## Draft Minutes: Templates WG. Friday, Q1 May 18, 2012 at HL7 WGM Vancouver2012

## Attendance:

### Mark Shafarman, Shafarman Consulting

### John Roberts, TN DOH

### Lloyd McKenzie, HL7 Canada

### David Hay, HL7 NZ

### Stephen Chu, NEHTA

### Charlie Mead, NCI

### Ana Estelrich, Phast

### Kai Heitmann, HL7 Germany

### Giorgino Cangioli, HL7 Italy

### Ewout Kramer, Furore

### Andy Stechishin, CANA Software

### Grahame Grieve, Health Intersections

### Kevin Coonan, Deloitte/Military Health

### Lorraine Constable, Constable Consulting

### Rik Smithies, rikesmithies.net, HL7 UK

### Richard Dixon-Hughes, richard@df4.com.au

### Nicolas Canu, nicolas.canu@phast.fr

### Michael van der Zel, m.van.der.zel@nmcg.nl

### Dale Nelson, dale.nelson@squaretrends.com

## Agenda:

### Report on the Templates ITS Pilot PSS progress and status.

### Discuss and plan next steps in the project.

### Report on resolution of negative ballot on the Templates Registry Business Analysis Requirements.

### Report on co-chair election and vote on interim co-chair election (Kai is the candidate).

### Discussion of issues raised at the Thursday Q2 meeting, especially concerning PatCare and StrucDoc, and Vocabulary.

### Grahame Grieve: discussion of relationship between Templates and the FHIR project.

### Andy: discussion of coordination between tooling and templates.

### Jane: update on the Heart project.

## Meeting notes:

## Motion: ballot templates registry business requirements document as '*informative'* (the single negative on the January 2012 'for comment' ballot was resolved earlier this week).

### Andy moved, John seconded, motion passes, 19-0-2

## Motion: elect Kai Heitmann as the "Interim co-chair" as of this meeting.

### Richard Dixon Hughes moved, John seconded, motion passes 20-0-1

### The Templates Work Group now has 3 co-chairs.

### Kai will submit his formal nomination for co-chair before the September WG meeting.

### Related news: Mark Shafarman was re-elected a co-chair during the write-in voting at the WGM earlier this week.

## Other discussions relating to Templates this week.

### Thursday q4 ARB

### Thursday q2 Patient Care

### Trifolia metadata discussion

### Impact of CIMI

### We need to arrange ongoing communication channels to stay involved with these projects.

## Andy provided an update on the Templates ITS project

### It passed steering division this week, and will go to the TSC on their next scheduled meeting. <do we have an update on this yet?>

### The project's goal will be to use Trifolia and MDHT to create templates, and the DECOR project's experience to create a canonical format for the test Templates ITS. This canonical format will be used to exchange templates in a semantically interoperable form between the two systems.

### Once this is demonstrated, the lessons learned can be fed into the second version of the older Templates DSTU (now called the Templates Interchange Format DSTU), along with the experience of the many other implementation projects using Templates.

### Kai added that the DECOR approach is being used successfully by ELGA, an Austrian project. This approach is also used by the NCTIZ Perinatal project, and several other EU projects. <\*\*get list>. This project also makes use of the IHE work on CDA templates. The DECOR approach also uses Schematron for validation of template instances.

## HEART Project update:

### HL7 is a contributor and an early adopter.

### Jane Curry is the HL7 representative.

### HEART is a repository for many types of artifacts.

### Tooling will be looking for volunteers to test, etc.

### Heart used the HL7 Templates Registry Business Process Requirements document and as well as ISO 11179

### Because of this, it should be possible to use Heart as a Templates Registry.

### Project is in alpha at this point. Beta release (via OHT) will be available in the fall of 2012.

## FHIR: Grahame Grieve Topics included:

### Base resources, very general

### Using the spoken word/human readable profiles, not templates, (an overloaded term)

### Another term of use is: unpicking, still not the right term, but not unfolding

### Profile definition not quite up to date, but uses requirements doc

### Example lipid report

### Tooling for authoring profiles is in place

### Need validation tooling

### Tooling to generate customized code from profile definition

### Template registry just falls out of the tooling

### Openehr uses template in a different sense, some are avoiding the conflict

### Cts2 question, FHIR will use it or something consistent

### Vocab validation will be the hardest part

### Extensions discussion

#### No requirement for them to be interoperable,

#### But they could be brought forward to regional bodies, or to HL7 itself, for translation/transformation mapping into to a formal reference model with formal vocabulary bindings.

### Governance processes need to be formalized

## Kevin Coonan

### Patient Care is doing a considerable amount of modeling and we need to discuss how to make this work transformable to/from FHIR?

### We are using MDHT templates and the issue of how to validate them against another reference model (FHIR) needs to be addressed.

### E.g. an example of something that seems simple but is not is the model for "symptom"

## Charlie Meade

### Does FHIR support Rdf? This may help with extensions problems

## Other issues/questions.

### How does one do temporal constraints?

### How are the Resource definitions built from simple spreadsheets? -- what are the requirements/support for semantic interoperability

#### Where is the canonical definition defined/supported; how is that related to the spreadsheet definition of the resource.

### One feature of the methodology that Grahame discovered is that the Profile Server is a template registry. (This needs follow-up for further details!)

## For further information on FHIR see:

### <http://www.hl7.org/Temp/2012VBCWGM/F1-Intro%20to%20FHIR.zip>

### <http://www.hl7.org/Temp/2012VBCWGM/F2-Building%20with%20FHIR.zip>

### and

### <http://wiki.hl7.org/index.php?title=FHIR>