SDWG - PHMR Subgroup Meeting

**Logistics:**

*Date / Time:* June 17, 2015, 10:00am to 11:01am EDT

*Location:* Telco

*Facilitator:* Martin Rosner

Note taker: Martin Rosner

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Meeting information

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| Wednesday, June 3, 2015 |
| 10:00 am  |  Eastern Daylight Time (New York, GMT-04:00)  |  1 hr |

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**Attendees:**

|  |  |  |
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| Name | Affiliation | Present |
| Vinayak Kulkarni | Cerner | X |
| Martin Rosner | Philips | X |
| Brian Reinhold | Lamprey Networks | X |
| Chris Johnson | Blue Cross / Blue Shield |  |
| Asim Muhammad | Philips |  |
| Darrell Woelk | SocialCare |  |
| Igor Gejdos | Roche |  |
| Russ Leftwich | State of Tenn. |  |
| Lisa Nelson | Lantana | X |

**Agenda:**

1. Ballot reconciliation

**Minutes Approval:**

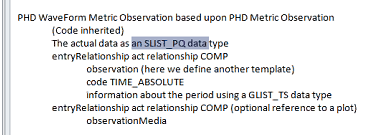
Minutes from June 3, 2015 – approved

Minutes from June 10, 2015 – approved

**Action**

1. **Ballot reconciliation process steps**

Discussion on waveform observation. PHM devices sometimes send waveform measurements and we need to capture as a series of data points.



The new proposed version inherits from the metric observation and makes it simpler. As such this new version is more desirable – however we need to check with Rick why the original was written as it was.

The MDC codes in the observation will be in the translation element. Also if there is desire and ability to map to other clinical code based on the realm, that mapped code (LOINC, SNOMED…) will be placed as the code@code element. If there is no mapping done to clinical code, the code@code element will be populated with the MDC code. This does not currently bind to a specific value set of clinical codes – late model binding. This is somewhat similar to a concept domain definition. The other option is to put the MDC code in the code@code and put LOINC and SNOMED translations in the translation element. This is also more consistent with how the principle of going from different versions of CDA.

**AOB**

**Next Regular Call**

* July 1, 2015