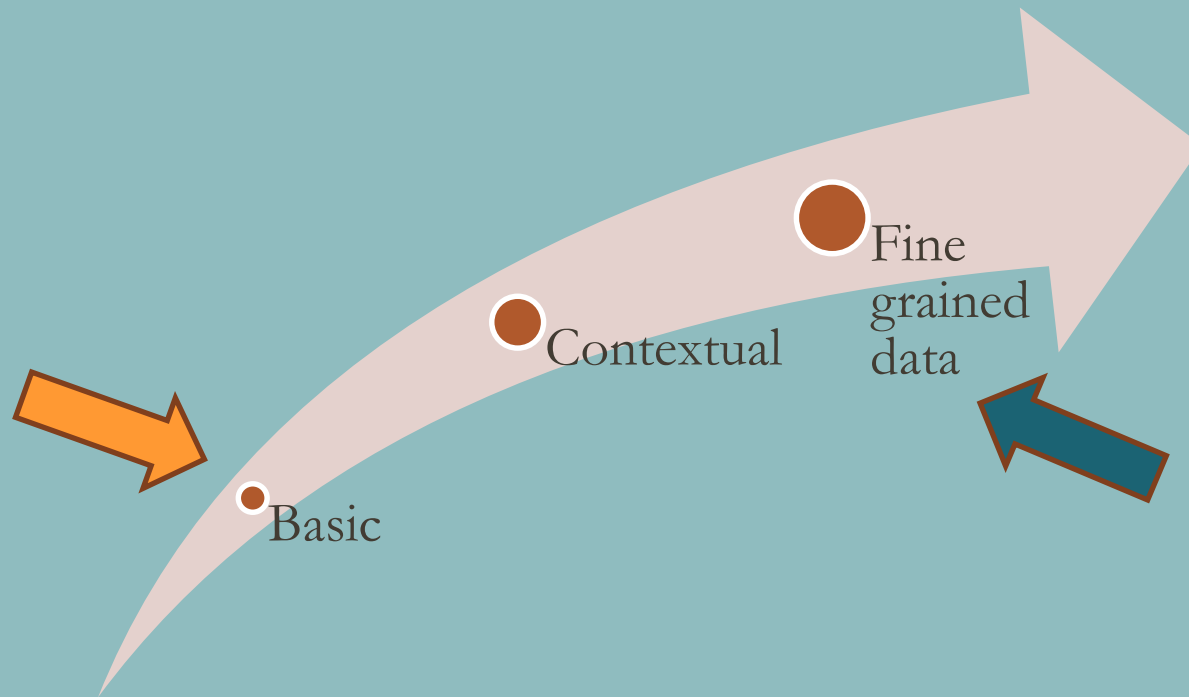HL7 Fellow

We have accomplished much.

We have not achieved our goals.

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# Standards & policy are not aligned

CDA was developed for incremental adoption starting with a low barrier to entry.

Fine grained data

Contextual
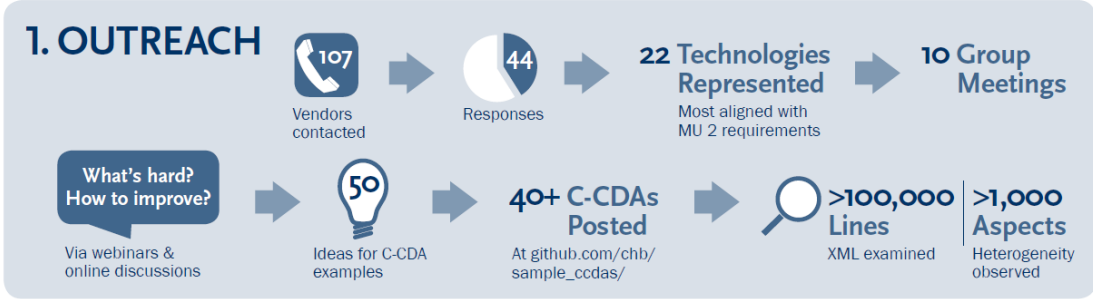
Basic

Policy on CDA adoption requires large scale adoption with a high barrier to entry

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# The SMART C-CDA Collaborative

## 1. OUTREACH

**107** Vendors contacted

**44** Responses

**22 Technologies Represented** — Most aligned with MU 2 requirements

**10 Group Meetings**

**What's hard? How to improve?** Via webinars & online discussions

**50** Ideas for C-CDA examples

**40+ C-CDAs Posted** At github.com/chb/sample_ccdas/

**>100,000 Lines** XML examined

**>1,000 Aspects** Heterogeneity observed

## 2. EVALUATION*

### SMART C-CDA SCORECARD[†]

**Number of Documents in Each Score Range**



% score: 0–50: 3, 51–60: 3, 61–70: 6, 71–80: 1, 81–90: 3, 91–100: 2

### MISSING DATA

- 72% **Medication Sig**
- 55% **Allergy Severity**
- 44% **Marital Status**
- 44% **Result Interpretation**
- 28% **Med Route**

Percent missing

### TERMINOLOGY

**67%** All Problems in SNOMED

**53%** Pre-Coordinated Meds in RxNorm

**44%** Codified Allergic Reactions

**39%** Uses UCUM for Results & Vitals

### ERRORS

**Example: Excess Precision**

```
<effectiveTime value="20131202000000+500" />
```

Trailing zeroes present when only date known
*Did event really happen at stroke of midnight?*

**Full error list: bit.ly/smart-ccda-findings, pages 5–9**

*Source: Single C-CDA from 18 MU2-compliant EHR/HIE technologies
[†]SMART C-CDA Scorecard: ccda-scorecard.smartplatforms.org

## 3. IMPROVEMENT

**930 Minutes Spent**

with

**11 Individual Vendors**

reviewing document quality

### 6 Key Challenges

1. Smoking history
2. Problem status & timing
3. Medication dose & timing
4. Medication allergies & reactions
5. Highly structured lab results
6. Highly structured vital signs

**Improving Interoperability**

# Analytics drive positive change

**Patient safety: improving**

**Data-driven improvement**

- Just beginning
- Standards-based – so far, really hard

**Commerical population health is taking off**

- Will overtake EMR in market size
- They use everything

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## Where do we see good & growing alignment?

- LTPAC
  - Not at the party for MU1, 2
  - IMPACT Act addressing this
  - Building on decades of structured assessments
- FHIR?
  - Incremental approach to resource development
  - Narrative documents should be part of DSTU2/CDAonFHIR
  - Data governance a work in progress

## Assertions:

- Semantic cohesion is hard
- Low-hanging fruit is good

## Questions:

- Is there a natural limit to the degree to which data can be standardized at the source without doing violence to meaning?
- Where do systems change, rather than data?
- How can we achieve better alignment between standards and policy?

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## Thank you!

- *Liora.Alschuler@Lantanagroup.com*

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