**HL7 Implementation Workgroup Call Notes**

**9/27/16**

Attendees: Susan, Rhonda, Riki, Brendan, Emily, Ashleigh, Jim, Lura, Heather, Joshua, Careema

Regrets: Rebecca

Reviewed worksheets from TX, VA, IA, WA

TX worksheet:

* Brendan shared his approach to completing the worksheet
* He has included what TX would publish in an order and results implementation guide, i.e., the specifications included have to CAP compliant
* In column M – the absolute minimum that they would need to send back to the provider

WA worksheet

* Ashleigh used TX’s as a sample and edited it to fit WA’s needs
* Had the following questions:

1. If a state does not test for a condition that is not on the state panel but it is a required field, will the state be out of compliance?
   * + An example, those conditions most recently added to the Recommended Uniform Screening Panel? Can the appropriate usage be conditional? The state provides results only if they screen for it?
     + Rebecca question?
2. Validity of the demographic data?

IA worksheet

* Jim provided an overview of the IA worksheet
* IA is already sending messages to hospitals and thus used what is in the message currently to complete the worksheet
* Used X for pieces of information that they did not think the providers need
  + E.g., analyte reporting. This is an X for provider reporting.
  + However they do report analyte information to public health/research, therefore have 2 use cases
  + TX – analyte reporting to providers is O
* Questions that came up during this discussion:

1. For reporting to public health, are all the fields O to make it more optional?
2. Demographic information – public health may want this information whereas the provider already has it

VA worksheet

* Rhonda provided an overview of the updated VA worksheet
* Went back and changed all the RE to O to take the national perspective
* Public health/research column matches the provider column
* Anything with R, they would reject the message without these elements

General Discussion

* Remove CCHD components as there is a separate document that addresses this
* NBS use guide – Rhonda developed the NBS use guide
  + Riki learnt at the HL7 meeting last week that the LRI guide and all the profiles will be published in one document. Some of the sections that were only in the LRI we may not need
* In IA for SCID testing using DBS they report TREC values differently
  + The results guide uses the following units – #/volume
  + There are several other units that IA uses – multiple of the median (this value is comparable across different states)
  + Would like to recommend this for future research and make the field O and not R
  + Do we need a new LOINC for this?
* Issue of 2 consecutive OBRs, where the first will be empty
  + This is an issue for vendors as they do not use nested OBRs
* IA has additional elements that are not covered in the guide
  + E.g., birth order, multiple births, transfusion, etc
  + TX maps some of these to LOINC answers

**Action Items**

* Riki to merge all the worksheets into one document to arrive at what can be included in the LRI
* Rebecca – would you be able to help with Ashleigh’s question above about those conditions that a state is not screening for? Can the appropriate usage be conditional?
* Brendan – revisit TX’s worksheet and review the public health/ research column
* All - review the draft use case narrative and focus on the NBS specific sections
* All – collect other comments like the SCID units one above and share with group on next call

Next meeting: **10/11/2016 2 – 3 PM ET**