eHEALTHDC
A DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION PROGRAM

Helping Healthcare Providers Adopt
Digital Health Technologies and Achieve
HIE Connectivity in the District

Digital Health Technical Assistance Program Learning Community

Joint Session: Ambulatory Organizations & Hospitals

Data Quality Insights Summary

[April 23, 2026]

Speakers

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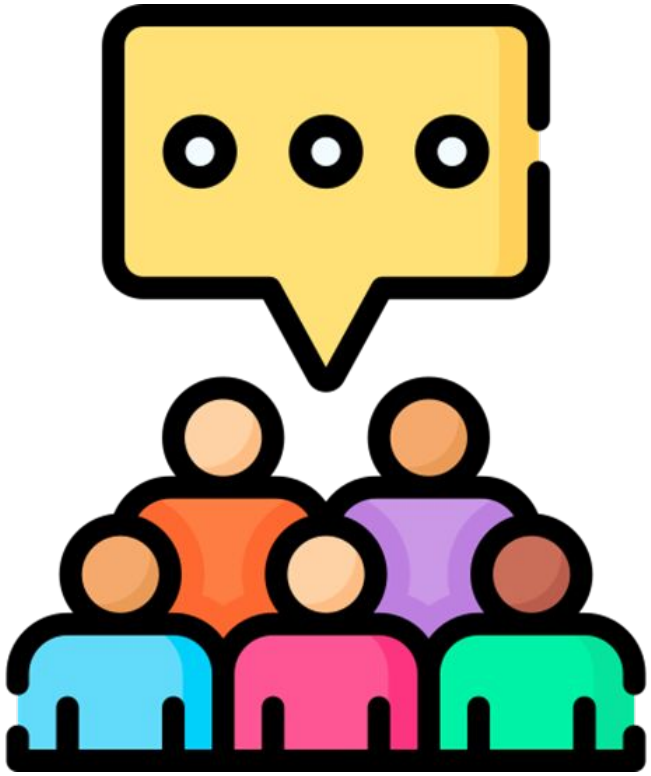
Learning Community Objective

The eHealthDC **EHR Data Quality Technical Assistance** learning communities are designed to promote knowledge sharing amongst participants and will require ongoing interaction and active participation among attendees.



How to Engage

- Use **Chat** to share questions and comments with the group

- Use **Raise Hand** function for questions or comments to share with the group

- **Cameras on** are encouraged for a more interactive and engaging experience

Introducing the eHealthDC Team

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Our Vision: A future where high-quality data is captured, shared, and used to drive coordinated, efficient, whole-person care.

Our Mission: To deliver integrated, tailored EHR and HIE technical assistance that equips providers with the knowledge, skills and confidence to capture accurate, high-quality data, enable seamless and secure exchange, and use information to improve care delivery.

New Digital Health TA Program Opportunity

Free Technical Assistance available to improve EHR data quality, strengthen data exchange with CRISP DC and integrate HIE tools into daily workflows.

Complete the Interest Form or reach out to contact@e-healthdc.org and we'll be in touch!

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Key Learning Objectives

1. Evaluate and interpret data using the Data Quality Insights Summary Tool
2. Define the Core Dimensions of Data Quality
3. Identify and Prioritize Critical Data Elements for Interoperability and Care Coordination
4. Drive Data Quality Improvements through Cross-Team Collaboration

Ice Breaker

Data Quality Gut Check

On a scale of 1-10, how much do you trust that your EHR data is 100% accurate by the time it reaches the CRISP DC HIE?

Ice Chipper

When you look up a patient in CRISP DC, what information do you expect to find but often find missing or incomplete?

District Wide Efforts on Data Quality

Mayor's Commission on Healthcare Systems and Transformation

- DC HIE Policy Board developed a framework for key data elements that should be collected within 48 hours of discharge.

Ambulatory Interoperability Initiatives

- EHR Adoption & Meaningful Use Program (2010-2016)
- Medicaid EHR Promoting Interoperability Program (2017 - 2022)
- ARPA HCBS EHR Adoption & HIE Connectivity Program (2022 - 2025)

Ongoing Efforts

- eHealthDC Digital Health TA Collaborative (2025 - 2030)

Source: 2022 State Medicaid Health IT Plan (SMHP) Update: Creating a Digital Health Roadmap for the District

What does Data Quality mean?

Data Quality Matters Across the Healthcare Continuum

Hospital Care
Accurate documentation → correct diagnosis & treatment
Real-time data → safer clinical decisions
Complete records → fewer medical errors

Discharge Transition
Clear instructions → reduced readmissions
Accurate medication lists → prevents adverse events
Timely data sharing → streamlined care transition

Outpatient / Ambulatory Care
Reliable history → better follow-up care
Complete data → improved chronic disease management
Interoperable data → coordinated care across providers

What is the Data Quality Insights Summary?

A progress tool that assesses the quality of incoming **ADT** and **CCD** based metrics

ADT Metrics	
Discharge Diagnosis	Discharge Appointments
Admit Reason	Point of Contact
Ethnicity	Race

CCD Metrics	
Discharge Medications	Medication Allergies
Immunizations	Vital Signs
Problems	

Data Quality Insights Summary Review

Data Category	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026
ADT (1)						
ADDRESS	96.30%	96.44%	96.29%	96.52%	96.58%	96.58%
ADMIT REASON	64.10%	64.19%	64.31%	64.23%	64.33%	64.23%
DISCHARGE DISPOSITION	55.57%	54.23%	56.94%	53.92%	53.40%	54.04%
DISCHARGE LOCATION	1.22%	1.29%	1.25%	1.35%	1.25%	1.02%
DX CODE	38.94%	37.07%	38.98%	36.19%	37.73%	37.49%
DX DESC	35.86%	34.13%	35.11%	32.51%	34.85%	34.34%
ETHNICITY	59.93%	60.17%	60.19%	60.37%	60.81%	61.00%
LANGUAGE	63.00%	63.99%	63.13%	64.33%	64.60%	64.52%
NEXT OF KIN	57.63%	58.03%	57.97%	58.46%	58.59%	58.62%
PCP NPI	13.50%	13.57%	14.47%	13.48%	13.48%	13.74%
PHONE	72.48%	72.85%	73.85%	75.15%	75.32%	75.23%
RACE	95.77%	96.30%	96.21%	95.44%	96.25%	96.60%
CCD (2)						
ALLERGY NAME	74.74%	73.87%	74.76%	75.20%	74.96%	74.47%
ALLERGY SECTION	98.85%	98.11%	99.34%	99.27%	99.33%	99.02%
IMMUNIZATION NAME	0.99%	0.08%	0.00%	0.00%	0.00%	0.00%
IMMUNIZATION SECTION	0.99%	0.08%	0.00%	0.00%	0.00%	0.00%
MEDICATION NAME (4)	96.29%	96.59%	96.91%	96.68%	97.36%	67.03%
MEDICATION SECTION	96.29%	96.59%	96.91%	96.68%	97.36%	67.03%
MEDICATION SIG	27.24%	27.58%	27.97%	28.55%	28.70%	21.89%
PROBLEM SECTION	98.03%	98.44%	99.73%	99.22%	99.47%	68.83%
PROBLEMS NAME (4)	98.03%	98.44%	99.73%	99.22%	99.47%	68.83%
VITAL SECTION	66.67%	66.67%	66.67%	66.67%	66.67%	43.54%
TIMELINESS (3)						
ADMIT REASON TIMELINESS	75.68%	75.23%	75.81%	75.67%	76.03%	75.72%
ALLERGIES TIMELINESS	19.53%	16.55%	14.54%	18.51%	18.88%	18.34%
DIAGNOSIS TIMELINESS	29.52%	29.28%	31.97%	30.55%	30.23%	30.76%
DISCHARGE SUMMARY TIMELINESS	23.13%	21.06%	19.20%	22.10%	22.82%	21.58%
IMMUNIZATION TIMELINESS	0.24%	0.02%	0.00%	0.00%	0.00%	0.00%
MEDICATIONS TIMELINESS	18.93%	16.14%	13.97%	17.96%	18.46%	16.72%

Data Category (5)	Peer Median % | N=10
ADT	
ADDRESS	99.85%
ADMIT REASON	61.53%
DISCHARGE DISPOSITION	63.94%
DISCHARGE LOCATION	0.00%
DX CODE	38.52%
DX DESC	34.10%
ETHNICITY	87.09%
LANGUAGE	82.40%
NEXT OF KIN	59.83%
PCP NPI	0.00%
PHONE	94.00%
RACE	95.75%
CCD	
ALLERGY NAME	33.98%
ALLERGY SECTION	97.44%
IMMUNIZATION NAME	0.00%
IMMUNIZATION SECTION	0.00%
MEDICATION NAME	90.32%
MEDICATION SECTION	90.32%
MEDICATION SIG	67.68%
PROBLEM SECTION	98.05%
PROBLEMS NAME	98.05%
VITAL SECTION	0.00%
TIMELINESS	
ADMIT REASON TIMELINESS	94.18%
ALLERGIES TIMELINESS	0.00%
DIAGNOSIS TIMELINESS	19.04%
DISCHARGE SUMMARY TIMELINESS	8.52%
IMMUNIZATION TIMELINESS	0.00%
MEDICATIONS TIMELINESS	0.00%

ADT message communicates patient movement and status change (e.g., update demographics) within a healthcare facility. (1)

CCD provides a snapshot in time of a patient's health information. CCD are organized into **standardized clinical sections.** Within each section are individual clinical statements e.g., (Allergy Name, Medication Name, Problem Name) (2)

Timeliness measures the percentage of clinical data exchanged within 48 hours of an encounter (3)

Completeness rates are used by organizations to identify trends over time, identify specific data elements to address that have dropped in completeness rates. Resolutions could require technical enhancements with the EHR vendor, or direct engagement to update documentation workflows. (4)

Peer Comparison enables organizations to compare their completeness rates to median completeness rates of similar organizations (e.g., Hospitals, SNFs, PCP) (5)

Discussion Question

Which additional data elements would you find most valuable to include in the Insights Summary?

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From Challenge to Solution: Tracking Data Quality in the DC HIE

Challenge

Organizations exchanging clinical data with the DC HIE previously had limited visibility into the quality of their data (completeness, accuracy, etc.).

Solution

The Data Quality Insights Summary tool establishes baseline performance metrics informed by Technical Expert Panel recommendations.

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Discussion Question

How could these Data Quality insights best support your team?

A) Spotting Gaps: Identifying missing info like demographics or contact details

B) Targeted Training: Showing staff exactly where to improve their data entry

C) Better Handoffs: Ensuring clinical data (like meds/codes) is clear for the next provider

Root Causes of Data Quality Issues

Workflow Gaps

- Inconsistent documentation processes
- Lack of standardized data entry workflow
- Delays in entering patient information
- Data not entered within 48 hours of discharge, leading to incomplete records

Human & System Errors

- Manual data entry mistakes
- Duplicate or conflicting patient records
- Use of incorrect data fields
- Limited validation checks within systems

Data Mapping Errors

- Misaligned field mappings between systems
- Incorrect data type conversions
- Loss of data integrity during system migrations
- Inconsistent coding standards across platforms

Inconsistent workflows and unchecked errors make data unreliable, affecting patient care, reporting accuracy, and timely HIE data sharing

Data Quality Monitoring

Effective data quality starts with actively monitoring insight summaries, identifying gaps, and addressing issues to ensure accurate and reliable information.

Cross-Team Collaboration

Foster communication between clinical, IT, and quality teams to ensure timely action on identified gaps.

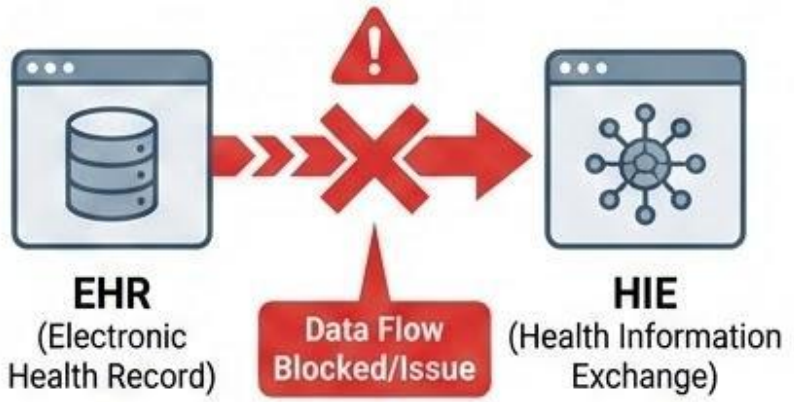
Gap Identification & Resolution

Clinical/IT Leadership: Review flagged issues, prioritize gaps, ensure corrective actions are implemented via technical and/or clinical workflows.

Quality Improvement Team: Track improvement plans, provide guidance, validate corrections.

Using the Data Quality Insights Summary to Drive Improvements

Scenario



ABC Primary Care Services received their Data Quality Insights Summary from CRISP DC and identified there is an issue with data flowing from the EHR to the HIE. They met with their EHR vendor to discuss the insights summary and troubleshoot the data mapping issues.

Month	January 2025		February 2025	
Metric	ADTs	Percent Completion	ADTs	Percent Completion
Address	739	99.37%	775	100.00%
Admit Reason	739	0.00%	775	0.00%
Ethnicity	739	0.00%	775	0.00%
Language	739	0.00%	775	0.00%
Next of Kin	739	0.00%	775	0.00%
PCP NPI	739	0.00%	775	0.00%
Phone	739	38.99%	775	36.98%
Race	739	0.00%	775	0.00%

Month	Jan 2025		Mar 2025	
Metric	CCDs	Percent Completion	CCDs	Percent Completion
Allergy	1002	0.00%	701	0.00%
Allergy Name	1002	0.00%	701	0.00%
Immunization	1002	0.00%	701	0.00%
Immunization Name	1002	0.00%	701	0.00%
Med Sig	1002	0.00%	701	0.00%
Medication Name	1002	57.26%	701	46.59%
Medications	1002	57.26%	701	46.59%
Problem Names	1002	51.48%	701	61.17%
Problems	1002	51.48%	701	61.17%

Using the Data Quality Insights Summary to Drive Improvements

Scenario

ABC Primary Care Services updated their EHR configuration to require the capture of race and ethnicity to improve data completeness. They also implemented a standardized intake form to consistently collect additional key data elements, including admit reason, preferred language, allergies, and immunizations.

Month	June 2025		July 2025	
Metric	ADTs	Percent Completion	ADTs	Percent Completion
Address	759	99.82%	630	100.00%
Admit Reason	759	100.00%	630	100.00%
Ethnicity	759	99.01%	630	99.16%
Language	759	11.28%	630	10.37%
Next of Kin	759	0.00%	630	0.00%
PCP NPI	759	0.00%	630	0.00%
Phone	759	61.66%	630	66.12%
Race	759	100.00%	630	99.85%

Month	Jun 2025		Jul 2025	
Metric	CCDs	Percent Completion	CCDs	Percent Completion
Allergy	1620	55.81%	217	79.53%
Allergy Name	1620	15.88%	217	15.83%
Immunization	1620	55.81%	217	79.53%
Immunization Name	1620	1.47%	217	2.74%
Med Sig	1620	0.00%	217	0.00%
Medication Name	1620	56.17%	217	79.53%
Medications	1620	56.17%	217	79.53%
Problem Names	1620	50.36%	217	79.94%
Problems	1620	50.36%	217	79.94%

Recap

Data Quality Drives Better Care

Accurate and timely data is essential for safe clinical decisions, effective care coordination, and improved patient outcomes.

Interoperability Enhances Care Coordination

Seamless data exchange across systems enables more efficient transitions of care and reduces risks like readmissions and errors.

Focus on Priority Data Elements

Capturing key elements such as medications, allergies, and discharge diagnoses within 48 hours ensures a complete and reliable patient record.

Identify and Address Data Quality Gaps

Regularly monitoring DQ Summary Insights and investigating root causes helps organizations correct inconsistencies and improve data reliability.

Collaboration is Key to Improvements

Coordination between clinical, IT, and quality teams is critical to implementing solutions and sustaining data quality improvements.

Upcoming eHealthDC Learning Communities & Webinars

Learning Communities	Date/Time	Audience
Privacy & Security Best Practices	Friday, May 29, 2026 12:00PM-1:00PM	Ambulatory Organizations
Best Practices for Data Mapping	Thursday, May 21, 2026 12:00PM-1:00PM	Hospitals
Tools for Hospitals: LinkU	Thursday, May 14, 2026 12:00PM-1:00PM	Hospital MDs, DOs, RNs, APRNs

Webinars	Date/Time
Consent	Thursday, April 30, 2026 12:00PM-1:00PM
Portal Overview	Thursday, May 14, 2026 12:00PM-1:00PM
PopHealth Analytics	Friday, May 15, 2026 12:00PM-1:00PM
Panel Processor	Thursday, May 21, 2026 12:00PM-1:00PM

Questions?
www.e-healthdc.org