Meeting Participants
Joy Kuhl, Andy Spooner (Co-Chairs)
Noorullah Akhtar, Mark Del Beccaro, Michael Miller, Matt Murray, Greg Omlor, Scott Robertson, Mitra Rocca,
Joseph Schneider, Allenn Sedman, Bob Underwood, Robert Warren, Carl Woigle, Feliciano (Pele) Yu
By phone: David Classen (Co-chair), Noam Arzt, Eugenia Marcus

Meeting Objectives
Q1: Reconciling Pediatric Requirements with EHR Model
   ▪ Determine approach for reviewing requirements and creating pediatric profile
Q2: Immunization Storyboard
   ▪ Provide a platform for HL7 immunization project to seek specific help from our group
   ▪ Provide an update on the status of work within the HL7 immunization project, and
   ▪ Discuss options for expanding the PeDSSIG storyboard, and determine next steps
Q3: EHR Joint Session
   ▪ Determine clear direction around next steps in providing input into the EHR model
Q4: Strategy and Tactical Plan; Next Steps
   ▪ Inform group of activities underway
   ▪ Reach alignment on priorities and assignments for next steps

QUARTER 1 DISCUSSION
Andy Spooner and Joy Kuhl, two of the PeDSSIG co-chairs, opened the meeting with welcome,
attendee introductions, and a request for a motion to approve the January 9, 2006 meeting minutes.
The January 9, 2006 work group minutes were approved. The group also reviewed the meeting
objectives listed above, and no changes were requested.

Also during Q1, HL7 conducted a formal election, and Joy Kuhl was elected Administrative Co-Chair.

Keven Coonan from the Emergency Care SIG provided an update on efforts underway in creating
emergency care functional requirements; He sought volunteers from the PeDSSIG, and Matt Murray
and Mark Del Beccaro agreed to participate in a planning call to discuss options for how the PeDSSIG
could provide input into the EC project.

The majority of Q1 was spent discussing options for reconciling the pediatric requirements with the
EHR model. Andy provided an overview of the work he completed in identifying four major categories
within the draft requirements: 1) 74 requirements that are included in the EHR model, 2) 32
requirements that are almost included, 3) 47 requirements that are not included and 4) 19 requirements
that are in a grey area and that need further review. The group began reviewing the “grey area”
requirements and made suggestions for the first 5. After going through this exercise, the group was
enthusiastic about continuing this work, and the following action items were identified:
ACTION ITEMS

- Joy to distribute category assignments to members
- Members to review assigned categories and make notes of suggested edits – mapping to the latest version of the EHR (which will be published Thursday, May 11, 2006)
- Joy to schedule a working webcast series for members to review all suggested edits – working toward a final list of functional requirements
- Submit the final list to EHR for consideration
- Joy to work with EHR to schedule an instructional session on creating a profile within HL7
- Seek volunteers in the group to participate in the instructional session on creating a profile within HL7 and work on a first draft of the profile for review at the September workgroup meeting
- As part of the review, consider genetic, legal and geographic relationships
- Look into what Long Term Care is doing – EHR said they are working on a profile
- Explore immediate opportunity to connect with Patient Care on providing input into any ordering work underway (weight-base dosing and BSA); Consider pointing to NCPDP standard
- Joy to schedule a call for Keven Coonan, Mark DelBeccaro and Matt Murray to explore opportunities for working together on emergency care functional requirements

QUARTER 2 DISCUSSION

Scott Robertson from the Pharmacy SIG provided an update on the status of the HL7 immunization project (see presentation). The project will live within the Patient Care technical committee, and an updated scope statement will soon be available. The group is currently working on a scan of the “landscape” – looking at related activities underway. The PeDSSIG immunization storyboard is part of this landscape.

Pele Yu provided an overview of the PeDSSIG immunization storyboard project (see presentation). The storyboard is currently part of the May v3 ballot. The group discussed options for next steps, including expanding the storyboard development. It was determined that we should work toward turning the storyboard into messaging, and the following next steps were identified:

ACTION ITEMS

- The PeDSSIG will continue to play an active role in the HL7 Immunization project with Pele, Noor and Noam continuing to dial-in for the regular project calls
- Joy to work with EHR to schedule a tutorial on information modeling (Pele, Noor and Mitra are interested in participating with Mitra taking the lead); Goal is to take the immunization storyboard to information modeling and ultimately, messaging; Approach Patient Care for support with the technical implementation
- Pele to modify the storyboard to explicitly reference the latest CDC guide; Noam will notify the group when the latest version is available
- Seek direction from Patient Care on the best way to make sure we are participating in relevant ballots
- Joy to schedule a call for Pele with Andrea Szentirmai at Cerner to review the group’s immunization storyboard; Cerner is looking at ways to connect with registries and is interested in the pediatric perspective

QUARTER 3 DISCUSSION

The group held a joint meeting with EHR to discuss creating a Master Pediatric Profile using the EHR template. Andy Spooner led the group in a discussion about options and next steps. The group ultimately desires translation of the functional requirements into conformance criteria for the authoring groups. PeDSSIG is the first clinical group to go through the profiling process with EHR.

It was suggested that the group consider calling the profile, “Child Profile” instead of “Pediatric Profile” to help underscore that the profile will be needed by anyone caring for children – not just those who are
in pediatrics. The message will ultimately need to be: “If you are taking care of children, you need to adopt the HL7 pediatric/child profile.”

It was also noted that anything that lives in a pediatric profile will also need to be mapped back to the EHR model.

Action items from this discussion are included in the Q1 action items.

QUARTER 4 DISCUSSION
The group engaged in a dialogue about strategic plans for the PeDSSIG.

ACTION ITEMS
- Seek pediatric volunteer to participate in SNOMED (need to ensure pediatric representation in important vocabulary groups)
- Evaluate feasibility of supporting a resource who can participate on behalf of PeDSSIG on the EHR technical committee; Joy to explore through NACHRI/CHCA/ABP/AAP alliance
- Joy to schedule co-chair/member introductory calls with key vendors (EPIC, Eclipsys, Meditech, McKesson, GE Medical and Cerner as first priorities); Goal is to begin a dialogue with vendors, working toward collaboration and adoption of the pediatric profile; First step could be to get initial feedback on draft pediatric requirements and status of addressing these within their systems; Consider approaching decision support vendors (e.g. Zynx) as a second step
- The group will need to create a pediatric profile marketing plan and also package the profile for hospitals with a “how to” kit, including how to use it with vendor RFPs and in contract negotiations
- The group will participate in monthly calls on the 2nd Friday of each month from 1-2 p.m. cst; The next call will take place on 5/12; Phone: (866) 365-4406; Code: 1436215
- Joy to invite Alan Zuckerman to participate in an upcoming monthly call to provide an update on national activities in which he is connected

NEXT WGM MEETING:
September 10-15, 2006
(PeDSSIG will meet on Sept. 11)
Working Group Meeting
Boca Raton Resort
Boca Raton, Florida