Welcome!

HL7 Child Health Work Group Webcast

July 23, 2010
(770) 657-9270, code: 324598
Overview of Sessions

Child Health Work Group Meeting
July 23, 2010

- 9:00 AM-10:30 AM central
  Data Standards for EHR System Functionality

- 11:00 AM-12:30 PM central
  Data Standards and Quality

- 1:00 PM-2:30 PM central
  National Child Health HIT Efforts
Ground Rules

1. Use mute feature on phone
2. Avoid “hold”; Hang up if necessary
3. Introduce self when speaking
4. Stay on schedule
   • Stay on topic
   • Collect electronic questions
   • Use parking lot
Data Standards for EHR System Functionality
9:00 AM-10:30 AM Central

- Agenda and Objectives
- Introductions
- EHR-S Functional Model, Release 2
- Child Health Functional Profile, Release 2
- Creating Specialty Profiles
- Discussion and Next Steps
Meeting Objectives

Data Standards for EHR System Functionality

1. Attract potential volunteers
2. Clarity on role of Child Health WG
3. Encourage adoption of standards
4. Gain feedback on next steps for CH Profile
5. Provide education about derived profiles to stir potential development interest
Introductions

Presenter
Patricia Van Dyke
Chair, HL7 EHR Work Group
ODS Companies

Presenter
Andy Spooner, MD
Chair, HL7 Child Health Work Group
Cincinnati Children’s Hospital Medical Center

Facilitator
Joy Kuhl
Administrative Co Chair, HL7 Child Health Alliance for Pediatric Quality
RSVPs

- Yvonne Bachert, Texas Children’s Hospital
- Andre Boudreau, Canadian Standards Collaborative WG
- Ted Carithers, College of American Pathologists
- Joe Carpenter, Vermont Oxford Network
- David Classen, MD, CSC
- Teresa Conway, RN, Intermountain Healthcare, GE Healthcare Consultant
- Ipsita Das, Booz Allen Hamilton
- Dinakar Desai, Texas Children’s Hospital
- Mohamed Gaffoor, MD, Maimonides Medical Center
- Gay Giannone, RN, Alschuler Associates, LLC
- Suzanne Gonzales-Webb, SAIC
- Mary Greene, Booz Allen Hamilton

- Marvin Harper, MD, Children’s Hospital Boston
- Craig Joseph, MD, Epic
- Eloise Kooima
- Susan Kressly, MD, Kressly Pediatrics
- Jacqueline Kueser, Child Health Corporation of America
- Patricia MacTaggart, GW Health Policy Department
- Aileen Sedman, MD, NACHRI
- Geraldine Wade, MD, Clinical Informatics Consulting
- Carl Weigle, MD, Children’s Hospital Wisconsin
- Serafina Versaggi, Eversolve, LLC
Overview

HL7 Child Health Work Group

Founded: 2003
Leadership: David Classen, MD, Gay Giannone, RN, Andy Spooner, MD and Feliciano Yu, MD
Participation: Primarily CMIOs, physicians, medical informatics experts and vendor representatives
Distribution: 100+ previously on email; listserv unknown
Operations: One in person meeting and two webcast meetings in conjunction with HL7 work group meetings; Other calls and webcasts as needed
Emphasis To-Date

- **Functional Data Standards**
  - Standards for EHR systems include critical child health functions
  - Published EHR system standards for general pediatrics
  - Work was baseline for CCHIT child health certification criteria, other

- **Terminology Data Standards**
  - Explored improving terminology systems for pediatrics using AAP policy statements (e.g. SNOMED)
  - Funding not available to support further work

- **Messaging Data Standards**
  - Created immunization activity diagrams and story boards – now part of HL7 messaging standards
  - Provided incubation and leadership in HL7 to develop standard for reporting quality measure data – Quality Reporting Document Architecture using HL7 CDA
  - Provided support to create standards-based neonatal care report using HL7 CDA
Functional Standards: Relationships of Artifacts

**EHR System Functional Model**
- General Functional Requirements for all EHR Systems

**Child Health Functional Profile for EHR Systems**
- EHR-S FM + Unique Child Health Criteria and Constraints

**Derived Functional Profiles for EHR Systems**
- EHR-S FM + CHFP + Unique domain criteria and constraints
EHR-S FUNCTIONAL MODEL, RELEASE 2 UPDATE
Andy Spooner, MD

CHILD HEALTH FUNCTIONAL PROFILE, RELEASE 2
Our Strategy / Approach

- Improve data standards for health care
  - Build pediatric consensus on new data standards
  - Maintain broad representation and participation in HL7 initiatives on behalf of child health care
  - Participate in relevant national HIT data standards public comment periods on behalf of child health care
- Influence adoption of pediatric requirements
  - Impact vendor and provider awareness and adoption of adoption of pediatric standards
- Earn commitment from pediatric stakeholders
  - Secure support and leadership for efforts
Child Health Functional Profile

History

- Complete intent to ballot form by October 15 2007
- Inform EHR TC (and Patient Care) of intention and seek approval
- Submit documentation to EHR TC and publications workgroup to create ballot documents
- Publicize ballot opportunity
- Ballot – November/December 2007
- Recruit reconciliation volunteers
- January Work Group reconciliation session
- EHR TC accepts reconciliation document; N/A
- Second ballot period April 2008
- May Work Group reconciliation session
- Negative voters and EHR TC accept disposition report - July 2008
- Ballot – August/September 2008 (Not Necessary)
- HL7 EHR TC approved reconciliation work
- Available for adoption as accepted HL7 and ANSI standard – January 2009
Results

- Useful to CCHIT Child Health Work Group
- Will be useful for Model EMR Format for Children
- Specific adoption/influence largely unknown other than tie to CCHIT certified vendors for child health
Perspective
18 months later

- What could be improved?
- What would we do differently?
What’s Next?

Should we proceed with an update?
Options for proceeding if we move forward

- Identify special pediatric workflows
- Validate needed functionality
- Line up with new EHR FM R2
Joy Kuhl

DERIVED PROFILES
Functional Standards: Relationships of Artifacts

EHR System Functional Model
• General Functional Requirements for all EHR Systems

Child Health Functional Profile for EHR Systems
• EHR-S FM + Unique Child Health Criteria and Constraints

Derived Functional Profiles for EHR Systems
• EHR-S FM + CHFP + Unique domain criteria and constraints
Our Criteria
Conformance for Derived Profile

Quoted from Child Health Functional Profile for EHR Systems

- The workgroup contends that the Child Health-FP includes all the general functions that might be reasonably expected to be available in an EHR system used to care for children in the United States.
- We also recognize the value in the development of derived profiles applicable to certain subsets of EHR systems used to care of children.
- In fact, the workgroup strongly feels that the development of derived profiles will likely be essential to support the evaluation of systems designed to support subsets of child healthcare functions.
- For example, derived profiles for pediatric specialties, such as neonatology, could be developed to support certification in those niches.
- In order for a derived profile to claim conformance with the Child Health-FP, the profile SHALL include all of the Child Health-FP functions. The workgroup solicits feedback regarding functions encountered in the development of a derived profile not encountered in the Child Health-FP.
### Example Edits and Additions to EHR FM

<table>
<thead>
<tr>
<th>Function: “Manage Immunization Administration”</th>
<th>“Capture and maintain discrete data concerning immunizations…”</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statement:</strong> Capture and maintain discrete data concerning immunizations given to a patient including date administered, type, manufacturer, lot number, and any allergic or adverse reactions. Facilitate the interaction with an immunization registry to allow maintenance of a patient's immunization history.</td>
<td></td>
</tr>
<tr>
<td><strong>Description:</strong> During an encounter, recommendations based on accepted immunization schedules are presented to the provider. Allergen and adverse reaction histories are checked prior to giving the immunization. If an immunization is administered, discrete data elements associated with the immunization including date, type, manufacturer and lot number are recorded. Any new adverse or allergic reactions are noted. If required, a report is made to the public health immunization registry.</td>
<td></td>
</tr>
</tbody>
</table>

1. The system **SHALL** provide the ability to recommend required immunizations, and when they are due, during an encounter based on widely accepted immunization schedules.

2. The system **SHALL** provide the ability to recommend required immunizations based on patient risk factors.

3. The system **SHALL** perform checking for potential adverse or allergic reactions for all immunizations when they are about to be given.

4. The system **SHALL** provide the ability to capture immunization administration details, including date, type, lot number and manufacturer.

5. The system **SHALL** provide the ability to capture other clinical data pertinent to the immunization administration (e.g. vital signs, adverse reactions).

6. The system **SHALL** record data elements associated with any immunization.

7. The system **SHOULD** provide the ability to associate standard codes with discrete data elements associated with an immunization.

8. The system **SHALL** provide the ability to update the immunization schedule.

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**Criteria requested by Child Health for original model now standard**

*Edits in RED for CH Profile*
How to Get Started

- Contact HL7 Child Health WG Co Chairs for Support
- Develop Project Scope Statement
- Submit through HL7 for Approval
- Begin Work (open, collaborative effort); Prepare Materials for Ballot based on HL7 Publishing Schedule
- Revise as Needed Based on Ballot Feedback
Sample Project Scope Decisions

1. **Name**
   - E.g. Neonatology: Derived Functional Profile for EHR Systems

2. **Purpose**

3. **Scope, e.g.**
   - United States
   - Inpatient and Outpatient
   - Age range (0-18)
   - Receiving care in which settings
   - Etc.

4. **Major Categories of Functions Addressed**
   - Cancer, Transplant, AIDS, Paralysis, Neonatology Intensive Care, Cardiac Intensive Care, Ophthalmology, Pregnancy Under Age 18, etc.

5. **Participants**
DISCUSSION, NEXT STEPS
Decisions Made
Action Items
QUESTIONS?

Press unmute your line. Please identify yourself.

or

Use the Q&A function on the menu bar.
WE LOST AUDIO CONNECTION

To Rejoin Dial:
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Contact Information

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Administrative Co Chair, HL7 Child Health Work Group
On behalf of Alliance for Pediatric Quality
AAP, ABP, CHCA & NACHRI