**HL7 Occupational Data for Health Project Task Force Meeting Minutes**

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| **Meeting Date & Time** | Tuesday, January 5, 2016 4:00 PM EST |
| **Meeting Objective** | Discuss and develop ODH template specifics |
| **Facilitator** | Zachary May |
| **Location/ Dial in** | Webmeeting: https://esacinc.webex.com/esacinc/j.php?MTID=mc62264335488eec767a5868440b76b06Call In: + 770-657-9270; Passcode: 310940 |
| **Attachments** |  |

**Attendees**

| **Name** | **Organization/Affiliation** |
| --- | --- |
| John Roberts | HL7 (PHER) |
| John Ritter | HL7 (EHR) |
| Mark Roche | HL7 (SD) |
| Genny Luensman | NIOSH/CDC |
| Kristin Yeoman | NIOSH/CDC |
| Sara Luckhaupt | NIOSH/CDC |
| Stacey Marovich | NIOSH/CDC |
| Zachary May | ESAC |
| M’lynda Owens | Cognosante |
| Thomson Kuhn | American College of Physicians |
| Virginia Dato |  |

**Meeting Notes:**

The core data elements within the ODH template revolve around a patient’s current industry/occupation and longest held industry/occupation. It was also designed to sustain more than one job, with an option to record job duties. Other data elements that provide additional detail include start/stop dates, work schedule, hours worked per week/days worked, employment status, employer name/location.

A concern was raised over whether these data elements have been validated, and whether there is evidence of their usefulness. A source was provided:

“In the few instances where usual industry and occupation has been collected, including cancer registry data and mortality data, the information has been put to very good use for understanding risk factors and carrying out prevention efforts. Much has been learned about work-related cancer from occupational information obtained by cancer registries.”[[1]](#footnote-1)

A suggestion was made to ensure value sets are aligned with data elements already used in Meaningful Use Stage 3, especially with the Public Health Cancer Registries from Ambulatory Healthcare Providers IG.[[2]](#footnote-2) The Cancer IG identifies two related data elements for occupation and industry, and these are recommended starting points for this project.

The Cancer IG uses the CLUSTER[[3]](#footnote-3) act to cluster information together to keep it semantically tight. (This is in contrast to using BATTERY.[[4]](#footnote-4)) Once data elements are agreed on, the ODH leads will want to consider whether the clustering structure works for this project. Using Trifolia to mock up the design of the template may be a productive way of proceeding as well.

There are three primary Organizers: Employment Status Organizer, Usual Occupation and Industry Organizer, and History of Occupation and Industry Organizer. Usual Occupation and Industry Organizer refers to “longest held” occupation. See below for except from the ODH template:

1. **SHOULD** contain zero or one [0..1] **component**.
	1. The component/@typeCode **SHALL** be “COMP”.
	2. The sequenceNumber **SHALL** be 1.
	3. SHALL contain exactly one [1..1] Employment Status Organizer (1.3.6.1.4.1.19376.1.5.3.1.4.20.1).
2. **SHOULD** contain zero or one [0..1] **component**.
	1. The component/@typeCode **SHALL** be “COMP”.
	2. The sequenceNumber **SHALL** be 2.
	3. SHALL contain exactly one [1..1] Usual Occupation and Industry Organizer (1.3.6.1.4.1.19376.1.5.3.1.4.20.2).
3. **MAY** contain zero or one [0..1] **component**.
	1. The component/@typeCode **SHALL** be “COMP”.
	2. The sequenceNumber **SHALL** be 3.
	3. SHALL contain exactly one [1..1] History of Occupation and Industry Organizer (1.3.6.1.4.1.19376.1.5.3.1.4.20.3).

Based on general guidance for licensing and board exams in physician education, occupation and industry information is collected only when relevant to the patient. If information can be derived from History of Occupation/Industry Organizer, that may warrant changing its constraint from MAY to SHOULD, and changing the other organizers from SHOULD to MAY.

**Action Items:**

| **Number** | **Description** | **Name** | **Due Date** |
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**Next Meeting:**

Tuesday, January 19, 2016, 4:00 – 5:00 PM EST

1. <http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2014PS/14_OH_02upd.pdf> [↑](#footnote-ref-1)
2. [http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2\_IG\_RPT2CANCERREG\_R1\_D1\_2014DEC.zip](http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2_IG_RPT2CANCERREG_R1_D1_2014DEC.zip%22%20%5Ct%20%22_blank) [↑](#footnote-ref-2)
3. An ACT that organizes a set of component acts into a semantic grouping that have a shared subject. The subject may be either a subject participation (SBJ), subject act relationship (SUBJ), or child participation/act relationship types. The focus in a CLUSTER act is the grouping of the contained acts. For example "a request to cluster" (RQO), "a type of cluster that is allowed to occur" (DEF), etc. [↑](#footnote-ref-3)
4. An observation that is composed of a set of observations. These observations typically have a logical or practical grouping for generally accepted clinical or functional purposes, such as observations that are run together because of automation. A battery can define required and optional component observations and, in some cases, will define complex rules that determine whether or not a particular observation is made. BATTERY is a constraint on the Observation class in that it is understood to always be composed of component observations. [↑](#footnote-ref-4)