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| **HL7 Attachments Working Group Meeting Minutes**  **Location: San Antonio, TX** | | | **Date: January 17, 2017 Time: 1:30 – 5:00** | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Penny Probst |
|  | | | | | |
| **Quorum Requirements Met:**  Yes | | | | | |
|  | | | | | |
| **First Name** | | **Last Name** | | **Affiliation** | |
| Liora | | Alschuler | | Lantana | |
| Calvin | | Beebe | | Mayo Clinic | |
| Tony | | Benson | | BCBSAL | |
| Keith | | Boone | | GE Healthcare | |
| Fahmi | | Boussetta | | Almerys | |
| Chris | | Brancato | | DOD/Deloitte | |
| Laurie | | Burckhardt | | WPS | |
| Mary Lynn | | Bushman | | National Government Services | |
| Patrick | | Cannady | | American Dental Association | |
| Chris | | Cioffi | | Anthem | |
| Durwin | | Day | | HCSC \*\*\*co-chair\*\*\* | |
| Robert | | Dieterle | | CMS/ONC Contractor | |
| Vini | | Elevathingal | | Horizon BCBS | |
| Craig | | Gabron | | PGBA \*\*\*co-chair\*\*\* | |
| Peter | | Gilbert | | Meridian Health Plan | |
| Christol | | Green | | Anthem | |
| Phil | | Heinrich | | DHCS | |
| Robin | | Isgett | | BCBS of SC | |
| Lenel | | James | | BCBSA | |
| Greg | | Jones | | McKesson | |
| Jocelyn | | Keegan | | Navinet | |
| Farrah | | Khan | | BCBSA | |
| Matt | | Klischer | | CMS | |
| Craig | | Knier | | McKesson | |
| Mary Kay | | McDaniel | | Cognosante | |
| Debbi | | Meisner | | Change Healthcare | |
| Jamie | | Mosteller | | Cerner | |
| Jean | | Narcisi | | ADA | |
| Lisa | | Nelson | | Life Over Time Solutions/"Janie Appleseed" | |
| Paul | | Oates | | Cigna | |
| M'Lynda | | Owens | | Cognosante | |
| David | | Parker | | Defined IT/DoD/VA | |
| Penny | | Probst | | Highmark, Inc | |
| Guillaume | | Rossignol | | Almerys | |
| Sam | | Rubenstein | | Montefiore | |
| Benoit | | Schoeffler | | Alterys | |
| Corey | | Spears | | Infor | |
| Robin | | Williams | | Lantana | |
| Sherry | | Wilson | | Jopari | |

**Agenda Topics**

1. Attachments on FHIR (FHIR api to send attachments)

Supporting Documents:



Minutes/Conclusions Reached:

1. Attachments on FHIR (FHIR api to send attachments)

* The Cooperative Exchange will be doing a survey on attachments
  + 95% attachments unstructured. Structured attachments are needed to automate processes
  + Clearinghouses are looking at FHIR to allow stakeholders to be able to move quickly and provide specificity of data. It also leverages common web standards and common IT infrastructures. There is flexibility and freedom to innovate. Extensibility is built in out of the box
* Rick presented a demo
* It was noted that we must ensure FHIR resources include all metadata required in the X12 transactions
* There are FHIR Resources that can be used for attachments: Communication Request (277RFI) Communication (275)
* Christol provided a summary of Anthem's activities and participation in the FHIR Connectathon
  + They were testing attachments, both solicited and unsolicited. They communicated directly to a provider and through a clearinghouse.
  + They also worked with Paul to have pended claim trigger communication request
  + Next steps: a missing field for payload type for structured LOINC code was identified. Improve the prior auth scenario, consider FHIR attachments imp guide
  + Anthem is not waiting for mandates
    - They have implemented a FHIR server with 27 FHIR resources. Currently in QA
    - Working with a vendor
    - Use cases: quality measures, gaps in care
    - They are aggregators of data
    - It is a work in progress
    - Anthem is still working with a lot of proprietary formats, as well as HL7 V2 and V3, CCDA
* Other tracks of interest - Financial Management Payer Extract (for HEDIS), C-CDA on FHIR
* Future discussions: security and authentication
* Rick provided a demo example using postman. Query to FHIR server
* The group participated in a hands-on exercise following Rick's instruction

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| Actions   * none |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: San Antonio, TX** | | | **Date: January 18, 2017 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 | |
| Liora | | Alschuler | | Lantana | |
| Tony | | Benson | | BCBSAL | |
| Keith | | Boone | | GE Healthcare | |
| Chris | | Brancato | | DOD/Deloitte | |
| Laurie | | Burckhardt | | WPS | |
| Mary Lynn | | Bushman | | National Government Services | |
| Patrick | | Cannady | | American Dental Association | |
| Chris | | Cioffi | | Anthem | |
| Durwin | | Day | | HCSC \*\*\*co-chair\*\*\* | |
| Robert | | Dieterle | | CMS/ONC Contractor | |
| Benjamin | | Flessner | | Epic | |
| Brian | | Flynn | | NADP | |
| Craig | | Gabron | | PGBA \*\*\*co-chair\*\*\* | |
| Christol | | Green | | Anthem | |
| Richard | | Han | | Delta Dental | |
| Phil | | Heinrich | | DHCS | |
| Chris | | Hills | | DoD/VA IPO | |
| Robin | | Isgett | | BCBS of SC | |
| Lenel | | James | | BCBSA | |
| Matt | | Klischer | | CMS | |
| Craig | | Knier | | McKesson | |
| Doug | | Korovaloff | | Delta Dental | |
| Tony | | Laurie | | Noridian | |
| Debbi | | Meisner | | Change Healthcare | |
| Linda | | Michaelsen | | Optum | |
| Jean | | Narcisi | | ADA | |
| Paul | | Oates | | Cigna | |
| Nancy | | Orvis | | DoD MHS | |
| Russ | | Ott | | Deloitte/DoD | |
| Penny | | Probst | | Highmark, Inc | |
| Corey | | Spears | | Infor | |
| Daniel | | Vreeman | | Regenstrief Institute, Inc | |
| Robin | | Williams | | Lantana | |

**Agenda Topics**

1. Industry Updates
2. Review of Attachments Guide
3. May Out of Cycle Meeting
4. RELMA (Dan)
5. Periodontal Attachment (Russ)

Supporting Documents: posted on the AWG website as indicated

 

Minutes/Conclusions Reached:

1. Industry Updates

* Debbi had heard that CMS is waiting to see what happens with the new administration before continuing work on the regulations
* X12 is meeting in Seattle at the end of the month
* WEDI is looking for presentations for the spring conference

1. Review of Attachments Guide (posted on AWG website)

* Debbi added Liora's changes for section 4. Liora is going to rewrite/reorganize section 4 and will have it done mid next week. .
* Liora will send updates to Dan and Bob, make updates based on their comments and have ready to discuss for Tuesday meeting on 2/7/17.
* There was a review of the spreadsheet and sometimes the references to other comments didn't always address everything in the comment. Liora has an analyst reviewing this. This should be ready the same time as her changes
* Debbi marked all changes with the related comments. Commenters can review the comments to make sure the changes address the comment
* Added appendix H - Examples of Base64 Encoding. This is directly from Rick. There was discussion and modifications will be made.
* There was a lengthy discussion about requiring OIDs for MemberIDs in section 3.4:
  + Not all payers have an ID
  + Providers still would need to know which they are using
  + As long as a payer has an ID, <id null flavor = 'UNK' extension = 'MemberID> could be used.
  + We need to define patientID. Leave this to the X12 transaction to identify the member ID. If it gets detached, add the necessary metadata from the X12 transaction
  + If the payer wants to use the memberID for the patientID OID, they would have to request an OID
  + We will add the OID document to the resource list.
  + IT was suggested to use the UNK OID above and write business rules if it needs to be specific
  + The UNK option should be in the guide and maybe in the ACP
  + The link to the OID document was corrected.
* There was a suggestion to add subsection4.3.1 - How to Use OIDs in Attachments. This was agreed to by the group.
* The group continues review of Mary Lynn's comments
  + Section 3.3.1 does not include xml text (narrative). After discussion, it is considered structured since it has a begin and end text tag. Corey suggested changing the text of the first bullet (nonXMLBody) to what is in the spec. The first bullet applies only to structured, not nonXML. This section has to be reworded (maybe section 3.5 as well) to clarify and cover this. We may need to educate the industry
  + Section 3.6.2 - standards for base64 encoding. The revision made answered her question
  + Section 6 - reference to 'supplement' should be changed because this no longer a supplemental guide, it should be 'in this guide'. Debbi will change this throughout the guide
  + Section 7.1 - conformance AIGEX HD1. The note has been removed, which addressed the concern
  + Section 7.2 - are conformance statements SD2 and SD4 duplicates? They were changed and the numbers updated. They are not duplicates. SD7 and SD8 also are not duplicates
  + Appendix H needs to be rearranged. After discussion, this content has to be reviewed and restructured.

1. May Out of Cycle Meeting

* There was discussion about the need for an out of cycle meeting and potential agenda items
* The group agreed there should be an out of cycle meeting to address plans for education, responses to industry questions, collaboration with WEDI and X12, etc
* Options for locations: 1) Hollywood (tag onto the WEDI meeting for Thursday afternoon and Friday), 2) Nashville (CMS may be able to attend), 3) Las Vegas (held previous out of cycle meeting here, inexpensive), or 4) Chicago (take advantage of FHIR connectathon)
* Durwin will investigate and present findings to the group for discussion

1. RELMA

* Dan shared the updates to the RELMA tabs
* The current release is December 2016. revisions on the HIPAA tab: added new tab listing all LOINC codes valid for attachment requests, subset that includes 2 types: 1) generic top level codes (have IGs), 2) documents approved by this group that do not have IGs
* Database content - one row per term, about 50 attributes per term. Previously, field 'HL7 attachment structure' = blank, structured or unstructured. Now it is 'IG exists' or 'No IG exists' for those applicable. Dan explained the various class values. Values were added for valid HL7 Attachment Request
* Attachments Landing page was updated to reflect the words now using
* There are four tabs - 1) collects all documents with IGs dropdowns for document type codes, preferred code is at the top with a star 2)documents without IGS - didn't change other than labels 3) valid attach requests and 4) request modifier codes - time window and doc template attach request modifier (5 values)
* It is possible to add valid codes over time. Updates are made at the request of AWG only. Requesters will be guided to AWG to submit request
* There was discussion about options for returning LOINCs and how to identify, restrict, etc. Currently you have to use the LOINCs on the list (IG or no IG); there are options for returning LOINCs based on what the provider has. How do we constrain the response options? Or do we? The consensus is that this isn't going to be a problem.
* We need to look at codes for education/outreach
* We have to update codes in LOINC table in section C.2. Care plan should be 18776-5 not 52… Bob will update the table
* There are provisions for explaining the maintenance of the codes

1. Periodontal Attachment

* Russ reviewed the comments (19 negatives) and recorded the responses
* Comment 2 - Persuasive. Extension date should be the expected published date.
* Comment 3 - Persuasive. Change to allow for additional participants.
* Comment 9 - Persuasive with mod. Data for measurements - convey measurement or indicate it is way out of norm. Suggestion to model changing code for measured value or non measured value (nullFlavor = PINF). This model has been used before.
* Comment 10 - Persuasive with mod. Periodontal exam section. Change modeling for furcation. There is no way to use the bundling to relate it to a tooth- changed modeling.
* Comment 13 - Not Persuasive with mod. similar to comment 10 above
* Comment 15 - Persuasive. Oral hygiene, use Q&A model with LOINC and value set.
* Comment 17 - Persuasive. Furcation, discussed above.
* Ben made the motion to approve disposition of comments 2,3,9,10,13,15 and 17 as noted above
  + Jean second
  + Vote: 20 approve , 0 disapprove, 3 abstain
* Comment 47 - Not persuasive. Use template title from CDA or this one? This one avoids confusion. No change.
* Comment 48 - Not persuasive. Same as above (47)
* Comment 49 - Persuasive with mod. Chapter 10 value sets. Suggest adding all value sets. Some are very big. Could include a set # as examples or include none. They all have urls to find lists. Laurie suggested adding to the introduction 'at the time of this publication…' stating that these are just examples and include a couple.
* Comment 50 - Persuasive. Tables with unknown code systems. Code systems aren't in HL7 tooling. Some will go away because they are no longer needed. Russ will work with vocabulary to have them added. This will be addressed in the harmonization process.
* Comment 51, 52, 53 - Withdrawn. Comments posted to wrong ballot
* Comment 72 Defer to other related comment (persuasive). Page 70. Need code for narrative.
* Comment 157 - Persuasive. Sample file doesn't validate. Will correct sample
* Comment 162 - Persuasive. Replace images section 2.2, supplied images. Work with commenter.
* Comment 176 - Persuasive. Replace images section 2.2, supplied images. Work with commenter.
* Comment 187 - Persuasive. Replace images section 2.2, supplied images. Work with commenter.
* Laurie made motion to approve dispositions of comments 30, 31,32,33,51,52,53,72,157,162,176, and187 as noted above
  + Jean second
  + Vote: 20 approve , 0 disapprove, 2 abstain
* Topics as noted above will be taken to harmonization in March for vocab. It should be ready to publish by June
* Nancy thanked all contributors
* Resourcing for Orthodontics Attachment needs to be determined. This is not an immediate need. Nancy and Jean will discuss

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| Actions   * **Bob:** Update LOINCs in table in C.2 * **Nancy/Jean:** Discuss resourcing and next steps for Orthodontics Attachment * **Russ:** follow up on comments as noted above |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: San Antonio, TX** | | | **Date: January 19, 2017 Time: 9:00 – 12:30** | | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Penny Probst | |
|  | | | | | | |
| **Quorum Requirements Met:**  Yes | | | | | | |
|  | | | | | | |
| **First Name** | | **Last Name** | | **Affiliation** | |
| Brian | | Flynn | | NADP | |
| Craig | | Gabron | | PGBA \*\*\*co-chair\*\*\* | |
| Matthew | | Graham | | Mayo Clinic | |
| Christol | | Green | | Anthem | |
| Richard | | Han | | Delta Dental | |
| Phil | | Heinrich | | DHCS | |
| Robin | | Isgett | | BCBS of SC | |
| Lenel | | James | | BCBSA | |
| Jocelyn | | Keegan | | Navinet | |
| Matt | | Klischer | | CMS | |
| Doug | | Korovaloff | | Delta Dental | |
| Jean | | Narcisi | | ADA | |
| Nancy | | Orvis | | DoD MHS | |
| Russ | | Ott | | Deloitte/DoD | |
| Penny | | Probst | | Highmark, Inc | |

**Agenda Topics**

1. Review of Attachments Guide (cont'd)
2. FHIR Repository Updates (Bob)
3. CDA on FHIR ballot comments (Lenel)
4. Periodontal Attachment (Russ)

Supporting Documents:

posted on the AWG website as indicated

Minutes/Conclusions Reached:

1. Review of Attachments Guide (posted on AWG website)

* Section 3.4.1 - Laurie shared proposed language for OIDs in attachments and the use of UNK in nullFlavor
  + The OID is for an organization, not a member.
  + There was discussion about whether all payers already have OIDs. The group does not agree that all payers currently have OIDs.
  + There was discussion about how providers will know payer OIDs in order to populate the transactions. Further discussion and education are needed.
  + Additional revisions will be made
* Appendix H
  + The group reviewed the revisions Debbi made based on previous discussion, and discussed options for where and how to include the remaining content
  + Introductory text is needed to indicate that we do not support external files and how to embed and extract a file.
  + There was a question as to whether the appendix title should be changed to reflect embedding/extracting. No decision reached
* Section 3.3.1 - Durwin sent this to Liora for review. She should be made aware that we don't support the external files. Bob volunteered to rewrite this.

1. FHIR Repository Updates

* A group was asked to create an HL7-wide repository and governance process for all FHIR artifacts (resources, extensions, profiles, IGs, etc).
* AWG is a co-sponsor
* They are not procuring artifacts, just writing the specs
* A method to track maturity of artifacts is needed. This is an issue if it doesn't get fixed soon
* This is not a registry. There are other registry projects.
* This is the solution to multiple organizations developing extensions independently
* Lenel provided use cases - VBC/Quality Measures, and Attachments
* This is designed for US Realm, but will be valuable to others
* There are accessibility levels 1 - 5. Each level has requirements
* They are about 60% through the process. The goal is to be ready for review a week from Monday. It will then be posted to the wiki for feedback. It is not going to ballot. If all goes well, it will be published in March

1. CDA on FHIR ballot comments

* Lenel shared his comments about the statement In front matter that says that they hope 80% of needs will be met by US/DAF core, which is the 20 elements required for meaningful use. This may not be a true statement. The comment is that this is a beginning and represents a portion of the needs
* Coded data is based on DAF Core - added 'and FHIR existing structured content to support documents'
* DAF CORE doesn't have discharge or admission diagnosis. This is coded in FHIR
* When the comments were shared with Kaiser, they agreed and changed their vote from affirmative.
* Value set for allergies table: the name is the same for Allergy Intolerance in CDA and CDA on FHIR but the OIDs are difference. FHIR added elements for SNOMED. If the FHIR Allergy intolerance is used and mapped to CDA, not CDA on FHIR, they wouldn't map correctly. There may be other examples like this. This should be addressed. The short term solution is to note there could be differences. Long term solution is to normalize value sets. Bob noted that if a value set is Open in CDA, it can be updated immediately.
* SDWG will begin ballot recon today Q3
* Grahame announced yesterday that the deadline for FHIR release 3 is March
* Cambia committed a resource to look at the finance related content
* Lenel has gotten commitment from other organizations to review this as well

1. Periodontal Attachment
   * Terminology harmonization
   * Need to get final OIDs
   * Some value sets will go away because they were changed to codes/values
   * The SNODENT codes are straightforward. There was discussion about using SNODENT vs SNOMED. It appears implementers prefer SNOMED CT (SNODENT). Russ will talk to publisher/vocabulary/terminology authority.
   * Dental Universal Numbering System
   * Miller Mobility Classification is in LOINC. This was found on ada.org. LOINC doesn't include grade 0. There doesn't seem to be an issue with having that corrected. Comment 100 is Persuasive.
   * Glickman Classification -We have to figure out from Vocabulary how to address this since it's a LOINC answer list
   * Universal Numbering System - ADA owns one in CDT and the other is international. CDT has an OID. This will be referenced as a value set from CDT. CDT has been reviewed and is ok. There was discussion about the inclusion of quadrant references. This guide tries to follow content of 1079
   * Comment 4 - Not Persuasive. Header, periodontal exam type of visit, there should be a value set. This may not be a reasonable request. If there is logic in CDT to define (dynamic binding) this value set, we can do this. Depths could be done during any type of exam, so there really isn't a set of accepted codes.
   * Comment 6 - Persuasive. Modeling recommendation to add 'derived' to all observations
   * Comment 7 - Persuasive. Lump narrative (as data rather than unstructured content) with detail instead of separate sections. If valuable to be able to pull in and store/use, it should be coded. Will adjust model as requested
   * Comment 8 - Not Persuasive. Dental frenum involvement. There was discussion of the possibility of this ever being greater than 4 in practice. It was decided that it would not occur. This was also discussed in SDWG.
   * Comment 11 - Persuasive. Tooth previously extracted observation. Change to Y/N. There may be a need for a slightly different code for a tooth that was never there. This is just a different flag for a missing tooth. There was discussion about a default value. This should be set to reflect that the tooth is there by default.
   * Comment 14 - Persuasive. There was discussion about allowing for more than 6 entries for probing site act. This is the same for furcation. This will be limited as requested. Furcation cardinality max = 3, probing = 6
   * Comment 16 - Defer to get industry best practice. Request to add negationID. This is currently modeled to not include if it doesn't apply. Developers prefer to get all with flags on content they're not going to receive. We may want to go with LOINC y/n rather than negationID
   * Comment 99 - Persuasive. Table 77(value set). This was pulled from the 1079. Add mesial-lingual and distal-lingual. The request is to add options which would deviate from 1079. SNOMED codes were added
   * Comment 70 - Persuasive. Link structured data to narrative. Move narrative to an entry within the exam section. Similar to comment 7
   * Comment 71 - Persuasive. Request to use new LOINC disclaimer.
   * Comment 73 - Deferred. Tooth furcation site observation. Russ will check on this modeling question.
   * Comment 96 - Persuasive. Recording active orthodontic treatment. Requesting entry to communicate that orthodontic hardware is present in the patient's mouth.
   * 4, 6,7,8, 11,14,16,99,70,71,73,96, 100
   * Russ Made a motion to approve the comment dispositions for comments 4, 6,7,8, 11,14,16,99,70,71,73,96, and 100 as noted above
   * Doug second
   * Vote: 13 approve, 0 disapprove, 1 abstain

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| Actions   * **Bob:** rewrite section 3.3.1 * **Russ:** follow up on terminology * **Russ:** follow up on comment 73 related modeling question |

Adjourned 12:30 CT

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| Next Meeting / Preliminary Agenda Items  2/7/17 - 2:30 - 3:30 ET  Phone Number: +1 770-657-9270, Participant Passcode: 8632591   * WGM Follow up * Open Discussion |