20190913\_NBS\_Notes

Attendees: Careema, Susan, Rhonda, Riki, Brendan, Emily, Ashleigh, Jim, Rebecca

Regrets: Rebecca, Joshua

Looking at VA spreadsheet: 

Using RE instead of C will work for this purpose

Research = provider in VA

Echo back card data to providers (most receiving systems however will ignore it, but they already have it, but sometimes getting an identical OBX may be an issue) -

Raw information going back to provider might be problematic – labs have slightly different cut offs, so labs don’t often like the doc to have the detail.

For PH use case and researchers like the raw info

So make the card data optional in the provider column – at the national level optional is ok

Can review the RE elements for which to make O instead on the national level, then can further constrain

Echo back – should we come up with a category that indicates, if system cannot handle it for an individual implementation? Can decide for each implementation that they are not conformant to the guide – would that cause issue for CMS reimbursement, if PHA tells hospital they are non-conformant? – NBS is not in MU3 (neither is LRI at this point), so would not impact at this time

Use case write up:

Have intro and 4/6 sections should be ready by next meeting, which is 9/27/2016 2 – 3 PM ET