



Image Sharing: Making It Real Today

A Draft Proposal from the RSNA Image Share

Chris Carr, Didi Davis, David Mendelson, MD

Outline

- Why We Need To #DitchTheDisk & Share Images Electronically
- Proposed Image Sharing Implementation Guide
- Overview of Carequality
- What's Next

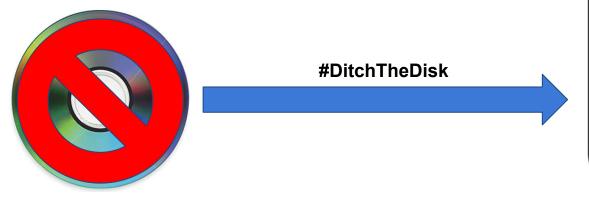


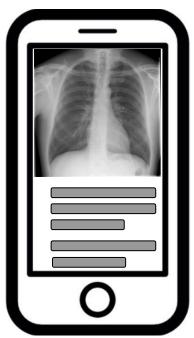
Why We Need #DitchTheDisk Share Images Electronically



Why Share Images Electronically?

- Physical media are slow and expensive
- Care providers need data
- Patients also want their data
- We're behind in providing it

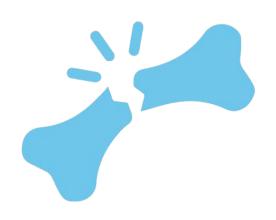








Why Aren't We Sharing Digitally Today?



- Lack of interoperable digital health systems
- Technology and technology standards aren't ubiquitous or uniform
- Business incentives aren't aligned
- Trust frameworks and agreements don't accommodate imaging yet
- New technologies are fundamentally changing the way people interact with health care.



How Do We Make Electronic Image Sharing Real?

- Documented standards-based implementation guide
- Validation testing process
- Trust framework and standardized data use agreements
- Promotion to medical imaging community and patients and leveraging work underway...
 - Join with ACR/"Ditch the Disk Effort"

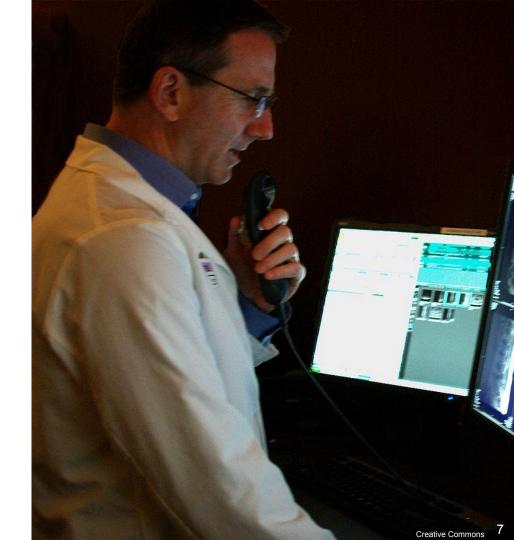
"Historically, the process of exchanging radiology images has been expensive and time-consuming. This survey indicates that progress has been made in HIEs supporting the exchange of imaging information and reports, with only 15% of respondents reporting difficulty. Respondents with 3 million or less members are having less difficulty (7%; n=30) than respondents with more than 3 million to 10 million members (25%; n=12)."1

https://www.ehidc.org/sites/default/files/resources/files/2019%20HIE%20Survey_eHealth%20Initiative_final.pdf





Proposed
Image Sharing
Implementation
Guide



What is an Implementation Guide?

An implementation guide identifies and summarizes technical requirements for organizations that want to connect to share health information

A Successful Implementation Guide Needs:

- Stakeholder Input
- Collaborative Consensus
- Specific details (e.g., "Constrained" standards)



Carequality Image Sharing Implementation Guide (IG) Supplement

- RSNA is drafting a supplement to the Query-Based Document Exchange IG that will outline standards to be used for DICOM image exchange, under the general framework and policies for document exchange already in production use
- There are minor clarifications needed here and there on existing policies, but the proposed supplement is very straightforward with the exception of the actual standards specifications
- The specifications generally point to other, existing work (e.g. IHE Radiology Framework of Standards)





Carequality Image Sharing IG Supplement

- Foundation is IHE XCA-I profile that defines network to network connections
 - Networks can be based on IHE XDS-I or some facsimile
 - Some flexibility for variations in local patient ID management and exchange protocols
 - Looks like XDS-I from the outside

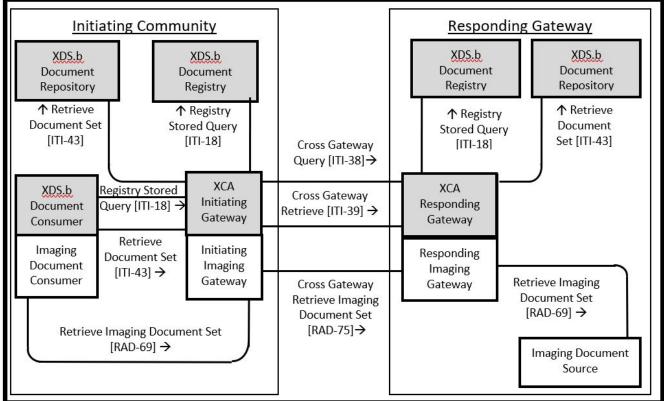
Low bar of entry to participate

We are hopeful that this will offer a way to empower DICOM exchange under the Carequality Framework with National Impact





IHE Radiology Technical Framework (IHE XCA-I)



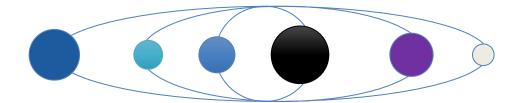
Overview of Carequality

Why Partner with Carequality for the Image Sharing IG?



The State of Health IT Networks

Communities of data sharing partners have formed, brought together by specific needs.

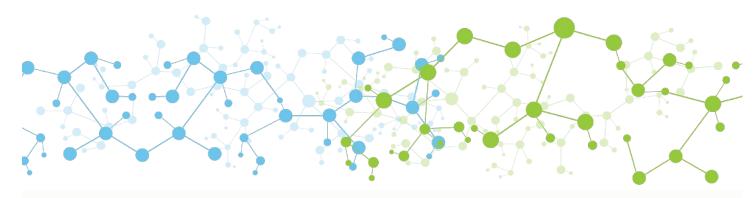


Some are geographically based, but other types of data sharing communities also exist.



The Carequality Framework Solution

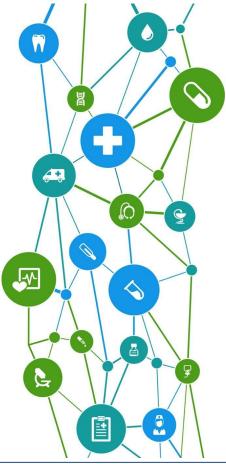
Carequality creates a standardized, national-level interoperability framework to link all data sharing networks.



Carequality is creating a web of interconnected communities.







The Power of Connecting Communities

How do you get nationwide connectivity? Clinic by clinic, hospital by hospital?

Data sharing networks have already connected many participants within communities. The connections grow exponentially by connecting these networks.

- If you connect six clinics, you might reach a few dozen physicians.
- If you connect six communities, you can reach thousands of physicians.





Essential Elements



Common rules of the road: In order for the varied participants to trust each other with health information, everyone needs to have a legal obligation to abide by the same rules.



Well-defined technical specs: Shared rules are not enough; clear standards must be laid out in an implementation guide that all implementers can follow.



A participant directory: To connect using the common standards, systems must know the addresses and roles of each participant.



Current Carequality Connected Agreement Signees

HIE























In Production:







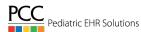






























36 Million documents per month (as of April 2019)

Estimated 220 million clinical documents exchanged since July 2016





What's Next For Carequality?

- Work In Progress
 - Automating directory services
 - Improving document content
 - Expanding consumer access
 - Coordinating care team notifications
 - Governance for FHIR-based data element access
 - Image sharing
- Future
 - Additional care coordination support

If you'd like to join the conversation, please contact admin@carequality.org







Carequality Imaging Data Exchange Implementation Guide Overview

- Describes Use Case
- Defines Roles and Technical Requirements
 - Query Workflow
 - Directory Services
 - Security and Transport
 - Patient Discovery
 - Record Locator Services
 - XCA/XCA-I Gateway Requirements

- Systems Affected
 - PACS or RIS Systems
 - EMR's and other patient management systems
 - HIE's
 - Image Exchange Systems
 - VNA's

https://carequality.org/wp-content/uploads/2019/06/Imaging-Exchange-IG-20190620-DRAFT-v1.pdf





Roadmap to Make Image Sharing a Reality

- Stakeholders (YOU!) Refine Proposed Imaging IG
- 2. Carequality Adopt Final IG
- Imaging networks Onboard to Carequality

A Closer Look At What's Next for the Proposed Carequality Imaging IG

- Review our work: Is this the right approach?
- Refine and publish Implementation Guide https://carequality.org/wp-content/uploads/2019/06/Imaging-Exchange-IG-20190620-DRAFT-v1.pdf
- Start validation testing and onboarding process
- Support and Promote efforts through #DitchtheDisk and all ACR and RSNA channels
 - Series of communications and events at annual meetings
 - Incorporation in Future Radiology Demos
- Begin work on next phase: implementing emerging standards (DICOMweb and HL7 FHIR)





Carequality Implementor Questions: <u>admin@carequality.org</u>

Imaging IG Questions: imaging@carequality.org

RSNA Image Share Validation Testing Questions: testing@sequoiaproject.org



Appendix



Sequoia's Role for RCE and TEFCA

A Joint Proposal by Sequoia Project, Carequality, Gravely Group and RTI

https://sequoiaproject.org/resources/tefca-response/





RCE Application Update

- Carequality plays an important role in the joint Sequoia-Carequality-RTI-Gravely Group application for the RCE cooperative agreement
- Specifically, Carequality is slated to provide the operational support for QHIN application and designation processes, and exchange activities
- This activity will be overseen from a budgetary and strategic standpoint by the Carequality Board
- The RCE Strategic Planning Committee a joint effort of the Sequoia and Carequality Boards – has provided clear guidance that Carequality's existing operations must be protected and must continue
- Over time, as the future of the TEF ecosystem clarifies, we will determination the appropriate strategic path re: convergence (or not) of Carequality Framework exchange with TEF ecosystem exchange



eHealth Exchange to Connect to Nationwide Networks

- Already connected to eHealth Exchange network, with California connections, and ability to connect nationwide
- Connectivity will be expanded through Carequality

| eHealth Exchange | | | |
|---|--|------------------------------|-----|
| | All 50 States | 70,000 Medical Groups | 200 |
| <u></u> | Four Federal Agencies (DoD, VA, CMS, SSA) | 3,400+ Dialysis Centers | Į, |
| | 75% of U.S. Hospitals | 8,300 Pharmacies | 0 |
| Supporting more than 120 million patients | | | |
| 59 Regional and State HIEs | | | |

