**HL7 PC Co-Chair Open Meeting – June 6, 2016**

**Current WG Co-Chairs: Stephen Chu, Laura Heermann-Langford, Jay Lyle, Michelle Miller, Emma Jones, Michael Tan**

**Present** – **Stephen Chu, Michelle Miller, Emma Jones, Michael Tan, Laura Heermann-Langford, Elaine Ayers, Jay Lyle, Rob Hausam, Genny Luensman (CDC); Russ Leftwich**

AGENDA

1. Roll Call and Review Agenda –
2. Approve minutes from May 2: <http://wiki.hl7.org/images/2/21/PC_Co-Chair_Mtg_2016_05_02.docx> Laura Moved; Jay Second; No Further Discussion; 2 Abstain; 6 For; 0 Against
3. Occupational Data for Health and V2 – Genny
   1. NIOSH (part of CDC) – PSS to SDWG with social history data used to facilitate care and pop health for patients who work. Have a relational model of the data in CDA format thru IHE. Need a V2 and FHIR version of it – Need standard structure to be applied to any use case
      1. Shopping for a home for the PSS for the V2 and the FHIR part. Have discussed with Pt admin, OO, FM, SDWG. Now trying PC to consider looking at it
      2. Next suggestion is to go to Steering committee because it crosses many domains
      3. Email discussion post Montreal with PC
      4. Pt Admin thinks clinical care and data not collected as registration data
      5. Financial Management recognizes that the data is needed
      6. Stephen suggests circulate the slide deck and relevant docs for patient care to look at. PC will have an email discussion come back with a decision. PSS will be very helpful.
      7. Question is more than who manages it. Need to define the requirement in a DAM rather than in various IG construction artifacts.
      8. **Action**: Genny will pull together what they have which includes a relational model that was done internally. The CDA work was done in IHE initially. Took to SDWG where some changes were made that went to ballot. Will get info to group before next PC meeting.
4. FHIR calls(Thursdays) coverage (while Michelle is on maternity leave – June 16 to Mid August)
   1. Nominate to elect Elaine as interim ca-chair for the FHIR calls (chair and scribe) while Michelle is on maternity leave ( July 14 Elaine will be out, Rob will cover)
      1. Laura moved; Michael Second; No Further discussion; 0 Abstain; 0 Against; 8 For
      2. **Action**: Michelle will send link for presenter and let Headquarters know.
5. NIB for Assessment Scale – Michael
   1. Draft standard for > 4 years. Suggest pub for normative.
   2. Process question – will we have to indicate the lessons learned from trial implementation and will it have to go thru balloting? – Lessons learned will have to be taken up in the ballot. Netherlands have taken a look at it. Don’t expect much changes. May need some pictures added
   3. Motion to submit the NIB: Laura moved; Stephen second; No further discussions; 0 Abstain; 0 Against; 8 For
6. FHIR bindings – Jay
   1. Proposed bindings from SNOMED for condition verification status and clinical status – Need clinical definitions (similar to the CDA clinical status). Need to find a way to determine the values independent of technology. How can we coordinate all these questions about semantic concepts across various technologies (FHIR, CDA, etc). The proposed bindings was pre-coordination vs single concepts. Need to come up with a persistent way of dealing with things like this.
   2. Stephen is wary of pre-coordinated concepts outside of a model being done
   3. This is about FHIR, not driven by FHIR
   4. Has been presented to vocab – there is interest
   5. Slide deck is on the wiki per Jay.
   6. Harmonization is needed – need ‘policy’ on what to do to harmonize and coordinate on things like these
   7. **Action**: Jay will send out link to the slides. We need more info and have follow-up discussion before we decide on what PC need to do. Will keep on agenda for next meeting
7. PSS for IHE Dynamic Care Planning – Laura
   1. Suggest an HL7 ballot
      1. Static care plan – CCDA IG
      2. Dynamic care plan – profiles Care Plan resource and subscription resource
      3. The Ballot put the concepts into the FHIR tooling (e.g. like what was done with GAO)
      4. Jay moves to ballot; Stephen second; No further discussions; 0 abstain, 0 against 8 for
8. Work group responsibility for FHIR Resources – Michelle (email from Russ)
   1. We’re in decent shape. No road blocks. Can meet level 3 requirements by having it tested via Connecthathon or via Argonaut. Lloyd volunteered to QA questionnaire and questionnaire response. Will work on Condition on the Thursday calls and offline.
   2. [Timeline](https://github.com/argonautproject/implementation-program/wiki) – have until the end of year. Can log ballot issues if we still have QA work to do.
   3. [Resources](http://argonautwiki.hl7.org/index.php?title=Implementation_Guide#Data_Element_Query) – working on assessment and plan; care plan on list for care team
   4. This is outside of the patient care work group – Argonaut is creating profiles on the base resource.
   5. The testing is happening and helping check of the list of things we have to do.
   6. Argonaut comments in Gforge? A lot of the Argonaut profiles are based on DAF profiles. Some of their Gforge is logged against DAF. Very few things are logged against the core resources.
   7. All of this is tracked in the google doc spreadsheet indicating it’s done.

**Project status updates -** Assignment of responsibility

1. New Projects (PSS) and Co-sponsored projects
   1. SDWG – CCDA 2.1 companion guide
      1. PCWG will need appropriate input and the work is shared with PC to contribute. **Point persons: Elaine, Lisa** (Lisa is also working with the SDWG team). Purpose of work is to provide clarity on the base standards. Timeline – will have draft publication prior to May WGM – Sept informative ballot. Full set of deliverable is for CCDS and use of the CDA doc.
      2. **Updates:** none
   2. SDWG – Pharmacist Care Plan –Intend to represent a care plan from the perspective of a pharmacist. Pharmacy is co-sponsoring
      1. **Action:**
      2. **Updates**: none
   3. PC - CIMI POC
      1. PC and CIMI co-sponsoring. Involves MnM. Rob Hausam and Susan Matney will participate. Modeling will come from CIMI. Anticipate finishing this summer. Resulting artifact is a CIMI model and analysis. No ballot.
      2. **Updates:** work continues
   4. PC – Negation
      1. Rob and Jay lead
      2. **Updates**: work continues. Still working on allergy intolerance proposed updates.
   5. CIMI/FHIM Investigative Study
      1. FHIM is asking for PC to review the output. **Jay will do the reviews.**
         1. **Updates**: things are scheduled to happen but nothing has happened yet
   6. Allergy
      1. Substance terminology harmonization (JET project – analysis of the list)
         1. **Updates:** 
            1. Optum query list – stalled.
            2. Cerner query – Michelle is following-up with Larry. She has the result of the query which she will share
            3. Need to revisit some of the queries
   7. Care Plan
      1. DAM publication - Laura
         1. **Updates:** Posted on the doc page of the web site. Sent to HQ and waiting to hear back. Should come out with TSC announcement
      2. CCS - Laura
         1. **Updates:** Laura working on it
      3. Next steps –
   8. Health Concern (Ballot comments closes today)
      1. **Updates:** Jay will have an update to the DAM by end of month
   9. FHIR
      1. Updates
         1. Care Team – new resource.
            1. **Updates:** Nothing new, just QA
            2. **Note:** Need to change care plan resource to reference care team. Will have the old way – references to participants – for the upcoming connecthaton.
         2. Clinical Notes – Grahame thinks clinical impression is still the way to go. Need to articulate boundaries between clinical note and clinical impression. May not need a proposal
            1. **March:** Draft resource proposal. Have not been voted on by PC nor FMG.Need firming and voting.
            2. Action: Rob will look at it.

Need more discussion with Rob, Viet, Russell – Michelle waiting on green light to be added to the FHIR call. Elaine will participate in the discussion also. Need a definition description – see the wiki page. May need to review the use cases and see if it still applies. Need clarification of what maps to what – between FHIR and CCDA – condition to concern? May not have a 1:1 mapping. Also need to be aware of V3 modeling around this topic. FHIR adds structure later in the process.

* + - * 1. **Updates:** Nothing new
      1. Adverse Event Resource –
         1. **Updates**: Owned by RCRIM (we are co-sponsoring). Nothing new
      2. Clinician-on-FHIR
         1. **Updates**: Plan done for the next WGM. Need to look at ClinFHIR tool and request changes on tomorrow’s call.

**New Work**

1. CCDA clinical status value set-
   * 1. Discussed during Care plan call – Stephen to do a write up. SDWG is awaiting an update -
     2. **Update**: Emma will follow up with Stephen.

**Other Committee Business**

Next PC WG Co-Chair call – July 4, 2016 (US holiday) - **Decision to move call to July 5th.**

DESD Assignments:

1. Anatomic Pathology – Stephen
2. Anesthesia – Stephen
3. Attachments – Jay
4. BRIDG – ~~Jean~~ Emma
5. Child Health – ~~Russ~~ Stephen
6. Clinical Genomics – Laura
7. CIC – Jay
8. CQI – ~~Russ~~ Stephen
9. CBCC – ~~Jean~~ Laura
10. Emergency Care – Laura
11. Devices – ~~Laura~~ Michelle
12. Patient Care – Stephen
13. Pharmacy – Michael, Michelle
14. PHER – ~~Elaine~~ Laura
15. RCRIM – ~~Elaine~~ Emma
16. Learning Health Systems – Laura
17. Triage Person: Emma (notice from Melva Peters)