IPS

New Orleans WGM

2018-01-29

Q3 – SDWG

Topics

- IPS status overview
  - Project status
  - PSS update status
- Ballot reconciliation

THE "IPS" PROJECT

The IPS Project

HL7 Int. CEN/TC 251 agreement (April, 2017)

Vision

- *"In order to further the care for citizens across the globe, we agree to **collaborate on a single, common International Patient Summary (IPS)** specification that is readily usable by all clinicians for the (cross-border) unscheduled care of a patient."*

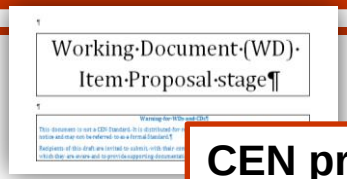
Scope

- *"The IPS specification shall focus on a **minimal and non-exhaustive** Patient Summary, which is specialty-agnostic and condition-independent, but still clinically relevant."*

The IPS «world»

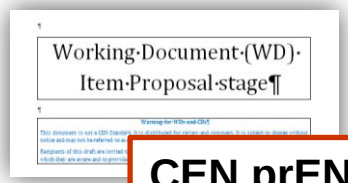
Requirements | **Design** | **Implementation**

IPS: Guidance for European Implementation Technical Specification



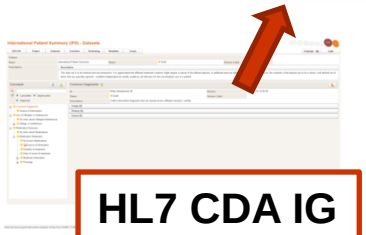
CEN prTS

Baseline requirements: e.g. EU guidelines



CEN prEN

The Patient Summary for Unscheduled, Cross-border Care



HL7 CDA IG

FHIR®©

HL7 FHIR IG

Conformance

GAZELLE eHealth test frameuork for interoperability

IHE

IMPLEMENTATION-A-THON

Products

Compliance / Traceability

ART DECOR®; Forge; ..

The HL7 IPS Project History…

- Started on October 2016
  - Scope : CDA Implementation Guide, intention of working on a FHIR IG
- First STU ballot on Sept 2017 (passed)
  - Comments reconciled
  - No SNOMED CT free subset available for the IPS
- Second STU ballot on Jan 2018 (passed)
- Jan 2018 updated IPS PSS.
  - Scope: make more evident the plan of developing the IPS FHIR IG

The IPS Project Plan…

CDA R2 STU Reconciliation	**2018 Jan - 2018 Apr**
Request CDA R2 HL7 STU Publication	**2018 May**
CDA R2 STU Period – 24 months	2018 May - 2020 May
FHIR IPS IG STU ballot	**2018 May**
FHIR STU reconciliation	**2018 May – 2018 Aug**
FHIR STU IG publication	**2018 Sep**
FHIR STU period – 24 months	2018 Sep – 2020 Sep
Submit CDA R2 and FHIR IGs for HL7 Normative Ballot	2019 Sep
CDA R2 and FHIR normative reconciliation (re-ballot if needed)	2019 Sep – 2020 Sep

The IPS project @New Orleans

1. *SDWG Mon Q3*
    1. *IPS CDA IG project update (brief) and ballot reconciliation*
2. IPS-project meeting (FHIR IG)
    1. Tuesday Q1 Norwich
3. EHR Wed. Q2
    1. Ballot reconciliation
4. International Council Thu Q3
    1. Project status update.

Planned IPS F2F meetings

1. 19-23 March 2018, Paris @Phast
2. WGM Cologne, May 2018

GENERAL INFORMATION

Scheduling

- Regular weekly calls on Wednesday
  - 17-18.30 CET // 11-12.30 ET
- ~~Additional monthly call (first Monday of each month)~~
  - ~~22-23.30 CET // 16-17.30 EST // 8-9.30 (+ 1) AEDT)~~

Resources

Management

- Wiki
  - http://wiki.hl7.org/index.php?title=International_Patient_Summary_(IPS)
- Implementation Guide (Wiki for editing)
  - http://international-patient-summary.net/mediawiki/index.php?title=IPS_implementationguide_1
- ART DECOR: *https://art-decor.org/art-decor/decor-project--hl7ips-*
- Mailing list : *ips@hl7.org*

IPS PSS REVIEW AND APPROVAL PROCESS

IPS PSS (for FHIR IG)

- **Approved by SDWG 2018-01-18**
- **Shared with the International Council**
- **Shared with the other co-sponsoring WGs**

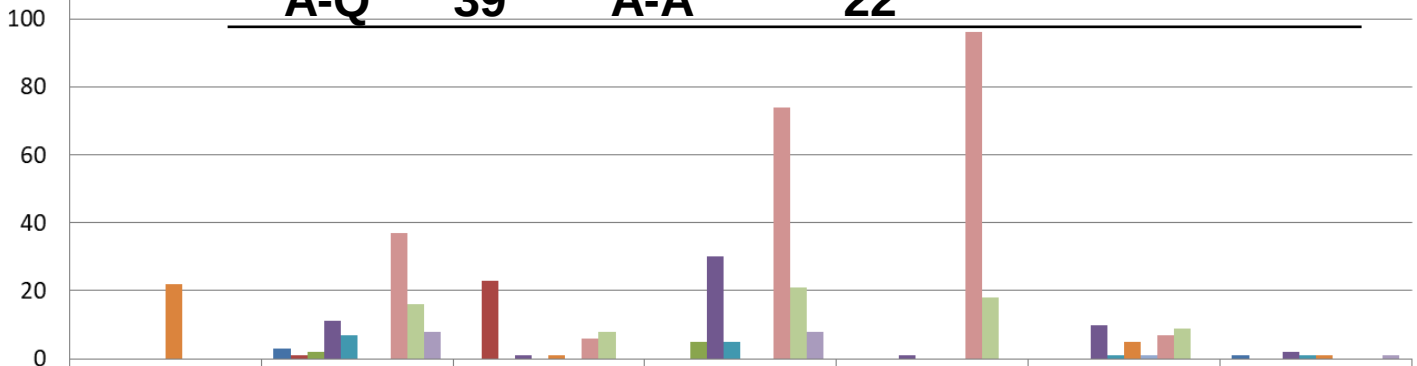
- **Next Steps**
  - **Send to SD for approval: status ?**
  - **FMG approval ?**

BALLOT STATUS AND RECONCILIATION

IPS STU 1st ballot

Comments: 443

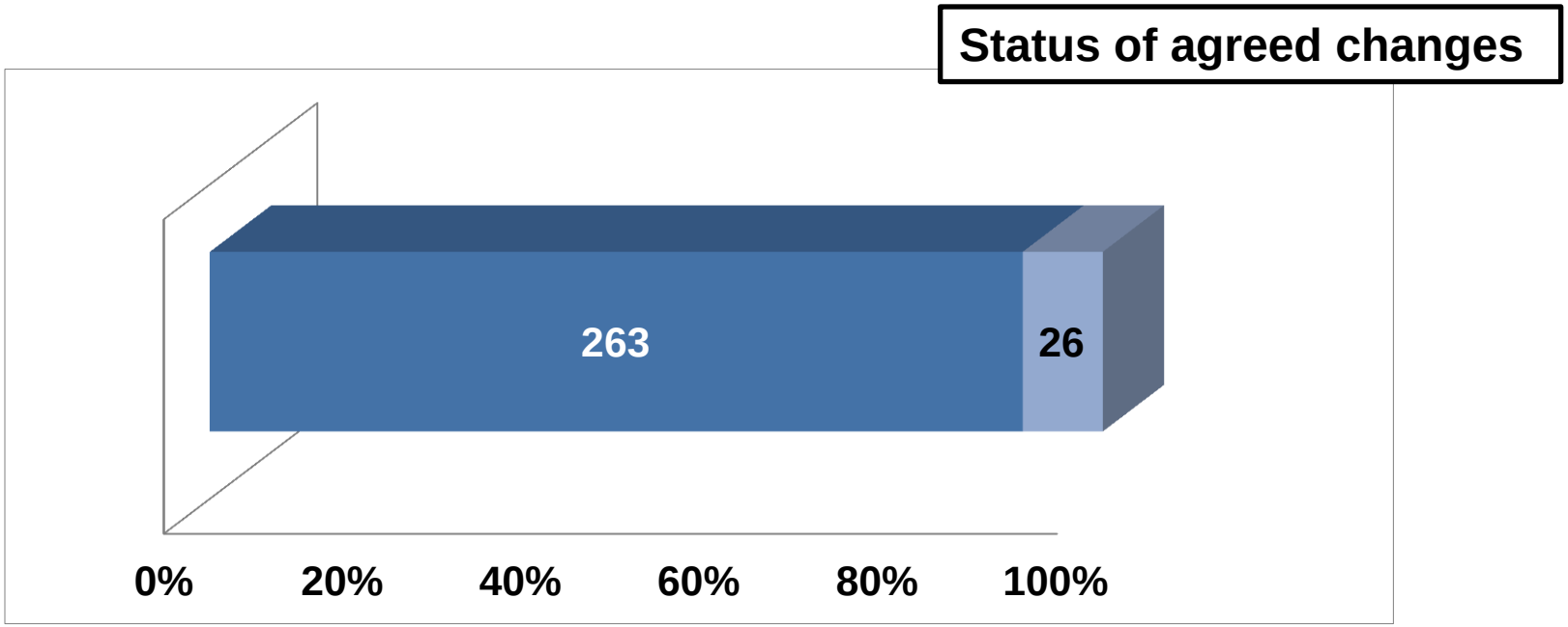
NEG	33	A-S	143	empty	6	
A-C	85	A-T	115			
A-Q	39	A-A	22			



	A-A	A-C	A-Q	A-S	A-T	NEG	Empty
Considered - No action required		3					1
Considered - Question Answered		1	23				
Considered for future use		2		5			
Not persuasive		11	1	30	1	10	2
Not persuasive with mod		7		5		1	1
Not related	22		1			5	1
Pending input from submitter						1	
Persuasive		37	6	74	96	7	
Persuasive with mod		16	8	21	18	9	
Pending input from other WG		8		8			1

IPS STU 1st ballot

Pending Items	
from other WG (Pharma)	17 (No Negatives)
from sumbitter	1 (Negative)



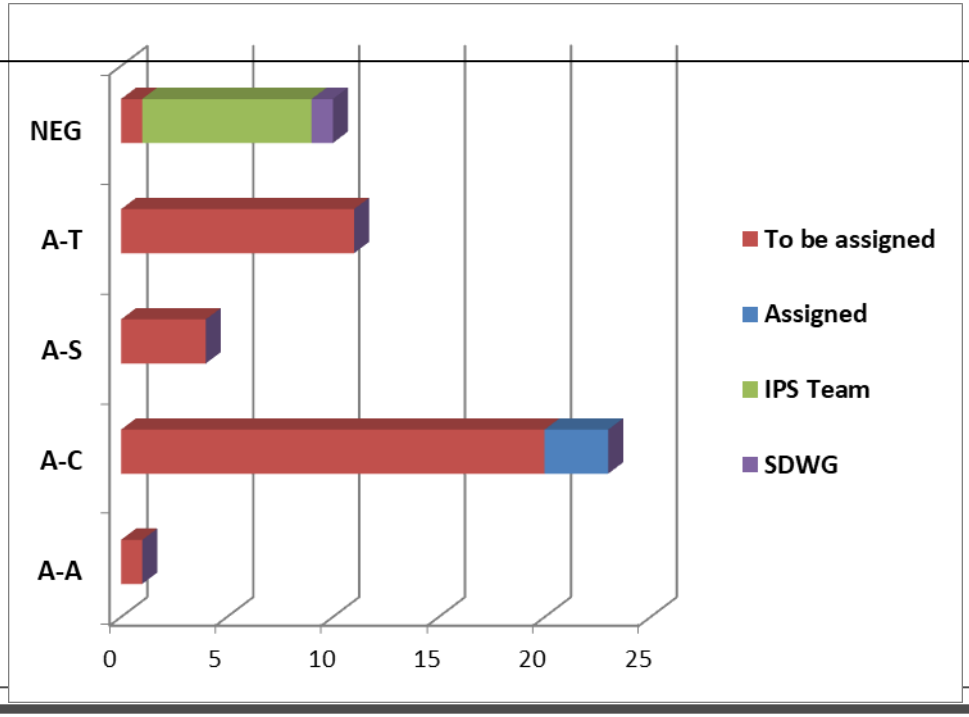
IPS STU ballot#2 results

	Aff.	Neg.	Abst.	NV
Totals	**54 (37 *for Approval*)**	7	83	20
% of Votes	32.93%	4.27%	50.61%	12.20%

Quorum	**87.80%**

Comments: 49

NEG	**10**
A-C	**23**
A-Q	**0**
A-S	**4**
A-T	**11**
A-A	**1**



Ballot #2 Negatives

- Negative Comments:
  - #1; #4; #5; *IG format*. Same comment from GE
  - #2 *use of SNOMED coded elements by non-licensed parties see*
  - #3 *Missing samples*, **resolution agreed in ballot#1**
  - #45; *last meal/oral intake including food modifications, special needs, including parenteral/enteral nutrition*. **In person resolution requested**

Ballot #2 Negatives

- Negative Comments:
  - #46; *how to record vulnerable patient nutrition problem.* To be discussed
  - #47; *International Definition of a value set.*
  - #48; *use of nullFlavors*
  - #49; *contagious diseases*

Comment #2

- *Comments regarding IPS content authenticity and implications for integrity of clinical practice and most importantly patient safety, are included in the attached .pdf document. These comments were previously shared with the IPS team.* ***Without an appropriate resolution on use of SNOMED coded elements by non-licensed parties, we believe the IPS Implementation Guide for CDA R2 should be revised to specify options 2, 3 and/or 4 as enumerated in our comment document, page 3.***
- *Consider further in light of the statement from SNOMED International on 1 December 2017: "SNOMED International, recognizing that both Members and non-members may move information containing SNOMED CT codes, has required that some parameters of use be adhered to. In the event a non-licensed user receives SNOMED CT codes as part of a health data transfer, SNOMED International has deemed this within the definition of acceptable use." Full press release is posted here: http://www.globenewswire.com/news-release/2017/12/01/1216222/0/en/SNOMED-International-Maintains-its-Commitment-to-the-Use-of-SNOMED-CT-through-Broadened-Implementation-Approaches.html*

Comment #2

- **NOT PERSUASIVE 26/0/0**
  - **The current guide has a specific section dedicated to "Functional requirements and high-level use cases " that may be relevant for the design principles of the IPS.**
  - **This includes also requirements related to original / mapped concepts and original / translated texts**
  - **The suggested Option 2, 3 and 4 describe possible functional requirements associated to the IPS exchange service. For example option 2 is the solution adopted by epSOS/eHDSI for the cross-border European PS Service.**
  - **Even if relevant for the meaningful and safe cross-border exchange of IPSs , the team believe that this is out of scope for this guide.**

Comments 1, 3 and 4

- *I cannot readily tell from this ballot content its compatibility with other HL7 CDA Implementation guides or IHE Implementation guides. In general, Structured Documents must come up with ONE format for the publication of guides.*
- **Not Persuasive with mod 26/0/0**
  - SDWG has defined a quality criteria, but not a common format for all the CDA IGs.
  - The common format for the CDA Implementation Guide should be a topic for the CDA Management Group.
  - This project will not address this common format but we will raise the issue with the CMG and we hope they will pick-it-up.

Comment #45

- “Last meal/oral intake …not considered part of a patient summary.”
- “Last meal/oral intake including food modifications, special needs, including parenteral/enteral nutrition.”
- Clarification requested. Scope of this document is not only emergency use but given use as an unscheduled visit, should be complete.
- **Persuasive with mod (26/0/0)**
  - Will remove the entire example.

Comment #46

- How does a nutritionally vulnerable patient nutrition problem and prescription would be conveyed in this summary? – i.e. chronic tube feeding, inborn errors of metabolism etc.

- **Persuasive with mod (26/0/0)**
  - **Will document the following**
    - **Devices for nutrition should be covered by the Devices sections**
    - **Specific metabolism problems in the Problem list**
    - **Dietary habits in the social history section, not fully developed in this version of the guide. Subject of future improvements.**
  - **And provide examples for them.**

Comment #48

- *This specification represents this core set of negations ("general condition/activity unknown" and "general condition/activity/known absent") by leveraging the expressiveness of SNOMED CT and other primary terminologies to use explicit coded elements rather than relying on specific mechanisms of HL7 CDA such as nullFlavor and negationInd attributes.*
- While the suggestion to include specific coded concepts for negation related situations is a good one, the use of nullFlavors has not been an issue and is standard practice. While the implementation of nullFlavors as coded concepts might make things more consistent, it will also be a departure from a mature concept in CDA and would be more of a hastle than simply using nullFlavors.
- Use coded concepts for negation, but leave nullFlavor functionality as is.

Comment #48

- **Not persuasive with mod (26/0/0)**
- "This section refers only to “unknown / known absent” activities and conditions. In these cases we request not to use nullFlavor or negationInd, but explicit codes. For all the other cases e.g. unknown addresses; not applicable coded values; nullFlavors are used as described by the V3 standard.
- We suggest however to modify the sentence as follow :
  - "This specification represents this core set of negations (“general condition/activity unknown” and “general condition/activity/known absent”) using explicit coded elements rather than relying on specific mechanisms of HL7 CDA such as nullFlavor and negationInd attributes or human readable text (possibly not understood by the foreign country receiver).“
- and add for clarification the following sentence :
  - "In contrast to the practice to use negationInd or nullFlavor attributes on a section itself, we prohibit the use of these attributes on section level to express “unknown” or “no information” situations. A section holds the categorized (coded) narrative part of the documented activity and will never carry negationInd or nullFlavor attributes. Instead, we enforce by design, that “unknown” or “no information” expressions always go to the coded entry with a corresponding act code."

Comment #48

- We will provides codes and examples to cover the not known / known absent information

Comment #49

- *P – Past Illnesses such as chronic (still active) diseases, like coronary heart disease, renal failure or past (not active) diseases like a former myocardial infarction.*
- P – Past Illnesses such as chronic (still active) diseases including coronary heart disease, renal failure or past (not active) diseases like a former myocardial infarction. **The list should also include information about contagious diseases.**
- The existing list does not include any reference to contagious disease. This information can be vital in providing appropriate servicees and protecting the public health.

- **IPS Team : Not persuasive**
  - **It is a quotation. It is not an exhaustive list**

Comment #11

- In person resolution requested (A-C)
- **Ref § 8.13 IPS Social History Section**
- “While out of scope for this ballot, we suggest including the Occupational Data for Health (ODH) supplemental template in this IG if possible.”
- First Triage **Considered for future use**
- The Patient Summary is per definition "minimal and non-exhaustive <..> for the cross-border unscheduled care of a patient" . In this context detailed occupational information is not considered part of this core scope. This may be re-considered in future versions of this standard.

ACTION LIST