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| **HL7 Electronic Health Records Sub Work Group RMES**  **Minutes – Weekly Conference Call: 2013-05-20**  **Presiding Co-facilitators:**  **Reed Gelzer**  **Diana Warner**  **Duration:  60 minutes**  **Time:  12:30 Eastern U.S.** | **RMES**  **Meeting Agenda/Summary**  **June 10, 2013** | | | | | | |
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| **Attendees:**  **Diana Warner, Barbara Drury, Gary Dickinson, Robert Dieterle, Reed Gelzer** | |  | | | | | |
| **Organizer/Note Taker:** Reed Gelzer | | | | | | | |
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| **Agenda introduction and overview of work in progress)** | | | | Following on thru the metadata elements with the question, “From an Evidentiary POV, what metadata MUST NECESSARILY be a component of an evidentiary-supportive Record Entry (esRE).  Reminders:  These are ALL “Shall” items from FMR2.   They are all captured, retained, and managed by an EHR-S so we not worry about whether they are in the FM.  All are in so that is NOT the point of the current discussion  (we seem to keep returning to that point with some frequency…)   * The current discussion is, given the long list of supporting data capture/manage SHALLs in RI (and TI and elsewhere) are every one of the supporting data capture/manage requirements necessarily required for an implicit question for FM: Are there subtypes of Record Entries? * We are backing into the “subtypes” question by evaluating whether (for RMES R2) there is a Record Entry subtype that contains more metadata or less metadata or the same metadata as represented by all the SHALLs in FM2.   Given those SHALLs, is there such a thing as a Record Entry subtype that does NOT contain each and every stipulated one of the SHALL metadata elements, or contains additional ones not in the RM R2 that could be part of an RMES Profile R2? | | | |
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| **Agenda**   1. Review minutes from May 20 2. Old business:    1. Review the note in the accompanying Digital Signature item, in the notes there is a rendering of the May 20 discussion (in blue text) to edit or accept as appropriate.    2. Pick up on the “Necessary for minimum required evidentiary supportive Record Entry” discussion with the green highlighted items in the attached inventory.   Note that there is a discussion item on “Time of Act/Event” that returns to a prior discussion with new information on the meaning of “capture”.  There are other “green” items if time permits.   1. New Business 2. Next meeting June 17 | | | | | | | |
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| **TOPIC / DISCUSSION ITEMS** | **TIME** | | | | **Responsible** | **Summary** | | |
| Welcome/Attendance/Minutes (5 minutes) | 20 min | | | |  | Reviewed the logical progression and hypothetical construct for the work currently underway:   1. RMES v1 was intended to be subsumed into EHR-S FM R2. 2. EHR-S FM R2 is likely to achieve Normative Standard status by early 2014 3. In the meantime RMES v1 stands as authoritative 4. For RMES R2, there are at least four general important organizational concepts with regard to EHR-S FM R2 and its importance for RMES R2.   4a. FM R2 has much greater detail, attentive to other important topics such as the Lifecycle Model, that provide systems operations context for more meticulous treatment of RMES issues in such as the 24 key lifecycle events.  4b. Conformance with FM R2 does not require conformance with every SHALL in areas of special interest to RMES, such as Records Infrastructure and Trust Infrastructure. Therefore an RMES R2 profile must necessarily address all RI and TI elements in FM R2 for their utility in an RMES R2 Profile, so that the latter can instruct users in proper RMES attentiveness in claiming conformance to FM R2  4c. RMES may find it necessary to append or modify Conformance Criteria in FM R2, given the pace of accumulating interest in and concerns about trustworthy EHRs and EHR-sourced records. | | |
| Update, review of Digital Signature RI.1.1.1 (cc3) | 15 min | | | |  | Consensus that noted language is acceptable to our analysis. In sum, the criteria is presumed to apply to only that RE object that is signed. There is no presumption that a digital signature applied to a given RE construct, which may be itself composed of 1 to n previously existing REs, will necessarily “write back” or otherwise modify, update, or in any way alter those previously existing component REs. | | |
| Robert Dieterle, lead on the esMD projects for ONC S&I, also designated CMS attendee to HL7 meetings, joins call |  | | | |  | Introductions, welcome  Noted that currently RMES reviewing “housekeeping” items so Bob elects to leave the call. | | |
| Update Review of RI.1.1.1 (cc7) and RI.1.1.1.1 (cc10) | 20 min | | | |  | Reed notes that the summary document he built for tracking our review of RI generated some confusion by listing the Act/Event Time Capture support cc RI.1.1.1.1 before the Content cc RI.1.1.1 which is the capability to capture Act/Event time when it is (substantially) different than “real time”.  We note that “substantially different” will be:   * A governance/policy matter for the org. * Possible tracked, but not necessarily trackable within a given EHR-System due to the way each may variably capture intermediate events in documentation workflow and task flow (ex: In ambulatory settings the vital signs may be capture within minutes of actual Acts/Events but the entire composite record finalized, attested, and signed may not be executed for hours, days, or longer. Therefore there may be automated means to establish acceptable duration parameters for delayed entries that may require capture of Act/Event time substantially different from system capture time.)   Provisional conclusion: RI.1.1.1 (cc7) will be necessary RMES “fitness” content  Still under discussion: Whether or not to additionally stipulate it as a Required data element on all REs will be discussed at our next meeting. (Required means the system identifies for every RE both Act/Event Time and Recording Time, requiring Users to necessarily identify a time or a time range for the Act/Event of interest. | | |
| Adjourn |  | | | |  | Next meeting June 17th. | | |
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