**HL7 PC Co-Chair Open Meeting – May 22, 2017**

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

**Present –** Emma Jones, Michael Tan, Michelle Miller, Stephen Chu, Ioana Singureanu, John Rhoads, Laura, Michael Brody, Michael Padula, Jay Lyle

# AGENDA

1. Roll Call and Review Agenda –
	1. Agenda items
		1. Devices PSS – Issues (5:05 – 5:20)
			1. Potential for conflict across standards
			2. Appropriateness of sponsoring WG
			3. WG bandwidth for support
		2. Podiatry PSS – follow-up conversation (5:20-5:35)
		3. PC//SDWG - CCDA clinical status value set (5:35 – 5:50)
			1. Update
			2. Review STU comment
		4. Left over PC Business from WGM (5:50 – 6:00)
			1. WGM Agenda and Invite Changes
				1. Wed Q4 minutes with value set that was large from IDMP
			2. Patient Care and Child Health Merge – email from Mary Ann
2. High level discussion on New PSS submissions [If Any]
	1. Updates on:
		1. Current Topics
		2. PC Ballots
		3. PC Projects Status
		4. Co-Sponsored Projects Status
		5. From TSC ?

# Discussion

**Devices PSS –**

* John Rhoads – title of the PSS suggests boiling the ocean. Lots of artifacts with multiple artifacts – DAM, implementation guide, CDS, etc
* Ioana – DAM is in the PSS. HCD did not want to sponsor because of secondary use of the data. Clauses is because other CDS business rules that leverages. Guidance to implementers on what to use based on standards used to exchange info. Idea is not to re-invent the wheel. Information model is IHE with a caveat. PCWG was home for this because of the clinical FHIR resources used along with OO. HCD is not a co-sponsor as yet. Have not received an indication of interest from HCD
	+ John Rhoads – Devices concern is this need paring down. Defining what use cases are covered, what devices, etc
* Stephen – more clarification has been provided today. Agree with John’s point to clarify the scope of the PSS. Confused because the DAM has not gone thru the ballot process will make PC input a moving target.
* Ioana – can’t ballot until there is a scope, can’t seem to scope without a DAM – this is becoming circular. Happy to do whatever to move this along.
* Stephen – tidying up the scope description would be a start
* John Rhoads – even though the PSS is high level it is still too much
* Suggested next steps - cleaning up the PSS with input from HCD.
* Jay – Doing a DAM and a spec in the same PSS.
* Stephen – Jay has volunteered to be PC point of contact. Suggest Jay, John and Ioana work together on tidying up the PSS. Can handle on email or discuss further at next PC Co-chair call is June 12.
* Ioana is agreeable

**Podiatry PSS**

* Michael Brody – discussed this PSS at WGM
* Jay – the impression was to follow a more standard process is to start with analysis. More comfortable with a DAM piece
* Michael – Looking at the HER-FM model and using that to develop a profile. A profile on the HER-FM model that meets the needs of podiatry medicine. Will identify gaps in HER-FM.
* Stephen – similar to what child health has done. No problem with doing that. Is there a set of Podiatry functional requirements?
* Michael Brody – have already identified that HER-FM is deficient. Majority of the team have no experience in doing a DAM so that may not be a good approach. Have identified some gap elements and others are being identified. They would be consider domain analysis but teaching the participants to do a DAM may delay the process.
* Jay – we need to document the requirements in a way that is separate from the technical target. Need a way to make the proceeding more flexible?
* Michael Brody – Challenge is to the individuals in the process. Reason for reaching out to different groups to assist with keeping these clinicians engaged. They are not familiar with the HL7 process. Other groups have stepped in as co-sponsors and interested parties. Have not yet identify a modeling facilitator.
* Russ – TSC have to approve the HL7 processes
* Stephen – 2 ways to deal with this – 1) SME have a high level of confidence with what they have done 2) we dive in via the balloting process and see what falls out. There is a risk with #2 by not generating input from the community. #1 is less of a risk but still need to be considered.
* Michael Brody – understand and agree with the risk/benefit to the project. Prefer having the domain experts involved. Looking at PC to have input as co-sponsored or interested partners. Can provide input and guidance to the group.
* Stephen – more inclined for PC to be a sponsor but may not have sufficient bandwidth for the needed responsibility. Second concern is the weakness of the approach taken.
* Laura – agree with being an interested party due to bandwidth
* Interested party – how will PC be informed with this piece of work? How can we be useful?
* Michael Brody – there are weekly conferences – Thursdays 12 EST. sends out agendas with focus areas and where the gaps are. At the end of the meeting sends out the minutes. Can include patient care in the emails so we can monitor what is going on and be aware of how the project is progressing.
* PC Agree this will be a useful process.
* Patient Care agrees to be interested party and is vote needed to be interested party? Michael Brody will send info to PC mailing list as well as the co-chairs.

**PC/SDWG – C-CDA clinical status value set**

* Stephen provided the Ppt for SDWG. Followed up with Russ about the allergy-intolerance values. Will update the PPT to include it and send back out.
* Lisa’s feedback is about CDA templating semantics and structuring. Emma asked it creating one template and allowing the use of either valuesets will work.
* Emma did a mock-up of her suggestion. Will email it to Stephen and Lisa. Stephen will review and include with PPT if useful.

**Patient Care and Child Health Merge – email from Mary Ann**

* Domain expert steering committee need to vote on this. Michele has an outstanding email out to Melva. If doesn’t hear from her in a week will escalate. Will let us know if need more folks engaged.
* Suggest Cc’ing Karen as well

**Next co-chair meeting:** Emma is unable to attend. Will decide if meeting is needed and will switch webex if needed or cancel if not needed.

Previous minutes notes are here:

<http://wiki.hl7.org/images/f/ff/PC_Co-Chair_Mtg_2017_04_24.docx>

Move to Approve: ?? ; Second: ??

# Current Topics

1. [Care Plan Topics](http://wiki.hl7.org/index.php?title=Care_Plan_Project_-_PCWG#2016_List_of_Care_Plan_Topics) –
	1. **Updates/Next step -**

# PC Ballot updates

1. Assessment Scale (Michael):
	1. Ballot update: Michael

# 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.

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.

**Updates/Next steps:**

1. IHE Dynamic Care Planning – Emma
	1. **Updates/Next steps:**  (from IHE):
2. FHIR Resources – Work group responsibility
	* 1. **Updates/Next steps:**

# Co-sponsored projects Updates

1. SDWG – CCDA 2.1
	* 1. **Point persons: Elaine, Lisa**
		2. **Updates/Next steps:**
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/Next steps:**
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.
		2. **Updates/Next steps:**
4. PC/FHIR – Negation
	* 1. Rob and Jay lead
		2. **Updates/Next steps:**
5. CIMI/FHIM Investigative Study
	* 1. **Updates/Next steps:**
	1. PC/JET - Allergy
		1. Substance terminology harmonization (JET project – analysis of the list and regeneration of use frequency list.)

**Updates/Next steps:Rob –**

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.
			2. **Updates/Next steps:**
2. PC/SOA - CCS Publication- Laura

**Updates/Next Steps:**

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/Next steps:**
2. PC/FHIR Updates
	* + 1. Clinical Notes –
			2. Clinician-on-FHIR
		1. **Updates/Next steps:**
3. LHS – Care Team Project
	1. **Updates/Next steps**

# 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**:

# Other Committee Business

Next PC WG Co-Chair call – June 12, 2017 – May need to cancel if nothing pressing. Emma will not be able to attend.

# 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)