

# Pragmatic Use of Standards

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# Agenda

- Background
- Taking a step back
- Clinical interoperability – why?
- When to use standards
  - Early adopter of highly integrated data
  - Selecting a messaging approach
  - Selecting data standards
- Summary - Pragmatic Implementation

## **pragmatic**

prag'matik/

*adjective*

adjective: pragmatic

1. dealing with things sensibly and realistically in a way that is based on practical rather than theoretical considerations.

# Taking a step back .. What is clinical interoperability?



- Great analogy by Clinical Architecture Blog ...
- IEEE defines **interoperability**:  
*“The ability of two or more systems or components to exchange information and to use the information that has been exchanged.”*

*To be more specific ...*

**Physical Interoperability** – physical conditions to move information

**Syntactic Interoperability**- 2 systems have agreed upon context and structure

**Semantic Interoperability**- 2+ systems can understand what the other is saying

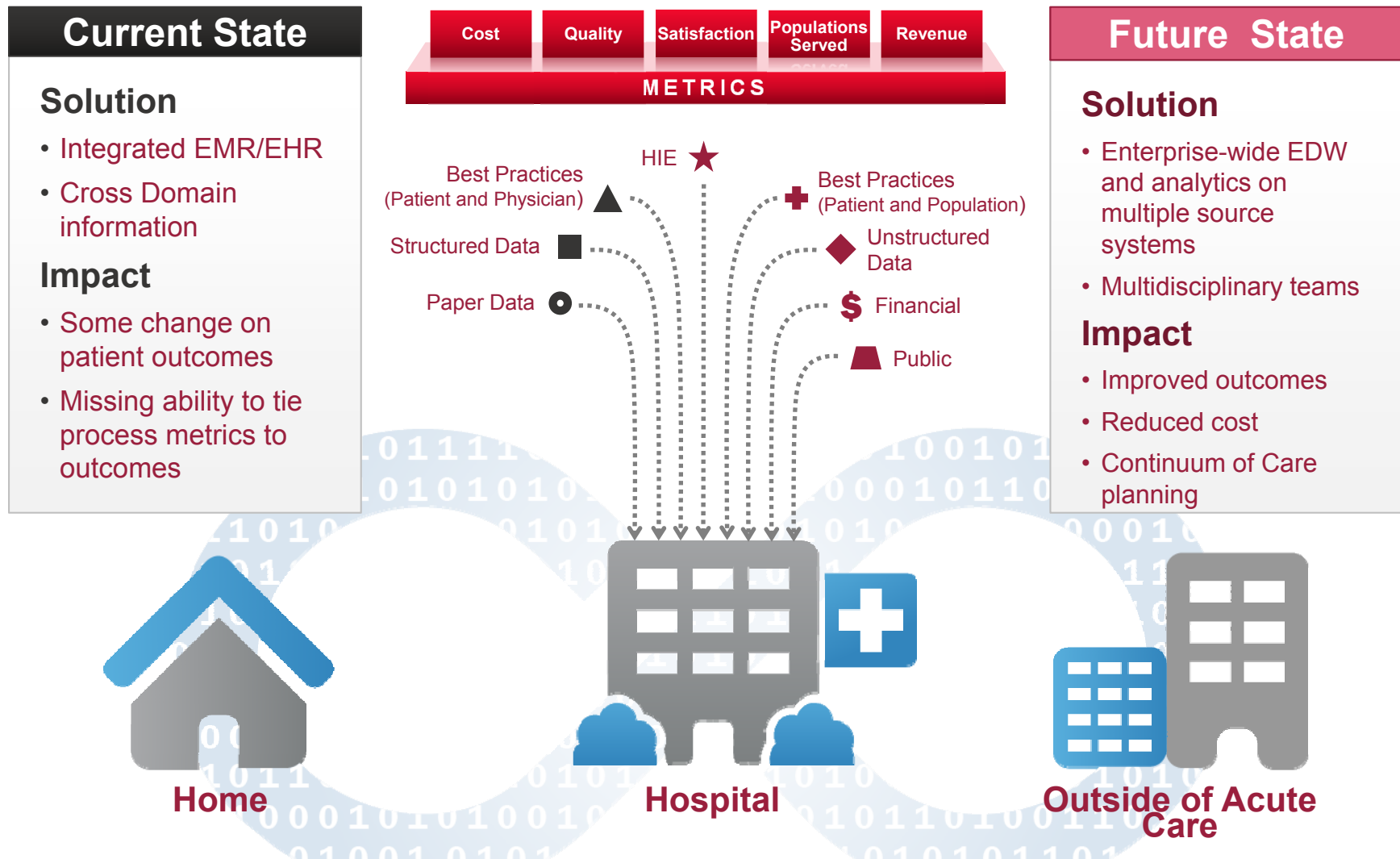


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# Why?

## Unprecedented Pressures to Integrate Data: Reduce Cost and Improve Quality



# When to use Standards ..

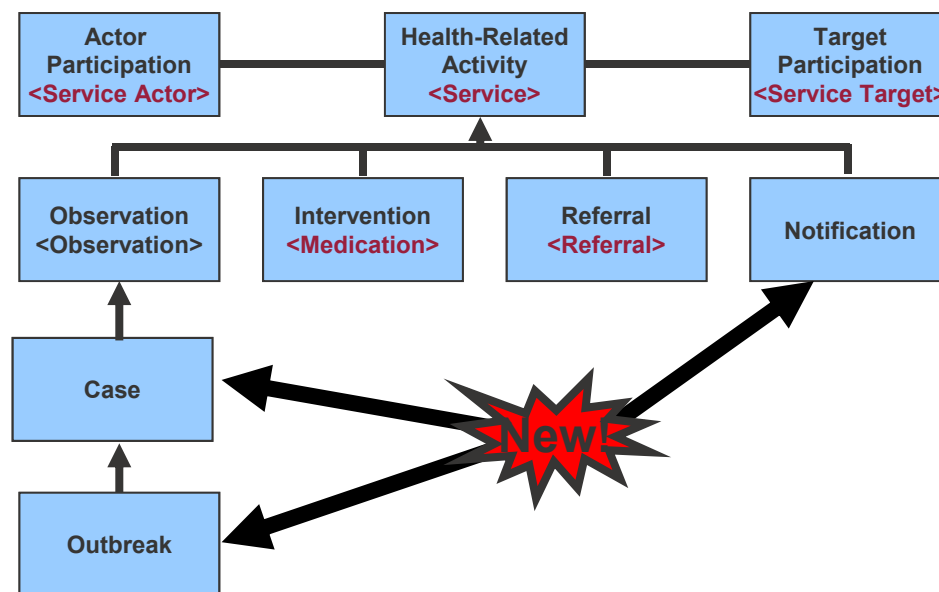
## ▶ Example of Early Adopter – Public Health 1990s :

Had Clinical Domain Data Stores ...

- Reportable Disease Results Reporting
- Immunization Data
- Pharmacy Data

But also ... Integrated Data Requirements ...

- Case Management
- Outbreak Identification
- Population Health



# Messaging – which type and when ..

- ▶ Are there any panCanadian, provincial, regional standard requirements?
- ▶ What can the source and target systems actually do?
- ▶ What skills do you have available to implement and support?
- ▶ What budget do you have to make changes?
- ▶ What timeframe do you have to implement

“HL7 encompass of a standards sp

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Osteoporosis Prevention and Treatment Center  
330 Brookline Avenue, Boston, MA 02215 - Phone (617) 667-1765 - Fax (617) 667-7060

**Bone Density Report**

Referring Doctor: DANIEL LEFFLER  
330 BROOKLINE AVENUE  
STONEMAN 115  
BOSTON, MA 02215

Indication(s): Colicac disease  
Scanner: (SN: 83093)  
Technologist: JD

Region	Exam Date	BMD (g/cm <sup>2</sup> )	T-Score	PR	Z-Score	AM	Classification

Wrightington, Wigan and Leigh NHS

Header: Computer Read(XML)

How to identify and transfer the message

What to do with the message

Data to be used to perform the requested action

Optional: Coded Entries (differ with doc types)

Human Read

Message Semantics

Recommendations

Discharge Letter

DEPARTMENT OF PAEDIATRICS  
DRIVE LINA  
FAX NUMBER

02040000  
ON FOSTER  
THE GP PRACTICE  
980 WIGAN LANE  
WIGAN, WN1 1DD

Dear: DDDDD

TEST: GEOM  
DOB: 11/11/02  
THE HOUSE,  
STREET ST,  
METHERFIELD  
WIGAN  
WN1 2DD

Discharge Details:

Discharge Date/Time

Discharge Date:

Discharging Consultant

Primary Diagnosis:  
Secondary Diagnosis:

Patient Weight (Kg): 17.5 kg

Prescription: No Antibiotic  
AMINOGLUCOSIDE/PENICILLIN 120mg/500mg SOLUTION 7 days (400mg/1200)

Other Medication

Follow Up: No Follow Up

Planned Investigation(s)

Yours sincerely,  
  
Veronika Hibald  
SHO





# ICD-10 will change everything.

**Physicians**

- Documentation:** The need for specificity dramatically increases by requiring laterality, stages of healing, weeks in pregnancy, episodes of care, and much more.
- Code Training:** Codes increase from 17,000 to 140,000. Physicians must be trained.

**Clinical Area**

- Patient Coverage:** Health plan policies, payment limitations, and new ABN forms are likely.
- Superbills:** Revisions required and paper superbills may be impossible.

**Managers**

- New Policies and Procedures:** Any policy or procedure associated with a diagnosis code, disease management, tracking, or PQRI must be revised.
- Vendor and Payer Contracts:** All contracts must be evaluated and updated.
- Budgets:** Changes to software, training, new contracts, new paperwork will have to be paid for.
- Training Plan:** Everyone in the practice will need training on the changes.

**Nurses**

- Forms:** Every order must be revised or recreated.
- Documentation:** Must use increased specificity.
- Prior Authorizations:** Policies may change, requiring training and updates.

**Lab**

- Documentation:** Must use increased specificity.
- Reporting:** Health plans will have new requirements for the ordering and reporting of services.

**Billing**

- Policies:** All payer rules must be revised.
- Training:** Billing department must be trained on new policies and procedures and the ICD-10-CM code set.

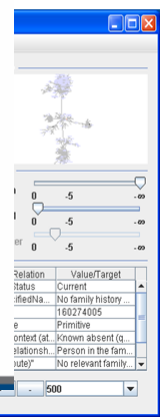
**Clinical Knowledge:** More detailed knowledge of anatomy and medical terminology will be required with increased specificity and more codes.

**Concurrent Use:** Coders may need to use ICD-9-CM and ICD-10-CM concurrently for a period of time until all claims are resolved.



**Front Desk**

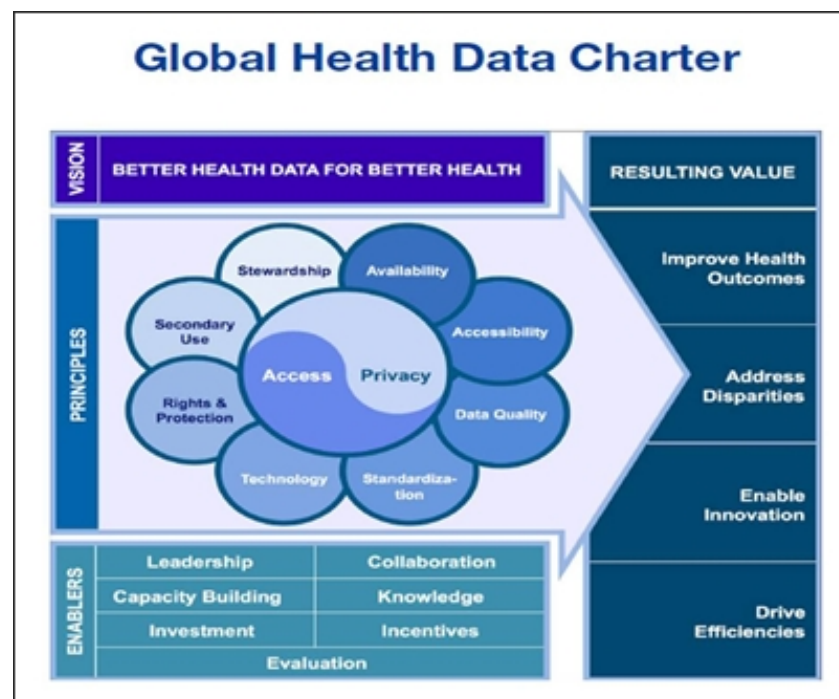
- HIPAA:** Privacy policies must be revised and patients will need to sign the new forms.
- Systems:** Updates to systems are likely required and may impact patient encounters.



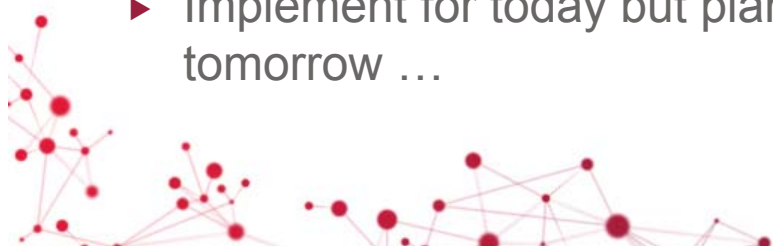
► What timeframe do you have to implement

# In Summary - Pragmatic Implementation

- ▶ You have picked your standards .. Now what?
- ▶ Keep the purpose for sharing in mind
- ▶ Don't over complicate
- ▶ Make sure that the outcome is:
  - Recognizable
  - Referencable
  - Audited



- ▶ Implement for today but plan for tomorrow ...



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# Questions and Discussion



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