



# What's new with CDA?

---

Bob Dolin, MD, FACP, FACMI  
Chair, HL7

# CDA Timeline

---

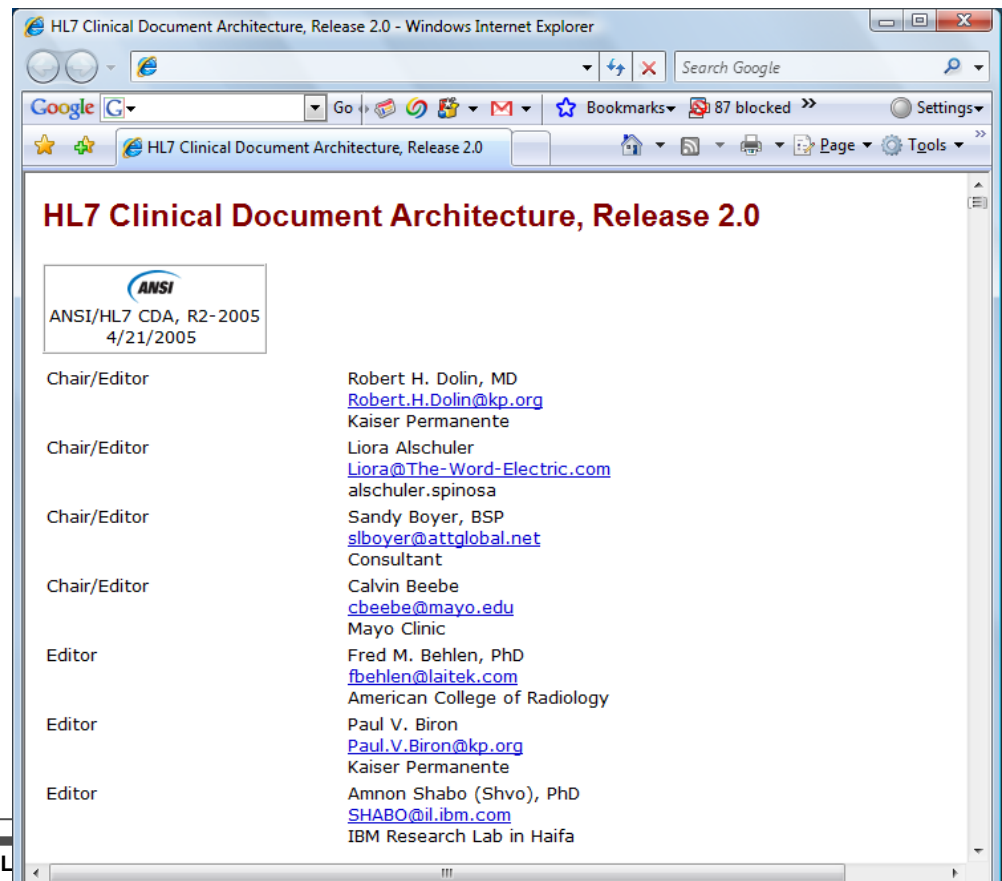
- July 1997 – “Kona Proposal” is published
- Nov 2000 – CDA Release 1
- May 2005 – CDA Release 2
- Today – CDA Release 2 Implementation Guides
- Sept 2009 – begin CDA Release 3 balloting



# CDA Timeline

---

- May 2005 – CDA Release 2
- Errata: [http://wiki.hl7.org/index.php?title=CDA\\_R2\\_Errata](http://wiki.hl7.org/index.php?title=CDA_R2_Errata) (user: “wiki”; password: “wikiwiki”)



# CDA Timeline

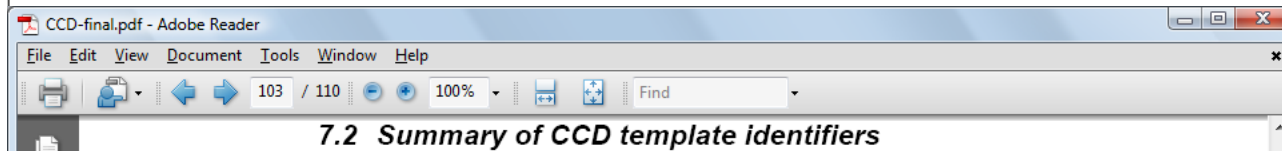
---

- Today – CDA Release 2 Implementation Guides
  - Consult Note
  - Continuity of Care Document
  - Diagnostic Imaging
  - Healthcare-associated Infections, Public Health Case Reports
  - History and Physical
  - Operative Report
  - Personal Health Monitoring
  - Plan-2-Plan Personal Health Record
  - Quality Reporting
  - ... and others
- “Using SNOMED CT in HL7 Version 3” Implementation Guide



# CDA Timeline

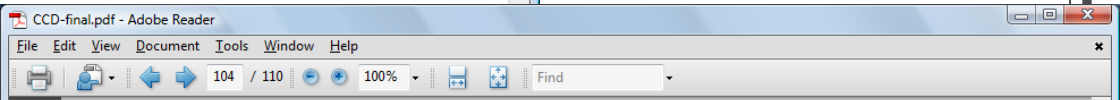
- Today – CDA Release 2 Implementation Guides
- Template tooling and reuse are hot topics.
- Value set definition and binding are hot topics.



The following table summarizes the CCD template identifiers. The "Template Identifier" is used to populate the templateId/@root attribute and is not to be populated. The value in column "Referenced Template" is described.

Table 19. Summary of CCD template identifiers

Template Identifier	Description
2.16.840.1.113883.10	HL7 Registered Template Root
2.16.840.1.113883.10.20	HL7 SDIC Registered Template Root
2.16.840.1.113883.10.20.1	CCD v1.0 Templates Root
<b>Section Templates</b>	
2.16.840.1.113883.10.20.1.1	Advance directives section
2.16.840.1.113883.10.20.1.2	Alerts section
2.16.840.1.113883.10.20.1.3	Encounters section
2.16.840.1.113883.10.20.1.4	Family history section
2.16.840.1.113883.10.20.1.5	Functional status section
2.16.840.1.113883.10.20.1.6	Immunizations section
2.16.840.1.113883.10.20.1.7	Medical equipment section
2.16.840.1.113883.10.20.1.8	Medications section
2.16.840.1.113883.10.20.1.9	Payers section
2.16.840.1.113883.10.20.1.10	Plan of care section
2.16.840.1.113883.10.20.1.11	Problem section
2.16.840.1.113883.10.20.1.12	Procedures section
2.16.840.1.113883.10.20.1.13	Purpose section
2.16.840.1.113883.10.20.1.14	Results section
2.16.840.1.113883.10.20.1.15	Social history section
2.16.840.1.113883.10.20.1.16	Vital signs section
<b>Clinical Statement Templates</b>	
2.16.840.1.113883.10.20.1.17	Advance directive observation
2.16.840.1.113883.10.20.1.18	Alert observation
2.16.840.1.113883.10.20.1.19	Authorization activity
2.16.840.1.113883.10.20.1.20	Coverage activity
2.16.840.1.113883.10.20.1.21	Encounter activity
2.16.840.1.113883.10.20.1.22	Family history observation
2.16.840.1.113883.10.20.1.23	Family history organizer
2.16.840.1.113883.10.20.1.24	Medication activity
2.16.840.1.113883.10.20.1.25	Plan of care activity
2.16.840.1.113883.10.20.1.26	Policy activity



The following table summarizes the CCD value sets described above. Single code bindings are not included.

Table 20. Value set enumerations

valueSetOID (localValueSetName)	code	displayName	codeSystem	Code System Name
2.16.840.1.113883.1.11.20 (HL7 SDIC Value Set OID Root)				
2.16.840.1.113883.1.11.19832 (ActCoverageType)	Any subtype of ActCoverageType		2.16.840.1.113883.5.4	ActCode
2.16.840.1.113883.1.11.20.1 (AdvanceDirectiveStatusCode)	425392003	Current and Verified	2.16.840.1.113883.6.96	SNOMED CT
	425394002	Supported By Healthcare Will	2.16.840.1.113883.6.96	SNOMED CT
	425393008	Supported By Durable Power of Attorney for Healthcare	2.16.840.1.113883.6.96	SNOMED CT
	425396000	Verified With Family Only	2.16.840.1.113883.6.96	SNOMED CT
2.16.840.1.113883.1.11.20.2 (AdvanceDirectiveTypeCode)	310305009	Verified By Medical Record Only	2.16.840.1.113883.6.96	SNOMED CT
	304251008	Resuscitation	2.16.840.1.113883.6.96	SNOMED CT
	52765003	Intubation	2.16.840.1.113883.6.96	SNOMED CT
	225204009	IV Fluid and Support	2.16.840.1.113883.6.96	SNOMED CT



# CDA Timeline

---

- Sept 2009 – begin CDA Release 3 balloting
- New Header use cases will be incorporated.
- Identified areas of ambiguity will be revised.
- Clinical statement model will include more of the RIM.
- We anticipate tooling for template generation and for ensuring greater consistency with domain models built in other HL7 working groups.
- Requirements:  
[http://wiki.hl7.org/index.php?title=CDA\\_Suggested\\_Enhancements](http://wiki.hl7.org/index.php?title=CDA_Suggested_Enhancements)  
[http://wiki.hl7.org/index.php?title=Category:CDA\\_R3\\_Forma...](http://wiki.hl7.org/index.php?title=Category:CDA_R3_Forma...)  
(user: “wiki”; password: “wikiwiki”)
- Timeline for balloting CDA-based specifications is available here:  
[http://www.hl7.org/Library/Committees/structure/SDTC\\_ProjectPlan.xls](http://www.hl7.org/Library/Committees/structure/SDTC_ProjectPlan.xls)



# CDA and Incremental Interoperability

---

- “Semantic Interoperability” is not an absolute. CDA is built on a principle of *incremental interoperability*.
- The following slides will look at CDA from the perspective of incremental interoperability - where we are today, where we’re headed, and what are our next steps.



# CDA and Incremental Interoperability

---

- Where we are
  - Syntactic interoperability.
  - Narrative interoperability.
  - Profile-driven interoperability (i.e. trading partners agree to use a constrained CDA profile).
  - Emerging prioritization infrastructure.
  - CDA R2 provides a standards-based playground for exploring semantic interoperability with a richly expressive model.



# CDA and Incremental Interoperability

---

## ■ Road blocks

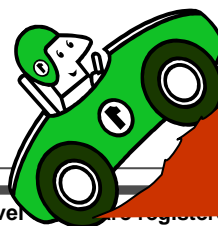
- **Ambiguity** – in RIM, in terminology.
- **Lack of expressivity** – i.e. not all narrative can be formally encoded.
- **Multiple representations** – within a terminology, at terminology::model interface.
- **Implicit semantics** - impedes reuse
- **Lack of guidelines for safe querying of healthcare data models** - leads to data motel, where you can check data in, but you can't check it out



# CDA and Incremental Interoperability

---

- Where we're headed (5 year vision)
  - Single logical healthcare data repository
    - Anything sent to me, even by previously unknown senders, is parsed and put into my model.
    - My decision support rules query the model, and work reliably regardless of data origin or sender.
  - Templates are used to guide data entry, and not for data interpretation.



# CDA and Incremental Interoperability

---

- Our next steps...
  - Prioritized incremental interoperability.
  - Manage redundancy
  - Weed out implicit semantics



# Incremental Interoperability Highway

