**NBS HL7 Workgroup Meeting Call Notes**

**December 20, 2016**

**Attendees:** Rebecca Goodwin, Riki Merrick, Emily Hopkins, Susan Downer, Willie Andrews, Heather Wood, David Jones, Joshua Miller, Careema Yusuf

* Questions about the HL7 Results Implementation guide that is in review at HL7
	+ Folks have reached out to Michele Meigs(APHL) for a copy of the guide for review and comment
* Went through that NDBS Gap Analysis spreadsheet
* Green – same as LOI
* Yellow – ok to leave as is
* Orange– members to review and get back to group with any additional information
* Red – need to review

Action Item: Requesting all states complete their own information within the spreadsheet in the next 2 weeks

* Message structure for new order:
* Keep patient group R
* Visit group and insurance group and as well for the GT1 segment – if need the financial profile make this varies in LOI – if needed in NDBS might want to leave as is – else chose X or O
* Order group is R
* Timing Quantity group make X
* Observation Request group is R
* NTE/OBR = make RE
* PRT is needed to give contact info for the copy to providers
* Observation group make R
* Specimen group should follow LOI – the required data in the SPM has related AOEs on the LOINC panel
* Will see if we can have Jeff (MI) on the call
* Container group make X
* Prior results make X – would this be needed for referral or repeat testing or may be borderline results, but if the results are already in the system
* Have to see, how we differentiate between first and repeat tests – will check in MI; Give them the initial specimen HIT number; what about the two screen states? May be interesting to keep O to cover when a baby moves in to a 2 screen state and the results of the first screen are not at the lab. – list as either O or X and follow up
* Cancelation messages:
* Would NDBS support cancelation of testing? Not needed – need ot include in out of scope section that we don’t support cancelation
* MSH segment:
* MSH-3 – follow LOI – RE
* For HD and EI datatypes stay with LOI base and let folks decide if they want to use GU or NG
* MSH-7 uses TS\_1
* MSH-15 and MSH-16 – we do support them in LRI, so do the same here
* MSH-21 follow LOI and add NDBS profile component
* PID:
* PID-3 – follow LOI data type use of HD or NG
* PID-5 – limited to single repeat, as lab wants to be sure which name to put on the report – provider has to pick which name to send – NDBS guide has guidance on what to do when here is no first name should add that guidance to the comments – copy from MI guide section 3.1.5, page 42
* Got to PID-5.7

Will pick this up on January 3, 2017 with weekly meetings for 1 hour.