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TEXAS HEALTH SERVICES AUTHORITY

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Discharge C-CDA Minimum Data-Set Content

Texas Health Services Authority hosts a multi-disciplinary, vendor agnostic collaborative supporting interoperability in Texas. The Collaborative serves to address challenges with timely, trusted data exchange across multiple public and private healthcare venues, public health, and vendor platforms.

The Collaborative C-CDA Standardization Work-Group consisting of clinicians, IT analysts, EHR vendors and national networks developed a Discharge C-CDA Minimum Data-Set. The C-CDA Standardization Work-Group leveraged the experience of clinicians to identify needs, received feedback from a community survey (119 respondents) and vetted technology ability with vendor community.

Problem Statement:

Although C-CDA was implemented to make data transfer between various EMR/EHR easier, that is not always the case. C-CDA data received by the clinical community is inconsistent creating frustration with the community and lack of trust in the data received. Clinicians have vocalized that data transfer between different EMR / EHR vendors and organizations is inconsistent. When sending patient information from one group to another, fax or printed papers are still used. Even if the electronic method of the transfer is used, topics/parts that are filled may differ between organizations. There are policy requirements for C-CDA and transitions of care but the application is inconsistent across the ecosystem as such not optimally supporting transitions of care between various healthcare providers.

The feedback from providers is that all too often the content of the data currently being exchanged has too little or too much information. This leads to lack of trust and will lead to lower utilization. Too much information is as much a problem as too little information – providers today struggle with cognitive overload from electronic health records. It is very important to have succinct and relevant information presented to healthcare providers. Future capabilities, like FHIR, may enable the best of both worlds – a succinct summary with the ability to drill down to further details if needed.

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This project aims to identify and suggest a modification to various parts of the C-CDA that will benefit transitions of care. We are also targeting to pick components of C-CDA that can be made standard so that there is parity between all the patient data transferred between varied health care organizations.

The Collaborative Members agreed to support the Discharge C-CDA Minimum Data-Set Content and to share with their respective organizations and EHR vendors.

It is recognized that this is not perfect but a beginning. Clinicians can query for additional information when needed – this recommendation is to meet the majority of clinician needs. The list is organized by priority of content. Each organization is asked to work with their EHR vendor and information technology teams to send and receive the Discharge C-CDA Content.

Organizations receiving the Discharge C-CDA can use a style sheet to display content.

Discharge C-CDA Minimum Data-Set Content

1. Discharge Summary Narrative (aka Hospital Course)
2. Discharge Medications
3. Allergies
4. Admission Diagnosis
5. Discharge Diagnosis
6. Procedures: including Interventional Radiology, Cardiac Cath, operative procedures
7. Diagnostic Imaging – Advanced imaging for example: MRI, CT, PET, Nuclear Imaging, Ultrasound, Echo, & Venous Doppler
8. Laboratory – Recommend first and last laboratory result for every test. On rare tests – they are only done once so would be included (ANA Rheumatoid)
9. Consultations
10. Assessment & Plan (includes future orders for follow-up with PCP and diagnostic tests)
11. Problem List

Please contact: info@THSA.org for additional information.