

# Curation of EHRs for Reuse



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<b>Describe your idea and position:</b>	<p>EHRs and payer/claims databases are a potential source of value to a wide variety of health care stakeholders. However, longitudinal patient records suffer from a wide variety of distortions ranging from missing data, gaps in coverage, inconsistent medical coding, and different standards of care. Moreover, different commercial vendors currently employ different formats and schema for collecting data.</p> <p>We propose to develop standards for the curation of EHRs and payer/claims databases to enable key information products to be derived with the least variation. These products can provide the foundation for advanced applications and services. Examples of possible curation algorithms could include patient matching algorithms, data imputation algorithms, and algorithms that generally reconstruct the patient journey through the medical system using medical records.</p>
<b>Criteria considerations:</b> <ul style="list-style-type: none"> <li>✓ Market potential</li> <li>✓ Technical feasibility</li> <li>✓ Readiness for standardization</li> <li>✓ Distinct identity (substantial technical merit when compared to other standards)</li> <li>✓ Adequate participation</li> <li>✓ Potential champion, sponsoring group</li> </ul>	<ol style="list-style-type: none"> <li><b>1. Market potential:</b> EHR reuse is an important component of a learning healthcare system and can impact the clinical setting and drug development. Interoperability of EHRs is a major factor in enabling reuse and exchange of EHRs and standards are far behind in this area</li> <li><b>2. Technical feasibility:</b> Requires assessment of existing methods and participation of different stakeholder groups; other organizations already have workstreams examining reuse and interoperability (e.g., AMIA)</li> <li><b>3. Readiness:</b> Vendors have distinct offerings with different levels of maturity and the government is examining solutions to different problems</li> <li><b>4. Distinct identity:</b> IEEE would have to partner with other stakeholder organizations</li> <li><b>5. Participation:</b> Would require identifying diverse stakeholder groups with collective interest in establishing standards</li> <li><b>6. Champion:</b> IEEE / HHS / AMIA or AMA</li> </ol>