SDWG Minutes
(Attendance Sheets at Bottom)

Monday
Q1 MEETING
Agenda Review
Completed – 9:19 AM

Appoint an acting co-chair motion to accept Corey Spears for SDWG.
Made by Calvin, Second Rick, Against: 0 Abstain: 0 For: Unanimous
Motion passes

Announcements

Update on current ballot - number of comments and planned ballot reconciliation

Upcoming ballots –

HAI – will be doing an STU update.
Motion to accept the HAI revisions be a DSTU Update.
Sarah, Gay – Abstain: 3 Against: 0 For: 19 Motion passes

Update SDWG 3 Year Plan
Committee review of the SDWG 3 year plan - Austin

SWOT – updates

Review PBS metrics and work group health

Expiring Standards

MOTION TO CLOSE THE FOLLOWING PROJECTS (679,568,487)
Made Rick, Corey
Opposed: 0 Abstains: 0 For: Unanimous - Motion passes

Keith Pertinate ... – update
Wiki Project - update

Aging Projects/document

381 - Patient Assessments – is on the expired DSTU page
We will cover some of these items, on a call.
Motion: Questionnaire Form Definition and Questionnaire Response (335,336) to extend the DSTU for 1 year – Made by: Martin, Second Lisa Opposed: 0 Abstain: 2 For: 19 - Publication request form: Austin / Martin

Q2 MEETING

(796) Patient Education Summary CDA Documents – will be cancelled. Motion to close was made and approved unanimously
Opposed; 0 Abstain: 0 for: Unanimous By: Second:

PACP Update - 20 minutes - LNelson
Jan 2016 ballot – 239 comments
Vote to approve for publishing on June 2nd
Utilized inheritance for Conformance to other templates.
3 new entry templates
  • Personal Goal
  • Personal Preference
  • Priorities – new sdtc:priortyNumber
Value Sets extended - LOINC codes will be issued, need VSAC to load the new LOINC code version for value sets.
Reviews will be upcoming – refer to the members only page for IG.

Publish on 7/1

C-CDA Product Line Strategy (A. Kreisler)
  • ODH -
  • UDI -
  • Patient Care Changes C-CDA -
  • Pharmacy Model changes to C-CDA -

Austin presented a C-CDA Product Line Strategy:
What is the next step?

SDU Update Process - for small changes / large changes to C-CDA

Merging new content into C-CDA
New templates – be backwards / forwards compatible with current C-CDA release

Volume 3 – accepts “optional” content
All the content is optional
  • Process outline - refer to Austin’s presentation
  • PSS w/ Structured Documents as Sponsor
• Draft for Comment Ballot
• The templates can be added to Volume 3

Must wait at least one C-CDA dot release cycle
Should be evidence of implementations

Add new templates
Replacement templates
Breaking change templates

Diagram outlines how to progress content into C-CDA

Consider the entry point into the specification stack
One person’s alternative may be perceived as replacing.
How will the validators work when there is a volume 3?
Document Level Templates may need some clarification
Add the definition of what is breaking changes

Send to Austin

Q3 MEETING
Relevant & Pertinent Update
Presentation from the Relevant and Pertinent
by Robert Dieterle,
Holly Miller MD,
Russel Leftwich, MD.


Update on Pharmacist Care Plan (Shelly Spiro) (20 minutes)
Executive Director – Pharmacy Health Information Technology Collaborative
Pharmacist who provides patient care who want to incorporate their
information into Health IT Standards.

Pharmacist Care Plan Project Scope Statement
Value based payments creates a need to document into the Care Plan this
information about patient medications.

They had 4 use cases for reference. Contracted with Lantana. They are short
of funding and they are attempting to secure funding. They are looking at using the
HL7 eCare Pan template.

Need to place the Pharmacist Care Plan project on hold.

The VA is interested in integrating, but has 50 state implementations.
Overview of CDA Product Family Strategy (AKreisler)
Austin presented a presentation about the establishment of a CDA product family

Q4 HOST PHER – Public Health and Emergency Response

Review of Joint projects with PHER
STU Comments

National Healthcare Survey CDA
Epic Comments
919 there is a need to change guarantors [0..1] to [0..*]
Make comment in C-CDA R2.0 and CDA R2.1 to change this.

917 Immunizations

Errata – Processing

Overview of C-CDA Product Line strategy for PHER (AKreisler)

Tuesday
Q1 JOINT with CQI (CQI Hosting)
Alignment of C-CDA and QRDA
Update on CDA R2.1

Are there any issues with C-CDA and QRDA
What is QRDA based on? C-CDA R2.0 or C-CDA R2.1

The last update, QRDA was aligned with C-CDA R2.1, but if there were any issues, please let us know.

SDWG Action Item: We might want to do a review any of the Errata from Anne Harris on C-CDA R2.1 found on the C-CDA R2.1 DSTU Comment Page.

Should the sdtc:valueSets allergies – do we need to call out valuesets which were used in the instance. It is a possible capability, but does it add value?

How do deal with Provenance
   Doing patient engagement / Providers (Physicians vs. Nursing)
   Source / Recorder

Wanting to keep the source of data incorporated into document instances.

Source – the original author of the clinical content.
   Patient, which provider class (Physician / Nurse)
Data Provenance – There have been efforts made in past, but the uptake has not been generally good.

Look at the standards committee taskforce recommendations
CBCC has published guidance on Provence. The issue of engineering.

HIT Standards Committee – constraining the CBCC work to a smaller set.
Clinical Quality Framework – maybe a place to pilot these capabilities.

Negation –

There is something indicated in the guideline but I’m not going to do it.

QDM – logic

Decision Support – need a clear means to identify why something is not being done, that should

CQL – what works best with vendors

Action Negation
Value Negation
CIMI data models

Looking at this at the implementer prospective.

Need both vendors and modeling together to ensure that we handle this.

There are existing use cases out there today and working on solutions.

Q2

JOINT with Vocab (Vocab HOSTING)

*VSAC Value set management L Nelson*

Formally determine a process to be implemented

Obtain an update on the VSAC value set loading. – Lisa Nelson.
Is there a way for the steward to maintain the value sets.

Where is the source of truth to be found. Started the process a while ago.

There are two versions:
C-CDA 1.1 – value set content – a range of code systems
Support for meaningful use. A year ago, there are two main road blocks
1. Not all the value sets are available
2. Some of the value sets are large (100,000+) values

Within a number of weeks to being able to create the large value sets for R1.1
There are two views –
Authors – have two
Users – have one

The user side of the database does not support all of the APIs
But there will be a download page, which would allow you to download page on VSAC.

The value set meta data will be there, but the large code systems that are available.

Which codes Systems not available - ??

Lisa we are making value sets on Code Systems that are changing, some codes are obsolete.

ONC / CMS / NLM– problem about how to fix this problem.

There is a need to figure out how to manage the value sets on the NLM solution.
The quality community has landed on STATIC value sets.

Does VSAC need an MOU with HL7? A question was raised to provide support for the need and use cases with the federal communities.

**Update on Binding syntax**

FHIR – if you are going to do a binding, V3 supports a concept domain, which may not be trackable.

Binding must specify the following:
The specific set of codes in an expansion set.
It exists to provide clear guidance on how to build an implementation.
To support conformance testable implementations.

You must specify on a set of codes that can
• What those are sending can do,
• What those who receive can do
• What derived specs based on this spec can do.

Some issues – V2 / FHIR have a need to use for

DSTU comment on deprecated 986 LOINC code
We will look at using this syntax, define it in the CDA R2.1 Spec but may need to keep the constrains loose in order to remain backwards compatible.

CDA Product Family Strategy (AKreisler/CBeebe)
Austin provided a review of the idea of creating a CDA Product Family.

As soon as you task about something, you are volunteered.

Q3   **HOST Publishing/Tooling/Templates**

CDA Product Family Strategy (AKreisler/CBeebe)
Continue the discussion about the CDA Product Family discussion.
Austin will present the presentation on the CDA Product Family.

In the entry-level templates, we may need to have the same people think about the modeling of entries and resources.

- CDA Artifact methodology and management

Template Registry discussion (LNelson)
HL7 Templates Registry Business Process
Requirements Analysis Release 1 – Dec. 2013
Templates workgroup.

Attachments workgroup – they brought all three of the groups together.
These tools are open source:

MDHT
Trifolia
Art Décor

What can we do about this?
Can we reuse this information in the development of the solution.

Minimum Quality Criteria for CDA IG’s

SDWG GFORge Release Process
Tooling need that is not currently addressed (Identification of a need)–

Template tooling – privileges – need to see the structure of how the conformance statement was put together.

Record as a need – tooling requirements and enhancements

Tooling – has a project under way to look at the tooling.

The help desk – to record issues with tools
There should be a central tooling support area to send requests to.

Q4 HOST FHIR, Send Representatives to Patient Care (negation and vocab discussion)

C-CDA / FHIR Connect-a-thon report out (RGiemer)
Current Status – all composition sections are covered.
Getting the other document types to inherit from US Realm Header

Fix basing one profile on another, by Graham.
Created C-CDA Stylesheet

Focus on pre-ballot review of the profiles in the build
Fall 2016 FHIR Ballot

There are other resources that DAF did not include, that are needed for the C-CDA IG.

FHIR Connect-a-thon for Documents

Create a document from DAF resources and generate corresponding narrative. Retrieve individual from a FHIR server.

This was the first time for document transactions since FHIR 1.1

Attachments
Periodontal Document for the Attachments

Look at using Structure Definition for the modeling of CDA guide.

CDA goes to a Clinical Document – Resource (research)
FHIR Requests

Have a process in place to manage the tracker items
To figure out the targets for this summer and maturity level
FHIR Management needs to know

If you are planning to create a new resources let the FHIR management know.

CDA Product Family Discussion

Maturity Models & Balloting for Document Resources & Profiles
C-CDA on FHIR Implementation Guide – would like to go into the build for a ballot.
What maturity score should it be? Level 1 – ready for production use
   Level 2 – connect-a-thon passes
   Level 3 – In Production

What is the process to include it into the FHIR ballot.
As an Implementation Guide ... NIB will be used

Core Resources – Core Resources – to move it through
  • Composition (2 now) may want to consider quality criteria attempt (3)
  • Document Ref
  • Document Manifest

DSTU 2 QA Tracker – needs to be reviewed by the SDWG committee.

Composition – was not in the top 40 in the review by the industry / implementers.

The CDA Logical Model – in FHIR spec is a research and under evaluation.

We will discuss this on Thursday to own the CDA Logical Model as a product owned by Structured Documents.

Graham and Calvin discussed the CDA Product Family and FHIR Product Family overlaps that existed. Graham suggested that we might want to raise the question about products that belong in both product families to PLA for their consideration.

Discussion about extensions to be applied to the Composition in modeling the CDA documents.

One of the challenges that was noted that there has been reusable sections shared between documents. This reuse of sections in FHIR is not possible. The question was that the ability to create sub-resource slice profile. There is going to be a
solution, there is a solution. The tooling needs to be updated to support this capability within FHIR.

collectionReference use to be an ID and now it is an URI. This makes it possible to create a structure definition to define sections.

Would the use of participant be made more specific?

Now that we can profile / profiles, is there any possibility to show how these strings of templates relate to each other. On the FHIR Profile page, there is a comparison between DAF and QICore. This tool will show the union and the intersection.

They are working out the comparison tooling to make it possible to see the relationships between the profiles.

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**Wednesday**

Q1 MEETING


C-CDA Companion Guide Project (JDuteau)

Review the C-CDA Companion Guide at future meeting

Ballot for the Sept ballot / publish the final guide in Nov. 2016

This is the time for guidance and want to provide feedback, now is the time to provide guidance.

40 Guidance items now, will add examples in the draft guide

15 guidance items for discussion at the WGM

5 – were carried from C-CDA R1.1 Implementation Guide

- Missing Information and Use of NullFlavor – rewording (value)
- Allergy Dates
- Problem Dates
- Immunizations – Immunization Date, Status Code, Refusals

Guidance

Generating Unique Persistent Record Identifiers
- maintain and export multiple identifiers per content and another for the instance of the thing

Should we add section.effectiveTime as an alternate

Section time Intervals – Indicating the Scope of Time for Sections Content
Consistent use of Discharge Summary Admission and Discharge Dates
In the header when you have an encounter – there is a time stamp for the Admission and Discharge Dates.

Encounter Diagnosis goes in Encounters Activity in Encounters Section.

Medications in Discharge Summaries
What does the medication sections mean in the context in of a Discharge Summary

Common Clinical Data Set
Medications
  o Admissions
  o Discharge
  o Medications Administrated

Update on C-CDA Implementation-a-thon
Two meetings were completed and another will be in Sept.

Birth Sex and Gender Identify

Social History – Birth Sex

Administrative – M/F/Unknown

Implanted Devices in Medical Equipment Section

Lab Tests w/ and w/o results

Plan of Treatment – as an order

Results section will contain the order and results

Health Concerns Vs Problems
Health Concerns – Important by the provider
Problems – all

Goals / Plan of Treatment – current and none current

Q2 MEETING
CDA International Patient Summary Project Wed Q2 (Rob Hausam, MD)
INTERPAS – Project (last discussed in Paris)
ONC / EU Interoperability Initiative, which was based on C-CDA R1.1 CCD template and the epSoS IG v1.4

Motion: CDA International Patient Summary Project accept project scope document. By Rob, Second Motion

Starting point – a complete document but with templates that might be reused.

International Patient Summary vs (EU / US )

Medical IT subgroup of NATO what has needs in this area.

Could you get vendors into this project that might be supported by EHR Systems.

Need to look at the stated project scope. epSoS has been created for patient content. IHE has information about universal guidance for IG and local realm IGs.

What are the goals of this project? There are cross borderer use cases. Joint ballot between ISO and HL7.

Changes to the current scope document:
• We might want to include the International Council and the EU HL7 Organization.
• Need to review the interested parties to see if the contacts are still appropriate and interested in participating
• Need to check with CEN 251
• INTER PAS needs to be checked with
• Need to verify that we need to contact the groups

Could you rename the project to: International Patient Summary (Phase 1 US /EU). There is an EU / US MOU on this that we need to consider.

There is a need to review the text of the MOU for the terms of the agreement.

Need to verify which version of documents are in scope to analyze.

Consider revising to the deliverables a.) International Patient Summary Document (INTERPAS) template(s)
There was a discussion about which document types (Patient Summary, Discharge Summary, ...) that may be considered in scope.

There was some concern that this should focus on the critical care needs of an international travel.

There is critical care and there is medical travel for care.

If you go to FHIR, you will need to create a number of Profiles on FHIR.

Professional Records Standards – the authoritative source of clinical records in the UK

Change to V3 Document - Clinical

**Review of changes PHMR IG (MRosner)**
Comments received were about examples and creating the Schematron.
Needed some help with generating the Schematron.
Ran some validation on samples.

Sent out the links to the package (zip) on next Thursday call.

Minimum Quality Criteria for CDA IGs

SDWG Draft GForge Release Process

**Q3 MEETING - Cancelled!**

**Q4 MEETING, Send representative to PCWG**
(Allergy and intolerance: vocab and harmonization discussions)

CDA 2.1 – diagram issues, value set / concept domains / HMD issues

**CDA R2.1**

- Calvin Beebe presented CDA R2.1 – ACTS
  - Describe methodology for reviewing/promoting attributes for the ClinicalStatement pattern or core RIM classes to CDA R2.1.
- Motion to modify the cardinality on legalAuthenticator from 0..1 to 0..*
  - Motion: Stephan Sabutsch
  - Second: Alexander Henket
  - Use case was multi-disciplinary reports.
  - Vote: 8 for, 0 against, 0 abstain, motion passes.
• Motion to update the prose of the CDA spec describing the limited use case for multiple legal authenticators, and also describing when not appropriate (the majority of the time).
  o Motion: Rick Geimer
  o Second: Viniyak
  o Vote: 8 for, 0 against, 0 abstain, motion passes.

• Discussed changing some value set bindings in CDA to concept domains. Doing so for CS datatypes with CNE bindings would break the schema (i.e. typeCode elements, etc.), whereas CWE types would not. Mostly impacts confidentiality codes.

• Motion to review all CWE value sets to see if they should become concept domains.
  o Motion: Rick
  o Second: Viniyak/Alexander
  o Vote: 8 for, 0 against, 0 abstain, motion passes.

• Added some notes to the diagram noting areas where the names displayed in the RMIM are different from the XML Schema (participant1 = informationRecipient, etc.). Discussed maybe hacking the Visio file before publication to fix.

• Discussed what to do with copyTime, since it was deprecated in CDA R2. Decided to leave it for now.

• Fixed some missing changes from Calvin’s updated HMD (maxDoseQuantity should have been updated to SET with 0..*).

• Discussed whether to add defaults for Booleans where missing (such as setting isCriterionInd to false vs. leaving it blank). Decided to leave it as is for now. Will consider discussing it later when other modelers are present.

• Discussed adding a relationship between ObservationRange and Criterion. Agreed needs more discussion.

• Discussed final updates regarding to the execution of compiling the output of the RMIM designer to HMDs, schemas, etc.
Thursday

Q1  HOST Imaging, Send Representatives of C-CDA on FHIRE project to PC
     II Topics – wants to do a normative ballot of DICOM Part 20 – CDA for
     Diagnostic Imaging Reports.

     Validation Conformance and other requirements
     1.  HL7 / DICOM discussions are needed to ensure the IP issues.
     2.  Requirements for conformance – vocabulary requirements
         a.  Imaging should discuss with Vocabulary about codes to be used.
     3.  Look at moving the new Universal Realm DICOM Part 20

     C-CDA DIR report – status of and what we should do.
     Breaking Change and a universal realm

GForge Release Process

     Creating a release package – SVN was used to store technical artifacts
     If you create a release package, it is easy to get the content out.

     Configuration Management
     Process Proposal:

     Coming in on a link, may pull a draft / development build
     So we need to come up with a release package.

     1.  Provide commit access for those who want to edit artifacts
     2.  Anyone can propose a new release (package of content)
         a.  Should contain release notes for all files
         b.  Should be zipped into one file
         c.  If a new package, it must be added as a new package
     3.  Release numbering is simple, 1.0, minor +.1, major +1.0
     4.  Fill out the Add Release form, fill out.
     5.  Send a note to the SDWG list (copy to co-chairs)
         a.  1 week notice
         b.  Discuss on a Structured Documents Call

     Assess if anyone can request a notice (e-mail), when new packages, releases are
     created in GForge?

     When something is set to Alpha or Beta should the SVN be updated?

Q2  JOINT w/PC, Templates (PC Hosting)
     PCWG hosting SDW and Template -Allergy/Intolerance, Care Plan, C-
     CDA/FHIRE Harmonization, other topics as needed, please send reps

     1.  Informative Document – Registry Templates Requirements Documents
         Two governance groups.
2. Plan for updating the templates STU to share templates
   They have several comments to integrate into it.
   Accept templates from Trifolia, Art Décor and HDHT

Looking at the overall for registries.
Rick and Kia are going to do a template tutorial.

CDA Product Family Strategy - presentation
Product Line Architecture – establishing Product Families in HL7
Current Product Families - FHIR, HL7 2.x
Plans for CDA Product Family
   1. Is a collection of products that share common methodologies, and tools as viewed from the design process.

Product Family – CDA and CDA IGs

Structured Documents / Templates – are both templating but with slight differences between solutions.

Cooperation between the tooling groups is welcomed.
Gov. Management Methodology
TSC CDA Management Group
SGB IG Primary Sponsor WG

Questions / Comments
At the Baltimore meeting we will be bringing the groups together to discuss this

Clinical Status – Value Set – deprecating problem status / what is the value set required for the requirements. FHIR Concern statuses.
FHIR Concern Condition Resource – the proposals – this is a topic
Structured Documents – Concerns & Problems – FHIR Vs Structured Documents
Health Concern DAM – being worked on.
FHIR – (conditions, observations ) and concerns.

No update on Negation – current status.

The issues related to clarity of requirements.

Allergy / Intolerance Harmonization – DSTU tracked versions are currently up to date.
Q3  HOST FHIR (Send a representative to Clinical Statement)

  Discussing balloting for C-CDA on FHIR profiles
  We are creating an intent to ballot (NIB) and will ballot in the fall.

  Logical Model of CDA in FHIR – Should SDWG own?
  Where should it live in FHIR?
  We could potentially use this as a publication strategy.

**Motion**: Have SDWG own the CDA Logical Model in the FHIR publication package. And later determine the appropriate location for implementation guide with the assistance FHIR Infrastructure group.
**By**: Austin, Second Gay.  **Opposed**: 0  **Abstain**: 0 : **For**: 22 - motion passes

Value Set Question – All the value set are moving to FHIR format in the FHIR Terminology Server. Vocabulary value sets will move to FHIR.

Graham indicated that it should be possible to identify the CDA IGs that have codes in value sets that have been obsoleted in IGs.

VSAC is currently managing the Value Sets for C-CDA.

The question about Concept Domains, Graham indicated that they were not discussed.

Update on HQMF
SDWG is a co-sponsor of HQMF. CQI has presented a PSS to move the HQMF to Normative. Normative will resolve all comments and learnings.

Sept target (possible Jan ) Change the title to Normative Release 1.0

**Motion to approve SDWG as a co-sponsor to the PSS Made by: Floyd, Second Pete**  **Against**: 0  **Abstain**: 1  **For**: 17 - motion passes.

C-CDA on FHIR – there are two C-CDA on FHIR projects. 1124 (remove) VS 1122 active.

Q4  MEETING
C-CDA Errata Process from NCHS source IG
- Releasing an Errata release on R1.0 / R1.1
Is it in the list of errata package.

  On release 2.0 – as IG is based on C-CDA and must deal with errata when issues against C-CDA.
Problem type value sets – question
- C-CDA R1.1 – SNOMED
- C-CDA R2.0 – LOINC
- C-CDA R2.1 – SNOMED base / LOINC extension
- Place a DSTU comment that we change the value set ids for the CDA R2.0 and in CDA R2.1. Fill out a bug request!

The long names and short names are messed up.

ERRATA – should we proceed with a longer cycle. If the issue arises above a typo, then it will be proceed. It will be a group vote to decide to proceed with the Errata publication in general.

**CDA Product Line easy path**
Austin reviewed the current process to produce a release package

**Motion:** SDWG has identified that the Product Page does not identify when a release package has been updated, making it difficult to know if the errata package has been added. Request to send this issue to EST, Lynn and CTO.
Made Lisa, Second Pete  Against: 0 Abstain: 0 For: 14 motion passes - Calvin will take the action.

Open question: C-CDA Product Line
The ODH IG be considered as a project to exercise the C-CDA update process for the product line. Their content would come in as optional stuff and would not impact the existing content.

The committee talked about how to manage the inclusion of optional content into the Volume 3 of the C-CDA package. Templates (excluding document level) to be incorporated into volume 3 after they have been balloted as a Ballot for Comment (minimum) and then must proceed with a STU Update process to get included in to Volume 3, which would result in an increment to the next minor releases.

Lisa
In the purpose statement you suggest where you might be used. When they move to be adopted in volume 2.

**Friday**
Q1  Joint w/Templates, PC (Templates hosting)  TBD
## Structured Document Work Group
### Monday Attendance Sheet

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<td>Patrick Bickler</td>
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If found, please return to Calvin Beebe - Cell Phone: (507) 291-0091

- Steven Pomack, CDC
- Michael Thuman, CA
- Omar Bishai, VA
- Didi Davis, The Sequoia Project

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