CDAR2\_IG\_OFFICIAL\_DOC\_NAME



**HL7 Implementation Guide for CDA® Release 2:**

**Title**

Date

**Sponsored by:
Structured Documents Work Group**

**Cosponsor Workgroup**

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Structure of This Guide

|  |  |  |  |
| --- | --- | --- | --- |
| Co-Chair |  | Primary Editor: |  |
| Co-Editor: |  | Technical Editor: |  |
| Current Work Group includes  |

Acknowledgments

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# Introduction

## Purpose

## This project will deliver an informative document providing principles for developing, and guidance on what information should and should not be present and appropriate in both entries and narrative content in an automatically generated clinical summary (e.g., CCD, Discharge Summary, etc.). It will not create new templates or models, but simply explain how to use existing templates in current HL7 work products.

## The project will also attempt to understand the various contexts and their impacts on the information requirements (e.g., Patient Summary vs. Transfer of Care).

## We will develop a process to reach out to clinical professional societies, provider organizations and organizations representing patients to present the project, gather feedback, develop recommendations, and review results. We will execute this process with a number of organizations in order to gather the best possible recommendations. Participation will be open to any organization that shows interest and commits to meeting the project requirements and schedule.

## The guidance delivered in this document would be structured in a way that it could be automatically tested for conformance against coded and structured data, but also could be applied to narrative sections.

## Audience

* Developers and Implementors of Automated CCDA Generating Systems
* Clinicians and other generators and users of CCDA Documents
* Policy Makers

## Organization of the Guide

This document provides

* **Chapter 1**—Introduction
* **Chapter 2**—
* **Appendices**. The Appendices include

## Contents of the Package

The following files comprise this implementation guide package:

Table 1: Contents of the Review Package

|  |  |  |
| --- | --- | --- |
| Filename | Description | Standards Applicability |
|  |  | Informative |
|  |  | Informative |
|  |  | Informative |
|  |  | Informative |
|  |  | Informative |

# Background

## CCD and CCDA

The Continuity of Care Document (CCD) Release 1.0 and its successor (version 1.1 found in the C-CDA specification) are required for use under Meaningful Use regulation in the US. Due to short timelines, many organizations have opted to automatically generate these documents.  As a result, some organizations and software products are generating CCD documents that span dozens of pages even for the simplest of cases, making these documents unusable for their intended purpose.

## Current Project

This project will deliver an informative document providing principles for developing, and guidance on what information should and should not be present and appropriate in both entries and narrative content in an automatically generated clinical summary (e.g., CCD, Discharge Summary, etc.). It will not create new templates or models, but simply explain how to use existing templates in current HL7 work products.

The project will also attempt to understand the various contexts and their impacts on the information requirements (e.g., Patient Summary vs. Transfer of Care).

We will develop a process to reach out to clinical professional societies, provider organizations and organizations representing patients to present the project, gather feedback, develop recommendations, and review results. We will execute this process with a number of organizations in order to gather the best possible recommendations. Participation will be open to any organization that shows interest and commits to meeting the project requirements and schedule.

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# Method

Built the surveys, short and long

## Short Survey

reviewed them internally,

reviewed them with external stakeholders,

sent them out to AMA, ACP, AAFP, AHA, HIMSS, Holly’s group and others. From \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

Responses back, AMA (433), AAFP (103), AHA (34), and ACP and others (43) (613 total)

## Long Survey

Long Survey (13 results back) from …

# Results

## Short Survey

### Cohort that Responded

### Differences between Specialty and Primary Care

## Long Survey

## Comparison of Results against Meaningful Use Requirements

# Conclusions and Recommendations

## Guidance on use of the results

### Classificication of relevance

### Use of Classifications

#### If you are a generator: Sending Data

#### If you are a renderer: Viewing Data

#### If incorporating the data

# References

1. American Recovery And Reinvestment Act of 2009, US Public Law 111-5, 123 Stat. 115, 516 (Feb. 19, 2009). <http://www.gpo.gov/fdsys/pkg/PLAW-111publ5/content-detail.html>
2. Acronyms and Abbreviations

C-CDA Consolidated CDA

CCD Continuity of Care Document

CDA, CDA R2 Clinical Document Architecture (Release 2)

CFR Code of Federal Regulations

DIR Diagnostic Imaging Report

DSTU Draft Standard for Trial Use (now STU)

STU Standard for Trial Use

EHR electronic health record

EMR electronic medical record

H&P History and Physical

HIT healthcare information technology

HL7 Health Level Seven

HTML Hypertext Markup Language

RFC Request for Comments

LOINC Logical Observation Identifiers Names and Codes

NI no information

ONC Office of National Coordinator

XML eXtensible Markup language

XPath XML Path Language