



IPS

New Orleans WGM

2018-01-31

Q2 – EHR



Topics

- IPS status overview
 - Project status
 - PSS update status
- Ballot reconciliation
- Items to be closed before publication
- AOB



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.”

IPS Principles

Implementable

Applicable for global use

Extensible and open

Sustainable

The IPS «world»

Requirements

Design

Implementation

IPS: Guidance for European Technical Specification

Working-Document-(WD)-Item-Proposal-stage¶

CEN prTS



Baseline requirements: e.g. EU guidelines

Working-Document-(WD)-Item-Proposal-stage¶

CEN prEN

The Patient Summary for Unscheduled, Cross-border Care



HL7 CDA IG



HL7 FHIR IG

Conformance



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_\(IPS\)](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**
- **Approved by SD 2018-01-29**
- **Missing**
 - **FMG approval (likely next week)**
 - **TSC approval**

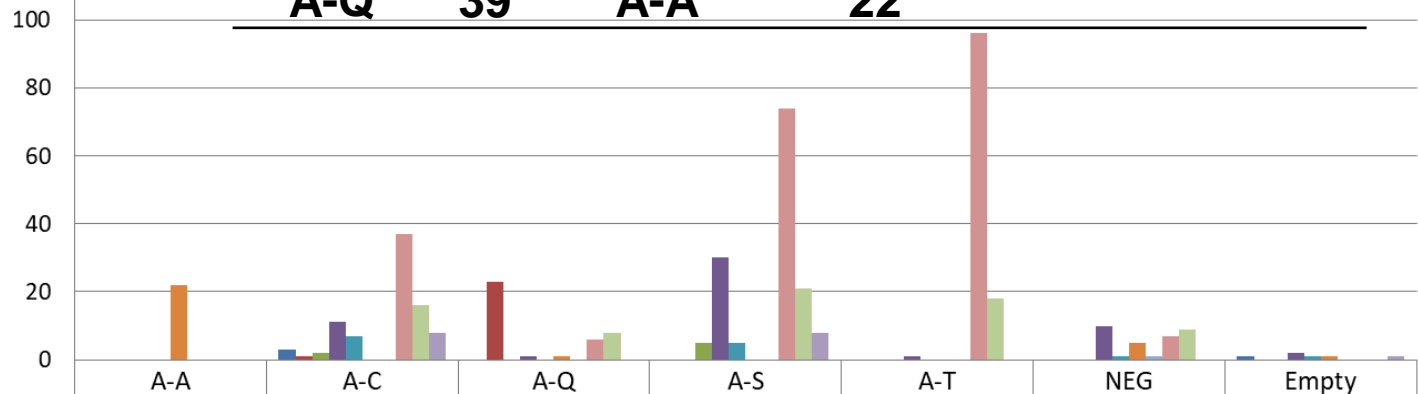


BALLOT STATUS AND RECONCILIATION

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		

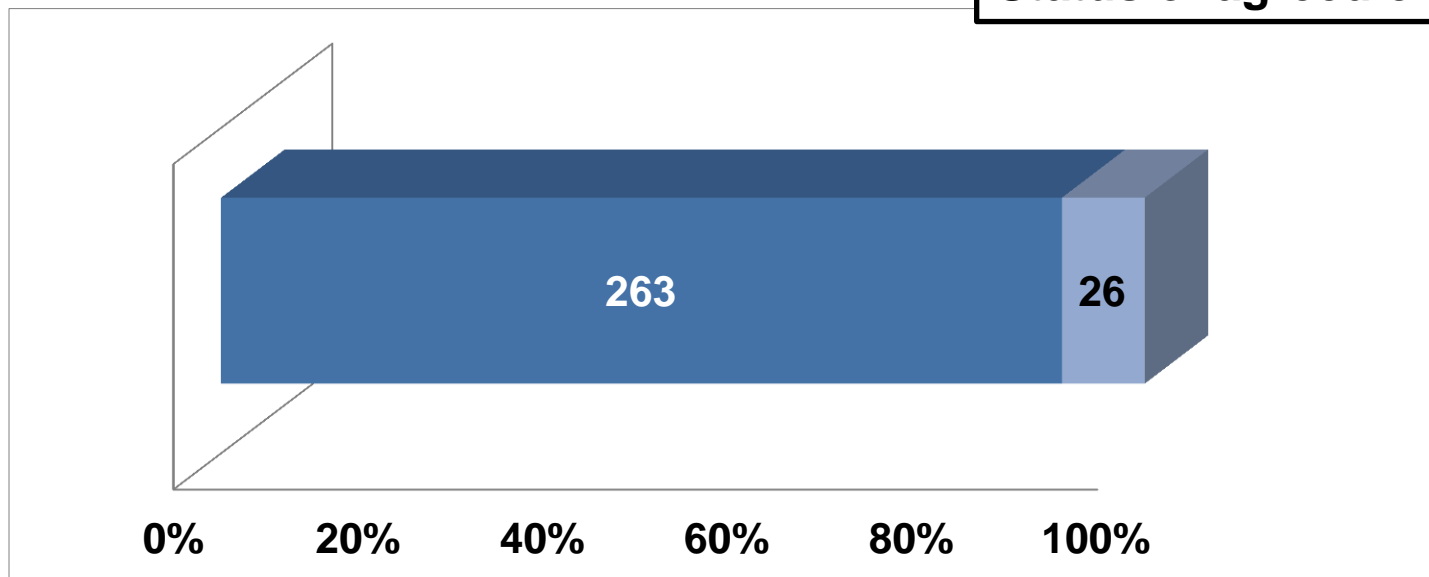


	A-A	A-C	A-Q	A-S	A-T	NEG	Empty
Considered - No action required		3					1
Considered - Question Answered		1	23				
Considered for future use		2		5			
Not persuasive		11	1	30	1	10	2
Not persuasive with mod		7		5		1	1
Not related	22		1			5	1
Pending input from submitter						1	
Persuasive		37	6	74	96	7	
Persuasive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

Status of agreed changes



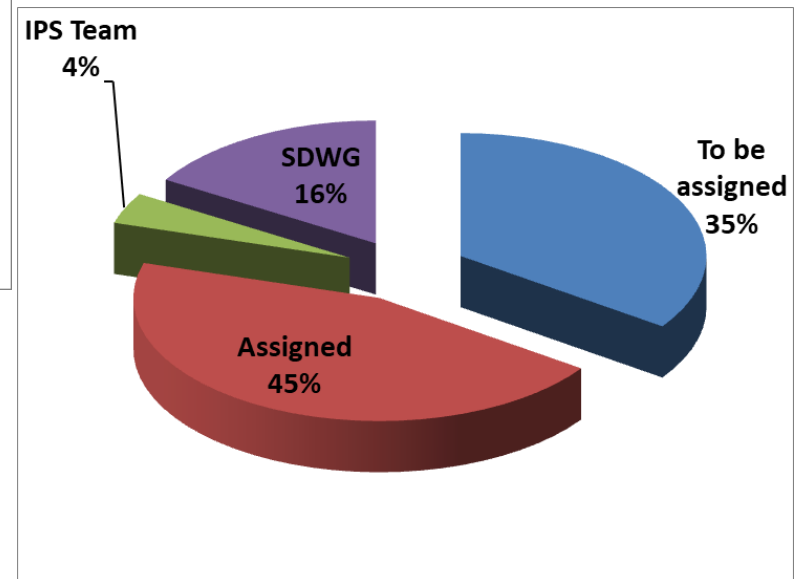
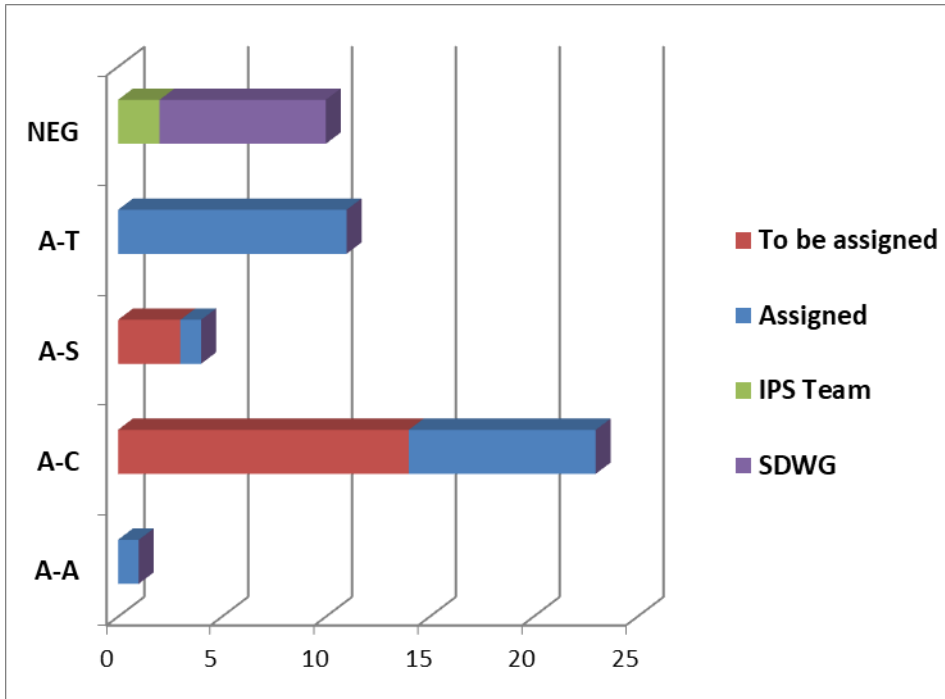
IPS STU ballot#2 results

	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

IPS STU ballot#2 results



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 services and protecting the public health.
- **IPS Team : Not persuasive**
 - **It is a quotation. It is not an exhaustive list**

Comment #9

- Finally, the received CDA may be displayed using a common CDA stylesheet; may be used to extract some relevant information to be displayed by the EHR-S or to be incorporated into the receiver's EHR. Alternatively, a specialized viewer may be adopted to enable the display of the translated content.
- Problem of construct of the first sentence. Around "stylesheet;". There should be two sentences, and the second one is missing a subject.

Comment #9

- The subject was the received CDA...is in this way more clear ?
- Finally, the received CDA may be used in different ways. For example, displayed using a common CDA stylesheet; display the extracted relevant information; incorporated into the receiver's EHR. Alternatively, a specialized viewer may be adopted to enable the display of the translated content.
- OK

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 For future consideration**
- 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.

-
- Value Sets defined by extension are composed of explicitly enumerated sets of concept representations
 - A Value Set defined by extension is composed of explicitly enumerated sets of concept representations
 - better to have the definition in singular form. Question remains if last part should be in plural or singular (to be clarified: can a value set be composed of .. sets of concept representations? I think, yes.)
 - *Persuasive*

Comment #20

- p0013-24
- please add text to precisely define what is the normative content that results from this ballot. e. g. "release published after comment reconciliation" (cf. p0278-13)
- Not related
- Everything is normative with the exception of what is declared not normative (e.g. appendix). Furthermore we don't see the relationship between the reference and the comment

Comment #22

- The CEN EN IPS data set is going to have as "Required if Known" element the "Person authorising Directive" in the optional Advance directive section. This element may refer to the author of the directive (already included in the template); but also other persons that are delegated to take decisions for the patient about directives.
- To keep the compliance with the CEN EN IPS guide I suggest to add as 0...* R element a participant that represent this actor.
- Add a authorizing participant
- persuasive

Comment #34 (see also #35)

■ Patient Contact

- The value of @code shall be drawn from value set 2.16.840.1.113883.11.22.54 IPS Personal Relationship (DYNAMIC)

- Not sure how this value set applies in the case of Healthcare providers (person or organization) (it is a CNE binding). Should be the element omitted ? How the relationship is captured in this case ?

■ Persuasive

- Add the HealthCare professional role as choice for the binding

Comment #35

- The CEN IPS data set requires that the role of the contact is captured as Required if known element in the IPS when a contact is recorded.
- If this is covered for personal relationships it is not clear how this information is represented in the case of providers. [see previous item]
- In addition to that the concept of "role" in the CEN guide in reality covers two possible concepts the functional role (I'm a physician, a nurse, a caregiver) and the possible speciality (e.g. cardiologist; ...).
- In the discussion in the CEN group it was recognized that for some unplanned care cases it might be useful to be able to distinguish between different "preferred" contacts depending on the problem (e.g. the preferred cardiologist; the preferred dermatologist;....)
- How the current specification cover this need ?

■ **Persuasive**

■ **Initially resolved by comment #**

Comment #38

- IF the observation/value element is present and coded then the observation/participant element SHALL be omitted. Conditional: Omit if Observation.value is SNOMED-CT 160244002 No known Allergies
- IF the observation/value element is present and valued with a code derived from the 2.16.840.1.113883.11.22.9 Absent or Unknown Allergies value set THEN the observation/participant element SHALL be omitted.
- **Persiasive**

If we are ok with this change this cover also #37

Comment #37

- The current version of the CEN IPS indicate the pattern (type+agent) as required allowing also for precoordinated values.
- Even if not 100% clear, this specification seems to indicate that pre-coordinated values or the agent are used alternately.
- I suggest that the two solutions will be harmonized.
- Could we omit the participant in the case of non known values for the <value> element and consider the participant as R in the case of precoordinated values ?
- (that is provide also the agent if you have)
- See also the next comment..



**TO BE CLOSED BEFORE
PUBLICATION**

Before publication..

- Define value sets for “Absent or Unknown information” and then go to harmonization [**consider also devices**] – Rob will take care of this issue
- LOINC Code for *NEW-LOINC-VERIFICATION_STATUS*
 - Rob will issue the request to LOINC
- Problem Severity: analyse for HL7 alternative (Call Nov 15th 2017)
- Observation Results Radiology: Load the value set provided by Francois as example

Before publication..

- Problem Severity: analyse for HL7 alternative (Call Nov 15th 2017)
 - Mild LA6752-5
 - Moderate LA6751-7
 - Severe LA6750-9
- Observation Results Radiology: Load the value set provided by Francois as example
 - KAI

-
- Create two separate templates for the certainty (allergy and condition).
 - Add value set for allergy verification state

Before publication..

- Prepare the XML schema (xsd) with the IPS extensions
- Harmonization with Pharma templates
 - CPM or R_Medication ?
 - Reuse of templates
 - **In progress**
- Pending negative comment for device value set ballot #1
- Sample to be included in the published document
- Publication material under the “HL7 managed platform”

Before publication..

- Link to the published value sets
- Clean-up of the links to the IPS wiki
 - The underlying publication mechanism is a mediawiki where icons always takes you to the file page with the icon. We will try to erase the link in the PDF rendition so that it goes nowhere. At this point in time the creation of a a link to an artefact in the document itself is investigated
- Create the new extended CD template for IPS (extent the CD.IPS datatype; and similia), with this extension sub-element `<ips:designation lang= "" value=""/> [0..*]`
 - Kai will do this

Before publication..

- “Bind” the ISO 3166 country codes to the country part of Addresses
 - (2) Define an IPS Address (datatype) template
 - (3) Define a value set for countries based on ISO 3166 (how ?)
 - (4) Include this datatype element whenever used
- Add a surgical pathology example from APSR 2.0