

# BUILDING READINESS FOR ELECTRONIC CLINICAL DATA EXCHANGE



With support from Rhode Island Executive Office of Health and Human Services (EOHHS), CTC-RI is partnering with Accountable Entities (AEs) and other statewide stakeholders to help advance Rhode Island's transition to Electronic Clinical Data Exchange (ECDE) for quality reporting.

At a recent ***HIT Steering Committee*** update, ***Elaine Fontaine*** walked through CTC-RI's work to support Rhode Island's transition to Electronic Clinical Data Exchange (ECDE) for quality reporting, including what we learned from a national and regional scan and how those findings shaped Rhode Island's Readiness Assessment tools.

As Elaine explained, the landscape work had two parts: a targeted review of the last five years of published work and key informant interviews with providers, HIE leaders, and other stakeholders across New England and several states. The goal was simple: identify best practices, understand common barriers, and benchmark Rhode Island's approach against what peers are doing.

## Across interviews and the literature, several themes came through consistently:

- Data governance is the foundation. Practices often have limited internal data governance, and community-wide governance is uncommon. Elaine highlighted Connecticut as a notable example of broader, multi-stakeholder governance to tackle shared data issues.
- EHR setup is usually built for workflow and billing, not reporting. Structured data capture, standard codes, change control, and staff training are often gaps that show up later as quality reporting problems.
- Routine mapping and validation are not happening often enough. High-performing systems tend to review mapping annually, but proactive, ongoing validation is rare and mismatches (like attribution) remain common.

- Interoperability is still evolving. Many organizations are still using flat files and other methods, with progress toward more standard approaches but uneven readiness across the ecosystem.
- Resources are a real constraint. Under-resourced practices may not have funding or staff expertise to work with vendors, configure systems correctly, and maintain ongoing data quality work.

To help turn these insights into action, Elaine and CTC-RI developed two Readiness Assessments: one for AEs and one for practices. The assessments focus on domains reflected in the landscape work, including data governance, EHR configuration, data quality/mapping/validation, interoperability, and resourcing. They were refined with community input and pilot testing, and are intended to help CTC-RI and partners tailor support, including:

- lighter-touch technical assistance (shared education where many groups have similar needs), and
- deeper-dive support (more hands-on help where problems are more complex).

[\*\*\*Read the full landscape report\*\*\*](#)

[\*\*\*Access the Rhode Island readiness assessment tools\*\*\*](#)

Visit the [\*\*\*CTC-RI website\*\*\*](#) to learn more about the Rhode Island Electronic Clinical Data Exchange project, and access reports and project resources.