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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Montreal, QC, CA** | | | | **Date: May 9, 2016 Time: 9:00 – 5:00** | | |
| **Facilitator** | | Durwin Day | | **Note taker(s)** | | Penny Probst |
|  | | | | | | |
| **Quorum Requirements Met:**  Yes | | | | | | |
|  | | | | | | |
| **First Name** | | | **Last Name** | | **Affiliation** | |
| Liora | | Alschuler | | Lantana | |
| Tony | | Benson | | BCBSAL | |
| Mark | | Bohr | | Highmark, Inc | |
| Laurie | | Burckhardt | | WPS | |
| Mary Lynn | | Bushman | | National Government Services | |
| Patrick | | Cannady | | American Dental Association | |
| Desirae | | Ciraci | | Metlife | |
| Chris | | Cioffi | | Anthem | |
| Terry | | Cunningham | | AMA | |
| Laurie | | Darst | | Mayo Clinic | |
| Durwin | | Day | | HCSC \*\*\*co-chair\*\*\* | |
| Robert | | Dieterle | | EnableCare | |
| Rosanna | | Dy | | Kaiser Permanente | |
| Benjamin | | Flessner | | Epic | |
| Craig | | Gabron | | PGBA \*\*\*co-chair\*\*\* | |
| Sarah | | Gaunt | | Lantana | |
| Peter | | Gilbert | | Meridian Health Plan | |
| Christol | | Green | | Anthem | |
| Robin | | Isgett | | BCBS of SC | |
| Kai | | Heitmann | | Art-Decor | |
| Lenel | | James | | BCBSA | |
| Vinayak | | Kulkarni | | Siemens | |
| Chris | | Johnson | | BCBS of AL | |
| Erin | | Murphy | | Cognosante | |
| Genny | | Luensman | | CDC/NIOSH | |
| Chris | | Melo | | Philips | |
| Sean | | Muir | | JKM Software | |
| Lisa | | Nelson | | Life Over Time Solutions/"Janie Appleseed" | |
| Viet | | Nguyen | | Systems Made Simple | |
| Michael | | Nichols | | BCBS of SC | |
| Nancy | | Orvis | | DoD Mil Hlth System | |
| Cathy | | Plattner | | Kaiser Permanente | |
| Penny | | Probst | | Highmark, Inc | |
| Leslie | | Purdy | | M2 Systems | |
| Matt | | Schuller | | BCBSA | |
| Mark | | Shafarman | | Shafarman Consulting | |
| Ron | | Shapiro | | Qvera | |
| Corey | | Spears | | Infor | |
| Walter | | Suarez | | Kaiser Permanente | |

**Agenda Topics**

1. Industry Updates
2. FHIR Connectathon Review
3. Path to Healthcare Attachments Presentation
4. Templating and Validation Tools
5. PSS for Periodontal Attachments
6. PSS for FHIR Repository

Supporting Documents:

Documents are posted on the AWG website, unless otherwise noted.

  

Minutes/Conclusions Reached:

1. Industry Updates

* NCVHS February Hearings (Durwin)
  + Attachments and Operating Rules were the focus
  + There has not yet been a letter of recommendation from the standards subcommittee
  + The hearings went well and they understand the need for attachments.
  + The message was similar across most testimony
  + One of the major concerns is the lack of EHR and PMS vendor participation/involvement.
  + Industry recommendations:
    - HL7 recommended the standards as C-CDA 2.1, Supplemental Guide DSTU (HHS can’t name something that isn’t enforceable), CDP1 as option and the LOINC panel.
    - The importance of a single source for downloadable documents was noted. . When a standard is named in regulation, it is posted to a separate site for standards named in regulation (<http://www.hl7.org/implement/standards/hhsifr.cfm?ref=nav> ), which makes it easier to find.
      * Nancy explained that the DoD can’t implement non-ANSI standards for full implementation. The DSTUs can be used for prototypes, by vendors, etc. There was further discussion about DSTUs in regulation and whether DSTUs can be named or not. The MU standards are draft which would seem to allow this.
      * SDO (NCPDP, X12, HL7, etc).content should be normalized. There may be some implementer issues may be related to transport. .
    - X12 Recommendations: 6020 275s, 5010 278, 6020 277RA. X12 is currently reviewing version 7030. There is no plan at this time to change their recommendation for attachments.
* NCVHS (Walter)
  + The Standards SC started to develop recommendations for the secretary based on the February hearings. They are currently finalizing the recommendation
  + There are 20 recommendations, which include query and response, acknowledgments, value sets, pharmacy, dental, transport flexibility and CDP1 as alternative. The goal is to combine all previous recommendations. The overall recommendation is to move forward.
  + After the drafting of the letter is complete, the SC will vote, and then present it to the full committee for approval prior to their meeting in June. It will be shared with those who are impacted or provided information for review prior to this.
  + The expectation is that NCVHS will support recommendations. The letter will be sent to the secretary after the 6/15/16 meeting. After that, it is up to the secretary.
  + There was discussion about the impacts of the end of the current Administration. The focus will be on finishing all pending rules so nothing is left hanging. The unofficial word is that any agency that wants to publish a regulation to be considered, if it is not in a proposed rules stage, by July they can basically forget about getting it published. It is unlikely that this will make it into a publication cycle this year, although anything can happen.
  + Walter’s thought is not to expect an IFR and doesn't really expect a final rule before December.
  + The Certification of Compliance is heading toward finalization and may be published by end of year
  + The good news is that all final recommendations are in place for the next administration
  + There was discussion about the inclusion of a DSTU in regulation. Essentially the X12 Standards and MU are DSTU, so that isn't a problem. The CMS lawyers did not have an issue non-ANSI accredited standards either.
  + To be named in the NPRM, a document has to have been in ballot. To be named in the final regulation, it has to be published
* WEDI (Durwin)
  + The spring conference will be held in two weeks. There will be several sessions on attachments: Edifecs, VA, think tank, CMS listening session
  + CMS has noted that they want to be sure that the regulations being rolled out are the right ones for the industry. They want to ensure that they 1)Solve a problem, 2)Address administration simplification, 3)Include flexible technology and 4) Be enforceable
* X12 (Durwin)
  + The standing meeting is scheduled in June
  + Development of the next version of the guides is under way
* Partners in Interoperability (Durwin)
  + See notes document above
  + The first meeting was held in April. There were 100 -125 attendees, about a third were implementers
  + The discussion centered on the top priorities: Quality Measures; Connecting to other orgs/networks; and Value Based Payments
  + There will be follow up meetings and working groups
  + Viet was one of the prime implementers for payers. He shared information about the goals and experience.
  + Durwin will post the summary
  + Nancy shared information on the VBP demonstrations. Lenel followed up with the Care Plan CDA pilot he and Lisa did. Nancy noted that FHIR is desired to be a query process of current state. It is not designed to replace the existing transactions
  + Use cases were discussed and will continue to be gathered

1. FHIR Connectathon Review (Lenel)

* Debrief
  + Identifying business opportunities from the tracks needs more work
  + There may be interest in the mapping of C-CDA to FHIR activities being done.
  + Raheem from McKesson has had some success pinging Epic, Allscripts and Cerner servers
  + Christol tried to stand up the Clinical Quality Framework. They were successful pulling a patient and a bundle of patients. There is still a long way to go. Connection to the vendors is key.
  + Lenel will share the debrief
  + FHIR resource analysis is important: The window ends July 15 to affect changes for the September ballot
  + Cambia will be holding a virtual connectathon
  + The tracks will be discussed in detail later this week. Related business use cases are needed
* PSS for Repository
  + Currently there is no place to find all the FHIR resource and profile work
  + There is a need for a clear repository of valid resources and profiles
  + Work on the repository has begun, but it is not tied to a project.
  + The AWG has voted to join the FHIR Management group on this PSS. The AWG and CIC (Clinical Interoperability Council) may need to provide input/guidance on the impacts to the administrative side.
  + HL7 needs a process to guide this work. Lenel is working with AWG and CIC co-chairs to determine how to move this forward.
  + This PSS is just to indicate we want the work done, not to do the work.

1. Path to Healthcare Attachments Presentation (Craig)

* See presentation above
* The workforce has to be education on LOINC - what it is, how to use it.
* The first step is to download RELMA, which is a window based mapping utility for searching the LOINC database. Corporate security could impede this. This is a self-contained bundle with no instructions for use. They are looking into having an online search option, rather than downloading the database, which has to be updated periodically.
* Information on RELMA should be in the ACP document
* Requests can only be made at the document level, not entry or segment level.
* Regenstrief keeps this updated as standards are developed. There was discussion as to how this is done and the need to identify versions and their requirement.
* There was discussion about keeping the LOINCs for the sections, since we can’t request at this level. Payers are constrained to use the document level LOINC for the request, but the response can be any one of the related codes. It was recommended to keep the segment LOINCs and collapsing them.
* Path for providers: It was noted that the billing application vendors are not at the table. This is a gap in the process.
* Path for payers: the group agreed that ‘structured’ and ‘unstructured’ should be used consistently.
* This presentation was designed to get the group thinking about this topic. Changes are needed. It was noted that his is exactly what the ACP group has been looking for from HL7. Further discussions on this with the ACP WG will be held.

1. Templating and Validation Tools

* See presentations above
* Lisa provided and introduction
* Trifolia (Sarah)
  + This is a centralized template/profile database and template/profile online management tool
  + There is a Word export function.
  + Schematron generation is available for either online validation or builds your own. The schematrons can be pulled in as needed.
  + Lantana is open-sourcing Trifolia.
* Art-Decor (Kai)
  + This is an open source, multidisciplinary healthcare information exchange.
  + It can be used to create, maintain, and share templates.
  + This does not have the Word functionality, but does use pdf, html, wiki, and FHIR IG Resource.
  + This is used more in Europe than US.
  + It can be download or used online.
* MDHT (Sean)
  + This is an open source project initiated by the VA.
  + It is a UML model-driven tool to create computable models.
  + The original approach was java and OCL and they have branched out to schematrons.
  + There is an online C-CDA validator.
  + The source code is on Eclipse.
  + Shawn will send a link for the new version, which can be downloaded to your system.
* This work is supported by NIST and ONC
* It was clarified that validators can be used at various points in the process. Validation can be determined by business process as well as conformance
* There was discussion about how to know which templates exist and should be used, and if there are duplicates in the tools. Art-Decor and Trifolia have their own repositories. The Templates WG has an informative document (on their wiki) that they are considering updating. Communication between governance groups using templates is outlined in this document.
* Lisa will provide information from Diameterhealth.com, who was unable to attend

1. PSS for Periodontal Attachments

* This is a standalone attachment that will use the C-CDA 2.1 header
* SDWG has to vote on this
* The PSS was revised as agreed within the group.
* Laurie made the motion to approve the PSS for Periodontal Attachment
  + Second: Patrick
  + Vote: Approved unanimously (17 Votes)

1. PSS for FHIR Repository (Lenel)

* The PSS that the AWG previously approved has been updated.
  + It now proposes phase 1 of work (acknowledgement of international impact).
  + Attachments WG is now the primary sponsor, CIC is the only cosponsor.
  + Clarified scope to include functional requirements
* Bottom line of this PSS: A 2 – 4 page white paper of needs to control FHIR is to be developed.
* Christol made a motion to move the PSS forward
  + Second: Chris Johnson
  + Discussion: Progress reports on this PSS were requested. It was noted that this work may be outside the scope of the AWG
  + Vote: Approved with 15 Approve, 1 Disapprove, and 1 Abstain

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| Actions   * **Durwin**: post the Partners in Interoperability summary to the AWG website * **Lenel**: share the FHIR Connectathon debrief with the group * **ACP WG**: include information on RELMA in the document * **Laurie D and Craig**: update the Path to HealthCare Attachments provider slides * **Durwin**: update the Path to HealthCare Attachments slides as discussed * **Shawn**: send link for MDHT * **Lisa Nelson**: Provide information from Diameterhealth.com |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Montreal, QC, CA** | | | **Date: May 10, 2016 Time: 9:00– 5:00** | | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Durwin Day | |
|  | | | | | | |
| **Quorum Requirements Met:**  Yes | | | | | | |
|  | | | | | | |
| **First Name** | | **Last Name** | | **Affiliation** | |
| Swapna | | Abhyankar | | Regenstrief Institute, Inc | |
| Liora | | Alschuler | | Lantana | |
| Tony | | Benson | | BCBSAL | |
| Laurie | | Burckhardt | | WPS | |
| Mark | | Bohr | | Highmark, Inc | |
| Mary Lynn | | Bushman | | National Government Services | |
| Patrick | | Cannady | | American Dental Association | |
| Chris | | Cioffi | | Anthem | |
| Desirae | | Ciraci | | Metlife | |
| Terry | | Cunningham | | AMA | |
| Laurie | | Darst | | Mayo Clinic | |
| Durwin | | Day | | HCSC \*\*\*co-chair\*\*\* | |
| Robert | | Dieterle | | EnableCare | |
| Rosanna | | Dy | | Kaiser Permanente | |
| Brian | | Flynn | | NADP | |
| Craig | | Gabron | | PGBA \*\*\*co-chair\*\*\* | |
| Rick | | Geimer | | Lantana | |
| Christol | | Green | | Anthem | |
| Robin | | Isgett | | BCBS of SC | |
| Lenel | | James | | BCBSA | |
| Chris | | Johnson | | BCBS of AL | |
| Erin | | Murphy | | Cognosante | |
| Michael | | Nichols | | BCBS of SC | |
| Nancy | | Orvis | | DoD Mil Hlth System | |
| Cathy | | Plattner | | Kaiser Permanente | |
| Penny | | Probst | | Highmark, Inc | |
| Leslie | | Purdy | | M2 Systems | |
| Matt | | Schuller | | BCBSA | |
| Shelly | | Spiro | | Pharmacy HIT Collaborative | |
| Sue | | Thompson | | NCPDP | |
| Daniel | | Vreeman | | Regenstrief Institute, Inc | |

**Agenda Topics**

1. Co-chair Meeting Update
2. LOINC Ontology
3. Periodontal Attachment
4. Reviewed the examples for the ACP document
5. FHIR Use Cases
6. LOINC Modifier

Supporting Documents:

Documents are posted on the AWG website, unless otherwise noted.

Minutes/Conclusions Reached:

1. Co-chair Meeting Update

* The Periodontal PSS was approved
* There was discussion about the FHIR Repository PSS. A letter of resolution is needed from the domain committee to the TSC explaining need for this. There was hesitance to move forward until they understood the business need. There are other interested groups. AWG and CIC can begin work until this is resolved. If no one steps up, we will take it back to keep it moving forward.
* .The AWG received a gold star for Work Group Health

1. LOINC Ontology (Liora and Daniel)

* The ontology is a logical hierarchy that offers the industry a way to classify the codes to facilitate search and retrieval.
  + Allows for flexibility in the way the data is stored while giving the payer a set of codes for the requests
  + Will not tell you there is a specific section within a given document
  + Focus on categorizing things that don’t fit into unstructured
  + There are codes that are documents that don’t conform to the definition of document
  + The part related to the administrative documents is the least developed. There are a number of codes not included in the ontology because it hasn't been determined where they go
  + There are some known gaps for document codes: lab, orders, prescription
* There are currently two types: structured and unstructured. The requests tend to use codes that are more generic but the responses may have codes that are more specific.
  + Structured: driven by the group as defined
  + Unstructured: may move from unstructured to structured. The ontology would be useful to understand and ‘walk up’ the hierarchy. It makes extensibility less complex. This is helpful when there really isn’t a code at the document level (all the different consent forms, for example)
  + Structured set can be used for unstructured using same code
  + There is a potential for the unstructured list to grow.
  + For the unstructured, may want to be able to request the most granular (specific consent form for example)
  + Options for classifying unstructured: review the list of unstructured codes to determine if they are to be included, then look at ontology to organize them, then look at administrative unstructured document codes and organize them
* SDWG created an IG that explains more how this works:
* It is an Industry decision to allow a request for a section as if it were a document.
  + Prescription/order is a good example. It is not really a document, but fits the definition of document and only part of the prescription wouldn't be sent.
* This group still wants to vet attachment type codes. We don’t necessarily want new codes automatically added.
* It is unclear if a placeholder for requesting a generic code and allow specific code is needed
* **Task** for this group: Review ontology in light of the full use case for attachments and ensure no gaps on the clinical side as well as determine if a hierarchical representation in the ontology would be useful. Identify missing items and/or if they should be organized. This applies to the administrative documents as well
* **Task** for this group: Within the supplement, create guidance for document types not specified in an IG. The preferred method is to use the ontology.
* Nancy shared the DoD use case for document search and retrieval based on 12 categories (LOINC codes)
* It would be an advantage to categorize the administrative documents and the unstructured clinical types for attachments
* The proposal for unstructured is to ask for specific code and accept a more generic response. The opposite is expected for structured: ask for a generic code and accept what is sent, which may be more specific. There is a caution for this concept: all codes on the unstructured side have to be understood to be processed by the payers, etc
* Next step: think about how to classify unstructured clinical and administrative
* There was discussion about which part of the record is administrative vs the legal requirement for a medical record and all it entails. There were differing opinions. The following definition was provided by Nancy: Administrative = not legally required to maintain in a medical record

1. Periodontal Attachment

* Craig provided background of previous Periodontal Attachment work
* There was discussion about including orthodontics in this PSS. There are different requirements and audiences. This need is also not as urgent. Both Periodontal and Orthodontics are in the same dental standard today. It was recommended to include both in the same implementation guide. This will depend on the level of constraint needed. If they are combined, a lesser level of constraint would be needed to allow for flexibility. It was decided that it can be done in phases with Phase I for Periodontics and Phase II for Orthodontics and will be based on the original AIS
* There is industry involvement: Brian, Patrick, Nancy – and Tricare contractor reps. There will be open calls for industry input
* 1079 ANSI dental attachments standard (posted on AWG web)
  + Will probably have to include section 4 – Normative References of this standard in the implementation guide
  + This project is essentially creating CDA for the 1079 standard
* Reviewed the 2007 AIS (also posted on AWG web)
  + 2.1.1: need periodontal attachment LOINC code: 74030-8. The LOINCs for the requests haven’t changed
  + 2.2: only the time window modifier will be kept
  + May need to modernize LOINC codes
* It was requested that examples of Orthodontic results be provided so the complexities can be identified.
* There was discussion about the inclusion of scanned documents. They may have to be a separate document. If all data in charts can be codified, they may not be needed. Vendor input may be needed for this discussion.
* The ultimate goal is to be able to automate the review from computable data, but that will take time. Current EHR adoption is low and dependence is on ‘paper’ records.
* There was discussion about the skill set needed. CDA knowledgeable resources are needed. Nancy has someone who may be available to help. We will have to reach out to SDWG about options
* Action items:
  + Walk through the existing document as it relates to the current process
  + Determine why the AIS was tabled Suggested starting point be the 1079. Look at gaps.
  + Schedule weekly calls to keep this moving. This would most likely be a Thursday call. Craig will schedule this for the AWG and any other interested participants.
  + Talk to SDWG about the effort, skill set

1. Reviewed the examples for the ACP document (Rick and Mary Lynn)

* The examples have to conform to xml, CDA and C-CDA
* There were no major errors.
* CDA Examples task force(SDWG wiki) is a good resource for examples of common scenarios
* Rick recommends not to base64 encode, rather attach the document as a separate file. If encoded, it has to be extracted and ‘unencoded’ before displaying
* Rick recommends adding guidance for the work needed to display encoded.

1. FHIR Use Cases

* DAF – data access framework
  + Driven by MU dataset of elements
  + Lab Resources, Allergy Intolerance, Observations (BMI, BP)
  + Query EHR – access to clinical data
  + Assumption is the current underlying agreement between payer and provider to access the patient data
* Finance
  + Value Based Care – reward for improved care
  + There may be new types of products that would create a new type of claim
  + Pre Authorization

1. LOINC Modifier

* LOINC Modifier
  + Four Modifier Codes were created to indicate IG version. They are designed to be used with the document type code. It was determined that a code for C-CDA 2.0 is not needed.
  + They will be included with time based modifiers
  + The X12 transaction will have the LOINC and modifier in the 277. The modifier is not returned in the 275
  + The modifier is needed only if a specific version is required
  + Template ID lets you know what version you’re receiving
  + Any version could be returned, regardless of requested version. This would be covered in a Trading Partner Agreement. There was discussion about the purpose of the modifier if anything can be returned, regardless of the request.
* Humana Request for Additional LOINCs
  + Humana provided a list of all items they currently ask for
  + Three categories:
    - Some would require multiple queries/requests, rather than a single request
    - Some are collections of multiple documents
    - Some need to be created
  + Liora explained some of the logic behind the document id’s currently developed

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| Actions   * **AWG:** Review ontology in light of the full use case for attachments * **AWG:** Create guidance, within the supplement, for document types not specified in an IG * **Patrick:** provide examples of Orthodontic results * **Craig:** Schedule weekly meeting for Periodontal Attachment work * **Brian:** Follow up on why the previous attachment was tabled |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Montreal, QC, CA** | | | **Date: May 11, 2016 Time: 9:00– 5:00** | | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Penny Probst | |
|  | | | | | | |
| **Quorum Requirements Met:**  Yes | | | | | | |
|  | | | | | | |
| **First Name** | | **Last Name** | | **Affiliation** | |
| Swapna | | Abhyankar | | Regenstrief Institute, Inc | |
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| Leslie | | Purdy | | M2 Systems | |
| Matt | | Schuller | | BCBSA | |
| Sue | | Thompson | | NCPDP | |

**Agenda Topics**

1. Ballot Reconciliation
2. Use Cases for FHIR (continued)

Supporting Documents:

Documents are posted on the AWG website, unless otherwise noted.

Minutes/Conclusions Reached:

1. Ballot Reconciliation

* Bob provided a summary of the comments
  + There were approximately 470 comments: 310 Negatives, 5 no definition
  + There were quite a few negatives comments that were typos
  + After reclassification, 153 were typos/links, etc
  + Bob made a motion to have the editor correct all comments identified as typos and bring back to group anything that needs discussion
    - Laurie second
    - Discussion: editor is Debbi with Laurie’s help
    - Vote: 15 Approve 2 abstain, 0 Disapprove
* 23
  + Until we have the regulation, there is not much we can do. Maybe something on how validation is done can be added to the ACP document
  + Disposition: Persuasive with mod. An explanation will be induced in the ACP document. We also have to include addressing C-CDA conformance statements. The introductory paragraph of section 7 will include a generic reference to the three types of validation: 1) by existing tool, 2) convert to some tool, or 3) visual
* 71
  + Disposition: Persuasive, will make change
* 168
  + Disposition: Persuasive with mod. This will be addressed in the introductory paragraph
* 169
  + changed to typo
* 171
  + Conformance statements are contextual, so they can reference appendices
  + Disposition: Persuasive with mod. This will be addressed in the introductory paragraph
* 176
  + Disposition: Persuasive with mod. This will be addressed in the introductory paragraph
  + This should have been A-Q
* 200
  + Disposition: Not persuasive with mod
* 407
  + Disposition: Persuasive with mod, This will be addressed in the introductory paragraph
* 408
  + Disposition: Persuasive This will be addressed in the introductory paragraph
* 449
  + It may be redundant, but this should be stated.
  + Disposition: Not persuasive with mod, This will be addressed in the introductory paragraph
* There was a discussion about the formatting of conformance statements. There are two options: 1) V3 or 2) CDA. It was suggested to write as V2 and CDA for those that need it. There should be verbiage about the conformance statements and the intent then there may not be a need for both. Bob can do this.
* Bob made a motion that when a conformance statement has an implementable (MDHT, Trifolia) equivalent in V3, we will add the V3 version of the conformance statement to the document
  + Lenel second
  + Vote: 16 Approve, 1 abstain, 0 disapprove
* Laurie made a motion to accept the disposition of the comments and make the changes as approved
  + Mary Lynn second
  + Vote: Approved unanimously
* 55 (A-S)
  + Disposition: Persuasive, will add example
* 181
  + This is a request for attribute descriptions. This exists in C-CDA.
  + Disposition: Persuasive with mod. Will add quoted definition for each item from C-CDA
* 186
  + After review, there is no duplication. The statement in 7.2 should be modified to clarify
  + Disposition: Not persuasive with mod, add additional clarification to the sections
* 294 A-C
  + Disposition: Persuasive, text will be added to beginning of section 7.1
* 401 A-Q
  + Disposition: Question Answered. No specific C-CDA version is expected to be supported
* 402 A-Q
  + What does support mean? There was discussion about the expectation. Laurie B and Mary Lynn will write up an explanation to present to the group.
  + Disposition: Question Answered
* 403 A-Q
  + There is a related comment (433) for extensions
  + Disposition: Question Answered see comment 433
* 433
  + Disposition: Persuasive, change to suggested language
* 70
  + Disposition: see 433
* 173
  + Changed to typo
* 201
  + Disposition: Not persuasive
* 461
  + Defer to Q3
  + Disposition: see comment 433
* 280
  + Disposition: Duplicate of Laurie’s in previous section
* 462
  + defer to Q3
* 52
  + defer to Q3
* 348
  + duplicate of 280
* 349
  + This will be addressed in the introductory paragraph
  + If present in the document, SHALL conform. There was discussion about this being present in the header and the need for it here. Liora will look at this.
  + Disposition: Persuasive with mod, will change to ‘if present in the document’
  + Defer final for q3
* 352
  + Will be addressed with 402
* 362
  + Disposition: See comment 181
* 368
  + Disposition: Duplicate of comment 186
* 392
  + Disposition: Duplicate of comment 349
* 393
  + Defer to Q3
* 398
  + Defer to Q3
* 434
  + Commenter interpretation is incorrect
  + Disposition: Withdrawn (Liora)
* 463
  + Defer to Q3
* 49
  + Defer to Q3
* 182
  + Defer to Q3
* 435
  + Defer to Q3
* 50
  + Defer to Q3
* 436
  + Defer to Q3
* 437
  + Duplicate constraint numbers will be addressed
  + Disposition: Persuasive with mod
* 440
  + There was discussion about the redundancy of the current statements. The narrative should what it means to include a template id. It is very important for the industry to understand the meaning and importance of the template ID
  + Defer to Q3
* 464
  + Defer Q3
* 170
  + Disposition: Duplicate of signature text comment
* 465
  + Will add release number
  + Disposition: Persuasive, will include R1 in the list
* Bob made a motion to accept the disposition of the comments completed and make the changes as approved
  + Mary Lynn Second
  + Vote: 15 Approve, 0 abstain, 0 disapprove
* 102 A-C
  + This is in 7.4 and related to V3
* 174
  + Related to comment 440
  + Defer Q3
* 47
  + Disposition: withdraw (blank)
* 55
  + see above
* 48
  + Section 3.3.2: change the first sentence to one of the accepted titles (last proposed option in the comment)
  + Persuasive, as above
* 51
  + Will add ‘section’ to sentence as proposed
  + Disposition: Persuasive, as above
* 53 A-S
  + Disposition: Persuasive, will update as recommended
* 54 A-Q
  + Defer and will determine resolution
  + Intentional to address but don’t have resolution
  + On hold for future discussion
* 56
  + CDP1 related comment
  + The major concern is that there is overlap which causes disruption in clinical flow.
  + It was suggested to add a note that at the present time, CDP1 is optional. However, if used, these conformance statements must be adhered.
  + Disposition: Persuasive with mod using language above
* 52
  + There is a group addressing the meaning of support. Calvin’s suggested wording is about the heading. We may need to quote the base CDA standard
  + Disposition: Related to the support comment (402)
* 49 (7.1.4)
  + There was discussion the requirement for a legal authenticator. There are conditions where it is not required
  + Traditional, singular author construct, requires signature. Summary documents do not necessarily have one, the pain point is when documents from multiple sources are automatedly combined, and a signature is expected.
  + We can’t use an all-encompassing statement. We need input from industry
  + Care plans are causing the most heartburn
  + Calvin will take this back to SDWG for input
* 50 (7.1.5)
  + There was discussion about the use of term ‘valid’. There may be language in US Realm header about NPI. Calvin is okay with the removal of 'valid'. NPI is not a SHALL in Consolidation
  + Bob will rewrite conformance statement
* 99 and 100 SetID and Version
  + **SHALL** have setID and Version is the question
  + After discussion about the need for this, it was suggested to include a technical note that use is strongly encouraged. The benefit is it allows traceability of previous documents
  + Disposition: Persuasive, with mod to make both SHOULD
* Bob made a motion to approve those resolved above
  + Mary Lynn second
  + Vote: 12 Approve, 2 Abstain, 0 Disapprove
* Bob talked to Corey about his comments offline and those related to other comments were marked as such
* 185
  + Bob explained what the conformance criteria identifiers mean and that how they are created for each guide based on guide, section, sequence
  + Disposition: Not related
* 286
  + The statement included in 7.3, should it be in 7.2 for structured
  + Disposition: Persuasive with mod to make it work for structured
* 295
  + Determined SD5 = UD2
  + Bob will create a short paragraph with example (as appropriate) for each conformance statement
  + Disposition: Not Persuasive, already done
* 365
  + Disposition: Same as one above for 7.2/7.3
* 367
  + Disposition: Duplicate of comment 185
* 399
  + Disposition: Duplicate of comment 51
* 405
  + Disposition: Duplicate of comment 51
* 406
  + This will be removed
  + Disposition: Persuasive, will take description of narrative block from C-CDA R2
* 441
  + SD4 intended to be the lowest level. Lengthy discussion on what this should say and mean. There is language in CDA about this. Bob will find it.
  + After discussion about the need for the information here vs C-CDA, the following disposition was determined
    - VR1 – goes to Calvin's comment
    - SD3 – Not Persuasive
    - SD4 – Persuasive, with mod using CDA about recipient obligation
* Laurie made a motion to accept the dispositions the comments above
  + Bob second
  + Vote 12 Approve, 0 Disapprove, 1 Abstain
* 29 A-C
  + While there are options for compression allowed and defined in C-CDA R2, only one is cited here.
  + Disposition: Comment Addressed – considered no action required
* 95 A-S
  + Disposition: Persuasive with mod, only change word ‘for’ after IG to ‘containing’
* 175
  + See comment 95
* 183
  + See comment 286
* 184
  + This is really a compression comment
  + Disposition: Persuasive with mod, expand to include definition of any terms not in glossary
* 193
  + Conformance statement for MIME
  + Disposition: Persuasive, create UD9 for MIME requirements (Bob will create)
* 442
  + See comment 95
* Bob moved to accept disposition on above comments
  + Christol second
  + Vote: carried unanimously

1. Use Cases for FHIR (continued)

* SDC
  + HEDIS Gaps in Care form – BCBSAL currently uses pdfs and a manual process. If they could get this questionnaire prepopulated with their claims information and send to the EHR to fill in gaps of care provided under different payer, it would be a cost savings. The challenge is that they would have to work with each vendor, and there may be a cost, but it should be less than FT employees
  + Finance(large groups' claim history) wants claims data using 837 rather than spreadsheet type report, but if the FHIR claim resource was used, it could be easier than recreating an 837
  + Prior Auths
* eCQM & HEDIS measures
  + 6 of 15 well documented data elements are needed
* CDS Hook
  + Clinical version of ADT alerts, view of patient and med prescriber alert
  + Trigger for alerts
  + Rules for assembling questionnaires
* C-CDA on FHIR
  + Transport and granularity
  + Simplified exchange
* Compositions and bundles are important for specific use cases

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| Actions   * **Laurie B and Mary Lynn:** create verbiage explaining expectation of support * **Liora:** look into presence of " If present in the document, SHALL conform. " in the header * **Calvin:** Take comment 49 issues to SDWG for input |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Montreal, QC, CA** | | | **Date: May 12, 2016 Time: 9:00– 12:30** | | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Penny Probst | |
|  | | | | | | |
| **Quorum Requirements Met:**  Yes | | | | | | |
|  | | | | | | |
| **First Name** | | **Last Name** | | **Affiliation** | |
| Tony | | Benson | | BCBSAL | |
| Mark | | Bohr | | Highmark, Inc | |
| Laurie | | Burckhardt | | WPS | |
| Mary Lynn | | Bushman | | National Government Services | |
| Chris | | Cioffi | | Anthem | |
| Terry | | Cunningham | | AMA | |
| Laurie | | Darst | | Mayo Clinic | |
| Durwin | | Day | | HCSC \*\*\*co-chair\*\*\* | |
| Robert | | Dieterle | | EnableCare | |
| Craig | | Gabron | | PGBA \*\*\*co-chair\*\*\* | |
| Rick | | Geimer | | Lantana | |
| Christol | | Green | | Anthem | |
| Robin | | Isgett | | BCBS of SC | |
| Lenel | | James | | BCBSA | |
| Paul | | Knapp | | HL7 FMWG - FHIR | |
| Michael | | Nichols | | BCBS of SC | |
| Penny | | Probst | | Highmark, Inc | |
| Leslie | | Purdy | | M2 Systems | |
| Guilloume | | Rossignol | | Almerys | |
| Benoit | | Schoeffler | | Almerys | |

**Agenda Topics**

1. FHIR Update from FM WG
2. C-CDA on FHIR
3. Work Group Health
4. Ballot Reconciliation (continued)

Supporting Documents:

Documents are posted on the AWG website, unless otherwise noted.

Minutes/Conclusions Reached:

1. FHIR Update from FM WG (Paul)

* Paul provided an update on the FHIR activities
* There is a suite of eClaims transactions in FHIR
* HL7.org/FHIR defaults to the current published version, select directory link and select current build to see what is being developed
* FHIR examples are integrated. When an example is entered into the system, it is validated against the current standard/resources
* The enrollment resource is still stub. This is noted by the statement that it hasn’t gone through review and update.
* Other resources of interest to the AWG have been completed and have been subjects at connectathons
* The 1500, as well as other international standards, have been mapped into the resource
* There was discussion about claims processing. Paul went into detail about the claim resource
* There was a recap of the connectathon review by Benoit from Almerys
* Document Manifest resource can be used for attachments. Paul share the doc manifest example
* The next connectathon should include attachments use cases that are cover both solicited and unsolicited scenarios.

1. C-CDA on FHIR (Rick)

* This effort looked at composition resources created by SDWG, focusing on R2.1
* Some extensions have been created, and some may be requested to be part of the core resources
* Composition profiles are in draft for US realm header and all C-CDA document types except Transfer Summary and unstructured document. There is an IG in the current version of HL7 site
* They plan to work with owning groups to create resources as needed. Input from the community is needed.
* Further thought/work is needed for the Care Plan issues identified. The recommendation is to work with the Patient Care group to create a resource
* The SDWG wiki has link to C-CDA on FHIR. Eventually the profiles created in this project will be moved to the HL7 gForge site
* There is a live demo: <http://hl7-fhir.github.io/ccda/ccda.html>
* The proposed timeline is to use the Fall ballot for pre-ballot review and comment of composite profiles then use the Winter 2017 ballot for the complete C-CDA on FHIR profiles for C-CDA R2.1 based on ballot feedback

1. Work Group Health (Craig)

* Mission and Charter has to be reviewed and presented to the TSC for approval every 2 years
  + Craig reviewed the current document
  + Mission
    - There was discussion about what work should really be within the scope of the AWG and what should be the responsibility of the Payer User Group. The Payer User Group should be the forum for presenting payer business use cases and determining which WG should be approached. Further discussion is needed.
    - The mission will remain unchanged for now.
  + Charter
    - Work Products/Contributions
      * Change attachment types to document types and list existing such as, but not limited to
      * Added contribution to FHIR, etc
* Formal Relationships WGs
  + Added additional WGs and made it ‘such as’. The detail for the Financial Management WG was removed.
* Formal External Relationships
  + No change
* Laurie made a motion to accept Mission and Charter statement
  + Mary Lynn second
  + Discussion: It was noted that the co-chairs should approach Management on the growth of this group. Input from this group is needed to assist them in presenting the concerns/questions.
  + Vote: Passed unanimously.

1. Ballot Reconciliation (continued)

* 444
  + UD8 comment
  + Disposition: Not persuasive, with mod. Refer back to other comments on ‘display’
* 447
  + Disposition: See comment 441
* 282
  + Disposition: Persuasive with mod, see change related to ‘containing’ (95)
* 287
  + Disposition: Persuasive with mod, related to ‘compression’ comment
* 288
  + There was discussion about what to do about documentation that doesn’t meet the current list of LOINCs, as there is no default LOINC code. We have to create a LOINC code. Or check with Daniel for one that can be added to the HIPAA panel
  + Add a note that this is a sender constraint. The recipient will process based on their business rules and is not required to accept it.
  + Disposition: Persuasive with mod
* 58
  + Disposition: see comment 288
* 188
  + Disposition: see comment 288
* 370
  + Disposition: see comment 288
* 448
  + Disposition: see comment 288
* 289
  + UD6, Point to correct table
  + Disposition: Persuasive
* 292
  + Disposition: See comment 184
* 293
  + Disposition: See comment 193
* 296
  + Disposition: see comment 288
* 445
  + Bob will verify codes and correct
  + Disposition: Persuasive with mod
* 30
  + Disposition: see comment 288
* 354
  + Disposition: see comment433
* 366
  + Disposition: Persuasive with mod, see comment 184
* 369
  + There was discussion about the use of SHALL NOT, which is too restrictive for Workers Comp payers. It will be changed to SHOULD NOT with a descriptive paragraph indicating many payers are unable to access external documents/sites
  + Disposition: Persuasive with mod
* Bob moved to approve all dispositions as agreed above this morning
  + Mary Lynn second
  + Vote: approved unanimously

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| Actions   * **Bob:** verify codes and make corrections for comment 445 * **Penny:** update the ballot recon spreadsheet and send to Bob * **Bob:** send the typo comment list to Laurie |

Adjourned 12:30 ET

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| Next Meeting / Preliminary Agenda Items  06/14/16 - 2:30 - 3:30 ET  Phone Number: +1 770-657-9270, Participant Passcode: 8632591   * WGM Follow up * Ballot Reconciliation |