eHEALTHDC
A DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION PROGRAM

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

DCHA
District of Columbia Hospital Association

Digital Health Technical Assistance Program Learning Community

Hospitals

Maintaining Interoperability During an EHR Transition

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Speakers

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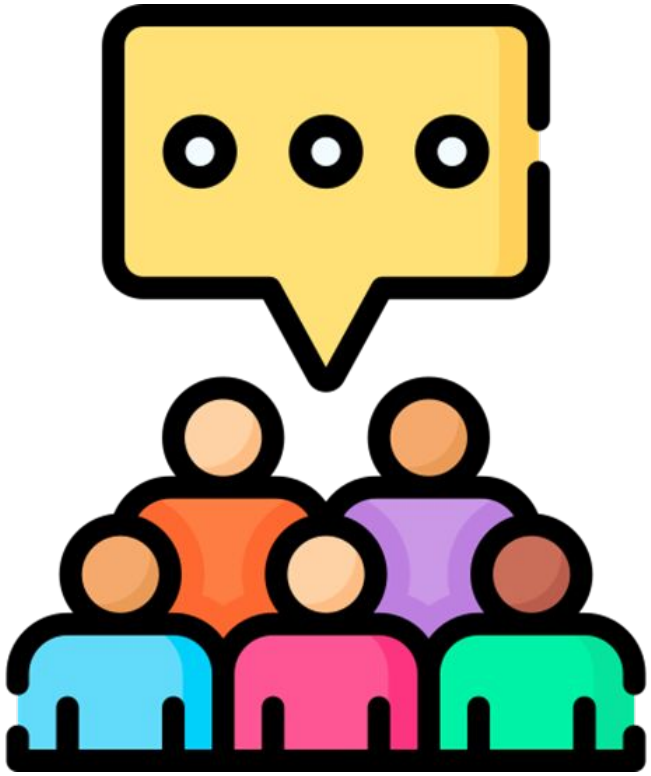
Learning Community Purpose

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

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.

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Key Learning Objectives

1. Describe the importance of interoperability during an EHR transition.
2. Identify common interoperability and data quality challenges.
3. Apply best practices to support successful HIE integration.
4. Explain how USCDI supports standardized data exchange.

Poll Question

Which statement best describes your hospital's experience with transitioning to a new electronic health record (EHR) system?

A) Currently transitioning to a new EHR system
B) Completed a transition to a new EHR system within the past 2 years
C) Completed a transition to a new EHR system 3–5 years ago
D) Have not transitioned to a new EHR system within the past 5 years

CRISP DC, Inc. is a Standalone 501c3, Non-Profit Corporation

- **CRISP DC provides health information technology solutions** that connect healthcare and community organizations to support timely, equitable, and patient-centered care.
- **CRISP DC is the Designated HIE for the District of Columbia** by the DC Department of Health Care Finance and the HIE Policy Board.
- **CRISP DC is now a designated Health Data Utility (HDU) under** District Regulation, authorizing CRISP DC to securely aggregate, analyze, and exchange health data across providers, public health, payers, and community organizations.
- **CRISP DC** has a robust team that is dedicated to serving District HIE users
- **CRISP DC is an affiliate to CRISP Shared Services (CSS),** a vendor that provides our infrastructure and enables coordination with neighboring HIEs such as Maryland and Virginia.

App Engagement
58,000+
clicks/month in the application

1,093 Participating Organizations
with over **17,000 Users**

Why This Matters

When a hospital transitions to a new EHR, careful planning is essential to ensure clinical data continues flowing accurately and reliably to CRISP DC.

Without proper planning, hospitals may experience:
Clinical & Care Coordination • Patient history becomes unavailable at the point of care. • Discharge notifications stop reaching the next provider.
Operational • Interface failures discovered by exchange partners, not by monitoring. • Interruptions in data exchange with CRISP DC. • Interface rework surfaces after go-live
Compliance/Trust • Protected Data over-shared or over-suppressed under 42 CFR Part 2. • Public Health Reporting lapses. • Exchange partners experience instability as unreliability

More Than a Change

An EHR transition is the only time you can:

Connections & Interfaces

- Expand interfaces deferred for years
- Modernize data exchange
- Consolidate redundant or conflicting data sources

Documentation & Terminology

- Build USCDI data classes into documentation at point of capture
- Standardize local code tables before they're rebuilt
- Win clinician agreement on structured fields while workflows are already in motion

Every item above is something a hospital post transition wishes it had done during the migration

Poll Question

What do you think is the greatest interoperability challenge during an EHR transition?

A) Maintaining data quality
B) Interface development and testing
C) Clinical workflow challenges
D) Communication between stakeholders

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Best Practices for Maintaining Interoperability with the HIE During an EHR Transition

1. Engage
2. Assess
3. Data Mapping
4. Validate
5. Monitor

Best Practice #1: Engage Stakeholders Early

Include key stakeholders

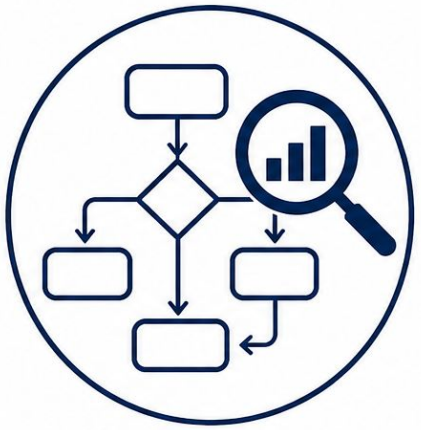
- Clinical Leadership
- IT Leadership and Interface Analysts
- HIM, compliance, and privacy
- EHR Implementation/Vendor teams
- CRISP DC
- Downstream recipients: public health, Payers, Post Acute

Why It Matters

- Name which data must keep flowing, and what breaks clinically if it stops
- Own the build, the mapping, and test scenarios
- Define Consent obligations before mapping begins
- Control facility identifiers and OID assignment
- Keep awareness of transition and expectations on downstream data flow

Notify stakeholders and exchange partners early about the migration, and establish primary points of contact on both sides to ensure clear communication throughout the process.

Best Practice #2: Assess Current and Future State



Assess

- Existing Interfaces and HIE Connections
- Internal systems feeding those interfaces
- Baseline data quality: completeness, timeliness, volume
- Networking: certs, ports, change-control lead times
- Feeds worth adding while work in being scoped

Why It Matters

- Prevents missing interfaces
- Reduces workflow disruptions
- Supports a smoother transition
- Avoids data loss during implementation

Data Mapping

Best Practice #3: Data Mapping & Configuration

Map

- Facility Identifiers: MSH-4, PV1 Location, CCD OIDs
- Local code tables: Patient class, discharge disposition, admit source
- Terminology crosswalks: LOINC, SNOMED, CT, RxNorm
- Expected CDA Document Types to it's LOINC code
- Consent status and where the engine reads it

Why It Matters

- Vendor controlled, finalize before build
- Provides context related to the encounter source, the patient's admit and discharge
- Uncoded data can not be utilized (e.g., LOINC Codes for lab-timeline view)
- Ensures CDAs received are displayed within the HIE
- Must evaluate before disclosure

Data Mapping Cont.

Best Practice #3: Data Mapping & Configuration - USCDI Considerations

What is USCDI?

The **United States Core Data for Interoperability (USCDI)** is a standardized set of health data elements that supports consistent, interoperable exchange of electronic health information.

- Confirm which USCDI version your EHR is certified against
- Reconcile expected data being shared against USCDI v3.1
- Map USCDI data classes to the HL7 segments and CDA sections that carry them

Data Mapping Cont.

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

True or False?

USCDI only applies to hospitals that are implementing a brand-new EHR system

❌ **False! USCDI is relevant to any organization using certified EHR technology, not just those undergoing an EHR transition.**

Best Practice #4: Validate

Validate

- Scenario testing with documented expected outcomes
- Full ADT event set (admits, discharges, transfers, merges)
- Corrected and amended results
- Protected data confirmed is not transmitted

Why It Matters

- A message arrived is not a result
- Validate expected and edge cases
- Retracted values/codesets that are protected reaching clinicians

Best Practice #5: Monitor Performance

Monitor

- Volume thresholds per interface, with alerting on cessation.
- Completeness, timeliness, accuracy, consistency

Why It Matters

- Detects issues early, minimizing disruptions
- Sustains interoperability beyond go-live

Recap

Interoperability Requires Ongoing Collaboration

Successful EHR transitions depend on coordination and engagement across clinical, IT, vendor, and HIE teams.

Preparation Reduces Risk

Early planning helps minimize disruptions to workflows and data exchange.

Data Quality Starts in the EHR

Accurate, standardized documentation supports reliable information sharing.

Validation Builds Confidence

Testing helps ensure data is exchanged completely and accurately before and after go-live.

Interoperability is a Continuous Process

Monitoring and optimization are essential to sustain high-quality data exchange over time.

Questions?
www.e-healthdc.org

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