

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



Understanding the Value of Interoperability





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1

Learn how participation in the HIE supports district-wide goals for data quality, care continuity, and population health improvement.

2

Identify priority data elements and common exchange formats (e.g., ADT, CCD) that contribute to a comprehensive, actionable patient record.

3

Describe and apply how clinical documentation and coding workflows map to USCDI standards and influence the timeliness of data exchange.

4

Evaluate how interoperability practices impact care coordination and patient outcomes.



What is Interoperability in Healthcare?

As defined by the Assistant Secretary for Technology Policy, Interoperability helps clinicians deliver safe, effective, patient-centered care. It also provides new ways for individuals and caregivers to access electronic health information to manage and coordinate care. Advancing interoperability is an essential part of most health care activities.





Health Information Exchange systems allow timely sharing of vital health information to support interoperability. When health information is available at the point of care, healthcare providers are able to improve patient care in multiple ways, including:

- Avoiding readmissions
- Reducing medical errors
- Improving diagnosis
- Decreasing duplicate testing



CRISP DC is the designated health information exchange serving the District of Columbia.



Which hospital roles benefit from using the Health Information Exchange?

- ☐ Clinicians
- ☐ Social Workers/Case Managers
- ☐ IT/Informatics
- ☐ Quality Improvement Team
- ☐ Pharmacy
- ☐ All of the above

Background

Interoperability efforts in the District aim to improve the timeliness and completeness of data sharing of specified elements from hospital EHRs into CRISP DC, based on the recommendation of the Mayor's Commission on Healthcare Systems and Transformation in 2019.

Mayor's Commission on Healthcare Systems and Transformation

- The DC HIE Policy Board was tasked with ensuring timely transitions of care post-discharge.
- Technical experts on the DC HIE Policy Board developed a framework for key data elements that should be collected in within 48 hours of discharge.

District-Wide Interoperability Efforts

- **Building on Prior Digital Health Initiatives**
 - **2010–2018: Meaningful Use Program**
 - **2020: Promoting Interoperability Program**
 - **2022–2025: ARPA HCBS Promoting Interoperability Program**
- **Connecting Care Across Settings**
 - Interoperability efforts in the District extend beyond hospitals to include outpatient and community-based providers as a collaborative effort.

New Digital Health Technical Assistance Collaborative



- ★ eHealthDC includes the DC Primary Care Association (DCPCA), Clinovations, CRISP DC, DC Hospital Association (DCHA) and Zane Networks.
- ★ Funded by the DC Department of Health Care Finance (DHCF)
- ★ Provides free, tailored technical assistance support to ambulatory organizations and hospitals to help improve EHR data quality, boost interoperability and integrate CRISP DC HIE tools into daily workflows.



Goal of 48 Hour Discharge Turnaround

Reduction from the current average of 5 days, up to 30

Priority Elements

- Discharge Diagnosis (ADT)
- Admit Reason (ADT)
- Discharge Medications (CCD)
- Medication Allergies (CCD)

Level 2 Elements

- Immunizations (CCD)
- Laboratory Results (ORU)
- Vital Signs (CCD)
- Consult Notes (ORU)
- Procedure Notes (ORU)

Additional Elements

- Discharge Appointments (ADT)
- Plan of Care (ORU)
- Point of Contact (ADT)
- Goal progress (ORU)



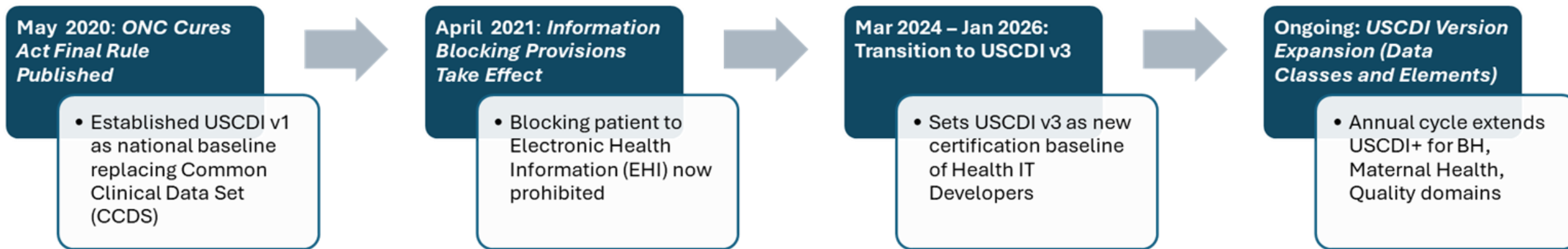
United States Core Data for Interoperability (USCDI)

A national standard that ensures patient information can be consistently shared and understood across organizations and EHR systems.

Bridging Data Elements:

-  **Align existing data systems:** Compare current data fields with USCDI elements.
-  **Review data structures:** Identify where data exists and its format in your systems.
-  **Map to USCDI elements:** Match existing data to the correct USCDI data classes and elements using implementation guides.
-  **Ensure compatibility:** Confirm mapped data can be exchanged and interpreted correctly in USCDI-compliant applications.

Key Regulatory Dates:



Key Takeaways: USCDI standardizes how patient data is shared, enabling more complete, interoperable records across every care setting.

1

The Core Set Explained

USCDI establishes a **minimum standard baseline** of health data classes and constituent data elements required for nationwide interoperable health information exchange.

Key defining features:

Data Class- aggregation of data elements sharing a common theme (e.g., Medications, Vital Signs, Patient Demographics)

Data Element- the most granular unit of data represented for exchange (e.g., Systolic Blood Pressure, Rx Norm Medication Code)

USCDI v3 includes 20 Data Classes and 90+ Data Elements, covering clinical, administrative, and SDOH domains

2

Core vs. Delta Data Elements

Core Data Elements
(Regulatory Floor)

DELTA Data Elements
(Emerging/USCDI+)

Core elements are mandated for certified Health IT under 45 CFR 170.213. They represent the current regulatory floor- all actors must exchange them without exception.

Delta Elements are emerging, domain-specific data needs addressed through USCDI+- program level extensions not yet in the core baseline. These operate as an incubator for future Core Promotion, validated through real-world use cases.

3

ASTP/ONC Expansion Process

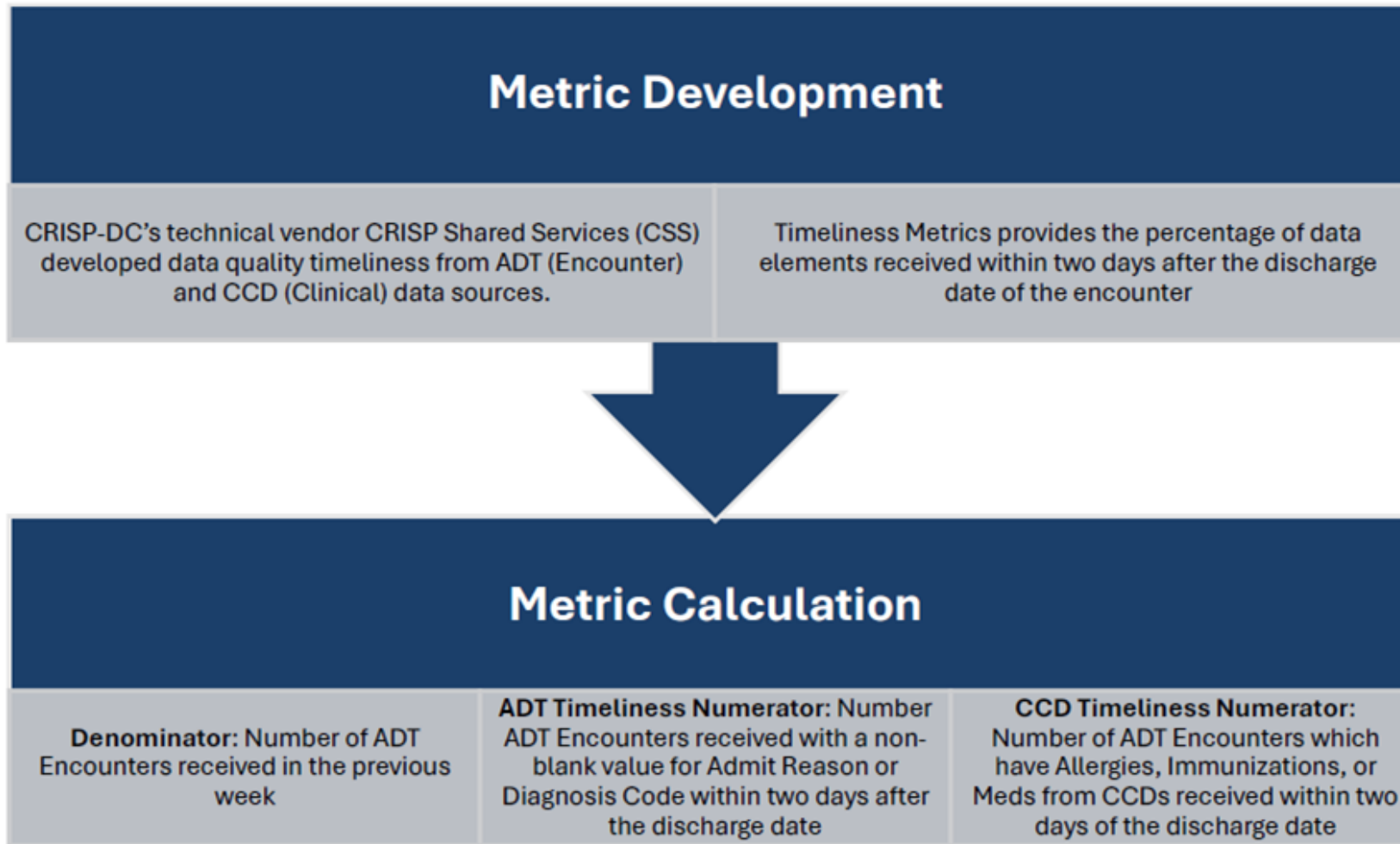
1. **Public Submission:** Stakeholders submit new data elements via USCDI+ Portal. Open annually Jul-Sep.
2. **Technical Maturity:** ASTP evaluates: standard representation, multi-developer EHR capture, production change, and breadth of use cases.
3. **Draft + Comment:** Draft USCDI released each January. Public comment period (typically 60-90 days).
4. **Final Publication:** Final version published ~ July annually (e.g., USCDI v6 July 2025, v7 draft Jan 2026).
5. **SVAP Pathway:** Standards Version Advancement Process (SVAP) allows voluntary early adoption before regulatory mandate.



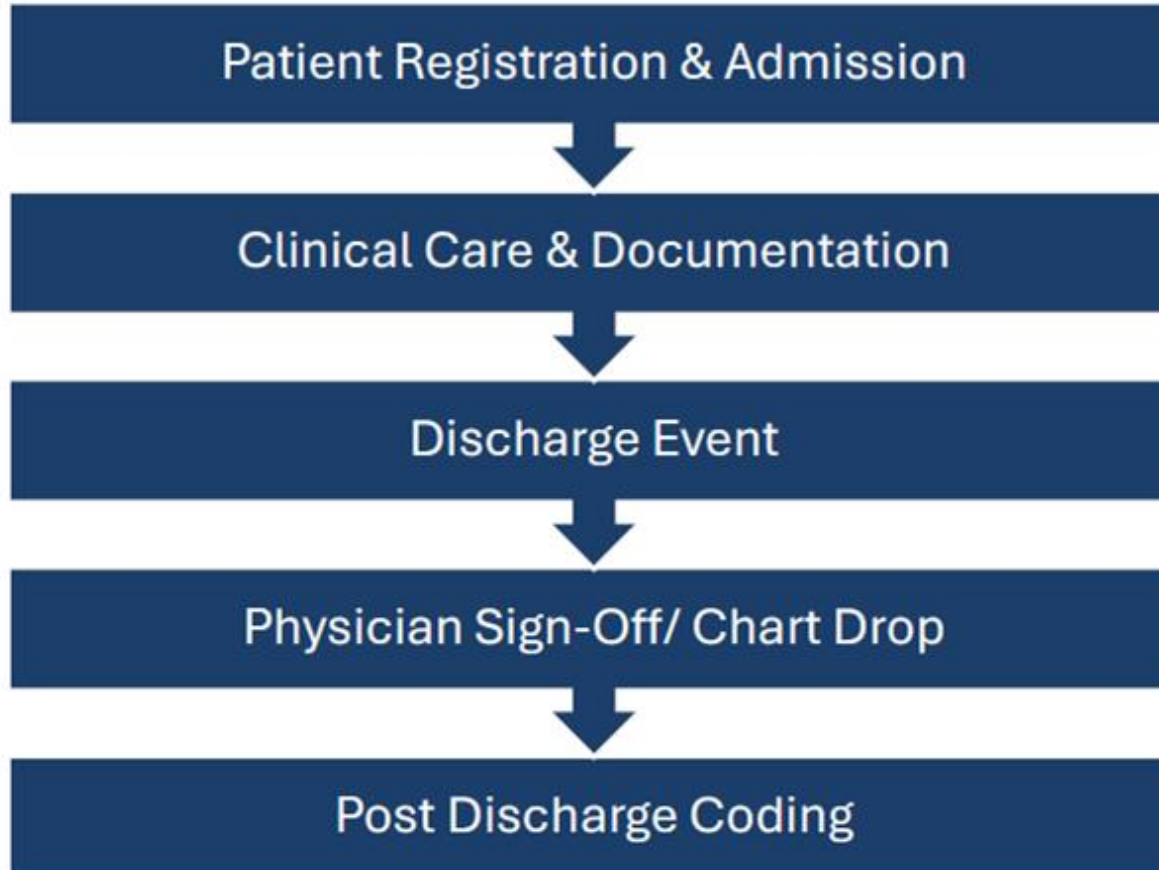
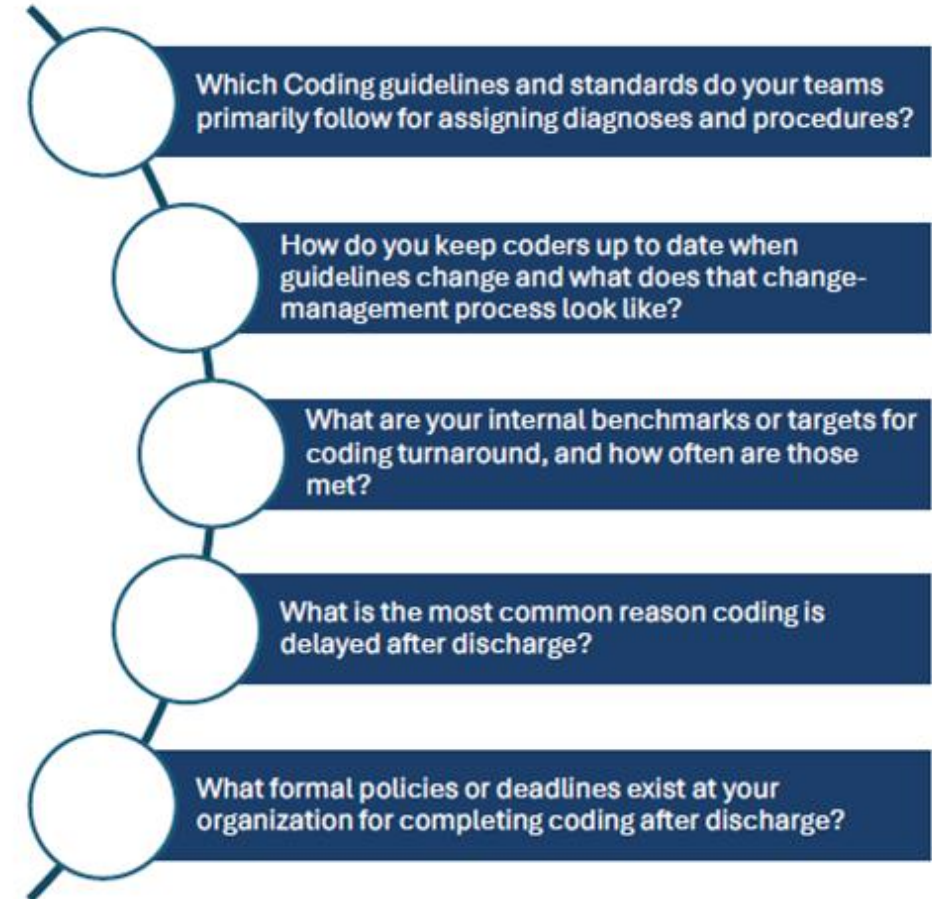
Goal of 48 Hour Discharge Turnaround

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ToC Element	ToC Element	USCDI v3 Data Class	USCDI v3 Data Element
Priority	Discharge Diagnosis	Encounter Information	Encounter Diagnosis (Discharge= specific context)
Priority	Admit Reason	Encounter Information + Problems	Encounter Diagnosis (Admission Context) Problems= Reason for visit
Priority	Discharge Medications	Medications	Medications Dose/Dose Unit of Measure Indication/ Fill Status
Priority	Medication Allergies	Allergies and Intolerances	Substance (Medication) Substance (Drug Class) Reaction
Level 2	Immunizations	Immunizations	Immunizations
Level 2	Laboratory Results	Laboratory	Tests Values/Results Specimen Type
Level 2	Vital Signs	Vital Signs	Systolic/Diastolic BP, Heart Rate, Respiratory Rate, Body Temp, Height, Weight, Pulse Oximetry
Level 2	Consult Notes	Clinical Notes	Consultation Note (Response from consulting clinician)
Level 2	Procedure Notes	Clinical Notes	Procedure Notes (Synopsis of non-operative procedures)



Coding Workflow and Impacts on Timeliness



1

Scenario

- A patient has been discharged after a complicated admission.
- Some clinical documentation is still being finalized and coding is still pending.
- Your team is juggling multiple cases, and turnaround expectations are tight.



2

You now have two options

A. Take a moment to get it right

- Wait for complete documentation and physician sign-off
- Apply coding standards consistently

OR

B. Keep things moving

- Code with what's available
- Work quickly to stay on top of volume

3

What would you do?

- 🖐️ Hand up feature:
Option A
- No hand up feature:
Option B



Why it matters:

Accurate, structured, and timely documentation ensures providers have the full patient story.

Impact on care and outcomes:

- Supports care coordination by reducing duplicate readmissions
 - Enables smooth transitions between hospitals, clinics, and care teams
- Provides reliable data for population health monitoring and quality improvement

Key takeaway:

Proper documentation + HIE connectivity = better patient information = safer, more coordinated care



On a scale of 1–5, how would you rate the value of the HIE in optimizing hospital workflows, strengthening patient care, and improving clinical outcomes?



Interoperability Drives Better Care

Seamless data exchange through HIE enables safer, more coordinated, and patient-centered care.



HIE Improves Outcomes & Efficiency

Create channels for staff to provide feedback on data entry challenges and regularly collect input from users to identify areas for improvement and address concerns



Priority Data Elements Matter

Timely capture of key elements (e.g., discharge diagnosis, medications, allergies) is critical for a complete patient record.



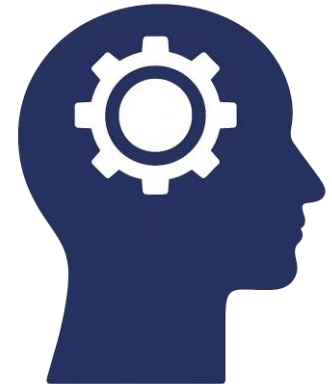
USCDI Standardized Data Exchange

Aligning workflows with USCDI ensures consistency, compliance, and nationwide interoperability.



Documentation Impacts Patient Outcomes

Accurate and timely clinical documentation directly supports care coordination and improves overall health outcomes.



**If you have any additional questions please email:
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