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| **HL7 Electronic Health Records Sub Work Group RMES****Minutes – Weekly Conference Call: 2017-02-06****Presiding Co-facilitators:** **Reed Gelzer****Diana Warner****Duration:  60 minutes****Time:  12:00 pm Eastern U.S.** | **RMES****Meeting Agenda/Summary****February 6, 2017** |
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| Time:**12:00 – 1:00pm EST**  |
| **Attendees: Bobbi Bonnet, Kim Reich, Reed Gelzer** |  |
| **Organizer/Note Taker:** Reed Gelzer |

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| **TOPIC / DISCUSSION ITEMS** | **TIME** | **Responsible** | **Summary** |
| Welcome/Attendance/Minutes  | 5 Min | Reed |  |
| Agenda:1. General updates, additions to Agenda
2. Environmental changes pointing to growing interest in Data Quality and Records Authenticity
3. 2017 Ambitions
 |  |  | 1. No agenda additions. Brief update on what’s known about Diana’s changed duties at AHIMA
2. Environmental changes: Events demonstrating interest in EHRs capabilities for Records’ Release of Information and Evidentiary Support functions
	1. The Sedona Conference <https://thesedonaconference.org/>
		1. Kim reviewed growing interest in calls for evidentiary expert witness
		2. Reed reviewed comments, feedback on upcoming Draft for Comment on “Diagnosing and Treating Legal Ailments of the Electronic Health Record: Towards an Efficient and Trustworthy Process for Discovery and Release of Information” at <https://s3.amazonaws.com/IGG/EHR.pdf>
		3. Bobbie observations-KP identified issues with chart management and record management with EPIC, progress has resulted.
	2. Updates from ONC after November event
		1. Uncertain at this point
		2. Update(s) at HIMSS? Note multiple ONC events on the HIMSS schedule.
3. Changes of interest in the Standards environment
	1. Recent FHIR ballot-still trying to figure out how to assess how much FHIR will add a “richer” metadata environment, including Lifecycle Event metadata
	2. “Vocabulary alignment” work that was shelved Spring 2016 will be reopening on particular tasks.
	3. Publication of U.S. domain report “EHRs unreliable for producing electronic Clinical Quality Measures aka eCQMs.    See, for example, <http://www.fiercehealthcare.com/ehr/cms-ehrs-not-mature-enough-to-report-ecqms-correctly>
	4. Others?
4. Next steps:
	1. “Skinny” Profile idea for several initiatives (one being Records-Evidentiary Support)
	2. How fit with an RMES R2?
	3. How fit with an EHR-FM R3?
	4. Other possible connectivities?
	5. Bobbi notes “Data hygiene” as an evolving concept
5. “Skinny Profile”: Initial recommendations to EHR Workgroup (text of Reed’s email to the WG Co-chairs follow below:

Good morning,I’m working on a particular project and finding a number of basic challenges when attempting to apply R2 to a specific end use.For example, when attempting to apply all SHALL CC’s under RI, for the first two (of 27) Lifecycle Events alone, there are already 28 SHALLs in the Record Entry and supportive Evidence of Record Entry conformance criteria in just Originate/Retain and Amend.Nonetheless, we should not propose that any of them are “disposable”.    Provider Resources suggests EHR begin with the following and mark it up from here (given that it is easier to start with something and change it then start from scratch).* The Purpose of a “Skinny” would be described as akin to feasibility testing as a stepping stone towards an R2 conforming EHR-System (and perhaps in support of development of R3 and derivatives).
* Therefore the first characteristic of a “Skinny” is that it will be defined as Non-Conforming to R2
* The second characteristic is that it will support improvements in R2 by harnessing the work done by the “Skinny” developer.   For example, it should be designed to permit the addition of “ad hoc” proposed conformance criteria where the end-user has determined that there is a substantial missing functional requirement.   Any “ad hoc” CC would require a justification which would include, at the minimum, 1. An illustrative scenario  2. A list of relevant existing CC and why they do not entirely meet the scenario’s requirements.   3. References to support the new CC from other existing Standards including associated vocabulary, if any.
* These requirements would provide a means to capture the work of end-users who are thinking the matter thru in support of an actual real-world need, capturing it with formalisms that “feed” the continuous improvement of R2.
* Third, the “Skinny” should require the inclusion of a proposed path to Conformance with R2 (in some instances this may be relatively easy, in others it could be convoluted, approaching impossible, and thus another means of informing development of R3 or other Profiles).

In any case, something like the above would offer a lower threshold to begin sorting thru R2 in application to more end-use scenarios and also capture feedback in a more systematic manner.Thank you for your interest.RDGelzer, MD, MPH for Provider Resources, Inc. |
|  Updates |  |  | 1. Call for Comments ended January 25th for The Sedona Conference article on Improving EHRs for supporting Discovery and Release of Information, updated link [**https://s3.amazonaws.com/IGG/EHR.pdf**](https://s3.amazonaws.com/IGG/EHR.pdf)

**Late comments are welcomed as input for the final draft for publication July 2017** |
| Next meeting topic |  |  | Updates on “skinny profile”If possible, Bobbi on “data hygiene” |
| Adjourn-Next Meeting February 11th |   |   |  Adjourned at 1:05PM Eastern |