**HL7 PC Co-Chair Open Meeting – Sept 25, 2017**

**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, Stephen Chu, Rob Hausam, Jay Lyle, Elaine Ayres, Lisa Nelson, Alise Widmer, Laura Heermann-Langford

# AGENDA

1. Roll Call and Review Agenda –
   1. Agenda items
      1. Reaffirmation of HL7 V3 Standard: Care Provision Domain Information Model (see email from Dave Hamill)
         1. Netherlands is still using; would like to do a re-affirmation
         2. Ballot approval for normative; Need to publish the ballot material – did this effort on Assessment scales and it take efforts to get re-published. Need to update the CMET to updated version
         3. Netherlands would like to push forward; need to assess support for publishing facilitator
         4. Any implementer feedback for changes that would affect improvement
         5. CMET and vocabulary may have changed
         6. Need someone with modeling expertise
         7. Timelines – will follow Jan 2018 ballot timelines; will need to file an NIB
         8. **Action**: Michael will get in touch with Dave Hamill;
         9. **Stephen**: Let David Hamill know about the pharmacy artifacts (that does not belong to PC).
      2. CBCC mission and charter – DESD Doodle Poll (just heads up about this – didn’t see response
         1. Group has changed to deal with security and behavioral health
         2. Not a lot of significant concern to patient care.
      3. Review period open for GAO FHIR profile withdrawal – email sent to .HSI -
         1. PC can vote affirmative – Profile is being replaced by CDS-Hook
   2. High level discussion on New PSS submissions [If Any]
      1. Transplant on FHIR – co-sponsor request from OO
      2. Knowledge Medication Resource – from Phamacy (coming)
         1. This is coming our way: maintain a single medication resource that will be used for workflow. New use cases for reg – IDMP. 3rd use case for medication knowledge which is more for CDS – color and images of the drug etc. Ended up deciding to split for the various use case – prescribing, clinical workflow; regulatory submission resources; knowledge resource. Pharmacy approved draft PSS – asking if PC wants to be interested party.
            1. PC should be interested party from a care provision perspective. Will wait to see what they do with the resources. Color and image will be properties, not knowledge…
            2. We can provide feedback
            3. Waiting for email to be interested party then vote.
      3. Eye Care PSS– discussed at WGM and approved
         1. Voting needed
         2. Michelle communicated with Hans
         3. Emma will add to agenda for next meeting or do email if needed sooner.
      4. HAVE PSS – Jay responded to us with some discussion topics
         1. About identifying hosp bed during emergency events. Want this for V2 and FHIR
         2. What is the ask from PC?
         3. If about bed allocation and bed management should belong to PA and PH
         4. PC can be interested party –
         5. Suggest asking Scott to the call
         6. Jay will ask Scott to our next call.
   3. Updates on:
      1. Current Topics
         1. Negation plans
      2. PC Ballots
      3. PC Projects Status
      4. Co-Sponsored Projects Status
      5. From TSC ?

Previous minutes notes are here:

* 1. <http://wiki.hl7.org/images/f/f2/PC_Co-Chair_Mtg_2017_08_28.docx>

Move to approve: Stephen; Second: Jay

# Current Topics

# PC Ballot updates

1. FHIR Clinical Resources (Michelle) – do we have any change requests as a result of ballot comments? – Per Michelle, only a few gForges have come in.
2. Allergy & Intolerance Substances –
   1. Ballot update: Jay – will be addressing comments. Need to set up calls. No problem with going to ballot again in Jan

# PC Projects Status Updates

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.**
   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.

CCDA valuesets and FHIR valueset bindings that are the same are not being aligned. We need to be mindful of this during design. Rob – we need to figure this out. **Lisa will send Rob a spreadsheet where she’s been work on valueset mappings.** Where things don’t line up need to make sense. Lisa working with Brett. Jay –Suggest we need requirements rather than mapping spec A to Spec B should there not be a common vocab to map to. Lisa – need like a concept domain. But we are working as we fly.

**Updates**: None

1. IHE Dynamic Care Planning – Emma
   1. **Updates** (from IHE): Updated to STU3
2. IHE Dynamic Team Management – Emma
   1. **Updates** (from IHE): Available for trial implementation and Jan 2018 IHE Connecthathon
3. FHIR Resources – Work group responsibility
   1. **Updates**: Discussed during PC Thursday FHIR call
4. Adverse Event Resource – PC now owns

# Co-sponsored projects Updates

1. SDWG – CCDA 2.1 companion guide ballot
   * 1. **Point persons: Elaine, Lisa**
     2. **Updates: none**
2. SDWG – Pharmacist Care Plan –Intend to represent a care plan from the perspective of a pharmacist. Pharmacy is co-sponsoring.
   * 1. Shelly (NCPDP)
     2. **Updates: Went to Sept 2017 Ballot**
3. PC - CIMI POC
   * 1. PC and CIMI co-sponsoring. Involves MnM. Rob Hausam and Susan Matney participating. Modeling comes from CIMI. Anticipate finishing this summer. Resulting artifact is a CIMI model and analysis. No ballot.

**Updates: none**

1. PC/FHIR – Negation
   * 1. Rob and Jay lead
     2. 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.
     3. **Updates: None**
2. PC/FHIR - Care Plan
   * 1. Care Plan Harmonization
        1. 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 sent 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**

1. PC/SOA - 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
         4. **Updates:** none
2. PC/FHIR Updates
   * + 1. Clinician-on-FHIR

**Updates**: None

1. PC/SDWG - CCDA clinical status value set- Next steps?

**Update**: none

1. International Patient Summary Document – Decided to leave with SDWG (HSI co-sponsoring). Content part is still in the project scope which means more involvement for PC. PC need to contribute up-front. *Encourage PC members to join calls*– not just co-chairs. Need content SMEs.
   * **Update:** none

# Parking Lot

# Other Committee Business

Next PC WG Co-Chair call – October 9, 2017

# DESD Assignments:

1. Anatomic Pathology – Stephen
2. Anesthesia – Stephen
3. Attachments – Jay
4. BR&R (BRIDG) – ~~Jean~~ Emma
5. Child Health – ~~Russ~~ Michael Padula
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 Tan, Michelle
14. PHER – ~~Elaine~~ Laura
15. BR&R (RCRIM) – ~~Elaine~~ Emma
16. Learning Health Systems – Laura
17. Triage Person: Emma (notice from Melva Peters)