**HL7 PC Co-Chair Open Meeting – September 6, 2016**

**Current WG Co-Chairs: Stephen Chu, Laura Heermann-Langford, Jay Lyle, Michelle Miller, Emma Jones, Michael Tan**

**Present –** **Emma Jones, Michael Tan, Russ Leftwich, Michelle Miller, Laura Heermann-Langford, Stephen Chu, Michael Hausam, Jay Lyle**

AGENDA

1. Roll Call and Review Agenda –
	1. September WGM Scheduling
		1. WGM - Agenda and assignments
			1. Action: Update WGM Agenda
			2. Baltimore WGM Mega Joint (Draft of the slide deck provided by Stephen) – Update from Russ: 15-16 folks registered for the physician mega joint. Will reach out for the current registration.

Stephen has sent out emails to John and has not heard back. CIC call last week discussed getting an outside speaker.

* + - 1. Creation of a CDA management group (Will look into this as part of WGM planning for sept.)
	1. **NEW Topics:**
		1. PSS for a Version 2 implementation guide for immunization messaging (Craig Newman – need response by mid September).
			1. Stephen will review off-line and provide recommendation to the group and respond to Craig Newman.
		2. PSS for International Patient Summary (IPS) PSS (From: Rob Hausam)
			1. Brought to PC 2 months ago.
			2. Decided to leave with SDWG, they are co-sponsoring along with PC
			3. Approved by Vocab
			4. Rob will send email to Laura about HSIco-sponsoring
			5. Content part is still in the project scope which means more involvement for PC. Need to contribute up-front.
				1. Stephen: Conf call times will need to be accommodating to PC members. Times will need to be conducive for both Australia and Europe. Suggest alternating week. Australia has two summaries – event and shared health summaries - they have done considerable amount of work on.
				2. Encourage PC members to join – not just co-chairs. Need content SMEs.
			6. Planning on doing an HL7 ballot but not a joint ISO ballot
			7. Stephen: PC will contribute and review clinical content
			8. Jay: How is this aligned with CCDA? CCDA is US specific so where it can be aligned will do so.
			9. Stephen: EPSO initiated and started looking into the CCD/CCR content as the original mission so expect to do similar with CCDA.
			10. Rob Moved; Stephen Second; No further Discussion; o Abstain; 7 For; 0 Against
		3. HL7 Hot topics: Care Fragmentation
			1. Stephen provided Ppt to Virginia
			2. Action item done.
		4. PSS for "Scheduling Service" Specification
			1. Laura – Round 2 of CCS See <http://hssp.wikispaces.com/scheduling>"
			2. PC is co-sponsor. SOA will do the heavy lifting
			3. Laura will review off line and update PC via email discussion
		5. Monthly Meeting minutes posting on wiki (should we post elsewhere as well?)
		6. HC DAM Final Version– updates reviewed by michael. Will respond to Lynn with approval.
1. Updates from TSC ?
2. Project updates below
3. Approve minutes from August 1:
	1. <http://wiki.hl7.org/images/3/30/PC_Co-Chair_Mtg_2016_08_01.docx>
	2. Laura Moved; Stephen Second; No Further Discussion; 1 Abstain; 5 For; 0 Against

**Current Topics**

1. [Reminder] FHIR Ballot (and other ballots) Closes Sept 12
2. Financial Management – requesting change to Communication Resource (directed to create a Gforge item) – Elaine (last meeting): they were invited to the last meeting and no one came. Communication Resource is not one of the primary resource for ballot.
	* + - 1. Communication used for financial claims and referencing attachments during one of the previous FHIR calls. Stephen has reservations. Will let US Realm SME determine if this is appropriate. Rob will look for GForge item.

10354 – request change reference to business Identifier.

10352 – open Issue

* + - * 1. Follow-up during next meeting and during FHIR call [Paul Knapp/Lloyd] – need clarifications as to what the need is.
				2. **Updates**: None provided
1. Apply Patterns (from FHIR workflow project) (from Russ)
* PC workflow Resources

|  |
| --- |
| * + ClinicalImpression
 |
| * + Communication
 |
| * + Procedure
 |
| * + RiskAssessment
 |
| * + Condition
 |
| * + FamilyMemberHistory
 |
| * + QuestionnaireResponse
 |
| * + CarePlan
 |
| * + CommunicationRequest
 |
| * + ProcedureRequest
 |
| * + ReferralRequest
	+ AllergyIntolerance – not on list yet
 |

* + - * 1. **Any updates -** None provided
1. Occupational Data for Health – Update (from Genny) - NIOSH (part of CDC) – PSS to SDWG with social history data used to facilitate care and pop health for patients who work. Have a relational model of the data in CDA format thru IHE. Need a V2 and FHIR version of it – Need standard structure to be applied to any use case

**Action:** Russ will provide feedback from the HL7 Board

* + - * 1. **Any Updates –** None provided
1. CCS DSTU document (Laura)
	* + - 1. **Any Updates –** None provided
2. OMG –CCS submission –
	* + - 1. Email from Ken Rubin that he will visit PC at the Sept WGM to provide a deeper update.
				2. Email to Ken Rubin asking for an update on the OMG CCS submission
3. International Patient Summary Document – move from SDWG to PC
* Rob - been in the work for some time under SDWG. Recent momentum. ONC and the ISO meeting. Duck tailing with the European Patient Summary project. Suggestion to remain as SDWG or under PC because it was initially conceived as a CDA doc. But looking at re-vamping the PSS that it may not be CDA doc in the future. Need to deal with cross border details and clinical content. Need to determine the best fit for it.
* Stephen – makes sense from a content perspective, PC is the best fit to call it a home. 2nd step is the representation which can be CCDA or FHIR composition with clinical and administrative resources. Related projects has done DAM work for this. There is already some content? Will this be more like reviewing and doing a “refresh” of the content?
* Russ – IHE summit and Europe eHealth week – Connection needed for a more developed effort in Europe.
* Rob – HL7 international is the right home but need contributed effort. Folks in Europe are the main drives.
* Michael – lots of HL7 affiliates related to this project. Who has the last say? How will this work with the European counterparts. Who leads? What happens there are conflicting requirements?
* Rob – would like it to be under the umbrella of an HL7
* **Action**: Russ – propose as an agenda item for the HL7 international council.
* Stephen – Australia is interested also.
* Rob – need to have discussion with SDWG about ownership.
* Stephen - need PSS to clarify the parts – content refresh and artifact.
* SDWG had extended discussion. Concern about moving to PC or stay with SDWG. In the process of updating the PSS. Will bring back to both group. Will decide on ownership at the Baltimore meeting. Stephen: PC will take the domain context and provide input but not the CDA construction and updates. Russ: **Wayne Kubick response to Russ issue with proposal to create a project around some of the materials. He will be point of contact and go thru TSC to find home for projects like this.**
* **Any Updates – (PSS on agenda today – see above)**
1. Family member FHIR resource – Hackathon
* Elaine: NIH project thru NCBI – propose taking a look at FM history that will enable adding family tree information to FHIR resources. Genomic tool used for entering family history. NIH will be sending a team. **Wants to know if anyone is interested in joining the NIH team.** This has been taken on as part of the cancer moonshot.

Russ – became the family member history – deals with PHI of family members.

**Any Updates -** None provided

**Project status updates -** Assignment of responsibility

* 1. NIB for Assessment Scale – on the ballot list
1. FHIR bindings – Jay
	1. **Action**: Jay will send out link to the slides. We need more info and have follow-up discussion before we decide on what PC need to do. **Will keep on agenda for next meeting**
	2. FHIR technical designers were making terminology decisions which need requirements SME involved.
	3. Maturity levels – may need workgroup review criterias that should be considered
	4. TQA sub group project (meet QOMon at noon EST – met 08/01/2016) – has reps from all the different areas. Will be able to get point across. Jay will attend.

**Updates**: None provided

1. IHE Dynamic Care Planning – Emma
	1. Suggest and voted for an HL7 ballot
	2. Added to agenda for the WGM.
		1. Discussion about the intersection HL7 artifacts and IHE artifacts – HSI – agenda item. **Action**: Get an invite for the HSI group to discuss next steps for this at the WGM
	3. Follow-up with the Simplifier “IG” work – George did more work on this. Has some outstanding questions to the tools developers.
	4. **Updates** (from IHE): Profile in the process of becoming available for trial implementation
2. Work group responsibility for FHIR Resources – (email from Russ) - Elaine
	1. We’re in decent shape. No road blocks. Can meet level 3 requirements by having it tested via Connecthathon or via Argonaut. Lloyd volunteered to QA questionnaire and questionnaire response. Will work on Condition on the Thursday calls and offline.
	2. [Timeline](https://github.com/argonautproject/implementation-program/wiki) – have until the end of year. Can log ballot issues if we still have QA work to do.
	3. [Resources](http://argonautwiki.hl7.org/index.php?title=Implementation_Guide#Data_Element_Query) – working on assessment and plan; care plan on list for care team
	4. Rob: Allergy intolerance updates are in and encouraged to review. Opportunity for QA for the next week and a half.
	5. Gforge team for carePlan to reference 0..\* Care Teams. Currently limited to 0..1 Action: GForge item – Approved

**Updates**: None provided

1. New Projects (PSS) and Co-sponsored projects
	1. SDWG – CCDA 2.1 companion guide
		1. PCWG will need appropriate input and the work is shared with PC to contribute. **Point persons: Elaine, Lisa** (Lisa is also working with the SDWG team). Purpose of work is to provide clarity on the base standards. Timeline – will have draft publication prior to May WGM – Sept informative ballot. Full set of deliverable is for CCDS and use of the CDA doc.
		2. Available for ballot comments (ballot closes sept 12)
	2. SDWG – Pharmacist Care Plan –Intend to represent a care plan from the perspective of a pharmacist. Pharmacy is co-sponsoring. Have not received. Update from Evelyn: Shelly thru NCPDP developed it. Discussion at the last WGM but no updates. Decided to create a guidance document that will point to the CCDA R2 Care Plan document.
		1. **Action:**

**Updates**: None provided

* 1. PC - CIMI POC
		1. PC and CIMI co-sponsoring. Involves MnM. Rob Hausam and Susan Matney will participate. Modeling will come from CIMI. Anticipate finishing this summer. Resulting artifact is a CIMI model and analysis. No ballot.

**Updates:** None provided

* 1. PC – Negation
		1. Rob and Jay lead
		2. Looking for WG reps to review use cases. Need PC to review. Jay will email his ask and provide link. See [spreadsheet](http://wiki.hl7.org/images/1/18/NegationUseCases.xlsx) – look at column D and if you have a scenario that is missing, email Jay. Lisa will share with SDWG at next meeting.

**Updates:** None provided

* 1. CIMI/FHIM Investigative Study
		1. FHIM is asking for PC to review the output. **Jay will do the reviews.**

**Updates**: None provided

* 1. Allergy
		1. Substance terminology harmonization (JET project – analysis of the list and regeneration of use frequency list.)
			1. Rob**:** in process.Moving forward with what they have. Next step is re-duplicating some records.

**Updates:** None provided

* 1. Care Plan
		1. DAM publication - Laura
			1. Published. Got promoted at the HIMSS Health Story Project.
			2. Stephen: Next steps is a Care Plan harmonization project looking at harmonizing the DAM and the Care Plan FHIR resource. Laura started a spreadsheet. Stephen will send out the spreadsheet. Calls will be during the Bi-monthly care plan calls. Goal is to do high level analysis and proposed resolutions.

**Updates:** None provided

* + 1. CCS Publication- Laura
			- 1. Located here - <http://www.hl7.org/Special/committees/patientcare/index.cfm>
				2. **Action**: Need to send email to Lynn to ask why not in the master grid. Notification of intend to publish done.

**Updates:** None provided

* 1. Health Concern (Final revision of the DAM was sent to Lynn – on July 22)
		1. **Updates:** [Published](http://www.hl7.org/implement/standards/product_brief.cfm?product_id=443)
	2. FHIR
		1. Updates
			1. Care Team – new resource.

**Updates:** None provided

* + - 1. Clinical Notes – Grahame thinks clinical impression is still the way to go. Need to articulate boundaries between clinical note and clinical impression. May not need a proposal
				1. **Action**: need to pick this back up
				2. **March:** Draft resource **proposal**. Have not been voted on by PC nor FMG.Need firming and voting.
				3. Action: Rob will look at it.

Need more discussion with Rob, Viet, Russell – Michelle waiting on green light to be added to the FHIR call. Elaine will participate in the discussion also. Need a definition description – see the wiki page. May need to review the use cases and see if it still applies. Need clarification of what maps to what – between FHIR and CCDA – condition to concern? May not have a 1:1 mapping. Also need to be aware of V3 modeling around this topic. FHIR adds structure later in the process.

**Updates:** None provided

* + - 1. Adverse Event Resource –
				1. Owned by RCRIM (we are co-sponsoring).

**Updates**: None provided

* + - 1. Clinician-on-FHIR
				1. Plan done for the next WGM.
				2. Need to look at **ClinFHIR tool** and request changes - has substantial revision. Need to review David Hay’s blog. Has a nice mapping feature. Expectation that requisite for participation is to be familiar with the tool. There is a deadline for change requests before the end of July. David will hold a webinar in mid-Aug. will be recorded and used as a tutorial.

**Updates**: None provided

**New Work**

1. CCDA clinical status value set-
	* 1. Discussed during Care plan call – Stephen to do a write up. SDWG is awaiting an update -

**Update**: None provided

**Other Committee Business**

Next PC WG Co-Chair call – October 3, 2016

DESD Assignments:

1. Anatomic Pathology – Stephen
2. Anesthesia – Stephen
3. Attachments – Jay
4. BRIDG – ~~Jean~~ Emma
5. Child Health – ~~Russ~~ Stephen
6. Clinical Genomics – Laura
7. CIC – Jay
8. CQI – ~~Russ~~ Stephen
9. CBCC – ~~Jean~~ Laura
10. Emergency Care – Laura
11. Devices – ~~Laura~~ Michelle
12. Patient Care – Stephen
13. Pharmacy – Michael, Michelle
14. PHER – ~~Elaine~~ Laura
15. RCRIM – ~~Elaine~~ Emma
16. Learning Health Systems – Laura
17. Triage Person: Emma (notice from Melva Peters)