HL7 WGM Clinical Interoperability Council (CIC) Meeting Minutes and Agenda
Date: 26 February 2015
Time: 2:00 – 3:00 pm EST
Call in Number: (770) 657-9270  Participant Passcode: 283404

Facilitator: Dianne Reeves  Note Taker: Claire Miller

Participants:
1  Dianne Reeves
2  Mitra Rocca
3  Ed Hammond
4  Jay Lyle
5  Suzanne Gonzales-Webb
6  Steve Ward – Eli Lilly
7  John Ritter

ACTION ITEMS:

- ACTION: Claire will post December CIC meeting minutes on HL7 website and approval will be continued to March meeting.
- ACTION: Claire will arrange a follow up meeting to discuss specific DAMs and the use of a generic Behavioral Health Model DAM that is being developed through the CIC.
- ACTION: Suzanne should identify appropriate people who should be included and we will set up call. – Additional persons identified: Lori Simon, Ioana Signureanu, Kenneth Salyards, Mitra Rocca, Anita Walden, Dianne Reeves
- ACTION: Dianne will create meeting agenda with Anita.
- ACTION – ED: Would like to have a project for FHIR, we will learn FHIR by doing a project in it.
- ACTION: Make time at May meeting to make time for further FHIR discussion

Agenda
- Attendance – C. Miller
- Review of Agenda - D. Reeves
- Approval of Last Meeting Minutes – C. Miller
- EMS Ballot – Lynn’s Questions
- Publication Status of Trauma
  - Meet March Timeline
- Mental Health DAM PSS
- FDA Decision on FHIR for Mental Health
- Vote on Usability Ballot
- WGM Agenda for Paris
Meeting Summary

- Dianne has a Harmonization meeting on her calendar for March 3-5 and on HL7 calendar – Dianne is planning to attend.
- Approval of Last Meeting Minutes – **ACTION**: Claire will post the December CIC meeting minutes on HL7 website and approval will be continued to March meeting

- EMS Ballot – Lynn Laasko Questions?
  - Notice of Intent to ballot was filed.
  - Is this a new normative ballot or a revision of the one already approved. Mitra stated that Anita did respond to Lynn and believe the item is closed.

- Publication Status of trauma
  - Jay: Status is reviewed and voted on most of comments, one or two left, need another meeting to clear them up. Requesting to retract the negative. No reuse of template. Position requirement are different however for EMS – in cases there were similar and we could structure. Could not claim performance, will not conform. EMS structure add items and not change syntax. Recommend we do it for trauma. Then retraction request will go out.
  - Meet March Timeline – Jay indicated that this may expect it to be done by March but he will need to check (Ed suggested that it might be an HL7 timeline. John is not sure if they will make it by March but it might be possible. He will know better after the March WG meeting.

- Mental Health DAM Project Scope Statement (Anita)
  - Suzanne: CBCC has behavior model – there has been some discussion on collaboration, they created Behavior Health Analysis Model. Some discussion on vocab or the DAM itself to be housed under Behavior health DAM.
    - Are there differences to be discussed? (ED)- No, 100% sure if there is some collaboration. Dianne: Previously discussed in San Antonio – discussed pros and cons and would it make sense. At that point we didn’t know which way we will go – may need more discussion for more specific DAMs and the use of a generic Behavioral Health Model DAM. What we have been developing through CIC – (Susanne) questions if it will be separate. Two separate SCZ and MDD. . ED: Who is going to make decision? The PSS has already been approved. We need to resolve issue.
    - Suzanne: Suggest we revisit this again when all principals can be on call to discuss. Timeline for Project Scope Statement? CIC has the PSS. Who are major players to set up conference –
    - **ACTION**: Claire will arrange meeting to further discuss specific DAMs and the use of a generic Behavioral Health Model DAM that is being developed through the CIC.
    - **ACTION**: Suzanne should identify appropriate people who should be included and we will set up call. – Additional persons identified: Lori Simon, Ioana Signureanu, Kenneth Salyards.
    - **ACTION**: Dianne will create meeting agenda with Anita.

- FDA Decision on FHIR for Mental Health – Internal discussion, results to Anita.
  - FDA would like to wait till FHIR is normative to leverage this standard for the mental health DAM or any of the therapeutic areas DAM. However, if HL7 CIC WG would like to conduct the work, that is fine.
Ed: DSU is going to meet in April to discuss further. CIC needs to be knowledgeable with FHIR and it would serve a purpose to put the work that has been done with mental health in FHIR.

**ACTION:** Per Ed: Continue as regular item instead of approved as is. Ed would like project for FHIR, we will learn FHIR by doing a project in it.

**Per Jay –** FHIR should be supported and DAM should specify requirements.
  - Ed – comments are going to do it both ways.

**Per Dianne:** Has distinct impression that the Domain Experts have issue with FHIR moving so quickly, and that they are not included in making decisions about the subject matter involved.

**ACTION:** Make time at May meeting to make time for further FHIR discussion

- **Vote on Usability Ballot** (within EHR Workgroup) –
  - John Ritter & Mitra Rocca – would like CIC to endorse ballot for May cycle. Asking for CIC to endorse EHR ballot – email sent out 2/17
  - **MOTION:** The CIC WG approves a motion to ballot its latest work on EHR System Usability (specifically, EHR system usability-related functionality and conformance criteria as based on HL7’s EHR System Functional Model, Release 2) as a COMMENT-ONLY ballot during HL7’s May 2015 ballot cycle.
  - John requested that when Ed speaks at the upcoming meeting in Brazil – he mention that the CIC is endorsing Usability. Ed indicated that he will be happy to endorse

- **VOTE:**
  - Motion made by: Ed Hammond
  - Second by: Mitra Rocca
    - Yea = 4
    - Nay = 0
    - Abstain = 1
  - Motion Passed

- **WGM Agenda for Paris** (Revised agenda included)
  - There will be a change from the traditional order of WG meetings
    - Monday AM Q1 & 2 – special meetings in PM – multi-group showcase for Domain Experts.
    - Trauma Ballot Reconciliation is scheduled for Tuesday – Q1 & 2
      - Jay indicated that Tuesday afternoon doesn’t work for the Trauma group.. Trauma would like to reach out to physicians for trauma registry. Physicians are in Amsterdam so they would like to move working session to later time that week.
      - Dianne will try to offer time on Wednesday Q3 and 4 or Thursday Q1 and 2.
      - Dianne will tentatively hold Thursday quarters for them.
      - Dianne will need to know a headcount estimate for room assignment. Jay will send Dianne an estimate.
    - Trauma Needs: One working Quarter for EMS/Trauma together and two Quarters for outreach.
      - Thursday will be available for 3 quarter.
      - Usability usually meets on Tuesday. (Q2 – ballot reconciliation).
      - Time needs to be added for CIC to discuss FHIR.

Meeting adjourned at: 2:55 pm

Next monthly CIC meeting scheduled for: March 26, 2015

Submitted by: Claire Miller
### HL7 CIC Work Group Meeting Agenda
May 10-15, 2015
Paris France

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**Business Session Icon**
Use this icon to identify sessions that will be of interest to attendees with a business or clinical focus (i.e., creation of storyboard and uses cases)

**Ballot Reconciliation Session Icon**
Use this icon to identify sessions that will be focused on ballot reconciliation or ballot issues.

**Technical Session Icon**
Use this icon to identify sessions that will be of interest to attendees with a technical focus (i.e., static model design)