SDWG Clinical Oncology Treatment Plan CDA IG Ballot development meetings

PurposeTeam Weekly Conference Call

DateFebruary 19, 2013

Time 5:30 pm – 6:30 pm EST

Agenda

1. New Introductions 5 minutes
2. Review IG Updates 10 minutes
3. This week’s sections 40 minutes
   * Encounter Section
   * Functional Status Section
   * Plan of Care Section
4. Wrap Up/Conclusion 5 minutes

Attendees

* Jeff Kan from ASCO
* Gaye Dolin, Zabrina Gonzaga, Yan Heras, Beau Bannerman from Lantana
* Mark Shafarman – Interested party, HL7 member
* Steven Chu – Interested party, Co-chair Patient Care, HL7 Pharmacy
* Peter Yu

Meeting Minutes

* **Review IG Updates**
  + **Will review Results next week or at a future meeting**
  + **Have some vocabulary to still review**
  + **Then next week will review chemotherapy related templates after meeting with Pharmacy group**

Action ITEMS

**Encounter Section BCTPS**

* **Showed Rendering of document.**
* **change to a MAY/SHOULD Hospitalization for Toxicity**
  + Comment: Why create one specific for hospital toxicity vs. a generic toxicity encounter template? Suggestion to change toxicity as a reason for the encounter. Should have a “reason for hospitalization” and the reason should be toxicity.
  + Response: Yes. This is what this template represents.
    - **Hospitalization for Toxicity** contains the reasons. This conforms to Encounter Activities with “Indication”.
    - Comments: In paper version no other way to represent.
    - Response: Difference here is that this requires “Indications” to be use. In the “Ecounters Activites” the Indications activity it is optional. In the clinical oncology template we **require the** **Indications**  template.
    - Comment: Will Review (Stephen Chu) again, the logic.
    - Question: What other encounters are there to choose from? ( Peter Yu)
    - Response: Parent template any encounter type is allowed. In the clinical oncology, it is constrained to the inpatient encounter and the encounter template the Indication is required.
    - All the templates are open. We want to be sure what is included that a hospitalization for toxicity is present.
    - Comment (Mark): May have more encounter types in general for breast cancer patients. There may be a general reason for the encounter and may not be limited to hospitalizations. Maybe use a “reason” for an encounter.

Response: Not restricting to no other encounters be use. The template can have all the different types of encounters and state reason. Define it in a more general way.

* Question: Should we constrain RSON to a specific set of problems or use a broad term like “chemotherapy toxicity”? More valuable to have a list of toxicities? No, leave it open and use problem valueSet.

**Functional Status Section BCTPS**

Neurotoxicity Impairment of ADLs

* Comment: Why is neurotoxicity called out? Stakeholder - Neurotoxicity drugs are cumulative and permanent. Other resolve.

**Plan of Care Section BCTPS**

Can also include other plans because an open template.

Chemotherapy Regimen Plans

Discussing with the Pharmacy Group. Will have a difference in the mood code and status code. Will align with what is discussed with the Pharmacy Group. There will be a mood code of “intent” or “request”. We will review this after the review with pharmacy. How much support will pharmacy group be able to represent the relationship of the chemotherapy drugs?

Review current sample file rendering:

Medication Section - Identify a Regimen with contained substance administration with dates. In XML, chemotherapy regimen is identified as a procedure. Use the Original Text to represent the name of the Chemotherapy regimen. Date represents start and stop of chemotherapy. No constraint to a particular set of chemotherapy drugs yet. There are various effective times inside.

Plan of Care Activity Reconstruction Procedures

Mood code is “intent” or “request”. Value Set is the Breast Cancer Procedures ValueSet TBD.

Plan of Care Radiation Activity

Is this planned or ordered. Mood code is changed.