HL7 EHR Meeting Minutes
HL7 WGM Winter 2004

Date: 21 January, 2004
Time: Q2
Location: Sheffield Conference Room

Planned Attendees
See consolidated Attendance Sheet

Quorum Results: YES

Agenda
1. Objectives of the 3 day meeting
2. Issues outstanding and arising
   Strategic issues regarding content of functional list
3. Information Infrastructure (Ioana Singureanu)
4. Direct Care (Don Mon)
5. Supportive (Vassil Peytchev)

Minutes by Agenda Item

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<th>Discussion</th>
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<tr>
<td></td>
<td><strong>Revision of Agenda</strong> as per group discussion from Q1</td>
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<td>– discussion –</td>
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<td>Charles Parisot Call for the breakout groups to respond to the issues to which they have been tasked.</td>
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<td>Along with Agenda changes there will be timeboxing of comments (3 minutes)</td>
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**Objectives** – Slide by Gary D. - No discussion

Information Infrastructure – presentation by Ioana Singureanu

- No vendor presently able to meet EHR needs
- Dictionary of functions; many that could be unused

**Actors:**
- Providers
- Subject of Care
- Support Staff
- System Administrator
- EHRS Application

**Assumptions:**
- EHRS is system of applications
- EHRS is distributed across apps
- Seamless

**Definition:**
- II EHRS functions are the subset of EHRS

**Next Steps:**
## Minutes by Agenda Item

**Review Functional Outline**  
- Gather stakeholder input  
- Make document “human readable”  
- Define the contents of the ballot  
- Methodology for applying the Functional Specification  
- Fun

**Presentation Provided**

- **Direct Care – presentation by Don Mon**  
  - Direct Care Functional Outline Process – Peter de Vault  
    - Minimal inclusion  
      - Included only if considered essential now or future  
    - Functional Granularity  
      - Do not generalize to the point of increasing the burden of the care setting profile beyond its scope  
  - Clinical Decision Support – Mary Jo Deering  
    - Input from Decision Support TC to ID functions closest to ‘opportunities’  
    - Match DS elements to major Direct Care elements  
  - Work Flow & Communications – Ed Miller  
    - Review comments on initial ballot  
      - Reduce number of items  
      - Eliminate redundancy  
      - Tie to IOM benefits  
      - clarify  
    - combined WF & work lists into 1 function “tasking”  
      - describe set of features that must exist in EHR to coord, route  
    - Scheduling controversial  
      - 1st ballot: should not be part of EHR  
      - moved to Supportive section

- **Supportive Functionality – Vassil Peytchev**  
  - ID functionality which is in support of providing health care  
  - Discussed process  
    - Worked with other groups to avoid duplication and clarify definitions  
  - Status  
    - Sections  
      - Clinical support  
      - Measurement, analysis  
      - Admin and financial  
    - ~50 defined functions  
    - different granularity in each section  
    - related to other two function groups  
      - tried to populate see also column  
  - Validation and short term goals  
    - Ensure proper representation in ballot

**Process discussion:**

- **Ed L: what are we trying to accomplish this meeting?**  
  - Agree on PIC rules  
  - Agree on scope of ballot  
  - Agree on content  
    - Functional Outline  
    - Profiles  
    - Normative/Informative/reference  
  - Map out post meeting process to March  
- Stable draft 12/23/2003  
- **Andy: focus on functional list**  
  - 1 negative major = negative ballot  
  - Size of function list  
- **Ed L: What do we need to have done by Thursday night?**  
- **Charlene: what is intention of Profiles**
## Minutes by Agenda Item

- Ioana: is Functional Outline a superset of functions or a minimum set of functions?
  - Superset
- Don: fully support of Ioana
- Don: people giving feedback is good; some key terms missing, better explanation for functions common terminology
- Peter: Superset/size issue – criteria for inclusion
- Bill: make decision on what is going to be in ballot
- John: Informative documentation, use existing wordsmithers in group to make cleaner document
- Charles: areas for criteria for inclusion: Balance, Essentiality, Generality, intended use
- Andy: Agree w/ Bill; granularity makes care setting work more difficult
- Jeff: do we want to put this forward as a functional outline or functional model; is it Informative or Normative; and if normative have it be normative but un-implementable
- Lenel: RE: balance – no comments or concerns about II overwhelming outline

### Gary D: New projects –
- Project to accelerate transferring data from 1 EHRS to another
  - GP2GP transfer
  - openEHR
  - Continuity of care (ASTM)
- Charles: Integration Profiles
  - Think generic

## Decisions by Agenda Item

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## Motions and results

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