SDWG - PHMR Subgroup Meeting

**Logistics:**

*Date / Time:* July 1, 2015, 10:00am to 11:15am EDT

*Location:* Telco

*Facilitator:* Martin Rosner

Note taker: Martin Rosner

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Meeting information

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| Wednesday, June 3, 2015 |
| 10:00 am  |  Eastern Daylight Time (New York, GMT-04:00)  |  1 hr |

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**Attendees:**

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| Name | Affiliation | Present |
| Vinayak Kulkarni | Cerner | X |
| Martin Rosner | Philips | X |
| Brian Reinhold | Lamprey Networks | X |
| Chris Johnson | Blue Cross / Blue Shield |  |
| Asim Muhammad | Philips |  |
| Darrell Woelk | SocialCare |  |
| Igor Gejdos | Roche |  |
| Russ Leftwich | State of Tenn. |  |
| Lisa Nelson | Lantana |  |

**Agenda:**

1. Ballot reconciliation

**Minutes Approval:**

Minutes from June 16, 2015 – approved

**Action**

1. **Ballot reconciliation process steps**

The team discussed resolution to comments from Dr. McDonald. Dr. McDonald comments (as Neg-Mj comment) that LOINC codes should be mandatory instead of MDC codes in the PHMR document because LOINC codes are at the center of the US standardization of observation IDs. The team discussed at length and proposes a disposition of Not persuasive with mod. The approach to resolve this in the next ballot is as follows:

Since the PHMR is a document meant for international use, it does not mandate what clinical coding system is used. That choice will depend upon the regional requirements and laws. However, since the MDC code is always available, this implementation guide requires the code element to use the MDC coding system. The realm-specific clinical coding system is then placed in the translation element(s). In this manner, a reader in any realm will be able to understand the code if they have an MDC to realm-specific coding system table or use the MDC system. As an example PCHA (Personal Connected Health Alliance) maintains an MDC to SNOMED CT translation and there is an ongoing project for an MDC to LOINC translation. There is also an IHE Clinical Mapping profile in development for the support of requesting translations between coding systems. If an appropriate translation from the MDC to realm-specific clinical code cannot be found, that translation will be absent. This specification encourages translations to multiple clinical coding systems.

The team also discussed other comments from Dr. McDonald. The resulting dispositions and corresponding comments can be found [here](http://wiki.hl7.org/images/1/16/CDAR2_IG_PHMR_R1_N1_2015MAY_Amalgamated_20150701.zip).

We will review the corresponding issues with the main SDWG on the next call.

**AOB**

**Next Regular Call**

* July 8, 2015