**HL7 Mobile Health Work Group**

**Meeting Minutes 2012-07-06**

**Facilitator: Nadine Manjaro/ Erin Fitzsimmons**

 **Note taker: Nadine Manjaro**

**Attending:**

* Erin Fitzsimmons; erin@angelecare.com
* Nadine Manjaro; nmanjaro@gmail.com
* John Ritter; johnritter1@verizon.net
* Jeff Brandt; jbrandt@comsi.com ; jlbcsi@gmail.com
* Ron Van Dauyne; rsv0@cdc.gov
* Joe Ketcherside; joe.ketcherside@cognovant.com

**Regrets:**

* Gora Datta; gora@cal2cal.com

**Minutes:**

1. Welcome and Review of minutes
	1. Erin called the meeting to order at 3:05 PM Eastern U.S; Nadine reviewed the minutes.
	2. **MOTION: (Nadine Manjaro; John Ritter; Unanimous) Accept the minutes of 2012629.**
2. ***Erin submitted*** the Mission and Charter on behalf of the Mobile Health Work Group (MHWG) to Technical Steering Committee (TSC) chair, Austin Kreisler, last week. The TSC will meet the week of July 9 and determine whether MHWG will be accepted as an official Work Group.
3. **Team discussed preparations for the September 2012 HL7 Working Group Meeting in Baltimore.**
	1. The team will meet as follows:
		1. Wednesday Q1 general session
		2. Thursday Q4 joint session with the Health Care Devices Work Group
		3. (TDB) joint session with the EHR Work Group
	2. Next step is to prepare an agenda for the Baltimore meeting

JR Proposed the following agenda for the Baltimore meeting:

* Discuss the objectives and tasks of the MHWG
* Send members of the MHWG to other work group sessions to :
	+ introduce this WG and our scope and planned activities
	+ Share Charter
	+ Ask how we can work with the other WGs
	+ Acting co-chairs (Nadine, Erin and Gora) to develop a Powerpoint detailing MHWG scope and proposed projects (Meet during the week of July 9 to develop)
	+ Ask other work groups for suggested activities
	+ Review all Proposals at the end of the F2F session

Other WG meetings:

* Structure and Semantic Design Steering Division (SSD) meeting the week of 9 July 2012)

Potential projects or subgroups

* GS1 – bar coding
* HL7 FHIR project (Fast Healthcare Interoperability Resources) (see <http://wiki.hl7.org/index.php?title=FHIR> )
* Query Health Diabetes – Erin and Nancy
* Security – Paul Petronelli
* What’s out there for Providers, identify gaps - Nadine
* What’s out there for Patients, identify gaps - Nadine
* Standards for sharing between patents and providers

Follow thru needed:

On the next call, Doodle poll and prioritize the proposed subgroups above and request volunteers to lead those subgroups, work on gaps between current standards

Jeff Brandt:

Does GS1 support QR code? This is a requirement for healthcare solutions. Jeff is to follow up with Brad Pedrow. The QR can accommodate a larger amount of data than traditional bar codes. Jeff stated that the FHIR project pulls patient information by URI (Uniform Resource Indicator).

Erin reminded us of the upcoming meeting with HL7 CEO Chuck Jaffe, MD, PhD. The meeting needs to be re-scheduled due to conflicting board meeting which Chuck has to attend.

**QR Code** (abbreviated from **Quick Response Code**) is the trademark for a type of [matrix barcode](http://en.wikipedia.org/wiki/Matrix_barcode) (or two-dimensional code) first designed for the automotive industry. More recently, the system has become popular outside the industry due to its fast readability and large storage capacity compared to standard [UPC barcodes](http://en.wikipedia.org/wiki/Universal_Product_Code). The code consists of black modules (square dots) arranged in a square pattern on a white background. The information encoded can be made up of four standardized kinds ("modes") of data (numeric, alphanumeric, byte/binary, [Kanji](http://en.wikipedia.org/wiki/Kanji)), or through supported extensions, virtually any kind of data.[[1]](http://en.wikipedia.org/wiki/QR_code#cite_note-QRCodefeatures-0)

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| Numeric only | Max. 7,089 characters (0, 1, 2, 3, 4, 5, 6, 7, 8, 9) |
| [Alphanumeric](http://en.wikipedia.org/wiki/Alphanumeric) | Max. 4,296 characters (0–9, A–Z [upper-case only], space, $, %, \*, +, -, ., /, :) |
| [Binary](http://en.wikipedia.org/wiki/Binary_numeral_system)/byte | Max. 2,953 characters (8-bit bytes) (23624 bits) |
| [Kanji](http://en.wikipedia.org/wiki/Kanji)/[Kana](http://en.wikipedia.org/wiki/Kana) | Max. 1,817 characters |

Brad Pedrow is scheduled to present information on GS1 at the F2F meeting in Baltimore. However, John Ritter suggested that Brad also presents on one of the future MHWG sessions so that those who are not attending the F2F meeting will get the same information.

Nadine raised the question on whether the MHWG will accept standards formed largely from one organization such as GS1 where many of the teams members seems to be GS1 employees or affiliates?

JR noted that standards organizations such as GS1 typically strive for a balance of interest among its authors and reviewers.

Project scope statements

1. Gap analysis in existing mobile health standards and identify gaps with the goal of development of standards, look at FHIR, how FHIR is adapted for the mobile health environment
2. “stitch it all together to make it work seamlessly”

John Ritter proposed that for each sub-groups should address what a solution might do for patients and what it might do for providers. JR offer further clarification. Whatever the MHWG develops should have a technical and non-technical component. It should address patients and providers.

Any artifact that this WG creates should be able to accommodate various policies or administration changes.

It would be good idea to start with the M-health architecture diagram the Erin provided. Add another level of detail and use cases to define the gap. Teresa Garriott suggested the use of Use Cases.

The MHWG should secure the m-HL7.org domain and hash tag?

[www.mhl7.org](http://www.mhl7.org) for posting hl7 mobile health information, talk to the HL7 Electronic Services Work Group, manage hl7 web infrastructure, contact co-chair

Speak with HL7 staff work group. (Nadine sent email to Karen and Erin submitted a request

Nadine suggested that the MHWG needs to define our specific deliverables for the first year. John Ritter mentioned that it should be defined for the first three years. This will help to drive the groups activities.

**Next Meetings Agenda:**

* **Review Powerpoint for Baltimore’s F2F meeting**
	+ **What is the MHWG scope**
	+ **Projects?**
* **What is the detailed plan for the F2F meeting**
* **What are the high level details for MHWG three year plan**

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