28 June 2006

Office of the National Coordinator for
Health Information Technology

Nationwide Health Information Network Forum

Session Number: 2.4

Session Name: Information Location and Data Storage

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U.S. Department of Health and Human Services

Agenda

Introduction
- Process for the Breakout Discussion
- Description of Content Area

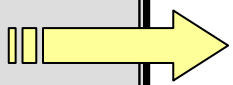
Discussion
- Specific Areas of Variation or Need
- New Issues
- Architecture Differences
- Requirements Gaps
- Defining Minimal
- Questions to Consortia

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 - Session Overview

Session Number	Title
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 to be discussed

<u>Information Location and Data Storage</u>

- Information Location
  - Indentity / Information Correlation
  - Record Location
- Data Storage
  - Persistent Data
  - Transient Data

Introduction- Functional Category Definitions

Identity/Information Correlation	**The ability to map information or entities with other entities (e.g., individuals or organizations, or necessarily a named system or network user). For example, correlating clinical information to the system or network-known identity of a patient where the patient.**
Record Location	**The ability to determine the location of data.**
Persistent Data Storage	**The ability of a system to function as a data repository.**
Transient Data	**The ability of a systems to function as a data repository for a given entity for a given period of time or purpose.**

Discussion – Quick Review of Identified Issues

- What are the strengths and limitations of NHIN approaches where individually identifiable clinical data are assembled in repositories within the NHIN systems?
- What are the strengths and limitations of NHIN approaches where individually identifiable clinical data persist in edge systems and are only transient within the NHIN?
- In an NHIN approach where individually identifiable clinical data are only transient within the NHIN, what are the NHIN requirements for consumer identification and record location? Must NHIN systems identify the locations of specific data records or may they only identify care delivery organizations or other sources where some kind of data is available for the patient?
- In the approach where clinical data are only held transiently in NHIN systems, what are the requirements for audit and data storage to support reliable transmission. Do these conflict with the assumption that data do not persist in the NHIN systems?
- Should the strategy of locating data within network systems and edge systems be more specific to type of data than simply “all record location data” and “all clinical data?”

Discussion – New Issues

What other issues are there that have not been identified?

Discussion – Specific Areas of Variation or Need

- What are the strengths and limitations of NHIN approaches where individually identifiable clinical data are assembled in repositories within the NHIN systems?

Discussion – Specific Areas of Variation or Need

- What are the strengths and limitations of NHIN approaches where individually identifiable clinical data persist in edge systems and are only transient within the NHIN?

Discussion – Specific Areas of Variation or Need

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Discussion – Specific Areas of Variation or Need

- In the approach where clinical data are only held transiently in NHIN systems, what are the requirements for audit and data storage to support reliable transmission. Do these conflict with the assumption that data do not persist in the NHIN systems?

Discussion – Specific Areas of Variation or Need

- Should the strategy of locating data within network systems and edge systems be more specific to type of data than simply “all record location data” and “all clinical data?”

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 2.4 Specific

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