Examples of Closed-Loop Exchanges

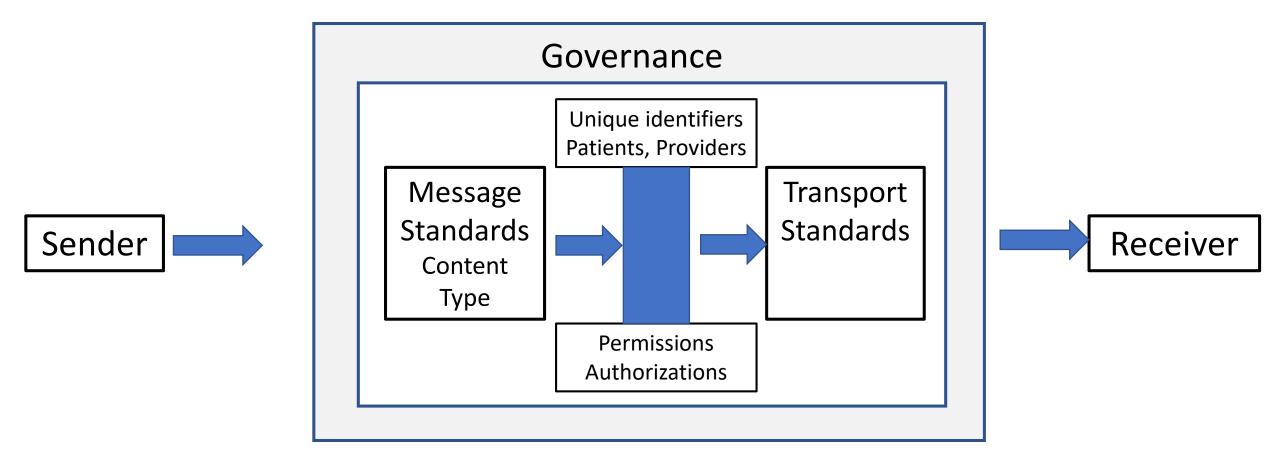
Transitions of Care

- Emergent: to ED and ED response
- Temporary (routine or urgent): 360X clinician to clinician (EHR-A to EHR-B) referral request/response
- Permanent: discharge to next clinician/clinical team, which may need to reply with request for more information
- Test/procedure order/result
- Coordination of Care
 - Message/request to and response from team member(s) regarding health/care concern(s)
 - May require reconciliation of new/modified clinical data
 - May require creation of new or modification of existing Longitudinal Care Plan
 - May require redistribution of updated data and/or care plan to relevant team members

Common process for Closed-Loop Exchanges

- Require a common governance structure
 - Trust, privacy, security
 - Performance standards / expectations
 - Oversight and improvement of message content and exchange process
- Message exchanges all benefit from unique exchange identifier
- Message content varies but is standardized for each type of exchange
- Message format varies but is standardized for each type of exchange
- Transport process may vary but delivers the same message

360 X Message Process



360X as a Closed-Loop Exchange Paradigm*

Standards Categories

Cited Standards

- Message type
- Message content (payload):
 - Content standards
 - Semantic standards
- Transport standards
- Stable shared identifier for each transactions until task is completed

- LOINC, SNOMED-CT
- C-CDA TOC
- HL7V2 OMG, HL7V2 OSU or SIU
- Direct SMTP or XDR SOAP
- Metadata (? Standard)

^{*} Applies to any closed-loop exchange: Orders, Referrals, Transitions, Longitudinal Care Plan

360X "Out of Scope" Requirements

- Unique patient identifier
- Unique provider identifier
- Authorization to share/exchange patient information
 - May be for specific data uses
- Governance
 - Timeliness (send, deliver, review, respond)
 - Completeness
 - Data quality
 - Process oversight and management
 - Control of data
 - Privacy protections for data released to or by patient (no longer HIPPA protected)

Questions

- Are the categories of standards cited in 360X the same for the other closed-loop exchanges or do other exchanges require additional or different categories?
- Are the specifically cited standards in 360X applicable to the other closedloop exchanges or do other exchanges require additional or different standards?
- Can some or all of the functions described in the 360X standard be performed using alternative standards?
- What specific standards are available for the 360X "Out of Scope" requirements?
- What specific standards are missing to complete the 360X "Out of Scope" requirements

Do Standards Exist for these Requirements?

Type of Clossed-Loop Exchange	Referral/	Order/	Transitions	Coordination
	Response	Result	of Care	of Care
Require Sub-processes				
Unique patient identifier	R	R	R	R
Unique provider identifier	R	R	R	R
Consent to share	R	R	R	R
Authorization for specific data uses	R	R	R	R
Governance	R	R	R	R
Data quality	R	R	R	R
Timeliness	R	R	R	R
Completeness	R	R	R	R
Process oversight and management	R	R	R	R
Control of data	R	R	R	R
Privacy protections for data released by patient	R	R	R	R
Unique processes			R	R
Communication outside of EHR			R	R
Communication with non-clincial entities	R= require		R	R
Reconciliation of new data from multiple sources				R

Possible Work Plan: Create the total package required to Order, Send and Receive

- Return to Orders/Results
- Apply 360X structure to the "automated" Orders/Results process
- Map the Orders/Results process in detail as a closed-loop exchange
- Identify both the available and missing standards for:
 - Message content (standardized order lists, order sets, lab bundles, etc)
 - Message type (HL7, C-CDA, FHIR, others)
 - Transport (Direct, XDR, FHIR, others)
 - Governance (TEFCA, Direct, others)
 - Patient identifier
 - Provider identifier
 - Performance standards/mutual expectations, Quality measures
- Repeat for Referrals, Transitions, and Care Coordination