**HL7 Patient Care Work Group**

**Care Plan Topic**

**May 15, 2013**

**Minutes**

**Attendees:**

Laura Heermann Langford

Stephen Chu

Russ Leftwich

Elaine Ayres

Lynnette Elliott

Susan Campbell

Enrique Meneses

Iona Thraen

Jennie Harvell

Carolyn Sizle

Evelyn Gallego

Ray Simkus

Becky Angeles

Sue Mitchell.

**Agenda**

* Coordinate with the LCC team
	+ Review slides
* Conference Call coordination with structured doc team
* Review of the Project scope statement
* Review of the model from Enrique
	+ Need a plan to see how the CCS ballot comments make it into the DAM – and revision of the care plan model.

**Review of Health Concern Project (Review of slides and discussion points from LCC call earlier in the day)**

* + Diagnosis, risks can become a health concern, patient preferences can become a health concern, …. Allergies, intolerances…. Everything related to the patient and everything we are trying to manage can be an health concern.
	+ Kevin is working towards using Health concern for a problem oriented record. Concerns regarding if this is the best intention for the patient perspective of the record. Would rather see us develop the constructs and point to the various related issues.
	+ The Project Scope Statement still needs to be created for this project. There may be a white paper written in this area instead.
	+ Concern about the length of lists – IHTSDO and SNOMED are working towards eliminating family history of… to shorten the list. In the same way if there is a section for risks – then you can put risks in that area and not have it on the problem list. Becomes a classic problem of the lumpers and the splitters.
	+ Once you do any intervention – including monitoring for…it becomes a concern.

**Extrinsic vs. Intrinsic Risk**

* + Does it matter if it is extrinsic or intrinsic? Probably not very much – but it is good to call it out to get attention so that risks do not get lost.

**LCC Call this am**

* + Spent quite a bit of time on preferences on LCC call this morning.
	+ Is a preference a type of barrier?
		- Barrier is the reason that you may want to use to support a specific preference. Treatment choice is not necessarily a barrier. There are slight differences between the two. For the model are there differences? Are they all just decision modifiers? Barriers are most often a negative, preferences can be positive or negative. Semantically they are very different…. Suggestion made for Enrique to look at it more closely to determine if there are significant structural differences.
		- Preferences have a criterion indicating when the preference applies. Also capture the “strength” of the preference. Not all preferences are equal.

**Review of the Updated PSS from Structured Docs**

* + Document included at end of minutes.
	+ Would like to indicate the link of the Care Plan note with the Consult Note and Referral note and Transfer Summary document types. We would prefer to have it called out explicitly – rather then how it is implied in the current writing of the PSS.
	+ No other suggestions or concerns noted with PSS as written.

**Coordination with the Structured Document**

* + LCC plans on discussing this work on Thursdays from 11-12 ET
	+ HL7 Structured Docs team will have their call on Thursdays 10-12 ET
	+ Suggestion made to have the call on Mondays at 1700 ET to accommodate interested international colleagues in the discussion. LCC team will need to discuss with their other team members.
	+ Further discussion will ensue with Structured Docs team members.
	+ Suggestion made to have the call hosted by and on an HL7 call in number since it is a Structured Doc – Co Sponsored by PCWG Project Scope Statement.
	+ Need to determine how often we need to have coordination calls with LCC.

**Ballot Reconciliation update/review**

* 70 some more comments to go.
* The call is every week – the HL7 Care Plan call is every two weeks. Request for logistics that when the reconciliation is done – the items that are specific to the care plan can be addressed during the HL7 Care Plan call – there should be 30 minutes for each fortnightly call to review these items called out by the CCS reconciliation efforts. Enrique will cull through the comments and find the ones for the Care Plan team to look at.
* Request to also have members of the LCC team who provided feedback to join in the reconciliation discussions.
* The reconciliation efforts will watch for items that need further discussion and will bring those to the HL7 Care Plan and the LCC team as appropriate.

**Email from Susan** – regarding the cancer registry call from CDC. Today on a call they mentioned sending a set of content (different CDA templates through a V2 message) may be helpful to update a care plan in segments rather then a whole care plan.
In LCC discussion is the care plan always lives and travels as a full document. IN HL7 Care plan Calls we have not yet had that discussion. The CCS defines the document to be dynamic. This HL7 Care Plan team has always stated the care plan is dynamic and should support component by component updates – but the nature of the document does not allow that dynamic of updates.

**NOTE**: To use Track Changes, turn off “protection” by clicking on (pre-MS Word 2007) Tools > Unprotect Document or (MS Word 2007 and higher) Review > Protect Document.

1. **Project Name and ID**

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| [Project\_Name\_help](#Project_Name_help) |  |
| *Consolidated CDA DSTU 2013 Update* | Project ID:  |
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| [ ]  | TSC Notification Informative/DSTU to Normative Date :  |

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1. **Sponsoring Group(s) / Project Team**

[Sponsoring\_Group\_help](#Sponsoring_Group_help)

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| Primary Sponsor/Work Group (**1 Mandatory**)  | Structured Documents WG |
| Co-sponsor Work Group(s) | Patient Care Work Group Child Health Work Group |
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| **Project Team:** |  |
| Project facilitator (**1** **Mandatory**) | Bob DolinMike Tushan |
| Other interested parties | * ONC S&I Longitudinal Coordination of Care (LCC) WG
* New York eHealth Collaborative (NYeC)
* Healthix
* Continuum of Care Improvement Through Information New York (CCITI NY)
* Office of the Assistant Secretary for Planning and Evaluation (ASPE)
* Centers for Disease Control
* CMS
* IHE Patient Care Coordination (PCC) Group
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| Multi-disciplinary project team (recommended) |  |
|  Modeling facilitator | Gaye Dolin Laura HeermanEnrique Meneses |
|  Publishing facilitator |  |
|  Vocabulary facilitator | Rob Hausam |
|  Domain expert rep | Larry GarberJennie HarvellStephen ChuRuss Leftwich |
|  Business requirement analyst | Vin Sekar |
|  Conformance facilitator (for IG projects) | Zabrina Gonzaga |
|  Other facilitators (SOA, SAIF) |  |
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| Implementers **(2** **Mandatory** for DSTU projects): |
| 1) Healthix |
| 2) New York eHealth Collaborative (NYeC) |

1. **Project Definition**
	1. **Project Scope**

[Project\_Scope\_help](#Project_Scope_help)

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| This project will make various updates to Consolidated CDA, limited to:* Updating the existing C-CDA Consult Note and creating Referral Note and Transfer Summary document types, incorporating existing templates and new data elements identified by ONC S&I LCC community providers as priority for the delivery of care when transitioning a patient from one provider and/or setting to another.
* Creating a Care Plan document type, using existing C-CDA templates plus new templates identified by ONC S&I LCC community providers aligned with HL7 Patient Care WG’s Care Plan DAM. Scope includes defining how a Care Plan references other types of Consolidated CDA documents.
* Coordinating with the Security WG, to show where an enveloped XML Digital Signature should reside in a Consolidated CDA instance. (Security WG will work on a sister standard, describing the technical details of an enveloped XML Digital Signature. We anticipate that the Consolidated CDA will reference this work).
* Incorporating C-CDA errata that have been identified and approved by HL7.Updating Meaningful Use Stage 2 templates (i.e. those C-CDA templates that map to Meaningful Use Stage 2 data elements) based on comments received through the C-CDA DSTU page.
* Renaming Consolidated C-CDA in accordance with the SDWG group’s prior decision: “Consolidated CDA Templates for Clinical Notes”
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* 1. **Project Need**

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| Existing Consolidated CDA (C-CDA) needs to be enhanced by adding templates to represent priority data elements, and modified/new section level and document level templates needed for transitions of care and care plans, areas essential to patient care and the meaningful use of EHRs; we need to incorporate errata; and we want to address areas that implementers have found to be ambiguous. |

* 1. **Success Criteria**

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| Successfully ballot and publish an update to Consolidated CDA including the items listed above.  |

* 1. **Project Objectives / Deliverables / Target Dates**

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| [Project\_Obj\_Deliv\_TgtDate\_help](#Project_Obj_Deliv_TgtDate_help) | **Target Date**  |
| Define project scope | May 2013 |
| Analysis, design and draft specifications (regular meetings) | May – Sept 2013 |
| Submit notice of intent to ballot (NIB) | July 7, 2013 |
| Submit for DSTU ballot | Aug 2013 |
| Ballot period | Sept 2013 |
| Ballot reconciliation | Oct – Nov 2013 |
| Submit to TSC for DSTU approval and publication | Dec 2013 |
| Subsequent ballots to be performed as needed | Jan 2014 |

* 1. **Project Requirements**

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| **http://wiki.siframework.org/Longitudinal+Coordination+of+Care+%28LCC%29** |

* 1. **Project Risks**

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| Risk Description | Many stakeholders and interested parties may impact timelines |
| Impact Description | **Describe the impact of the risk.** |
| Probability: |

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| [ ]  High | [x]  Medium | [ ]  Low |

 | Severity: |

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| [ ]  High | [x]  Medium | [ ]  Low |

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| Mitigation Plan | Close collaboration between SDWG, Patient Care WG, and ONC S&I LCC |

* 1. **Project Dependencies**

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| <http://www.hl7.org/implement/standards/product_brief.cfm?product_id=258>  |

* 1. **Project Document Repository Location**

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| http://wiki.siframework.org/Longitudinal+Coordination+of+Care+%28LCC%29 |

* 1. **Backwards Compatibility**

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| Are the items being produced by this project backward compatible? | [x]  Yes | [ ]  No | [ ]  Don’t Know | [ ]  N/A |

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| For each revised C-CDA template, we will reference back to the prior version. We will coordinate with Templates WG around template versioning. |

1. **Products**

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| [ ]  | Non Product Project- (Educ. Marketing, Elec. Services, etc.) |

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| [ ]  | V3 Documents - Knowledge |

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| [ ]  | Arden Syntax |

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| [ ]  | V3 Foundation – RIM |

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| [ ]  | Clinical Context Object Workgroup (CCOW) |

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| [ ]  | V3 Foundation – Vocab Domains & Value Sets |

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| [ ]  | Domain Analysis Model (DAM) |

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| [ ]  | V3 Messages - Administrative |

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| [ ]  | Electronic Health Record (EHR) |

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| [ ]  | V3 Messages - Clinical |

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| [ ]  | Functional Profile  |

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| [ ]  | V3 Messages - Departmental |

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| [ ]  | V2 Messages – Administrative |

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| [ ]  | V3 Messages - Infrastructure |

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| [ ]  | V2 Messages - Clinical |

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| [ ]  | V3 Rules - GELLO |

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| [ ]  | V2 Messages - Departmental |

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| [ ]  | V3 Services – Java Services (ITS Work Group) |

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| [ ]  | V2 Messages – Infrastructure |

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| [ ]  | V3 Services – Web Services |

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| [ ]  | V3 Documents – Administrative (e.g. SPL) |

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| [ ]  | - New Product Definition - |

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| [x]  | V3 Documents – Clinical (e.g. CDA) |

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| [ ]  | - New/Modified HL7 Policy/Procedure/Process - |

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1. **Project Intent (check all that apply)**

[Project\_Intent\_help](#Project_Intent_help)

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| [ ]  | Create new standard |
| [x]  | Revise current standard (see text box below) |
| [ ]  | Reaffirmation of a standard |
| [ ] [ ]  | New/Modified HL7 Policy/Procedure/ProcessWithdraw an Informative Document |
| [ ]  | N/A (Project not directly related to an HL7 Standard) |

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| [x]  | Supplement to a current standard |
| [x]  | Implementation Guide (IG) will be created/modified |
| [ ]  | Project is adopting/endorsing an externally developed IG*(specify external organization in Sec. 6 below)* |
| [ ]  | Externally developed IG is to be Adopted |
| [ ]  | Externally developed IG is to be Endorsed |

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| Consolidated Clinical Document Architecture (C-CDA) Release 1.1 Published July 2012 |

* 1. **Ballot Type (check all that apply)**

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| [ ]  | Comment Only |
| [ ]  | Informative |
| [x]  | DSTU to Normative |

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| [ ]  | Normative (no DSTU) |
| [ ]  | Joint Ballot (with other SDOs or HL7 Work Groups) |
| [ ]  | N/A (project won’t go through ballot) |

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* 1. **Joint Copyright**

*Check this box if you will be pursuing a joint copyright. Note that when this box is checked, a Joint Copyright Letter of Agreement must be submitted to the TSC in order for the PSS to receive TSC approval.*

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| [ ]  | Joint Copyrighted Material will be produced |

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1. **Project Approval Dates**

[Project\_Approval\_Dates\_help](#Project_Approval_Dates_help)

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| Sponsoring Group Approval Date | **WG Approval Date CCYY-MM-DD** |
| Steering Division Approval Date  | **SD Approval Date CCYY-MM-DD** |

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| [PBS Metrics and Work Group Health Reviewed](http://gforge.hl7.org/gf/download/docmanfileversion/7241/10172/PBSMetricGuidanceforSDCoChairs2013Final.doc)? (required for SD Approval) | [ ]  Yes | [ ]  No |

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| Technical Steering Committee Approval Date | **TSC Approval Date CCYY-MM-DD** |
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| Joint Copyright Letter of Agreement received? (req'd for Joint Copyrighted material) | [ ]  Yes | [ ]  No |

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1. **External Project Collaboration**

[External\_Project\_Collaboration\_help](#External_Project_Collaboration_help)

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| ONC S&I Longitudinal Coordination of Care (LCC) workgroup; IHE PCC |

* 1. **Stakeholders / Vendors / Providers**

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| **Stakeholders** | **Vendors** | **Providers** |
| [x]  Clinical and Public Health Laboratories | [x]  Pharmaceutical | [x]  Clinical and Public Health Laboratories |
| [x]  Immunization Registries | [x]  EHR, PHR | [x]  Emergency Services |
| [x]  Quality Reporting Agencies | [ ]  Equipment  | [x]  Local and State Departments of Health |
| [x]  Regulatory Agency | [x]  Health Care IT | [ ]  Medical Imaging Service |
| [x]  Standards Development Organizations (SDOs)  | [x]  Clinical Decision Support Systems | [x]  Healthcare Institutions (hospitals, long term care, home care, mental health) |
| [x]  Payors  | [ ]  Lab | [ ]  Other (specify in text box below) |
| [x]  Other (specify in text box below) | [x]  HIS | [ ]  N/A |
| [ ]  N/A | [ ]  Other (specify below) |  |
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* 1. **Synchronization With Other SDOs / Profilers**

[Synchro\_SDO\_Profilers\_help](#Synchro_SDO_Profilers_help)

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| Check all SDO / Profilers which your project deliverable(s) are associated with. |
| [ ]  ASC X12 | [ ]  CHA | [x]  LOINC |
| [ ]  AHIP | [ ]  DICOM | [ ]  NCPDP |
| [ ]  ASTM | [ ]  GS1 | [ ]  NAACCR |
| [ ]  BioPharma Association (SAFE) | [ ]  IEEE | [ ]  Object Management Group (OMG) |
| [ ]  CEN/TC 251 | [x]  IHE | [x]  The Health Story Project |
| [ ]  CHCF | [x]  IHTSDO | [ ]  WEDI |
| [ ]  CLSI | [ ]  ISO | [ ]  Other (specify below) |

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| The IG will use SNOMED-CT codes and LOINC codes. The project will build on Health Story Supported C-CDA guide. The project will coordinate with overlapping work taking place in IHE. |

1. **Realm**

[Realm\_help](#Realm_help)

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| [ ]  | Universal |

 | [x]  Realm Specific  |
|  | [ ]  Check here if this standard balloted or was previously approved as realm specific standard |

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1. **Strategic Initiative Reference – For PMO/TSC Use Only**

[Roadmap\_Reference\_help](#Roadmap_Reference_help)

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| This section used only for Strategic Initiative Projects.

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| [ ]  | 1. HL7 Recognition
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| [ ]  | 1. HL7 Internal Processes
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| [ ]  | 1. HL7 Implementation
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