HL7 EHR Meeting Minutes
HL7 WGM Winter 2004

Date: 21 January, 2004
Time: Q3
Location: Sheffield Conference Room

Planned Attendees
See consolidated Attendance Sheet

Quorum Results: Yes

Agenda

Issues outstanding and arising
  • Outreach and profiles (Don Mon)
  • Other presentations

Strategic issues regarding profiles

Determine general scope of ballot

Minutes by Agenda Item

# Discussion

Outreach presentation – Don Mon
  • Outreach process
    o AHIMA
    o AMA
    o AMIA
    o CHIME
    o eHI
    o HIMSS
    NAHIT
  • Continual process
  • Target – DSTU
    o Core – not perfect of exhaustive, functionality
    o Not a requirements document
  • 2 types of validation
    o Care setting profiles
    o Use profiles
      ▪ Whether function can capture data
      ▪ Later run through analytics (outside of EHR)
**Minutes by Agenda Item**

- To derive a quality measure or document (e.g. claim)
  - **Summary**
    - Reaction to outline is favorable
    - No imbalance in sections observed
    - On target with level of granularity
    - Need common terms to leap out of outline
    - Need to clearly explain how to read the model, assumptions made
    - See also column valuable
    - 2 tier levels of care category and care settings understood
    - Care Profiles
    - Highly likely: not going to be successful as normative
    - Most likelihood for success: Reference
    - No argument with priority level (EN, EF, O, NA)
    - Differences in prioritization within care settings
    - Differences in where care settings should be categorized

**Editorial Comments by HHS**
- Wanted to be sure that this data would be used for clinical research
- Linda to send document to list serve

**VA – Jim McCain**
- What is deadline for input?

**NYCHHC: Queens Health Network – Diane Carr**
- question of implementability
- bogged down in Clinical Decision Support area
- Is model meant to be normative of informative?
  - How would document be used?
- Exhaustive in II and Direct Care
- What we have defined is real. In use in real world.

**HL7 Canada – Julie Richards**
- Not ready to define care setting profiles
- Focusing on Functional Outline
- Functional Model not an Information Model
- Review for duplication, consistent terminology

**DOD – Nancy**
- How would we use EHR vs phone or other media?
- Have input for current outline, not II

**G.E. Med Sys – Charles Parisot**
- Major improvement from starting point
- Infrastructure out of balance
- Information Infrastructure should not restate “obvious infrastructure”
- Align everything on direct care setting section
- Goal here is not to define what an EHR product should do

**PMSI – Andy Ury**
- Thinking of what impact – improve care and reduce cost
- Direct Care section in good shape
- Decision Support overreaching
  - Amount of hardware needed
  - Physicians are professionals document treats them like children
  - Too many things in this section
  - Process decisions that were made on phone meetings were not carried out
    - Chain of custody section not removed

**Strategic – Sam Heard**
- Content of Ballot
- Things to do
  - Superset?
  - Is it implementable?
  - Definition
### Minutes by Agenda Item

- Size of list – criteria for inclusion
- Overall balance, generalizability, terminology, intended use
  - Normative
  - Informative
  - Reference

### Decisions by Agenda Item

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### Motions and results

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