

Data Fidelity

With

J P Systems, Inc.

Better Data
Better Patient Care
Better Outcomes

Through the VHA, we have helped over 211 partners (representing 2,000 hospitals and 32,000 clinics) to improve data fidelity and interoperability.

Our proven success with stakeholder outreach for Continuous Quality Improvement (CQI) projects has brought us national recognition.

J P Systems is recognized by the Sequoia project and ONC as a leading U.S. Thought Leader in Clinical Data Quality surveillance and improvement.





An orchestra tunes itself to a very particular frequency, usually 440 hertz, a note known as A 440. The note is played by the oboist, and the rest of the orchestra tunes their instruments to match it.



JPSYS cleans and tunes your data to international interoperability

Our Data Quality teams are comprised of: Pharmacists, Nurses, Terminologists, Data Standards experts, Data Architects, IT and Business Analysts and Interoperability experts.

Interoperability
Planning &
Roadmaps

Data Quality
Analysis by
Clinicians

HL7 CDA, v2, FHIR messages

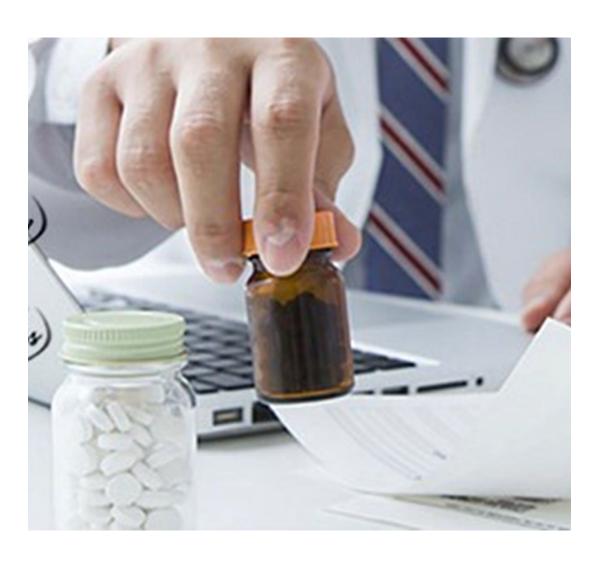
Terminology Mapping

Stakeholder Engagement HL7 Standards Improvement

Partner Communications Plans

Data Quality Improvement

Focus on Data Quality



Questions we will answer:

- What is a CDA file?
- How do we improve Data Quality?
- Why is DQ so vital?
- How can data quality improve patient care?
- How does data quality support patient safety?
- How can you improve clinical workflows?

WHAT IS A CDA FILE? HL7's Clinical Document Architecture

CDA is a data standard for documents designed for the exchange of clinical data. They are composed according to a international standard created by HL7, an international data exchange organization

CDA files are coded in Extensible Markup Language (XML)

Sample CDA File:

A Cerner 'Transition of Care Referral Summary'

The XML points to a specific terminology, in this case a CDC REC code system for race.

```
2389 lines (2388 sloc) 92.1 KE
     <?xml version="1.0" encoding="UTF-8"?>
     <?xml-stylesheet type="text/xsl" href="cda.xsl"?>
     <ClinicalDocument xmlns="urn:h17-org:v3" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:sdtc="urn:h17-org:sdtc" xsi:schemaLoci
             <typeId root="2.16.840.1.113883.1.3" extension="POCD_HD000040"/>
             <templateId root="2.16.840.1.113883.10.20.22.1.1"/>
              <templateId root="2.16.840.1.113883.10.20.22.1.2"/>
             <id root="2.16.840.1.113883.1.13.99999.999362" extension="280004"/>
              <code code="34133-9" codeSystem="2.16.840.1.113883.6.1" displayName="Summarization of episode note"/>
             <title>Transition of Care/Referral Summary</title>
              <effectiveTime value="20130717114446.302-0500"/>
              <confidentialityCode code="N" displayName="Normal" codeSystem="2.16.840.1.113883.5.25"/>
             <languageCode code="en-US"/>
             <recordTarget typeCode="RCT" contextControlCode="OP";</pre>
                     <patientRole classCode="PAT">
                             <id root="2.16.840.1.113883.1.13.99999.1" extension="106" assigningAuthorityName="LCH MRN"/>
                                     <streetAddressLine>8745 W Willenow Rd</streetAddressLine>
                                     <city>Beaverton</city>
                                     <state>OR</state>
                                     <postalCode>97005-
                                                         </postalCode>
                                     <country>US</country>
                             <telecom use="HP" value="tel:(503) 325-7464"/>
                             <given>Steve</given>
                                             <family>Williamson</family>
                                     <administrativeGenderCode code="M" codeSystem="2.16.840.1.113883.5.1" codeSystemName="administrativeGender"</pre>
                                            <originalText>Male</originalText>
                                     </administrativeGenderCode>
                                     <birthTime value="19470407"/>
                                     craceCode code="2054-5" codeSystem="2.16.840.1.113883.6.238" codeSystemName="Race and Ethnicity - CDC" disp
                                             <originalText>Black or African American</originalText>
                                     kethnicGroupCode code="2186-5" codeSystem="2.16.848.1.113883.6.238" codeSystemName="Race and Ethnicity - CD
                                             <originalText>Not Hispanic or Latino</originalText>
```

Line 34

HOW WE IMPROVE DATA QUALITY AND CLINICAL WORKFLOWS

Our DQ Process



- 1. Obtain statistically significant sample of data files
- 2. Identify current sources of hindrances to data quality
- 3. Conduct data reviews of internal and external partner data sources
- 4. Provide clients a list of tools to use and likely problem sources, such as a particular workflow source, a configuration problem or a vendor app problem

HOW WE IMPROVE DATA QUALITY AND CLINICAL WORKFLOWS

Our DQ Process



- 5. Host virtual trouble shooting sessions with de-identified data, so you can trace problems
- 6. Examine the CDA fields to see if contents are in the right place.
- 7. Verify CDA contents are compliant with HL7 using proprietary tooling
- 8. Verify correct terminologies are used
- 9. Identify and add new standard terminologies for clarity



Automated Tooling

- We have extensive experience using Model Driven Health Tools, (MDHT), for CCD CDA analytic review and creation of summary clinical domain spreadsheets
- We use proprietary tooling to perform domain level analysis. We are adept at loading and reviewing thousands of patient CDA documents



WHY IS DATA QUALITY SO VITAL?

- Creates a trusted relationship between clinician and the data
- Reduces clinician burnout
- Allows healthcare enterprise applications to function optimally
- Patient Safety risks are minimized, duplicate services are reduced, costs are avoided
- Better patient outcomes and customer satisfaction

OUR DATA QUALITY SERVICES FOR CDA FILES





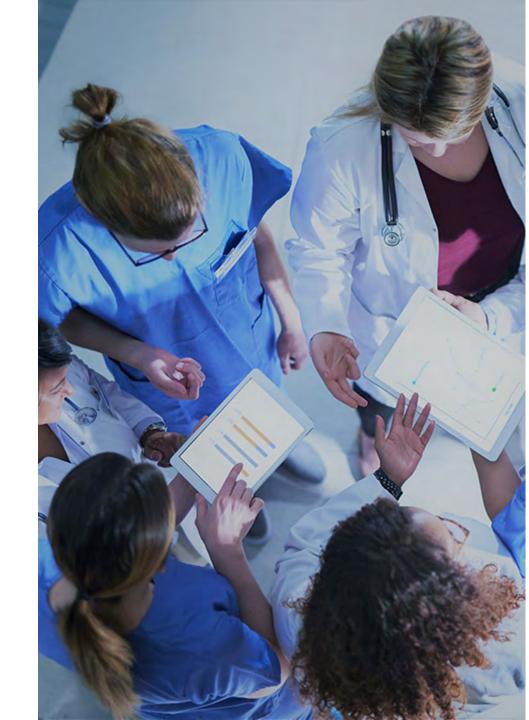
Search for the 3 M's:

- Missing Data
- Misplaced Data
- Miscoded Data



Your DQ Scorecard

- We evaluate your current data, create a scorecard for various domains
- We meet with you to make recommendations for improvements
- Once improvements are made, we rescore the data and provide a second report
- We review your second set of changes with you and map out your next steps





The need for Interoperability is always increasing:

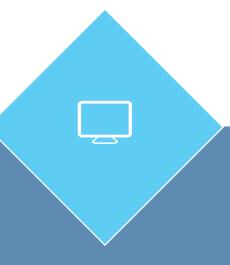
- 1. ONC's Trusted Exchange Framework is built on a foundation of data quality assumptions
- 2. The <u>Qualified Health Information Networks</u>, QHINs, will have to meet certain qualifications under ONC's TEFCA
- 3. <u>USCDI, US Core Data for Interoperability</u> has standardized code sets and a standards harmonization process
- 4. Builds a more complete and accurate patient record, which can lead to better care coordination, improved patient safety and improved population health reporting
- 5. Data analytics and research is more accurate as the data becomes more reliable

WHY IS DATA QUALITY SO VITAL?

HOW CAN DATA QUALITY IMPROVE PATIENT CARE?

The Three R's - Relevance, Robustness and Repercussions







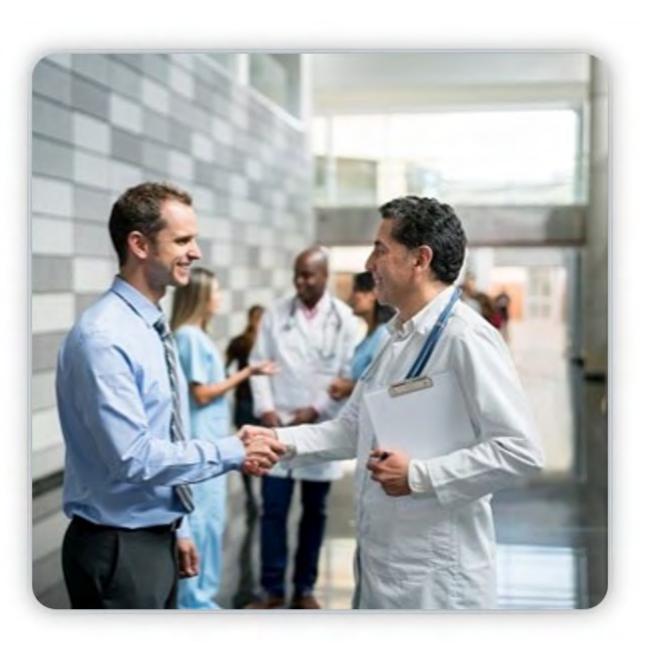
Data utilized in entire enterprise. Clinicians need holistic data view



Standardized data
lowers risk of
ingestion problems



Patient Safety risks, sentinel events, duplication of services



HOW CAN DATA QUALITY IMPROVE PATIENT SAFETY?

Reliable, interoperable data reduces the risk of bad outcomes through accurate diagnoses and subsequent treatments

HOW CAN YOU IMPROVE CLINICAL WORKFLOWS?

- When terminologies are used correctly and data is reliable, Al is empowered to reason over the data and reach useful conclusions.
- 2. Al can analyze treatment plans to help balance nursing work loads and many other cost saving measures.
- 3. Data Quality is a bridge to using Al effectively.

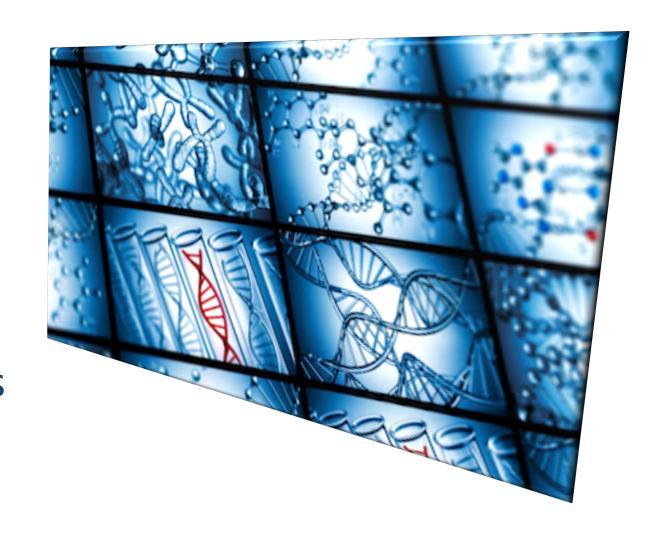


HOW CAN YOU REDUCE RISK TO WORK FLOWS?

How does risk enter?

- 1. For providers, risk comes in during transitions of care
- 2. It is the same for data, risks come in when it is transmitted

Interoperable data reduces risks encountered during ingestion into another system!



Standardized Clinical Terminologies:

Creation and maintenance of clinical reference terminologies

Clinical Terminology Mapping:

Match local terms to international clinical data standards to enable data exchanges with precise meanings

Other DQDoc.com Services



HL7 FHIR® Information Exchange:

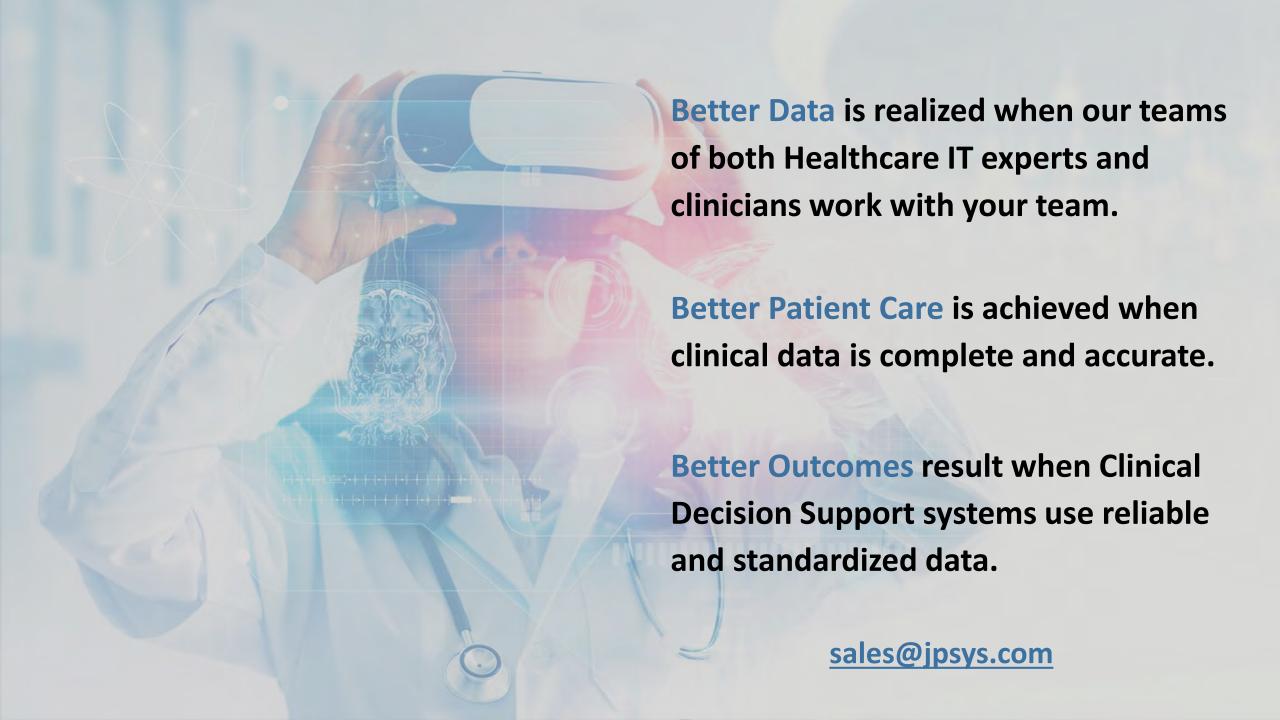
FHIR® has its own standardized vocabulary for information exchange. We can map your vocabulary to FHIR®'s vocabulary.

Improved Patient Safety:

Better data results in improved care coordination between providers and decreased readmissions

HL7 Standards Development:

We can establish a new international standard for you or improve an existing one. We voice our clients' needs through the HL7 ballot process



CONTACT US

Successful Healthcare IT services require both technical and clinical subject matter experts. J P Systems is your best choice for the complexities of clinical data quality improvement.

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