CHIA - *Leveraging USCDI health data*

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Should CHIA **leverage the USCDI standard** to start collecting new data elements, and specifically which parts of USCDI should be the preliminary focus?
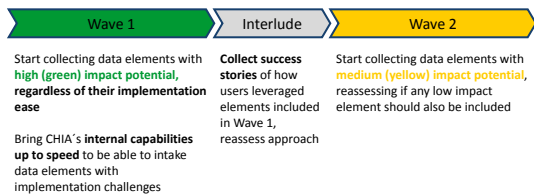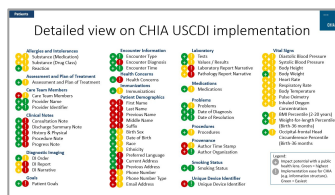
✓ CHIA should start collecting USCDI-compliant data, focusing first on **data elements with a high impact potential** (e.g. birth sex, race, ethnicity, address, smoking status, body weight), **regardless of their implementation ease**

Structured project around **key stakeholders** surrounding the decision, conducting interviews and research for each category

Data submitters → CHIA → Data users → Patients

Analyzed individual USCDI elements by impact potential and implementation ease, proposing a two-wave implementation

Incorporating our recommended elements can open up the field to highly impactful analyses and policy decisions in coming years

Detailed view on CHIA USCDI implementation

Wave 1 — Start collecting data elements with **high (green) impact potential, regardless of their implementation ease**

Bring CHIA's **internal capabilities up to speed** to be able to intake data elements with implementation challenges

Interlude — **Collect success stories** of how users leveraged elements included in Wave 1, reassess approach

Wave 2 — Start collecting data elements with **medium (yellow) impact potential,** reassessing if any low impact element should also be included

We also summarized **key takeaways from the stakeholders in scope**: High appetite from data users, optimism within CHIA about existing capabilities and ramp up potential to prepare for USCDI, and reasonable data submitters' readiness

Data users key takeaways

CHIA key takeaways

Example to consider: NHS Digital experience with General Practice Data for Planning and Research

Data submitters key takeaways