

Introduction

What is a Use Case?

A use case is an easy-to-understand narrative. It describes how you intend to exchange patient information.

Why do we use them?

Use cases are developed with the goal in mind, which makes them a valuable planning tool. A well-crafted use case communicates the functional requirements that may then inform technical planning. Having them available prior to technical evaluation helps scope the technical solution and accelerates the technical evaluation process.

Benefits

- Supports identifying the clinical / business need before solution development which *mitigates rework and delays later*.
- Facilitates initial scoping, project planning and effort prioritization.
- Supports ‘selling’ your request to management – you have done your due diligence to articulate value, not just functionality.
- Supports identifying the project team / stakeholders.

Guidance

- Limit the use case to 1-2 page(s). (See the corresponding Use Case Development Form.)
- Engage your clinical and business leaders early.
- Align to business objectives, e.g. Meaningful Use criteria.
- Complete all identified elements, but in 2 phases:
Part 1 – Name, Goal. Convene a preliminary team to begin discussing what you are doing and why.
Part 2 – Story, Trading Partners and Systems, Data to Exchange. Once the ideas are better defined, then get into more of the details and be sure the right people are involved.
- Do not describe technical connectivity (i.e. S/MIME vs. XDR), rather tell the story of how you will use the solution once built.
- Do not make too general – select a well-defined area of focus and add in appropriate detail.

Use Case Elements

- **Use Case Name** – a brief summary of your use case (limit to 100-characters).
- **Goal** – what is your end goal? For example, you may want to reduce hospital readmissions or the number of tests patients receive.
- **Story** – how do you intend to use the Mass HIway? This should tell the story of how you intend to use the HIway, but also support initial project scoping efforts.
- **Trading Partners and Systems** – who are the sending and receiving organizations? What data systems are involved, for example: the inpatient or outpatient system, the data warehouse?
- **Data to Exchange** – what data do you intend to exchange? For example, a summary of care record formatted as a Consolidated CDA, C32, text file or .pdf.