



# Update on Standards Effort



# S&I Framework Participation Levels

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- Face to Face Meeting (October 18 and 19<sup>th</sup>)
  - Total registered: 284
  - Total attended: 234 (includes 32 walk-ins not registered)
- Registered Participants
  - 885 registered wiki users



# Topics for Discussion

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- **NWHIN Power Team**
  - Thank you! (again)
  - Continue to refine the criteria for evaluation of standards readiness
  - Solicit additional feedback on NWHIN implementations based on last months discussion
- **Radiology**
  - Standards for images and imaging reports
- **Transitions of Care and Consolidated CDA**



# Transitions of Care Initiative

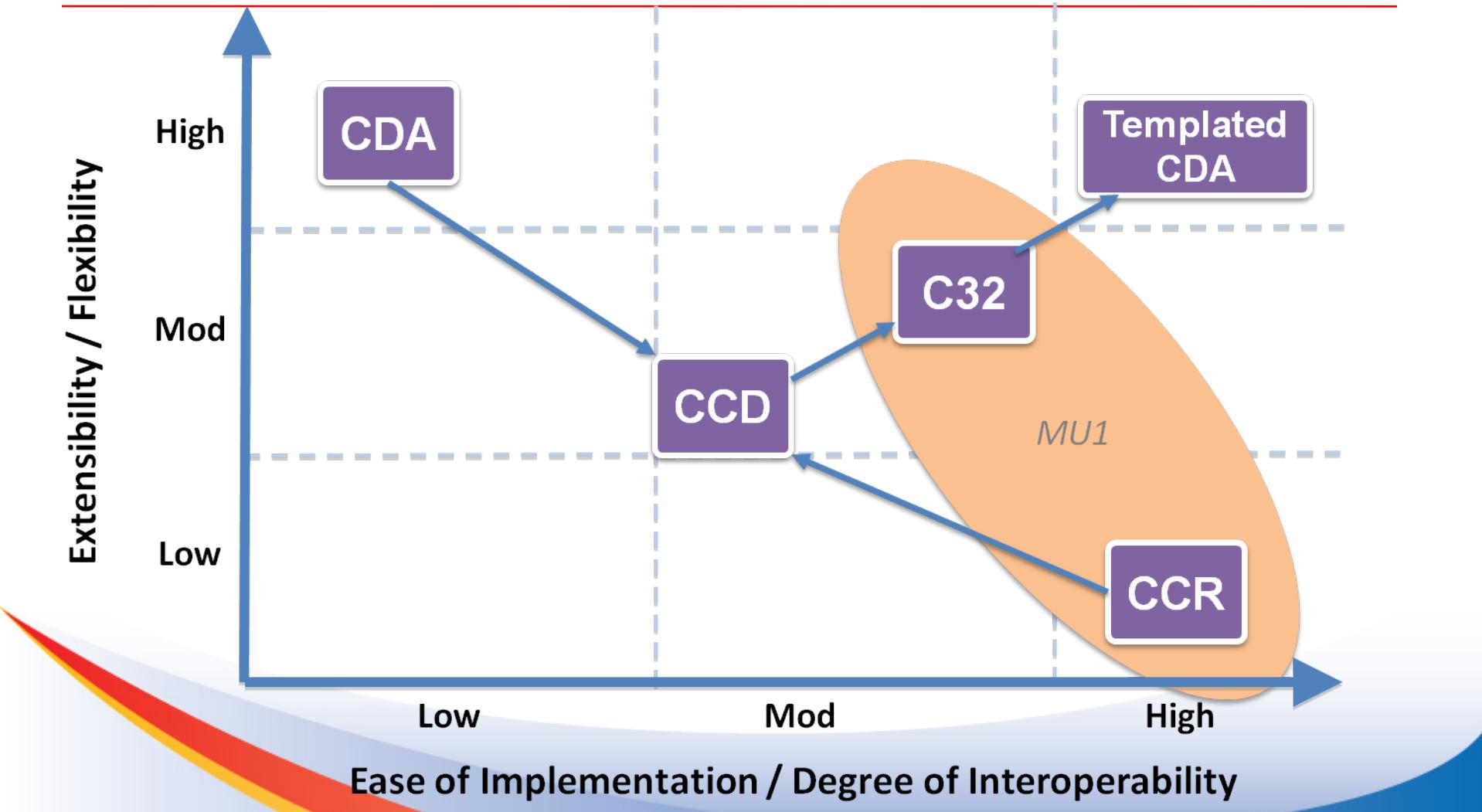
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**Purpose:** The Transitions of Care (ToC) Initiative is focused on improving the electronic exchange of core clinical information among providers, patients, and other authorized entities in support of Meaningful Use and IOM-identified needs for improvement in the quality of care.

ToC Initiative has developed several critical outputs to enable interoperability:

- **Clinical Information Model (CIM)** consisting of unambiguous, clinically-relevant definitions of the core data elements that should be included in care transitions
  - Over time, new elements can be added to support evolving needs
  - Reflective of real-world workflows and care transitions processes
- **Clear guidance on the usage** of these core clinical elements in common care transitions scenarios
- Agreement on a **single standard** for clinical summary documents in support of Meaningful Use requirements
  - Minimizes interoperability errors and streamlines patient care coordination
- **Implementer guidance** on vocabulary mapping as well as conversion tools to migrate existing implementations to the Consolidated CDA standard

# Transitions of Care (ToC) Initiative: The Next Step in the Evolution





# Functional Components Supporting Interoperability

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## Use Case / CIM

- Consensus agreement on the functional HIE scenario requirements
- Capture of data elements to be exchanged in a Clinical Information Model to enable transfer of functional to technical
- **Clear guidance on the usage** of these core clinical elements in common care transitions scenarios

## Consolidated CDA

- Engaged SDOs to recognize and address current shortcomings in the standard which have impeded interoperability
- Creation of a single, common catalog of reusable CDA objects
- Agreement on a **single standard** for clinical summary documents in support of Meaningful Use requirements



# Technical Components Supporting Interoperability

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## Computable Models

- Transition from paper based to model based HIT standards; CDA expressed in UML
- Consisting of unambiguous, clinically-relevant definitions of the core data elements that should be included in care transitions
- Over time, new elements can be added to support evolving needs
- Implementer guidance on vocabulary mapping

## Implementation Guidance

- Conversion tools to migrate existing implementations to the Consolidated CDA standard
- Reference implementation to lower implementation time and costs
- Creation of transformation services for implementers moving to Consolidated CDA. This includes:
  - Educational resources
  - Testing support in conjunction with NIST
  - Modeling and auto-generation of computing artifacts through Model-Driven Health Tools (MDHT), Trifolia Workbench, etc.