**HL7 PC Co-Chair Open Meeting – September 6, 2016**

**Current WG Co-Chairs: Stephen Chu, Laura Heermann-Langford, Jay Lyle, Michelle Miller, Emma Jones, Michael Tan**

**Present –** **Emma Jones, Michael Tan, Russ Leftwich, Michelle Miller, Stephen Chu, Rob Hausam, Jay Lyle, Elaine Ayres, Lisa Nelson, Genny Leunsman, Stacey Marovich, Lori F**

# AGENDA

1. Roll Call and Review Agenda –
	1. September 2016 WGM –
		1. follow-up tasks
		2. outstanding action items
		3. Lessons learned: things to continue doing, stop doing …
	2. Begin prep for next WGM – San Antonio 2017
	3. High level discussion on New PSS submissions
2. Cross-Paradigm Implementation Guidance for Medical Device Data Sharing with Healthcare Enterprise Systems (Ioana Singureanu)
3. FHIR & V2 Occupational Data for Health (ODH)
	1. Updates on:
		1. Current Topics
		2. PC Ballots
		3. PC Projects Status
		4. Co-Sponsored Projects Status

Approve minutes from September 6:

* 1. <http://wiki.hl7.org/images/f/f5/PC_Co-Chair_Mtg_2016_09_06.1.docx>
	2. Stephen Moved; Michael Second; No Further Discussion

Updates from TSC ?

# Current Topics

1. PSS for a Version 2 implementation guide for immunization messaging (Craig Newman – need response by mid September).
	* + - 1. Stephen will review off-line and provide recommendation to the group and respond to Craig Newman.
				2. **Updates:** Stephen looked at PSS. No identified issues. How much PC involvement needed? PC and Pharmacy will provide input. **Nothing further needed from PC for now.**
2. Communication Resource:
	* + - 1. Financial Management – requesting change to Communication Resource (directed to create a Gforge item) – Elaine (last meeting): they were invited to the last meeting and no one came. Communication Resource is not one of the primary resource for ballot.

Communication used for financial claims and referencing attachments during one of the previous FHIR calls. Stephen has reservations. Will let US Realm SME determine if this is appropriate. Rob will look for GForge item.

10354 – request change reference to business Identifier.

10352 – open Issue

Follow-up during next meeting and during FHIR call [Paul Knapp/Lloyd] – need clarifications as to what the need is.

NEW: ClinOnFHIR – suggestion from FMG (Josh Mandel) for this resource to be used for instructions

**Updates**:

Will handle this resource thru the normal FHIR Thursday calls. Ballot comments FM.

Patient instructions discussion - Lloyd said no in the past – not to use communication resource. If not communication, what should we use? Look at the definition of the resource and have discussion on the FHIR call. Michelle will set up a “communication Thursday’ to discuss this resource. Will review the resource and discuss the comments.

1. Apply Patterns (from FHIR workflow project) (from Russ)
* PC workflow Resources

|  |
| --- |
| * + ClinicalImpression
 |
| * + Communication
 |
| * + Procedure
 |
| * + RiskAssessment
 |
| * + Condition
 |
| * + FamilyMemberHistory
 |
| * + QuestionnaireResponse
 |
| * + CarePlan
 |
| * + CommunicationRequest
 |
| * + ProcedureRequest
 |
| * + ReferralRequest
	+ AllergyIntolerance – not on list yet
 |

**updates –** FHIR backlog has a gForge 10293 – looks like it got approved. Discussed on July 7 and approved. Lloyd email from July 6 brought a call to action which is why this is discussed here.

1. Occupational Data for Health – Update (from Genny) - NIOSH (part of CDC) – PSS to SDWG with social history data used to facilitate care and pop health for patients who work. Have a relational model of the data in **CDA format** thru IHE. Need a V2 and FHIR version of it – Need standard structure to be applied to any use case

**Action:** Russ will provide feedback from the HL7 Board

**FHIR & V2 Occupational Data for Health (ODH) - new request**

* + - * 1. **Updates –** CDA part is thru SDWG comment only ballot. PSS for V2 and FHIR version. Have an updated PSS – PHER is sponsoring until PSS is done. Need to determine who is co-sponsoring. Creating a FHIR structure to be pro-active. Which FHIR artifact is TBD. V2 will be another segment in chapter 3
				2. Is PC interested party of co-sponsor. Stephen suggest **PC become an interested party** and can revise participation in the future. Russ move, Stephen second, no further discussion – 0 abstain, 0 neg, 10 affirmative
				3. Action: Ginny will forward the slides.
				4. Discussion

**Time line –** ballot period – May 2017

**Jay –** would like to have more analysis so we can have an idea of the specifications. Would be useful and more concise

**Ginny –** there is a relational model of the data. Has been vetted by SDWG as it relates to CDA.

**Stephen –** relational data model format – does it require a specific tool?

**Ginny –** relational data model is in visio and have Ppt of it. Will forward the Ppt.

1. International Patient Summary Document – Decided to leave with SDWG (HSI co-sponsoring). Content part is still in the project scope which means more involvement for PC. PC need to contribute up-front. *Encourage PC members to join calls*– not just co-chairs. Need content SMEs.
* **Action**: Russ – propose as an agenda item for the HL7 international council.
	+ **Update**:
* PSS to clarify the parts – content refresh and artifact.
	+ **Update:** Nothing needed from PC for now. Almost approved. Awaiting TSC. Transitioning into the work phase.
	+ Scheduling of calls being adjusted. Folks needed to participate from PC. Next call thurs at 1800 UTC.
	+ Will start project page when fully approved.
	+ Action: Rob will send out a poll
1. [Care Plan Topics](http://wiki.hl7.org/index.php?title=Care_Plan_Project_-_PCWG#2016_List_of_Care_Plan_Topics)
	1. Types of ‘Care Plan’ Work
		1. Content
		2. Structural
	2. Care Team
		1. Content
		2. Structural

Discussions:

* 1. Stephen: when patient data in the care plan. Until then will always have structure.
	2. Lisa: when templates make vocabulary bindings combines the two.
	3. **Action** – **will add as a topic for the next care plan call.** Stephen has a Care Plan slide deck that we can use as a beginning discussion
	4. Lisa – concern with harmonization of all this work. What can HL7 do to bring all these efforts together. How many meetings are there and how can we bring this together.
	5. Stephen – we need to start with a visibility map. Perhaps Russ can help us bring this to the attention of the board. HL7 can work with ONC to bring the process together.
	6. Russ – Wayne has started a review of activities to streamline and make WG projects and activities. Suggest inviting him to the next co-chair call to answer questions and take suggestions from PC. Care Plan is an excellent example. **Action**: Russ will make a suggestion and invite Wayne to the next PC co-chair call.
	7. Michael – Netherland has similar problem. Need to recognize overlaps of the ‘various building blocks’ and how each group is using them.
	8. Stephen – task as hand is to promote the CP DAM as the base. So that it is referenced and have more visibility and then look at all the artifacts and from there start efforts to harmonize. CP project is already starting to do the comparison.
	9. Michael – DAM does not describe where the overlaps are.
	10. Lisa – suggest having a group of ambassadors from the different the different projects.

# PC Ballot updates

1. Assessment Scale (Michael): Didn’t have much time during WGM. 2/28 comments. Problem with selected group for the topic discussion. Having trouble with the PubDB. May put the deadline in Nov at risk. May need to postpone to the ntext WGM.
	1. Stephen suggests conf call for ballot recon. Per Michael – we are quite stretched for conf calls. Can work via email
2. FHIR Clinical Resources (Michelle): 126 ballot comments not resolved. 2 block votes for 46. Leave 80. Need all recon done by nov 20.

# PC Projects Status Updates

1. FHIR bindings – Jay
	1. **Action**: Jay will send out link to the slides. **We need more info and have follow-up discussion before we decide on what PC need to do.**
	2. **FHIR technical designers were making terminology decisions which need requirements SME involved.**
	3. Maturity levels – may need workgroup review criterias that should be considered
	4. TQA sub group project (meet QOMon at noon EST – met 08/01/2016) – has reps from all the different areas. Will be able to get point across. Jay will attend.

**Updates**: Vocab and valueset bindings – michelle will give her list to Rob

**Lisa** – CCDA valuesets and FHIR valueset bindings that are the same are not being aligned. We need to be mindful of this during design. Rob – we need to figure this out. **Lisa will send Rob a spreadsheet where she’s been work on valueset mappings.** Where things don’t line up need to make sense. Lisa working with Brett. Jay –Suggest we need requirements rather than mapping spec A to Spec B should there not be a common vocab to map to. Lisa – need like a concept domain. But we are working as we fly.

1. IHE Dynamic Care Planning – Emma
	1. Discussion about the intersection of HL7 and IHE artifacts at WGM. Decision to post on the [FHIR profile from other organization page](http://wiki.hl7.org/index.php?title=FHIR_Profiles_from_other_Organizations)
	2. **Updates** (from IHE): profile on list for IHE Connecthathon testing in Jan 2017
2. Work group responsibility for FHIR Resources –
	1. [Timeline](https://github.com/argonautproject/implementation-program/wiki) – have until November 27 to have all substantive changes.
	2. Can log ballot issues if we still have QA work to do.
	3. <http://wiki.hl7.org/index.php?title=FHIR_Ballot_Prep> – has the FHIR timeline.
	4. **Updates**: Time line has not change

# Co-sponsored projects Updates

1. SDWG – CCDA 2.1 companion guide ballot
	* 1. PCWG will need appropriate input and the work is shared with PC to contribute. **Point persons: Elaine, Lisa**
		2. **Updates:** over 500 comments. Working on it in SDWG. Aggressive block vote strategy
2. SDWG – Pharmacist Care Plan –Intend to represent a care plan from the perspective of a pharmacist. Pharmacy is co-sponsoring.
	* 1. Shelly (NCPDP)
		2. **Updates:** See Meeting notes from WGM thurs q1. Work is being done thru NCPDP. Pilot has been funded.
3. PC - CIMI POC
	* 1. PC and CIMI co-sponsoring. Involves MnM. Rob Hausam and Susan Matney participating. Modeling comes from CIMI. Anticipate finishing this summer. Resulting artifact is a CIMI model and analysis. No ballot.

**Updates:** Reference model becoming more concrete. Will have more samples soon.

1. PC/FHIR – Negation
	* 1. Rob and Jay lead
		2. See [spreadsheet](http://wiki.hl7.org/images/1/18/NegationUseCases.xlsx) – look at column D and if you have a scenario that is missing, email Jay.
		3. **Updates:** Still collating requirements. Got MnM to agree this might be useful. Negation Call – Wed @10 EST.
			1. **Lisa –** concern with harmonizing negation treatment between CDA and FHIR.
			2. **Rob –** May need to be a transform but will not always be an easy issue.
2. CIMI/FHIM Investigative Study
	* 1. Continue request to PC

**Updates**: PSS proposed. Asking PC to be involved as interested party. Fairly broad and technical.

**Action**: Jay will ask Steven to attend next PC co-chair call

* 1. PC/JET - Allergy
		1. Substance terminology harmonization (JET project – analysis of the list and regeneration of use frequency list.)
			1. Rob**:** in process.Moving forward with what they have. Next step is re-duplicating some records.

**Updates: Rob –** more meetings this week.Meeting about additional data.

1. PC/FHIR - Care Plan
	* 1. Care Plan Harmonization
			1. Stephen: Next steps is a Care Plan harmonization project looking at harmonizing the DAM and the Care Plan FHIR resource. Laura started a spreadsheet. Stephen sent out the spreadsheet. Calls will be during the Bi-monthly care plan calls. Goal is to do high level analysis and proposed resolutions.

**Updates:** See above for discussion.

1. PC/SOA - CCS Publication- Laura
	* + - 1. Located here - <http://www.hl7.org/Special/committees/patientcare/index.cfm>
				2. **Action**: Need to send email to Lynn to ask why not in [the master grid.](http://www.hl7.org/implement/standards/product_matrix.cfm?ref=nav) Notification of intend to publish done.

**Updates:** Emma will email to Laura to follow-up

1. PC/SOA - PSS for "Scheduling Service" Specification
	* + - 1. Laura – Round 2 of CCS See <http://hssp.wikispaces.com/scheduling>"
				2. PC is co-sponsor. SOA will do the heavy lifting
				3. Laura will review off line and update PC via email discussion
				4. **Updates:** Emma will follow-up with Laura
2. PC/FHIR Updates
	* + 1. Clinical Notes – Grahame thinks clinical impression is still the way to go. Need to articulate boundaries between clinical note and clinical impression. May not need a proposal

**Updates:** Still pending and further discussions needed.See gForge 8780. Will add to agenda on upcoming FHIR call.

* + - 1. Clinician-on-FHIR
				1. Plans for next steps

Suggestions for overall approach next time around

ClinFHIR tool use

**Updates**: Calls are on Tuesdays. Need to look at how to get the ClinFHIR tool extensively tested. Stephen is promoting it in Australia.

1. PC/SDWG - CCDA clinical status value set-
	* 1. Discussed during Care plan call – Stephen to do a write up. SDWG is awaiting an update.

**Update**: Stephen sent out slide deck. Will cast a wider net. Will discuss on next call. Received feed-back from Russ and Michelle.

# Parking Lot

1. Family member FHIR resource – Hackathon
	1. Elaine: NIH project thru NCBI – propose taking a look at FM history that will enable adding family tree information to FHIR resources. Genomic tool used for entering family history.

**Updates – Project postponed - will try again in Jan. 2017**

* + - 1. Adverse Event Resource –
				1. Owned by RCRIM (we are co-sponsoring).

**Updates**: nothing

# Other Committee Business

Next PC WG Co-Chair call – November 7, 2016

# DESD Assignments:

1. Anatomic Pathology – Stephen
2. Anesthesia – Stephen
3. Attachments – Jay
4. BRIDG – ~~Jean~~ Emma
5. Child Health – ~~Russ~~ Stephen
6. Clinical Genomics – Laura
7. CIC – Jay
8. CQI – ~~Russ~~ Stephen
9. CBCC – ~~Jean~~ Laura
10. Emergency Care – Laura
11. Devices – ~~Laura~~ Michelle
12. Patient Care – Stephen
13. Pharmacy – Michael, Michelle
14. PHER – ~~Elaine~~ Laura
15. RCRIM – ~~Elaine~~ Emma
16. Learning Health Systems – Laura
17. Triage Person: Emma (notice from Melva Peters)