**HL7 PC Co-Chair Open Meeting – February 01, 2016**

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

**Present** – Elaine Ayers, Michael Tan, Michelle Miller, Rob Hausam, Jay Lyle, Emma Jones, David Tao, Joginder Madra, Lisa Nelson,

AGENDA

1. Roll Call and Review Agenda –
2. Vote on previous meeting notes: Elaine moved to approved/ Michael second/ No further discussion/ 7 for/0 against/ 1 abstain
3. Assignment of responsibility
4. New Projects (PSS) and Co-sponsored projects
	1. SDWG – CCDA 2.1 companion guide
		1. Need to make sure our changes are reflected (especially the allergy/intolerance work)
		2. Purpose of work is to provide clarity on the base standards
		3. 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)
		4. 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.
		5. Clarification on terminology, how to represent nulls, etc.
		6. Vote needed for co-sponsoring on the - moved: Elaine; Second: David Tao; abstain 0; Against 0; For 8
	2. SDWG – Pharmacist Care Plan – Zabrina presented this at Jan WGM. Intend to represent a care plan from the perspective of a pharmacist.
		1. **Action: discuss plans for this in care plan meeting on Wed. Shirley from Lantana is also working on this**. Pharmacy is co-sponsoring
	3. PC - CIMI POC – Jay want to vote on scope statement.
		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.
		Vote: Jay moved to vote for acceptance and to take to MnM and OO as interested party. Rob moved; 0 against; 0 abstain; 7 for
	4. PC – Negation
		1. Rob and Jay will lead – Design phase will be a separate project. Need sponsorship prior to May meeting.
		2. Vote: Jay move, Rob second, David Tao abstain; 0 against; 6 For.
	5. CIMI/FHIM Investigative Study
		1. The 3rd doc Jay sent was what their PSS should be. They may be asking for PC to validate their output. Patient care is reluctant to take on something this ambitious. Requirement artifact could be used to generate CDA templates in FHIR profiles. Tens of thousands of these things. Really ambitious.
		2. FHIM is asking for PC to review the output. Jay will talk to Steve again.
			1. If all he wants is from PC is to review the output – few dozen CIMI models to represent the skin care DAM. **Jay will do the reviews.**
			2. Jay moved for PC to agree to do the review of the CIMI models to represent the skin care DAM; Rob second; 0 against; 0 against; 7 for.
5. FHIR
	1. Updates
		1. Care Team – new proposed resource – discussion around group. Proposal is drafted.
		2. 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
		3. Observation/Condition and Negation – will fall in with the negation PSS.
	2. New Proposals
		1. Proposals are due Feb 7th – midnight
		2. Updates/Next steps – Michelle provided the above on Care Team and Clinical Notes.
6. WG Meeting and Schedule –
	1. Follow-up items from Jan 2016 Orlando meeting
	2. May 2015 Montreal Planning **(will discuss during March call)**
		1. Agenda and room bookings – done by Laura
		2. Anything else?
7. New work
	1. ***Planning for the Health Concern/ToC*** issues (David Tao presented to SDWG nov 3 and also to patient care)
		1. Proposal discussed and settled at January WGM
	2. ***Goals: We need to set a plan in motion on how to handle getting feedback to ONC***
		1. David shared proposal for Goals at Jan 2016 WGM
		2. Companion guide will be written in the next few months – we can plan to get feedback incorporated
		3. David forwarded the [url to the certification rule](https://www.federalregister.gov/articles/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base) and the [CMS rule](https://www.federalregister.gov/articles/2015/10/16/2015-25595/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3-and-modifications)
		4. For now, will get the discussion started with a small group. Per Lisa folks working on the CCDA companion guide are interested in participating in the small group discussion – include Brett, Joginderm Jean Deteau
			1. **Emma will get an email discussion started and place on agenda to discuss during the Care Plan call on Wed Feb 1**
8. CCDA clinical status value set- **will discuss during Care plan calls**
9. Project status updates – see above discussions
10. Next PC WG Co-Chair call – March 7, 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)