

28 June 2006

Office of the National Coordinator for
Health Information Technology

Nationwide Health Information Network Forum

Session Number: 2.1

Session Name: Data Content

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Technology (NIST)**

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U.S. Department of Health and Human Services

Agenda

Introduction

- Process for the Breakout Discussion
- Description of Content Area

Discussion

- Specific Areas of Variation or Need
- New Issues
- Architecture Differences
- Requirements Gaps
- Defining Minimal
- Questions to Consortia

Introduction - Session Process

- Please use microphones during discussions – sessions are being audio recorded
- Handouts
 - Functional Requirements .xls spreadsheet
 - Requirements Input Form
- Focus discussion on this functional category
- Not a review of individual requirements
- Requirements with policy implications will be noted and sent to appropriate process for discussion (e.g, HIT Policy Council, etc.)

Introduction (Specific Session)- Session Overview

Session Number	Title
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2.1	Data Content
2.2	Data Transactions
2.3	Data Transformation
2.4	Information Location and Data Storage
2.5	System Qualities
2.6	Security



Functional Categories Discussed

Data Content

- Data Quality/ Data Integrity
- Data Source
- Data Usage

Introduction-

Functional Category Definitions

Data Content	There may exist requirements on data that constrain the context and use of data exchanged within the Nationwide Health Information Network. While many data requirements may be deferred to review of specifications or standards, there may be some high level data constraints that should be included within the Data Content functional category (e.g., requirement for structured or unstructured text).
<ul style="list-style-type: none">Data Quality/Data Integrity	The functional requirements to ensure data is correct and complete, including the ability to verify that data were transferred.
<ul style="list-style-type: none">Data Source	The functional requirements to support the identification of the data/information point of origin.
<ul style="list-style-type: none">Data Usage	There may exist requirements on data that constrain the context and use of data exchanged within the Nationwide Health Information Network. While many data requirements may be deferred to review of specifications or standards, there may be some high level data constraints that should be included within the Data Usage functional category.

Discussion – Quick Review of Identified Issues

- What are the major categories of care data that should be conveyed through the NHIN. Which are the most important to consider soonest?
- For those categories of clinical data prioritized high, are there known problems in collecting them?
- Are there major categories of administrative data that should be conveyed through the NHIN? Which are the most important to establish soonest?
- Are there other categories of data to be conveyed through the NHIN not covered in the preceding questions?
- Should the NHIN convey partially structured data, such as PDFs, free text, scanned images of reports, audio and video provided that there is enough structured information to associate the report with a patient, a type of data, and a point in time?

Discussion – Quick Review of Identified Issues

- Can the NHIN be supported through the use of multiple standards (such as terminology standards) if they are mapped to each other? Or, does the NHIN need to have specific standards identified?
- What data services and capabilities are necessary to support data quality?
- How should reporting and feedback of data integrity and quality issues be handled (e.g., to a designated primary care provider, or to a separate neutral entity, etc.)?



Discussion – New Issues

What other issues are there that have not been identified?

Discussion – Specific Areas of Variation or Need

- What are the major categories of care data that should be conveyed through the NHIN. Which are the most important to consider soonest?
 - Examples for discussion:
 - lab results, medications, problems, allergies, patient summary for referrals and other coordinated care, “complete medical record”, diagnostic results
- For those categories of clinical data prioritized high, are there known problems in collecting them?

Discussion – Specific Areas of Variation or Need

- Are there major categories of administrative data that should be conveyed through the NHIN? Which are the most important to establish soonest?
 - Examples for discussion:
 - basic demographics, eligibility, claims/payments, referrals
- Are there other categories of data to be conveyed through the NHIN not covered in the preceding questions?

Discussion – Specific Areas of Variation or Need

- Should the NHIN convey partially structured data, such as PDFs, free text, scanned images of reports, audio and video provided that there is enough structured information to associate the report with a patient, a type of data, and a point in time?

Discussion – Specific Areas of Variation or Need

- Can the NHIN be supported through the use of multiple standards (such as terminology standards) if they are mapped to each other? Or, does the NHIN need to have specific standards identified?

Discussion – Specific Areas of Variation or Need

- What data services and capabilities are necessary to support data quality?

Discussion – Specific Areas of Variation or Need

- How should reporting and feedback of data integrity and quality issues be handled (e.g., to a designated primary care provider, or to a separate neutral entity, etc.)?

Discussion of New Issues Identified

- New Issues

Discussion - Architectural Differences

- Are there significant architectural differences?
- How many different architectural approaches are actually represented in this breakout area?
- What are they?

Discussion - Requirements Gaps

What are the areas where there are requirements gaps for this functional category?

Discussion – Defining Minimal

NCVHS needs to eventually refine the >1100 requirements to a “minimal”, but inclusive list. What is the best approach to having “minimal” requirements in this functional category?

Discussion - Questions to Consortia

What questions or issues would you like to ask of the consortia relative to this functional category?

Agenda Review

Wednesday, June 28 Afternoon

1:30- 3:00 pm	Entity Break Out Sessions
3:00- 3:15 pm	Break
3:15- 4:45 pm	Functional Category Breakout Sessions
4:45 pm	Adjourn

Thursday, June 29 Morning

8:00- 9:00 am	Use Case and NHIN Infrastructure Breakout Sessions
9:00- 9:15 am	Break
9:15- 10:15 am	Plenary Session- NHIN Consortia Architecture Response
10:15- 10:30 am	Break
10:30- 12:30 am	Closing Plenary Presentations to NCVHS and Public Comment

Documents for Reference

General



Functionality
Requirements XLS



NHIN Requirements
Approach

Session Specific



Session 2.1 Specific

Please note: To access embedded documents, please press “esc” key to exit presentation mode