Personal Health Records Portability

December 16, 2008 Webinar

Overview of Plan to Plan Data Transfer
PHR Implementation Guide

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Agenda

1. Context and Background for the X12 & HL7 roles in the Plan to Plan Data Transfer for PHR
2. Overview of CDA and CCD
3. Introduction of P2PPHR Implementation Guide
   - Tenets of the P2PPHR Harmonization with C32
4. HL7 ballot commenting process

Developing Plan-to-Plan PHR Data Feed: CORE CONCEPTS

- Data follows the member
- Plan and Member data sources
  - Enrollment-related data
  - Claims-related data
  - Member self-reported data
- Health plans are already implementing PHRs
  - Longitudinal data also available for consumer wellness tools
- **Emphasis on preserving the longitudinality of PHR data**
  - Not lost when member changes coverage from one health plan to another
- **"Portability" not "interoperability:"**
  - Prior data incorporated with current data for new Plan's Member view
- **Data transfer is after-the-fact to change of health plan**
  - Data not used for rating/underwriting

AHIP/BCBSA Project Overview

- Developed prototype for PHR data and portability
- Created an initial implementation guide
- Developed operating rules
- Pilot-test of plan-to-plan transfer
- Hand-off to X12 and HL7
- Finalize X12 and HL7 standard, Winter 2009
- Operationalize plan-to-plan transfer, 2009?

AHIP/BCBSA Project Overview

AHIP and BCBSA developed a payer-based Personal Health Record data transfer standard framework where the data follows the Member

Deliverables

- **16 Standard PHR Data Domains: Patient Information, Encounters, Medications, more**

- **Map identifying the data source**

- **Data Dictionary**

- **Implementation Guide and Operating Rules**

- **Plan-to-Plan standard for transferring PHR information**

Portability standards in synch with AHIC/HITSP/HL7 and will impact standardization of PHR core data elements across vendors

Standard PHR Data Domains

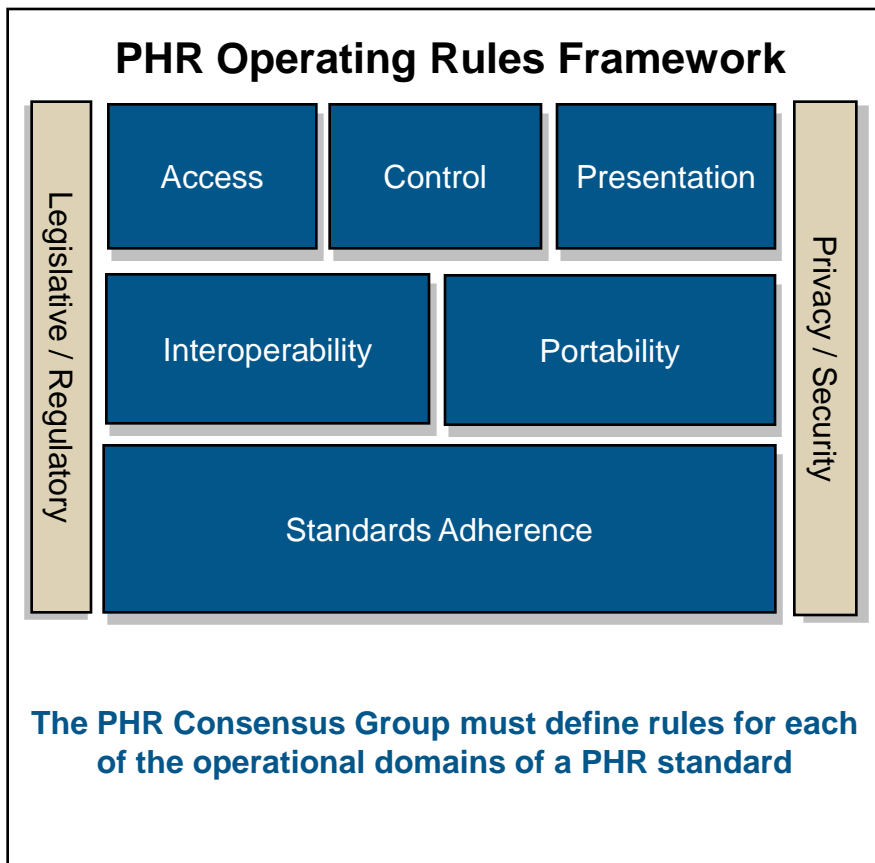| Domain	Domain Summary
Patient Information	Demographic and personal information, emergency contacts, PCP, etc.
Family History	Possible health threats based on familial risk assessment
Physiological Info.	Physiological characteristics such as blood type, height, weight, etc.
Encounter	Encounter data in inpatient or outpatient settings for diagnoses, procedures, etc.
Medication	Medication history such as medication name, prescription date, dosage, etc.
Immunization	Information regarding immunizations such as vaccine name, vaccination date, etc.
Provider	Information regarding clinicians who have provided services to the individual
Facility	Information regarding facilities where individual has received services
Health Risk Factors	Patient's habits, such as smoking, alcohol consumption, substance abuse, etc.
Advance Directives	Advance directives documented for the patient for intubation, resuscitation, IV fluid, etc.
Alerts	Patient's allergy and adverse reaction information
Health Plan Info.	Used for plan to plan PHR transfer. Information about the sender and recipient plans; the originator of the PHR for the consumer download of PHR.
Plan of Care	Any reminder, order, and prescription, etc. recommended by the care management and disease management for the patient.

White Rows are Self-Reported Information

Yellow Rows are Systems-Populated Information

PHR Operating Rules Framework

Legislative / Regulatory

Access	Control	Presentation

Interoperability	Portability

Standards Adherence

Privacy / Security

The PHR Consensus Group must define rules for each of the operational domains of a PHR standard

Access: Defines access to data, information inclusion, delegation

Control: Defines controls over PHR and usage

Presentation: Defines requirements for data presentation consistency across specified media

Interoperability: Defines data, technical and business process requirements to enable transfer of data between systems

Portability: Defines requirements that enable data to be extracted from the PHR and transported by specified media

Standards Adherence: Defines which standards the PHR leverages

Legislative / Regulatory: Defines federal, state, local, regulatory compliance

Privacy / Security: Defines organizational and regulatory compliance rules

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   - Tenets of the P2PPHR

4. HL7 ballot commenting process

CDA

- Clinical Document Architecture
- ANSI/HL7 CDA R1.0-2000
- ANSI/HL7 CDA R2.0-2005
- Created & maintained by HL7 Structured Documents Work Group (SDWG)
- A specification for document exchange using
  - XML,
  - the HL7 Reference Information Model (RIM)
  - Version 3 methodology
  - and vocabulary (SNOMED, ICD, local,…)

CDA: A Document Exchange Specification

- This is a CDA
- and this
- and this
- and this
- and this
- and this
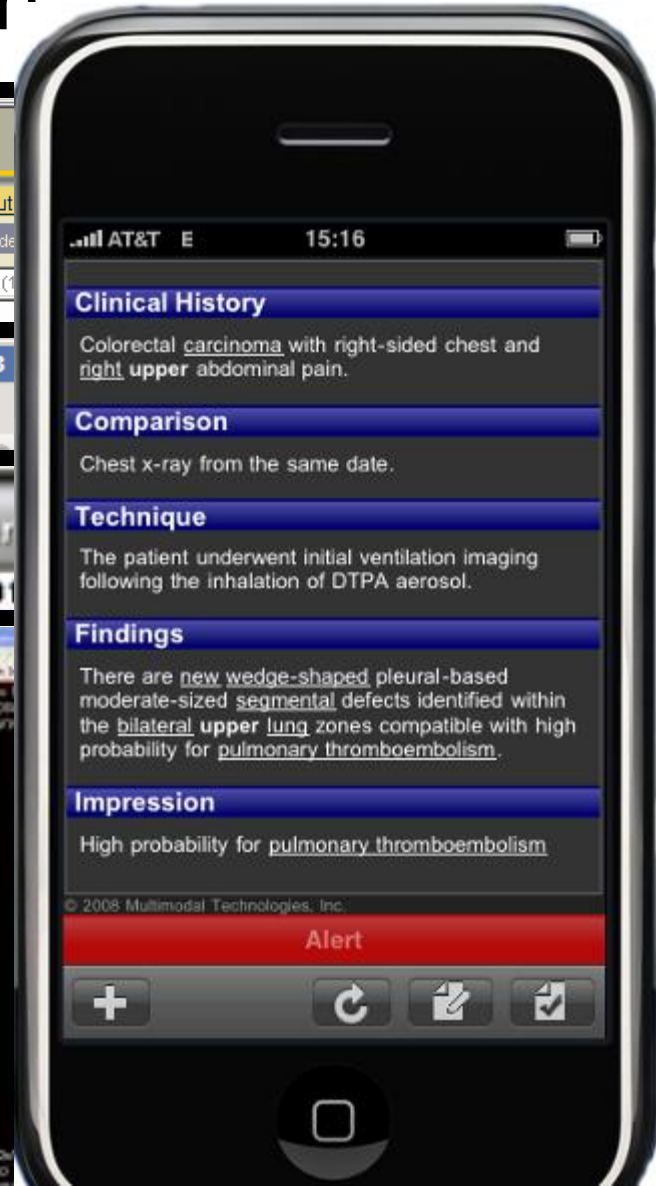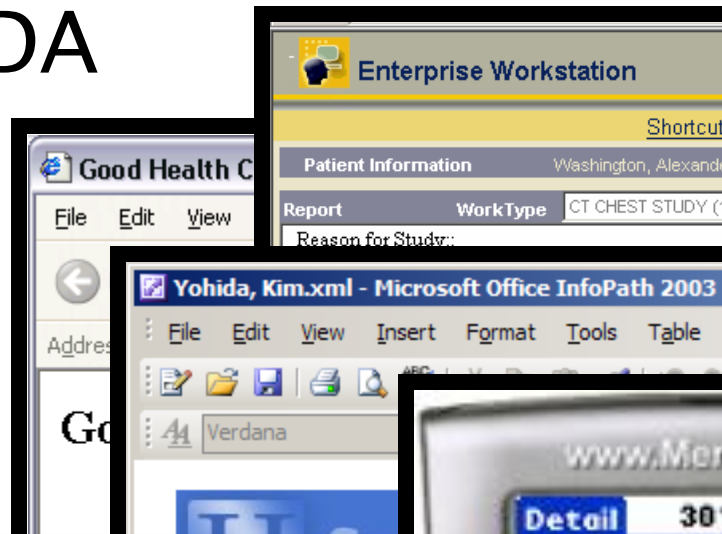
Clinical Document Architecture

- CDA Release 2, section 2.1:
  - A clinical document …has the following characteristics:
    - Persistence
    - Stewardship
    - Potential for authentication
    - Context
    - Wholeness
    - Human readability
- CDA = Header + Body

Clinical Document Architecture

- CDA Header
  - Metadata required for document discovery, management, retrieval
- CDA Body: Human Readable
  - Clinical Report
    - Discharge Summary
    - Care Record Summary
    - Progress Note
    - H&P
    - Public health report
    - Any content that carries a signature

HL7 V3:CDA:CCD:P2P

- How do they all relate?
- Worldwide agreement at the most abstract, general level
  - HL7 V3 RIM, data types are ISO standards
  - CDA is in use worldwide
- Community of interest agreement at the most specific level
  - CCD represents exchange requirements in the US
  - P2P represents exchange requirements for Plans

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HL7 V3:CDA:CCD:P2P

- Common foundation at highest level of common implementation
  - data types, model in use globally
  - specific data elements defined for this application
- How is this expressed?
  - each specification is a set of *constraints* on the more general standard
  - CDA constrains the RIM
  - CCD constrains CDA
  - P2P PHR constrains CCD

HL7 V3:CDA:CCD:P2P

- Pluses & Minuses of this approach
- Pluses:
  - highly interoperable across domains
  - locally customizable
  - efficient specification of each layer of constraint
- Minuses
  - each layer specifies only the constraint, so, is not a full recipe for implementation

```
+ <custodian>
- <recordTarget>
  - <patient>
      <id extension="12345" root="2.16.840.1.113883.3.933" />
    - <patientPatient>
      - <name>
          <given>Henry</given>
          <family>Levin</family>
          <suffix>the 7th</suffix>
        </name>
        <administrativeGenderCode code="M" codeSystem="2.16.840.1.113883.5.1" />
        <birthTime value="19320924" />
      </patientPatient>
    + <providerOrganization>
    </patient>
  </recordTarget>
+ <relatedDocument typeCode
+ <componentOf>
- <!--

    ************************
     CDA Body
    ************************
-->
- <component>
  - <structuredBody>
    - <!--

      **********************************************************
       History of Present Illness section
      **********************************************************
  -->
    - <component>
      - <section>
          <code code="10164-2" codeSystem="2.16.840.1.113883.6.1" codeSystemName="LOINC"
          <title>History of Present Illness</title>
        - <text>
          - <content styleCode="Bold">
              Henry Levin, the 7
```

Good Health Clinic Consultation Note - M

File   Edit   View   Go   Bookmarks   Tools   Help

file:///C:/K

Subscribe with Blogli…

Good Health C

Patient: Henry Levin , the 7th

Birthdate: September 24, 1932

Consultant: Robert Dolin , MD

History of Present Illness

Henry Levin, the 7th is a 67 year ol
asthma in his teens. He was hospitaliz
been able to be weaned off steroids f

Past Medical History

- Asthma
- Hypertension (see HTN.cda for detai
- Osteoarthritis, right knee

Medications

- Theodur 200mg BID
- Proventil inhaler 2puffs QID PRN
- Prednisone 20mg qd

- **Header**
- **Body**
  - Readable: required
  - Computable: optional

CDA: Incremental Semantic Interoperability

- Standard HL7 metadata

- Simple XML for point of care human readability

- RIM semantics for reusable computability ("semantic interoperability")

Relationship to HL7 messages

- CDA complements HL7 messaging specs
- A CDA document is a defined and complete information object that can exist outside of a messaging context
- A CDA document can be a MIME-encoded payload within an HL7 message

Relationship to HL7 messages

CDA documents are encapsulated as MIME packages within HL7 messages

HL7 V2.x

MSH|...

EVN|...

PID|...

PV1|...

TXA|...

OBX|1|ED|...

|...

HL7 V3

```
<someMessage>
  <Act.Code code="11488-4" codeSystem="2.16.840.1.113883..."
    displayName="Consultation note"/>
  <Act.text type="multipart/related">
MIME-Version: 1.0
Content-Type: multipart/related; boundary="HL7-CDA-boundary";
type="text/xml"; start="10.12.45567.43"
Content-Transfer-Encoding: BASE64 --HL7-CDA-boundary
Content-Type: text/xml; charset="US-ASCII" Content-ID:
&lt;10.12.45567.43>
... Base 64 of base CDA document, which contains ...
  <observationMedia classCode="OBS" moodcode="EVN">
    <id root="10.23.4567.345"/>
    <value mediaType="image/jpeg">
      <reference value="left_hand_image.jpeg"/>
    </value>
  </observationMedia>   ...
--HL7-CDA-boundary
Content-ID: &lt;10.23.4567.345>
Content-Location: canned_left_hand_image.jpeg
Content-Type: image/JPEG
... Base64 image ...
--HL7-CDA-boundary--
  </Act.text>
</someMessage>
```

General Relationship to Messaging

- CDA can be the payload in any kind of message

V2

X12

V3

XDS
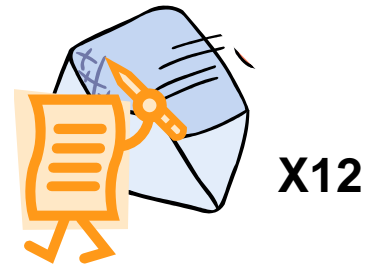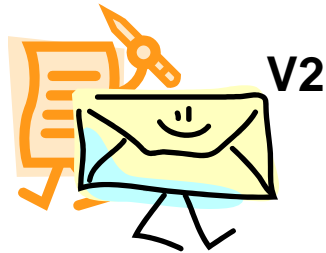
- And can be passed from one kind to another

Primary Use Cases

- access/portability/exchange
  - query/locate by patient, provider, practitioner, setting, encounter, date
  - access distributed information through common metadata
  - document management
- integration
  - transcription systems
  - EHR records
- re-use/derivative data
  - summaries, reports
  - decision support

CDA for Information Exchange in the US

- Recommended by Health Information Technology Standards Panel (HITSP) work groups
- CMS Notice of Proposed Rule Making
  - Claims attachments using CDA + X12
  - First pilot concluded, others underway
- Widespread vendor adoption:
  - Integrating the Healthcare Enterprise (IHE, EMRs)
  - Health Story (CDA4CDT, narrative eDocuments)
  - HAI (public health, infection control)

CDA Implementation Guides

- The CDA itself is generic
- To define specific requirements, CDA is constrained through Implementation Guides (IGs)
  - Specific use case, audience, application
  - Balloted Implementation Guides:
    - Continuity of Care, transfer of care
    - H&P, US realm, history-taking
    - Consult Report, US realm, consultations
    - Healthcare Associated Infection Reports, US CDC, National Healthcare Safety Network
    - Plan to Plan PHR, transfer of PHR information between plans

Conformance to template ID

- DOCUMENT LEVEL:

```
<ClinicalDocument xmlns='urn:hl7-org:v3'>
    <typeId extension='POCD_HD000040' root='2.16.840.1.113883.1.3'/>
    <templateId root='2.16.840.1.113883.10.20.1'/>
    …
</ClinicalDocument>
```
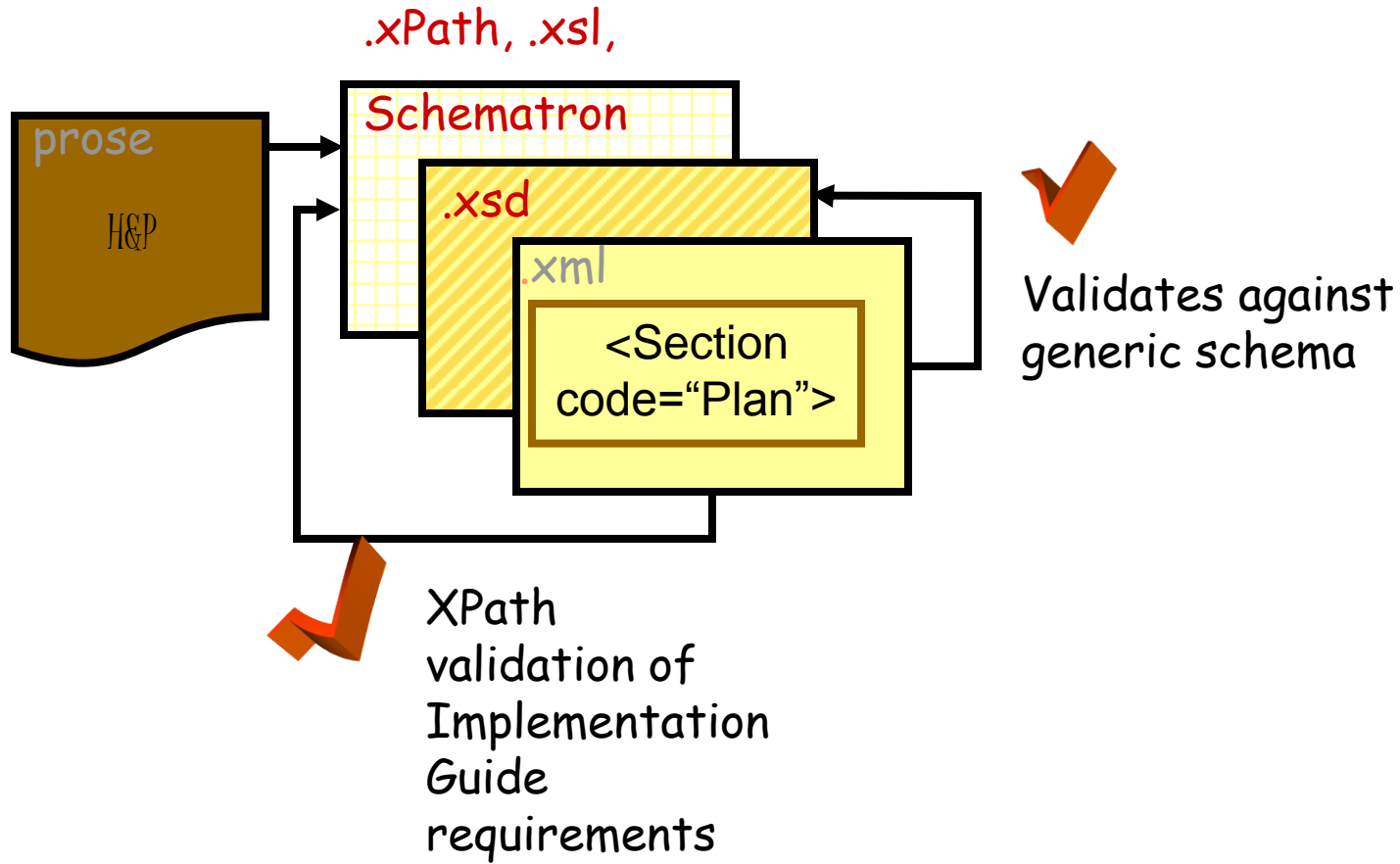
- PATTERN LEVEL:

```
<Section>
    <templateId root='2.16.840.1.113883.10.20.1.14'/>
    …
    <Observation classCode="OBS" moodCode="EVN">
      <templateId root='2.16.840.1.113883.10.20.1.32'/>
      …
    </Observation>
</Section>
```

Validation

- All instances are valid CDA
  - maintain and validate multiple document types using single generic schema
  - single stylesheet rendering
- Schematron/XPath statements
  - validate constraints that can't be specified in W3C schema language
  - validate constraints specific to IG

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Validating CDA document types

.xPath, .xsl,

Schematron

.xsd

.xml

prose

H&P

<Section code="Plan">

Validates against generic schema

XPath validation of Implementation Guide requirements

HL7/ASTM Continuity of Care Document (CCD)

- A CDA Implementation Guide, issued April, 2007

- Constrains CDA to represent the data elements of the ASTM Continuity of Care Record (CCR)

ASTM CCR+HL7 CDA = CCD

- **CCR Primary use case**
  - ➢ snapshot in time
  - ➢ summary of the pertinent clinical, demographic, and administrative data for a specific patient
- **CDA**
  - ➢ supports professional society recommendations, national clinical practice guidelines, standardized data sets, etc...
  - ➢ ASTM CCR is a standardized data set that can be used to constrain CDA specifically for summary documents
- **Result: The Continuity of Care Document (CCD).**

Continuity of Care Document

CCD maps the CCR elements into a CDA representation.

CCR data element	CDA R2 correspondence
Results	Section
Result	Observation
DateTime	Observation / effectiveTime
IDs	Observation / id
Description	Observation / code
Status	Observation / statusCode

Continuity of Care Document

CCD maps the CCR elements into a CDA representation.

```
<Results>
  <Result>
    <CCRDataObjectID>
      2.16.840.1.113883.19.1
    </CCRDataObjectID>
    <DateTime>
      <Type>
        <Text>Assessment Tim
      </Type>
      <ExactDateTime>
        200004071430
      </ExactDateTime>
    </DateTime>
    <Type>
      <Text>Hematology</Text
    </Type>
    <Description>
      <Text>CBC WO DIFFERENT
      <Code>
        <Value>43789009</Val
        <CodingSystem>SNOMED CT</CodingSystem>
      </Code>
    </Description>
    <Status><Text>Final Results</Text></Status>
```

```
<section>
  <code code="30954-2"
    codeSystem="2.16.840.1.113883.6.1"
    codeSystemName="LOINC"/>
  <title>Laboratory results</title>
  <text>
    CBC (04/07/2000): HGB 13.2; WBC 6.7; PLT 123*
  </text>
  <entry>
    <observation classCode="OBS" moodCode="EVN">
      <id root="2.16.840.1.113883.19" extension="1"/>
      <code code="43789009"
        codeSystem="2.16.840.1.113883.6.96"
        codeSystemName="SNOMED CT"
        displayName="CBC WO DIFFERENTIAL"/>
      <statusCode code="completed"/>
      <effectiveTime value="200004071430"/>
```

CDA beyond CCD

- How do other exchange requirements relate to CCD?
- Not everything we want to exchange is a summary or the same kind of summary
- Some implementation guides re-use CCD templates
  - H&P, Consult...
- Other implementation guides are strict constraints on CCD
  - P2P PHR

Health Story
(formerly CDA4CDT)

- Project initiated in January, 2007
  - M*Modal
  - AHDI(was AAMT)/MTIA
  - AHIMA
- Strong support from dictation / transcription and document management industries
- Cooperation/coordination with HL7, IHE, EHR vendors and providers
- Developed and brought to ballot:
  - History & Physical
  - Consult Report
  - Operative Note
  - Diagnostic Imaging Reports (with DICOM)

Other current projects

- Pilots:
  - Healthcare Associated Infection Reports
    - with Centers for Disease Control and Prevention
    - CDA R2 reporting to the National Health Safety Network
  - Cancer Abstract submission
    - North American Association of Central Cancer Registries
- Evaluation:
  - Long Term Care documentation
  - Quality reporting
  - Many domain-specific reports

Other CDA Implementation Guides

- IHE
  - 2006: 1 content type built on HL7 CRS
  - 2007: 7 content types, some constrain CRS, others new
  - 2008: many use cases, content types built on CCD
- HITSP: included in all use cases
  - http://www.hl7.org/documentcenter/public/faq/HL7_Standard-HITSP_IS_V1090808.pdf
- Providers: MHS, VA, Mayo, UPMC, NY Presbyterian, Beth Israel Deaconess, others
- Internationally: sets of IGs in Germany, Finland, Greece, Canada, Japan, Korea, France, Italy, Turkey, England

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HL7 Plan to Plan PHR Implementation Guide

CDAR2_IG_P2PPHRDATATRANS_R1_I2_2009JAN

HL7 Implementation Guide for CDA Release 2:
Plan-to-Plan Personal Health Record (PHR) Data
Transfer, Release 1 (2nd Informative Ballot)

P2PPHR (U.S. Realm)

Based on HL7 Implementation Guide:

CDA Release 2.0 – Continuity of Care Document (CCD)

Informative Ballot
Second Ballot
January 2009

P2P PHR IG
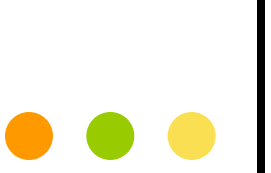
- Formal specification: A set of constraints on the CCD
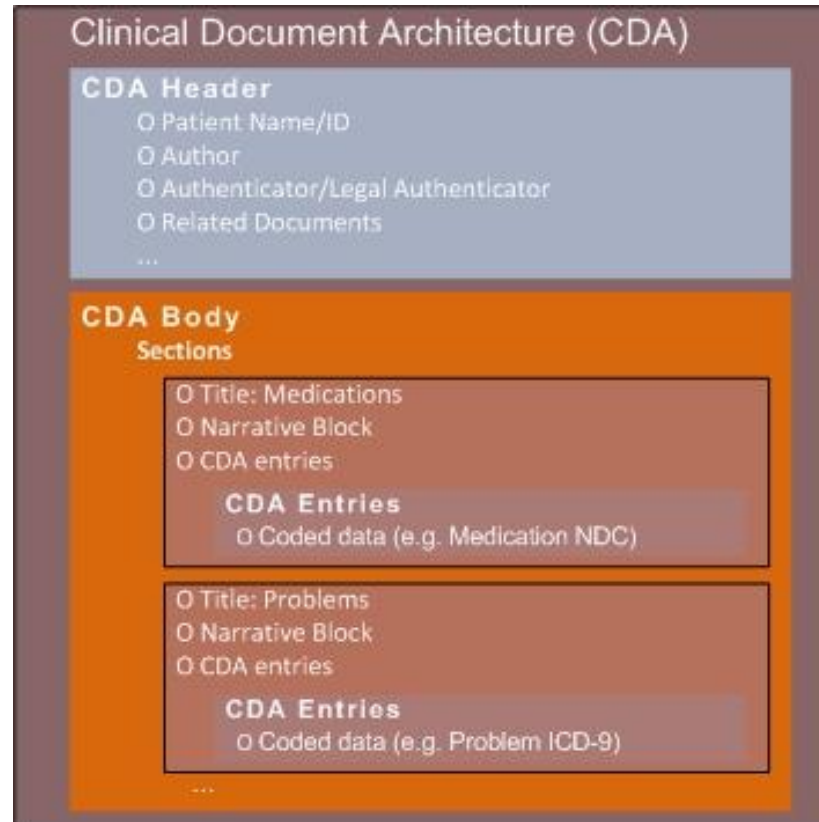
Tenets of P2P harmonization with C32

- P2PPHR will include full guidance for creating a valid CDA document.
- Adopt more restrictive data element constraint unless the constraint doesn't fit the AHIP use case
- P2PPHR will use the vocabulary specified by C32 unless the vocabulary doesn't fit the AHIP use case
- The P2PPHR reserves the right to deviate from C32 if the AHIP use case isn't fulfilled

Here's a look at a sample of the P2P PHR

- Display is HTML
- Underneath is XML
- Sample document is on based on original CCD ballot
- Customized for P2P exchange
  - conforms to further constraints of the IG
  - illustrates the full range of data envisioned

Sample P2P CCD

Structure of the IG

- Introduction
  - Purpose, audience, approach
  - Use of templates, conventions
  - Scope
- P2P constraints on the CCD header
- P2P constraints on the CCD body
- References and appendices

P2P Introduction: Scope

- "The goal of the Plan-to-Plan Personal Health Record (P2PPHR) Data Transfer Project is to create an HL7 implementation guide that will provide for PHR portability between Health Plans."
  - US Realm, may be expanded later
  - Constraints on CDA
    - incorporates CCD templates
    - defines additional templates specific to this IG
  - Assumes highly coded content
    - does not allow non-XML document body
  - HITSP C32
    - compatible
    - C32 is narrower in scope

P2P: Header

- Constraints inherited from the CCD
- Must carry document-level template IDs
  - A templateId element SHALL be present representing conformance to the Continuity of Care Document (CCD) (templateId 2.16.840.1.113883.10.20.1).
  - A templateId element SHALL be present representing conformance to the constraints of this guide (templateId 2.16.840.1.113883.10.20.8).

```
<templateId root="2.16.840.1.113883.10.20.1"/>
    <!-- CCD v1.0 Templates Root -->
<templateId root="2.16.840.1.113883.10.20.8"/>
    <!-- Conformance to the constraints of the P2PPHR guide.-->
```

Figure 2: Asserting conformance with templateIds

P2P Header: Participants

- Not constrained beyond CCD
- IG illustrates how to indicate that parts of the document have different authors
  - in header
  - sections/entries
- Patient as author, informant
  - author if they originate the data
  - informant if they are entering data from another source

P2P Body: Sections

- All sections optional
- Must have at least one
- Sections must have text, may have entries
- Sections can be in any order
- Sections can nest
- Additional sections, not defined here, can be included

P2P Body: Sections

- 4.1.1 Social History 29762-2
- 4.1.2 Family History 10157-6
- 4.1.3 Advance Directives 42348-3
- 4.1.4 Problems 11450-4
- 4.1.5 Alerts (Allergies) 48765-2
- 4.1.6 Medications 10160-0
- 4.1.7 Immunizations 11369-6
- 4.1.8 Results 30954-2
- 4.1.9 Encounters 46240-8
- 4.1.10 Plan of Care 18776-5
- 4.1.11 Vital Signs 8716-3
- 4.1.12 Procedure History 47519-4
- 4.1.13 Payers 48768-6

P2P Body: Advance Directives

- 4.1.3 Advance Directives 42348-3
  - "42348-3" is the LOINC code for Advance Directives
  - According to CCD, section contains "contains data defining the patient's advance directives "
  - P2P also
    - constrains vocabulary for type of advance directives
    - lists data elements that are "required if known"

P2P Body: Advance Directives

- Vocabulary constraint
  - The Advance Directives section, if present, shall contain the P2PPHR template identifier (templateId 2.16.840.1.113883.10.20.8.1.3).
  - The value for Observation/code in a Advance Directive observation shall be selected from Value Set 2.16.840.1.113883.1.11.20.2 AdvanceDirectiveTypeCode .

- Means:
  - use CCD template and
  - use AdvanceDiectiveType code for type of advance directive

P2P Body: Advance Directives

Table 6: Advance Directives Required if Known

P2PPHR Name	CCD Path	Description
Context:	observation[templateId/ @root='2.16.840.1.113883.10.20.1.1']	Advance Directives Observation
Participant Role Code	participant/participantRole/code	The role of verifier in a verification of an advance directive observation. This may include a witness or a person who has a copy of the advanced directive.
Verified Time	participant/time	the Time when verifier verified an advance directive observation.
Effective Time	effectiveTime	Effective time of the directive
Description	value	Coded description for an Advance Directive
Reference	reference/ExternalDocument	An Advance Directive Reference. A reference to a durable power of attorney for healthcare or other documents or healthcare records that support the Advance Directive.

P2P Body: Advance Directives

Advance Directives

Directive	Description	Verification	Supporting Document(s)
Resuscitation status	Do not resuscitate	Dr. Robert Dolin, Nov 07, 1999	Advance directive

P2P Body: Advance Directives

Advance Directives

Directive	Description	Verification	Supporting Document(s)
Resuscitation status	Do not resuscitate	Dr. Robert Dolin, Nov 07, 1999	Advance directive

```xml
<component>
<section>
        <templateId root='2.16.840.1.113883.10.20.1.1'/> <!-- Advance directives section template -->
        <code code="42348-3" codeSystem="2.16.840.1.113883.6.1"/>
        <title>Advance Directives</title>
        <text>
                <table border="1" width="100%">
                        <thead>
                        <tr><th>Directive</th><th>Description</th><th>Verification</th><th>Supporting Document(s)</th></tr>
                        </thead>
                        <tbody>
                                <tr>
                                        <td>Resuscitation status</td>
                                        <td><content ID="AD1">Do not resuscitate</content></td>
                                        <td>Dr. Robert Dolin, Nov 07, 1999</td>
                                        <td><linkHtml href="AdvanceDirective.b50b7910-7ffb-4f4c-bbe4-177ed68cbbf3.pdf">Advance directive</linkHtml></td>
                                </tr>
                        </tbody>
                </table>
        </text>
```

P2P Body: Advance Directives

- Entry using value from AdvanceDirectiveTypeCode

```xml
<entry typeCode="DRIV">
    <observation classCode="OBS" moodCode="EVN">
        <templateId root="2.16.840.1.113883.10.20.1.17"/>
        <!-- Advance directive observation template -->
        <id root="9b54c3c9-1673-49c7-aef9-b037ed72ed27"/>
        <code code="304251008" codeSystem="2.16.840.1.113883.6.96" displayName="Resuscitation"/>
        <statusCode code="completed"/>
        <effectiveTime>
                <low value="19650924"/>
                <high value="20120407"/>
        </effectiveTime>
        <value xsi:type="CD" code="304253006" codeSystem="2.16.840.1.113883.6.96" displayName="Do not resuscitate">
                <originalText>
                        <reference value="#AD1"/>
                </originalText>
        </value>
        <participant typeCode="VRF">
                <templateId root="2.16.840.1.113883.10.20.1.58"/>
                <!-- Verification of an advance directive observation template -->
                <time value="19991107"/>
                <participantRole>
                        <id root="20cf14fb-b65c-4c8c-a54d-b0cca834c18c"/>
                </participantRole>
        </participant>
        <entryRelationship typeCode="REFR">
                <observation classCode="OBS" moodCode="EVN">
```

P2P: Appendices

- APPENDIX A : TEMPLATE IDS (NON-NORMATIVE)
- APPENDIX B : REFERENCE VALUE SETS (NON-NORMATIVE)
- APPENDIX C : REFERENCE VOCABULARIES (NON-NORMATIVE)
- Appendix D: Comprehensive P2P CDA Data Dictionary

P2P: Template IDs

Table 18: P2P Template IDs

Template ID	Asserts Conformance to Constraints for:
2.16.840.1.113883.10.20.8	P2PPHR IG
2.16.840.1.113883.10.20.8.1.1	Social History
2.16.840.1.113883.10.20.8.1.2	Family History
2.16.840.1.113883.10.20.8.1.3	Advance Directives
2.16.840.1.113883.10.20.8.1.4	Problems
2.16.840.1.113883.10.20.8.1.5	Alerts
2.16.840.1.113883.10.20.8.1.6	Medications
2.16.840.1.113883.10.20.8.1.7	Immunizations
2.16.840.1.113883.10.20.8.1.8	Results
2.16.840.1.113883.10.20.8.1.9	Encounters
2.16.840.1.113883.10.20.8.1.10	Plan of Care
2.16.840.1.113883.10.20.8.1.11	Vital Signs
2.16.840.1.113883.10.20.8.1.12	Payers
2.16.840.1.113883.10.20.8.1.13	Procedures
2.16.840.1.113883.10.20.8.1.14	CMS1500 Claim
2.16.840.1.113883.10.20.8.1.15	UB-04 Claim

P2P: Reference Value Sets

valueSetOID (localValueSetName)	code	displayName	codeSystem	CodeSystem Name
2.16.840.1.113883.1.11.20.2 (AdvanceDirectiveTypeCode)	304251008	Resuscitation	2.16.840.1.113883.6.96	SNOMED CT
	52765003	Intubation	2.16.840.1.113883.6.96	SNOMED CT
	225204009	IV Fluid and Support	2.16.840.1.113883.6.96	SNOMED CT
	89666000	CPR	2.16.840.1.113883.6.96	SNOMED CT
	281789004	Antibiotics	2.16.840.1.113883.6.96	SNOMED CT
	78823007	Life Support	2.16.840.1.113883.6.96	SNOMED CT
	61420007	Tube Feedings	2.16.840.1.113883.6.96	SNOMED CT
	71388002	Other Directive	2.16.840.1.113883.6.96	SNOMED CT

P2P: Referenced Vocabularies

Table 28: P2PPHR Vocabulary

P2PPHR VOCABULARY	Vocabulary codeSystem OID
ActCode	2.16.840.1.113883.5.4
ActEncounterCode	2.16.840.1.113883.1.11.13955
CDC Vaccine Code (CVX)	2.16.840.1.113883.6.59
CPT-4	2.16.840.1.113883.6.12
HCFA Procedure Codes	2.16.840.1.113883.6.14
HL7 ActCode	2.16.840.1.113883.5.4
HL7 AdministrativeGender	2.16.840.1.113883.5.1
HL7 RouteOfAdministration	2.16.840.1.113883.5.112
ICD-9 CM	2.16.840.1.113883.6.2
ISO 3166 3 Character Country Codes	2.16.2
LOINC	2.16.840.1.113883.6.1
NAIC	NAIC OID
NDC	2.16.840.1.113883.6.69
NDF-RT	2.16.840.1.113883.4.209
National Uniform Billing Council, UB 04	NUBC UB04 OID
NUCC (National Uniform Claim Committee)	NUCC OID
ObservationInterpretation	2.16.840.1.113883.5.83
ObservationMethod	2.16.840.1.113883.5.84
RFC-3066 (Language Code)	2.16.840.1.113883.6.121
RouteOfAdministration	2.16.840.1.113883.5.112
SNOMED CT	2.16.840.1.113883.6.96
Unified Code for Units of Measure (UCUM)	2.16.840.1.113883.6.8

P2P: Data Dictionary

Advance Directives Section					
Context	section [templateId / @root='2.16.840.1.113883.10.20.1.1'] [templateId / @root = '2.16.840.1.113883.10.20.8.1.3']	O	Advance Directives Section		
Title	title	R	Represents the label of a section. "advance directives"		
Text	text	R	Used to store Social History narrative to be rendered		
Section type	code [@code="42348-3"] [@codeSystem = "2.16.840.1.113883.6.1"] [@displayName = "Advance directives"]	R	Specifying the particular kind of section		2.16.840.1.113883.6.1 LOINC
Advance directive clinical	entry	R2	Advance directive clinical statement		

Agenda

1. Context and Background for the X12 & HL7 roles in the Plan to Plan Data Transfer for PHR
2. Overview of CDA and CCD
3. Introduction of P2PPHR Implementation Guide
   - Tenets of the P2PPHR
4. **HL7 ballot commenting process**

HL7 Ballot Participation Process

- Navigating HL7 (ballot) website
  - http://www.hl7.org/ctl.cfm?action=home.welcome

- Join the ballot pool:
  - Nov 13, 2008 – Dec 29, 2008

HL7 Ballot Participation Process

- Instructions and all links needed:

- Members must sign in again:

64
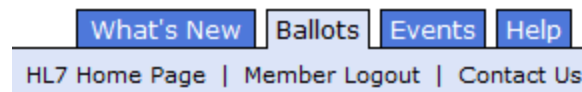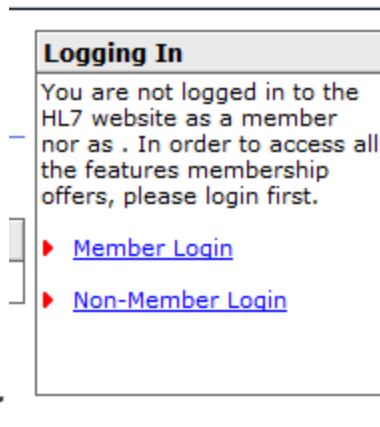
HL7 Ballot Participation Process

Non-Members:

HL7 Ballot Participation Process

You will see a list of the available ballots:

Ballot Document Pools in which you are NOT Participating

⚠ **All ballots close on their specified close date at midnight, US Eastern Time Zone.**

R. Pkg	Name	Lvl.	Ballot Document	Signup Close Date	Ballot Open	Ballot Close	Cmnt
	HL7 EHR Clinical Research Functional Profile, Release 1	N1	(1.02 MB)	Dec 29, 2008	Dec 03, 2008	Jan 05, 2009	
	HL7 EHR Long Term Care Functional Profile, Release 1 (US Realm)	N1	(2.24 MB)	Dec 29, 2008	Dec 03, 2008	Jan 05, 2009	
	HL7 Implementation Guidance for Unique Object Identifiers (OIDs), Release 1	I2		Dec 29, 2008	Postponed		
	HL7 Implementation Guide for CDA Release 2 - Level 3: Healthcare Associated Infection Reports, Release 2 (US Realm)	D2	(370.9 kb)	Dec 29, 2008	Dec 06, 2008	Jan 05, 2009	
	HL7 Implementation Guide for CDA Release 2: Patient Assessments, Release 1	D1	(778.7 kb)	Dec 29, 2008	Dec 06, 2008	Jan 05, 2009	

Click: Join Ballot Pools

▼ Your Desktop

The Ballot Desktop lets you review all the ballotable documents available in a given cycle. When a cycle is active, you can vote, review your votes, view ballot materials, and review announcements.

▶ Join Ballot Pools

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HL7 Ballot Participation Process

- Select ballots to join:

Balloting
Join a Pool

January 2009 Ballot Cycle

Ballots Pools for this cycle in which you are NOT participating

If there are any ballot pools listed for this cycle below, place a check next to the pools in which you would like to participate, then click the "Join" button. If there are no pools listed, you already have signed up to participate in all those available. If no checkbox is available then that ballot pool may be a closed ballot, may already have closed for sign up or may have been postponed.

Select All Pools	Ballot Name	Signup Period
☐	HL7 EHR Clinical Research Functional Profile, Release 1	Nov 13, 2008 - Dec 29, 2008
☐	HL7 EHR Long Term Care Functional Profile, Release 1 (US Realm)	Nov 13, 2008 - Dec 29, 2008

HL7 Ballot Participation Process

List of ballots you signed up for:

Ballot Document Pools in which you ARE Participating

⚠ **All ballots close on their specified close date at midnight, US Eastern Time Zone.**

R. Pkg Name	Lvl.	Ballot Document	Open	Close	Vote	Cmn
HL7 Version 2.7 Messaging Standard	N3	🖥 (6.61 MB)	Dec 03, 2008	Jan 05, 2009	No Return	🖥
HL7 Version 3 Standard: Clinical	O1	🖥 (link to site)	Dec 03, 2008	Jan 05, 2009	No Return	🖥

- What is in the ballot package
- Tips about filling out the ballot spreadsheets

HL7 Ballot Participation Process

- Casting the overall vote
- Attaching the spreadsheet

- Click on "Vote" tab:

HL7 Ballot Participation Process

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HL7 Ballot Participation Process

- Afterwards:
  - At the working group meeting
  - On conference calls
- Overall committee vote
  - Incorporate changes and publish
  - Incorporate changes and back to ballot
  - Withdrawal of negatives

Ballot Resources

- Project description and key files:
  - http://wiki.hl7.org/index.php?title=Plan-to-Plan_Personal_Health_Record
  - user: wiki, pwd: wikiwiki
- Vote!
  - http://www.hl7.org/ctl.cfm?action=home.welcome

References

- JAMIA
  - Dolin RH, Alschuler L, Boyer S, Beebe C, Behlen FM, Biron PV, Shabo A. HL7 Clinical Document Architecture, Release 2. J Am Med Inform Assoc. 2006;13:30-39.
    - http://www.jamia.org/cgi/reprint/13/1/30
- CDA Release 2.0 Normative Edition: see HL7.org
- CCD: see HL7.org
- V3 Normative Edition: http://www.hl7.org/v3ballot/html/welcome/environment/index.htm
- XML: http://www.w3.org/TR/xml
- XSLT: http://www.w3.org/TR/xslt
- XHTML: http://www.w3.org/TR/xhtml-modularization/
- Schematron
  http://www.schematron.com/
  http://xml.ascc.net/resource/schematron/schematron.html
- AlschulerAssociates.com
  - Quick Start Guides: http://www.alschulerassociates.com/cda/?topic=quick-start-guides
  - CDA Validator: http://www.alschulerassociates.com/validator/

QUESTIONS?