

caEHR Project Briefing Note

Topic	Inclusion of Referral & Clinical Care Document Exchange Business Capability(ies) in Wave #1 (ARRA Milestone #1 – October 2010) release scope for caEHR FOR DECISION		
Audience	Project Sponsor		
Author(s)	Marc Koehn		
Date	March 4, 2010	Ver	2.00 (DECISION)

Issue

The caEHR project is in the process of planning its initial releases with a view to launching into an iterative and incremental development process on March 15, 2010. In accordance with NCI corporate priorities, the initial wave (#1) will focus its efforts primarily on business capabilities related to patient outcomes. In anticipation of having to deliver a full spectrum of business capabilities by October 2011 (wave #2 milestone) for potential adopters and/or adapters, the project team has begun to determine the scope of such business capabilities.

Prior to the redirection of the caEHR project team to focus their efforts on patient outcomes, the project team had previously assessed other business capabilities to incorporate into the initial milestone which focused on a basic referral capability and clinical care document exchange as the notional target. Since referrals may not appear to be an immediate priority, this briefing note is intended to provide supporting rationale in order to seek ratification for this recommendation.

Background

The caEHR faces a number of near-term and long-term challenges. Among these, three challenges have an immediate impact on the project and release planning activities presently underway:

- In the near-term, the project needs to rapidly ramp up a software engineering capability (ideally in iteration 1) that can scale rapidly and ensure early and visible results.
- In the mid-term, the project needs to offer demonstrable deliverables by the October 2010 Wave #1 ARRA milestone, particularly in the critical patient outcomes arena, which also align to meaningful use.
- In the long-term, the project is expected to deliver a wide range of capabilities that, in aggregate, are intended to meet the needs of a broad range of “EHR” stakeholders which have yet to be (re)engaged in a formal and methodical manner.

These challenges have a number of consequences including the need to push for early delivery of more than just Patient Outcomes as well as a risk mitigation technique of balancing capabilities demanding high innovation – such as Patient Outcomes – with topics that are relatively more stable and for which a broader body of conceptual specifications exist. Based on this, the project team assessed the existing body of project deliverables and identified referrals and document exchange as two related, potential candidate business capability should be completed during Wave #1.

The following key factors played a role in the selection of this particular business capability bundle:

- The ability to record referral information and to enable the electronic interchange of key clinical information between and among providers are both “meaningful use” criteria.

- Referrals to oncology, among oncology specialties (e.g., medical oncologist, surgical oncologist, radiological oncologist) and from oncology to other specialties form a core aspect of the current care flow and, by and large, are not highly automated today. As such, referrals appear to be one of the low-hanging fruit.
- Clinical Care Document exchange to support various workflows (including patient outcomes and referral) are a core enabling capability. Moreover, the inclusion of an “infrastructure-like” function allows the team to begin to understand the dependencies in various deployment scenarios and the requirements for reusability of services across business processes
- Due to early analysis and architecture work, focusing on referrals and clinical documents allows the project to develop various specification artifacts and processes early on in the schedule.
- Referrals are expected to demand a fairly high degree of integration into existing capabilities of traditional EHRs and therefore provide an excellent opportunity to break down monolithic thinking by contemplating a design that effectively decouples from these baseline capabilities.

Recommendation

It is recommended to include basic Referral & Clinical Care Document exchange into the Wave #1 target milestone.

Decision

Decision / Outcome	Recommendation approved subject to the comments / rationale outlined below.	
Comments / Rationale	<p>The recommended scope assertion is endorsed assuming it includes CCD support. This it will enable the architects and developers to start to deal with service specifications in which the Semantic Profile for a given Functional Profile will include a CDA representation. The advantage of CDA is that it allows “less informational” systems to communicate with “highly informational” systems, i.e. ones in which CSI is a possibility. There are many players in the US today who will simply be exchanging XML blobs or other non-computational structures. The goal is to end up being “highly informational” although, in RC 1, it would be appropriate to incrementally start by being less so if time lines dictated that position.</p> <p>Project team to ensure coordination and knowledge exchange at the A&A and Dev level with the caDSR Forms Development/CRF CDA project – through Christo and Bob Dolin.</p>	
Approved By	Caterina Lasome (via Email)	Approval Date March 16, 2010