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| **HL7 Electronic Health Records Sub Work Group RMES****Minutes – Weekly Conference Call: 2016-12-12** **Presiding Co-facilitators:** **Reed Gelzer****Diana Warner****Duration:  60 minutes****Time:  12:00 pm Eastern U.S.** | **RMES****Meeting Agenda/Summary****December 12, 2016** |
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| Time:**12:00 – 1:00pm EST**  |
| **Attendees: Reed Gelzer, Beth Moodhard, Michelle Dougherty, Gary Dickinson, Kim Reich** |  |
| **Organizer/Note Taker:** Reed Gelzer |

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| **TOPIC / DISCUSSION ITEMS** | **TIME** | **Responsible** | **Summary** |
| Welcome/Attendance/Minutes  | 5 Min | Reed |  |
| Agenda:1. Review Minutes
2. General updates, additions to Agenda
3. How to reference ONC “Take Homes” in RMES path forward.
4. Update on “To Verify”
5. Lifecycle events curation coordination with Security, FHIR (and Structured Docs?)
6. Ideas, observations on how this may impact planning for a Release 2 of the RMES Profile.
 |  |  | **Reviewed minutes from 12/05, OK’d****ONC take-homes update:**Michelle: Note of apparent uncertainty on Signatures, still appears to be increased interest in electronic signatures but not known the actual of degree of uptake of “best practices” or standardization or Standards uptake. One area of interest is emerging from increasing use of patient portals and their exposure of multiple versions, can be unnerving, confusing. The relationship of Attest to “signing” still seems variable.Beth: Multi-versions is topic of current interest in VA system, ongoing project. Per different end-use requirements they may produce up to seven different-appearing versions of a “record”.Reed: Highlighting the relationship of Lifecycle Event (LE) “To Attest” with “signature event” is possibly a central theme or central requirement for both follow on to ONC meeting and also to future RMES R2 due in part to connectivity with primary stakeholder CMS. One important Use Case element is the CMS interest in a “Digital Certificate Signature (DCS)-signed Record Entry” to be definable as identical or otherwise indistinguishable from the “original record of care”. (Understanding that there is a wealth of ambiguity in that description, meriting a Use Case.) Would be also good to point to “To Attest” as of possible interest to ONC as a point for “what’s next” along with “To Verify” described at the event.Gary: To outreach to Mark at ONC on F/U and will note To Verify, To Attest. (Earlier Gary had also noted that LE “To Attest” includes reference to “signature” and further description of how DCS would fit into overall scheme of things useful)Reed: Noted that in last function testing for EHRs 2009, all 5 of leading vendor tests permitted alteration of “signed” records without highlighting the resulting record as modified. No idea whether things have changed. Seemed “sign” event or “save” event actually only functions as if LE “To Retain”. Has anyone else observed more recent examples? Michelle notes apparent “sign” events that don’t seem to necessarily include functions usually associated with signature. Kim will look up current documentation from American Bar Association on electronic signatures and DCS, also legal aspects of signature as a symbolic event. Possible discussions topic(s) at January WG meeting in San Antonio. Dr. Julia Skapik and Steve Posner likely to attend. Gary will check, consider targeted meeting during WG. Question: Do we need a Use Case ? Is there a Use Case Simplification (Authoring) work opportunity or utility here? Gary updates: Being used for the Immunization Functional Profile. Gary is working on merging the Use Case Authoring and the Profile Tool (both in Enterprise Architect). Those tools need additional development and so bringing attention to them should also underline the necessity of funding their further development.Summary: 1. Principle topics for an RMES R2 Profile will at least emphasize Lifecycle Events updates, especially
	1. To Originate and To Retain and To Receive
	2. To Verify
	3. To Attest
	4. To Amend
2. Connect with primary stakeholder CMS and connect, if possible with Home Health initiative due to its prioritization by CMS and by HHS OIG

Additional Topics:* Cures Act
	+ Kim notes applicability to our work and vice-versa.
	+ Kim and Michelle circulating resources and will brief on that at the next meeting on the 19th, how it can connect to current direction for ONC and RMES R2 in support of CMS
* Lifecycle Events state and “curation” going forward-will discuss next week.
	+ Reed having slow dialog with Mike Davis, Kathleen Connor on “what’s next”.
	+ Appears current state is a document released by Security last Spring, uncertain how many EHR WG fingerprints were on it before release.
	+ To see that (draft?) inventory of LEs in Provenance Model representation go to the Vocab Align wiki at <http://wiki.hl7.org/index.php?title=Record_Lifecycle,_Security,_Privacy,_and_Provenance_Vocabulary_Alignment> then scroll down to Documents for the link to [Lifecycle Events in PROV Model format with definitions as EHR-LC Events\_Vocab\_v0.5.5](http://wiki.hl7.org/images/8/89/EHR-LC_Events_Vocab_v0.5.5_%283%29_%283%29_%282%29.docx)
	+ In any case, modifications will occur as we translate LEs into the State/Transition model representation that worked best for EHR.
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|  Updates |  |  | 1. Bobbi Bonnet, retiring from KP, change email address to **bobbibonnet@yahoo.com**
2. The Sedona Conference article updated link [**https://s3.amazonaws.com/IGG/EHR.pdf**](https://s3.amazonaws.com/IGG/EHR.pdf)
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| Adjourn-Next Meeting December 19th |   |   |  Adjourned at 1:01 PM Eastern |