HL7 EHR Work Group - Reducing Clinician Burden Project Clinical Documentation - Collect, Share, Use - <u>Data Segmentation for Clinical Integrity</u>

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	Lifecycle Event	Clinical Documentation Information Flow Example	Care Path	Non- Care	Who - Documentation Stakeholders	Notes
Collect	Originate	Original Documentation Instance	▼	•	Originating Clinician/ Author	 Data Segmentation allows/ensures: Clinical documentation can be componentized (segmented) into relevant chunks for particular stakeholders and uses Originating Clinician can focus on clinical segments (aspects) of documentation Originating Clinician can tailor documentation for a clinician - themselves or a downstream colleague - e.g., as they might tailor a referral request/note Another member of the care team (or staff) can be tasked to fill in other (non-clinical) segments, as appropriate Receiving Clinician can focus on key clinical aspects of documentation with all other data/details
	Documentation Segments	• Provenance	▼		All w/Need to Know	
		 Clinical facts, findings, observations 	▼	•	All w/Need to Know	
		• Orders + detail	▼		All w/Need to Know	
		Prior authorization detail			Payers	
		• Billing/claims detail			Payers	
		Quality/performance data			Various Entities	
		• Public health data			Public Health Agencies	
		Administrative data			CEOs, COOs	
		• Finance/cost data			CFOs, Accounting	
		• Registry data			Clinical Registries	
	Update	Updated Documentation	▼		All w/Need to Know	
	Verify	Verified Documentation	▼		All w/Need to Know	
	Attest	Attested Documentation	▼		All w/Need to Know	stripped away (although accessible if needed)
Share	Transmit	Transmitted Documentation (by Source EHR/HIT System)	▼		Purpose of capture can be mapped to a specific purpose of use, segment by segment	
	Receive	Received Documentation (by Receiving EHR/HIT System)	▼			system without clinician input
Use	Access/Use	Accessed Documentation	*		Receiving Clinician or Other End User	