20160830\_MNBS\_Notes

Attendees: Careema, Rebecca, Susan, Rhonda, Joshua, Riki, Willie, Brian,

Agenda:

* Link to spreadsheet: <https://docs.google.com/spreadsheets/d/1ZIhrKrWnVN-0FHKoOLU47YW900qOBlA-hbw4CiXh5gc/edit#gid=1598913559>
* Case Write-up Progress Update (Rhonda and Susan)
	+ Started resource gathering and reviewed the PHII document and the LRI document and the ELR use case document as background
* Editing the MNBS IG (Rebecca will draft the first round – thank you!) link:
* Adjusted HL7 Sample Messages

* + 
		- Discussion:
			* NTE should be after OBR, if it applies to the order
			* Why switch over to SCT – LOINC is supposed to cover the questions / SCT is supposed to cover results so per the MOU between Regenstrief (LOINC) and IHTSDO (SCT)

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		- Discussion:
			* Clotting has vocab in both SPM-21 and SPM-24, so works well here

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		- Discussion:
			* Where there are some results, will only use SPM-24 = specimen quality
			* Recommend to extend the HL7 table
			* Rebecca is working on getting SCT codes for the LA codes
			* Not sending SPM, when not related to specimen
			* ONLY fill SPM-21, when
			* Need to fix example in notes accordingly
	+ Please review the messages as homework, so we can decide if we want to use SPM-21/SPM-24 as long as we have vocabulary to cover what we need for newborn screening
		- Make note to balloters to get specific feedback on this
* Review usages from the LOINC document:
	+ R means the lab has to send AND the provider’s EHR-S has to actually store it
	+ Summary - depends on the decision about the ordered OBRs
	+ Reason for test – (initial screen, subsequent screen by law, … for clarification, for protocol, .. for unspecified, no sample due to parental refusal) – not sure in TX we know if it is actually a subsequent screen – is based on age of subject) – how helpful is this to the receiver, when it is the ordering provider
		- Do we need to create 3 profiles one for ordering, one for clinical care and one for research/PH use and review on the next call – HOMEWORK!
			* Rebecca has a LOINC panel spreadsheet for this already
				+ Forms – has the nesting and order of LOINCs
				+ LOINCS – has the individual LOINCs and usage
				+ Answers – has all the answers for coded LOINCs
	+ Sample quality – at least make RE, if we keep that OBX (though LOINC does not have that concept – just supporting R, O and C)
		- no sample due to parental refusal – this is not a test reason, it is a reason to not have a sample (SPM-21)
* Timeframe for deliverables:
	+ Final content for Jan 2017 ballot is due 12/4/2016, but we should aim to get this content shareable with some of the implementers (hospitals and vendors) well before then – goal 10/14/2016?!
* Next Steps
	+ Riki to share the modified LOINC spreadsheet by COB 9/5
	+ All review the spreadsheet for use in ordering, result reporting to provider, result reporting for research/PH
	+ Next call will be 9/13/2016