Is this the structure ?

What can be reused ?

HL7 CDA® R2 Implementation Guide: International Patient Summary (IPS), Release 1, 1st STU Ballot (PI ID: 1087)

Identifier ? => CDAR2\_IG\_IPS\_R1\_?1\_2017SEP

**C-CDA R2.1**

**Volume 1 — Introductory Material**

**Volume 2 — Templates and Supporting Material**

**Only one document.**

**Agreed TOC**

**Front Page + first pages**

* **Title of the Guide**
* Imprint (bibliographic information, the publisher's name and address, date of publication on a title page)
* Primary contact party for this guide
* Client / customer (who ordered the creation of this guide)
* Governance Group (contact + name of the party responsible for the artifact’s lifecycle). “IHE PCD Technical Committee”
* Editors / Authors / Contributors (individuals) / Publisher
* Copyrights for this guide / License for this guide / IP for this guide
* Revision list (versions, version dates)
* Disclaimer
* Ballot and harmonization (+type, status IG, i.e. DSTU and what does that mean, ballot so far)
* Acknowledgements

**< copy the C-CDA, Giorgio>**

**3.2 Table of Contents**

*generated*

**3,3 How to use this document (was Structure of this guide)**

(e.g. explanation of main chapters, place in the hierarchy of implementation guides)

**< ?? >**

**3.4 Introduction to the Guide**

**< Philip>**

**Get from the PSS + common scope**

* Rationale / purpose / context (why) – “Improve outcome for X, less errors in process Y, more efficient practice in prescribing”
* Objective (same as purpose?) – “New paradigm for prescribing X to patient group Y”
* Audience (for who) (for usecase oriented guides, there are mostly the developers, for other levels these might be architects, doctors, etc.)
* Scope and boundaries (what not) - “This guide does not describe control of device parameters”, “This guide describes observation reporting by devices”
* Relationships with other projects and guides, Preliminary work. “See the national security and architecture guidance available here”, “All models in this guide are based on the National Organization Registry implementation guide datamodels”

Connection with CEN IPS ?

epSOS/eHDSI; C-CDA; IHE-PCC,….

* Legal obligations. “This guide is part of the set of Austrian national infrastructure guides and implementing parties within this jurisdiction must conform to it”

**3.5 Principles and background**

* Prerequisites

*(prerequisites of the rules about CDA, what you need to know before reading this document)*

* + What is a CDA
  + Templated CDA
  + Open and Closed CDA
  + Template versioning
  + Identifiers (OID,…)
  + Terminologies (focus on Value Sets)
    - How to extend value set

< Giorgio, Kai >

* Datatypes used in this guide

< empty for the time being>

* Design conventions and principles (background on why stuff was designed the way it is in this IG)
  + How to use terminology (preferred binding) < Rob>
  + Notation of primary code < Rob>
  + Usage of translations < Rob>
  + Principle on negations, no data,…
  + ….

< to be assigned : Kai , Philip, Giorgio>

* General implementation guidance

How to populates IDs, where I can get IDs…

To be explored…

* Standards used (SNOMED-CT, HIPAA)

< later..>

* Legenda (description of formalisms used, symbols, icons)
  + How to read the tables

<KAI >

**3.6 Conformance clause**

< section to be explored>

<Steve >

* Different conformance levels (to be explored)

**3.7 Functional requirements and high-level use cases**

* Add a reference to the CEN prEN. (to be analyzed)
* PSS
* Add a reference to the data set included in the html package

< Giorgio, Steve>

* ~~Overview of systems and architecture~~
* ~~(System)Actors overview~~
* ~~Usecases~~ 
  + ~~Scenarios~~
  + ~~triggers/reasons (interaction diagrams, sequence diagram, etc)~~
  + ~~pre- and post conditions~~
* ~~Dataset and Data elements (business view about what is exchanged, could be a reference)~~
* ~~Business rules, policy (exchange and technology independent) “There has to be a diabetes control document once every three months”. “Systems must have a consent on file for the patient to be allowed exchange patient data”~~

**~~3.8 Specific conformance rules~~**

**3.9 Package contents**

* ~~Introduction~~
* ~~Scope~~
* ~~Boundaries & Relationships (used by, uses)~~
* ~~Actors involved~~
* Originator and receiver responsibilities (functional requirements) – “Upon a POST of a new resource, the sender SHALL return a body with the newly stored resource”.
* ~~List of structures, extension references (structures may be shared across interactions). Point to pages with StructureDefinitions etc. with some intro + notes~~
* Document level templates
* Header level template
* Section Level Templates
* Entry Level Template

< from ART DECOR>

* ~~List of invocations (interactions, operations, search parameters - in FHIR modelled as a Conformance resource)~~
* ~~Terminology (valueset, conceptmaps)~~
* ~~Naming Systems (identifying system oids, code system identifiers)~~
* ~~Mappings (model to model, functional datamodel to terminology and technical model)~~
* Examples (instances, links to full examples)
* ~~Implementation Guidance (both structural “representing no known medications”, and functional “how to query a patient by national identifier”)~~

**~~3.10 Privacy and security Guidance~~**

* ~~privacy policy~~
* ~~security architecture~~
* ~~security implementation guidance~~

**3.11 Appendix**

* Acronyms and abbreviations
* Glossary
* Licenses (for the artifacts used, for the code systems, etc.)
* Integrated examples, links to instances
* Validation artifacts (xsd, schematrons)
* Links to platforms, binaries, software libraries
* Operational information (helpdesk, actual server endpoints for testing/production/validation)
* FAQ’s
* References / Literature
* How to reuse this template

**3.12 List of all artifacts used in this guide**

* System OIDs / IDs
* Code systems
* CDA Templates (list of)
* Value Sets
* Summary tables

**3.13 Examples (in progress)**

**~~3.14 Conformance conventions used~~**

**~~3.15 Testing and certification~~**

**C-CDA TOC**

**Volume 1 — Introductory Material**

**Front Page (copy from C-CDA ?)**

**Licence Information (adapt from C-CDA ?)**

**Structure of This Guide**

**Author/Contributors**

**Acknoledgments**

**TOC**

1 INTRODUCTION

1.1 Purpose

1.2 Audience

1.3 Organization of the Guide

1.3.1 Volume 1 Introductory Material

1.3.2 Volume 2 CDA Templates and Supporting Material

1.4 Contents of the Package

2 CDA R2 BACKGROUND

2.1 Templated CDA

2.1.1 Status of a Template Version .

2.2 Current Project .

3 DESIGN CONSIDERATIONS

3.1 Compatibility .

3.1.1 Support for specifications with dependencies on C-CDA Release 2.0

3.1.2 Assertion of Compatibility

3.2 CDA Participations .

3.3 Determining the Status of Clinical Statement .

3.4 Rendering Header Information for Human Presentation

3.5 Narrative Reference

3.6 Unknown and No Known Information

4. USING THIS IMPLEMENTATION GUIDE

4.1 Levels of Constraint

4.2 Conformance Conventions Used in This Guide

4.2.1 Templates and Conformance Statements

4.2.2 Template Versioning .

4.2.3 Open and Closed Templates

4.2.4 Conformance Verbs (Keywords) .

4.2.5 Cardinality

4.2.6 Optional and Required with Cardinality

4.2.7 Containment Relationships .

4.2.8 Vocabulary Conformance .

4.2.9 Data Types

4.2.10 Document-Level Templates "Properties" Heading .

**Volume 2 — Templates and Supporting Material**

**Licence Information**

**Structure of This Guide**

**Author/Contributors**

**Acknoledgments**

**TOC**

**Table of Contents**

1 DOCUMENT-LEVEL TEMPLATES

1.1 IPS Header

<..>

~~1.1.5 Continuity of Care Document (CCD) (V3) ......................................................... 115~~

1.2 International Patient Summary

2 SECTION-LEVEL TEMPLATES

<..:>

2.4 Allergies and Intolerances Section

*LIST SECTIONS HERE…*

<..:>

3 ENTRY-LEVEL TEMPLATES

3.1 Admission Medication (V2)

<…>

4 PARTICIPATION AND OTHER TEMPLATES

4.1 Author Participation

4.2 Physician of Record Participant (V2) ....

4.3 Physician Reading Study Performer (V2)

4.4 US Realm Address (AD.US.FIELDED) ..

4.5 US Realm Date and Time (DT.US.FIELDED)

4.6 US Realm Date and Time (DTM.US.FIELDED)

4.7 US Realm Patient Name (PTN.US.FIELDED)

4.8 US Realm Person Name (PN.US.FIELDED)

5 TEMPLATE IDS IN THIS GUIDE

6 VALUE SETS IN THIS GUIDE ..

7 CODE SYSTEMS IN THIS GUIDE

4.3 XML Conventions Used in This Guide

4.3.1 XPath Notation

4.3.2 XML Examples and Sample Documents

5 REFERENCES

APPENDIX A — ACRONYMS AND ABBREVIATIONS .

~~APPENDIX B — HIGH-LEVEL CHANGE LOG~~

~~Volume 1 Summary of Changes~~

~~Volume 2 Summary of Changes~~

APPENDIX C — EXTENSIONS TO CDA R2 .

APPENDIX D — MIME MULTIPART/RELATED MESSAGES

MIME Multipart/Related Messages

RFC-2557 MIME Encapsulation of Aggregate Documents, Such as HTML (MHTML) 56

Referencing Supporting Files in Multipart/Related Messages

Referencing Documents from Other Multiparts within the Same X12 Transactions . 57

~~APPENDIX E — CARE PLAN RELATIONSHIPS .~~

~~Care Plan Relationships and HL7 RIM Terms~~

~~Care Plan Relationships Story Board Example~~

~~APPENDIX F — UNIQUE DEVICE IDENTIFICATION (UDI) ISSUING AGENCY FORMATS 61~~