J P Systems, Inc.

Client Case Studies

Data Quality Improvement & Data Standards Expansion

VHA Office of Informatics and Analytics (OIA) Knowledge Based Systems (KBS) sought to improve the quality of the data that flows between their systems, its commercial partners, and other government agencies. They needed a contractor to analyze their data flow, make recommendations on C-CDA and other standard clinical document formats, and establish interoperability performance metrics for data improvement. They also needed a contractor who could engage healthcare data standards bodies and other federal agencies to improve and clarify standards.

J P Systems provided clinical data quality analysis and improvement services to enable the VHIE Health program (formerly VLER) to improve and expand VA's ability to securely share computable electronic health information with other healthcare providers that care for Veterans. We tracked the flow of health data generated by VA and its commercial partners, analyzing the data, identifying errors, performing root cause analysis, planning how to engage stakeholders and remedy data quality errors, and making recommendations for improving the systems that move and display the data. We analyzed technical and functional requirements and provided guidance on C-CDA Expansion. We accomplished more than the customer anticipated in virtually every area, and were awarded several follow on task orders for continuing this work.

VHIE Case Studies: Data Quality Improvement & Data Standards Expansion

Data Quality Improvement & Data Standards Expansion

Based on previous work and client satisfaction, VHA OIA KBS issued us a sizable follow-on task order to continue improving and managing the quality of data that is sent and delivered through the Electronic Health Records (EHRs) and Health Information Exchanges (HIEs). They also needed to be able to export up to date CCD files, as they were originally only able to export C32 files.

J P Systems continued to outperform client expectations, engage external partners and track performance metrics. Most significantly we began to directly engage the EHR vendors involved in order to correct the source of some problems with the CDA file exportation earlier in the data exchange and transmission cycle. We monitored data flow to identify errors and find ways to fix them, and presented recommendations to VHA and their external partners on how to improve. We also implemented the ability to export the new version of CCD health standards specification, C-CDA, for the VA. Thus, VHA's program, MyHealtheVet, can now empower over seven million veterans and their providers to access their clinical data worldwide. To continue improving standards and performance, we corresponded with federal regulatory bodies, allowing us to develop a nationally standardized Testing Plan that could test and enhance implementation of C-CDAs in order to accelerate external Partner Onboarding for clinical data exchange.

In 2018, another follow-on task was issued by VHA OIA KBS to continue this work of monitoring data quality, engagement, and onboarding more external partners for data exchange. To date, we have helped over 22,000 major hospitals and clinics be on-ramped into VHIE.