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| **HL7 Electronic Health Records Sub Work Group: RMES****Weekly Conference** **Presiding Co-facilitators:** **Reed Gelzer, Diana Warner****Duration:  60 minutes****Time:  12:00 -1:00 pm Eastern U.S.** | **RMES****Meeting Agenda/Summary****September 8, 2014** |
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| 1. Go to <https://ahima.webex.com/ahima/j.php?J=927002088&PW=NZjc4ODYzZDIz>2. If requested, enter your name and email address.3. If a password is required, enter the meeting password: 15194. Click "Join".5. Follow the instructions that appear on your screen.-------------------------------------------------------Audio conference information-------------------------------------------------------To receive a call back, provide your phone number when you join the meeting, or call the number below and enter the access code.Call-in toll-free number (US/Canada): 1-877-668-4493 Call-in toll number (US/Canada): 1-650-479-3208Global call-in numbers: <https://ahima.webex.com/ahima/globalcallin.php?serviceType=MC&ED=243543942&tollFree=1>Toll-free dialing restrictions: <http://www.webex.com/pdf/tollfree_restrictions.pdf>**Access code:927 002 088** |
| **Attendees: Eve Rubillos, Gary Dickinson, Barbara Drury, Beth Acker Moohard, Kim Baldwin-Stried Reich** |  |
| **Organizer/Note Taker: Diana Warner** |
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| **TOPIC / DISCUSSION ITEMS** | **TIME** | **Responsible** | **Summary** |
| Welcome | 5 min |  |  |
| Review DRAFT Statement on EHR R2 Capabilities vs Fitness 08 28 2014-1.pdf | 30 min | Reed/Gary/ Serafina/All | EHR Model is more about capabilities vs. fitness. If anyone has questions after review, please reach out to Reed or Diana. In effect we are stipulating that a system has to be capability and has to be determined by the end user.  |
| RMES Plan:1. Focus on RI and TI section for ballot in winter 2014.
2. Additional components for RI to align with ISO work on trusted end-to -end
 |  | Reed/Gary/Diana/All | Tabled |
| Notes: |  |  | Discussed the direction the workgroup should we take – continue working on our profile or work with FHIR Resources. Taking the lifecycle through the FHIR calls to ensure we have all components in place. We want to ensure we have identified the correct sources data sets and then we want to be sure we have the correct attributes in the records management to make sure we have all the right bases covers. If we can get a foundational set established, we can build from there.We will work to get the lifecycle components into FHIR and then assess our next moves – either creating a profile for FHIR or for EHR FM. We will discuss with the EHR WG. |
| Next Meetings | 5 min | Reed/Diana | Our next meeting will be 9/22/2014  |