SDWG Agenda - Madrid
Monday, May 8
(Attendance at end of document)

1 Q1 - NO MEETING (Plenary)

2 Q2 - SDWG Administrivia Quarter
- Agenda Review - done
- Announcements
- Update on current ballot - number of comments and planned ballot reconciliation – wrapped up

- Upcoming ballots
    - CDA R2.1 Normative – NIB expected
    - UDI Volume 3 – NIB Expected
    - New Projects - none

- Update SDWG 3 Year Plan
  Austin presented the 3 years plan.

- Structured Document Co-chair election – this week (Gay Dolin)

- SWOT – Austin reviewed the last SWOT
  OPPORTUNITY – CDA support for documents

- Mission and Charter – The committee reviewed the mission charter
     TBD – we will update the Mission & Charter to support CDA
Management Group

- Document Methodology

- Review PBS metrics and work group health

- Expiring Standards

- Aging Projects/document

- ONC HL7 Cooperative Agreement update 10 minutes
  Dave Hamill
    - Modify / Enhance C-CDA Value Sets
    - Haromonize / Standardze FHIR Termonology and information

models
- Create a FHIR Profile Registry / Repository Prototype
- Help Desk

Value Set – project has 8 volunteers
A number of delivers – Initial Value Set QA report
Tomorrow Vocabulary / SDWG will discuss the results

Another review on May 24th – initial discussion at SDWG
The next deliverable will be on June 1st

Look at performing a survey on the use of CDA

3 Q3 - Meeting
- Project Updates
Update on the Virtual C-CDA IAT (Calvin)

Virtual C-CDA Implementation-a-thon
Team – Calvin reviewed the current plans and discussed the use
of synthetic data for the event.
- o
- o C-CDA Volume 3 Project Updates
- o New Projects
- Administrivia continued if necessary

4 Q4 - Hosting: FHIR-I
- DocumentReference vs Composition
- o SDWG voted to add Unstructured Document support to
Composition, considering a choice at Composition.section.

Compostion itself should support managing a PDF or imaging document.

Choose to use a section and embedded in a section. What was an
unstructured could migrate. Look at supporting with a section containing a full
document image (PDF).

How to manage the profiling of sections as there is reuse of sections within
documents.

How to solve the profiling on section – a new data types
Making the change – create a new data type –

Discussion on the use of Graph resource to manage the depth of the document extract.
No information – as an ancestor of nulls

List – in C-CDA Care Plan documents
There is a template for interventions
    Past vs Planned interventions
    How to model
There is a CarePlan resource and Care Plan documents
There is a bit of an issue in making them work / relate together.

- Composition to meet Catalog requirements, while proposing a CatalogEntry resource for the catalog detail. (Lorraine)

    OO / Pharmacy / II are working on catalog and composition
    There use case is like a Structured Document

    Can composition be used to represent a catalog,

    Orderable Catalog
    Medication Product Catalog
    Laboratory Test Catalog

    Structured Document Vs CDA

    Composition current require a subject

    The group will provide their PPT to the co-chairs of SDWG and SD will review and consider in detail.

- Composition.section as a datatype vs. BackboneElement to support section type profiles.

        FHIR.org
        ID publisher running

Tuesday, May 9
1 Q1 - Joint w/CQI (CQI Hosting)

- They are using an audio for Joint Commission

QRDA Issues
HQMF Normative
Measure development process – quality data model logic (RIM based)
The plan was to move to CQL – its in post reconciliation update
Use HQMF for the model and CQL for the logic /math – QDM models are represented in QDM / CQL

Two parallel

IN addition to all measures needed a valueset to for codes - a single code also required a value set also – needs code system / code system version /

Structured Documents – CDA Product Family
CDA R2.1 just finished a ballot for comment – it represents a minor update to the CDA standard. Implementations based on CDA R2.0 will need to choose when migrate

FHIR management group -

2 Q2 - Joint w/Voc (Vocabulary Hosting)
- Review proposed changes to value sets for C-CDA.

  Gay is invited to engage with the Vocabulary committee to discuss the topic she had for this meeting.

  Federated Terminology Sources – need to be tied together.

  Strongly consider to understand how to utilize the artifacts to manage the vocabulary requirements.

3 Q3 - Hosting: AID, ARB, AS, BR&R, CS, Conformance, Education, EST, EC, FM, ITS, MnM, V2 Publishing, SGB, Templates
- **CDA Product Family**
  Mission & Charter

  CDA Product Family discussion meeting minutes

  SDWG Hosted the following workgroups: AID, ARB, AS, BR&R, CS, Conformance, Education, EST, EC, FM, ITS, MnM, V2 Publishing, SGB, Templates
  Austin announced the formation of the CDA Management Group and CDA Product Family.
  Mission and charter for management group approved by TSC last week.
  Austin went over the mission and charter (see Austin's slides for details).

There were questions about getting involved in the CDA Management group. Answer: reach out to Austin, Paul, or Mary Kay as the Standards Governance Board (SGB) is gathering names of interested parties now. There will be a notice sent to the co-chairs list asking for candidates. The TSC will make the actual appointments.

Clarified that the CDA Management group is responsible for establishing and enforcing the quality criteria for CDA IGs.

Clarified that SDWG is the likely owner of CDA Methodology, leveraging existing methodologies from ITS, Templates, etc. However, the formal selection of a CDA Methodology group is still TBD.

Mary Kay will fill out the paperwork to get the CDA Management Group (CDA-MG) wiki page setup, and we will post Austin's presentation there as a foundational document. She will also request a room for the CDA Management Group at the September 2017 WGM in San Diego (likely Sunday Q4).

Rene Spronk raised the issue of the whitepaper on CDA best practices which was created by AID, but since AID is going away we need to find a new owner. Agreed that CDA-MG will review the document and decide if it belongs with them or the methodology group.

4 Q4 - Hosting: FHIR-I
Discussed Monday Q4

- Modifications to $document to include min/max referenced resources in bundles (shallow vs. deep copy).
- Review C-CDA to FHIR mapping files. No good candidate for 'No Information' in empty reason (Invite Jay Lyle (negation) and Attachments)

Tuesday Q4 FHIR-I
FHIR Objectives
- FMG soliciting feedback on QA Rules / Workflow patterns - how well they worked for R3; what to do for R4
  - Workflow Patterns: Definition / Request / Event
  - SD Uses Request / Event
  - This is a pattern for concepts in these types of resources - names do *not* need to match the pattern names exactly
  - Rick - CDA's (Composition) should possibly follow Event Pattern
  - Since SD hasn't been using them; no feedback currently
- QA Rules SD Feedback
  - Needed more examples / up-to-date descriptions
  - Are all the QA rules hard-stops? (in particular - raw RIM mappings)
    - Do they need to be in structured definition format?
    - Mappings are not executable; they're informative

- For CDA-familiar owners, it would be more useful to map to CDA than to RIM
  - TODO resolved = are there any "todo's" that need to be resolved
- Timeline - no September '17 ballot planned;
  - January - "for comment"
  - May ballot - STU + Normative (only parts are going Normative; must be at FMML 4/5)
    - Probably only Patient going normative as a resource
    - Foundational elements
    - Not a lot of domain resources
    - Might do multiple Normative ballots, so risky ones don't threaten the whole ballot
- Any SD candidate resources for going normative?
  - Closest is DocumentReference; almost ready for FMML 4
  - Resources currently at 2 or 3 are highly unlikely (Composition)
    - Probably need more IG's for Composition before it's stable
    - Potential new use cases (like Catalog)
- Other resource maturity level targets
  - Ideally targeting 4 for all 3
    - Last month had discussions about merging DocReference w/Composition
    - Ultimately decided to keep them separate
    - Will still find a way to do unstructured documents in Composition
  - The higher the maturity level, the larger the resistance to change
- Any concerns/issues around tools
  - Some difficulties with IG Publisher (null pointer exceptions)

Mapping Spreadsheets from Lisa Nelson
- Current format is okay
- Will post spreadsheet to SD for review / approval (remind Rick or Lisa to do this!)
- Note - FHIR Composition.identifier is more equivalent to setId - version independent id for composition
  - Bundle.identifier is equivalent for ID
  - VersionNumber not available right now (though timestamps can be used)
    - Reason - Wasn't widely used outside the US
    - Catalog also has a request for something like versionNumber
    - Sarah G - It is used in Australia; will be adding a tracker item to discuss adding versionNumber
- EmptyReason
  - No equivalent for "NI" - resolved this morning via new change request to add this.
- US Core full mappings to C-CDA
  - Started mapping to CCDS names
  - Then mapped each entry / clinical statement to FHIR resources
  - Profiles don't exist for every section, so several rows are empty

- Is it sufficient to simply say Composition.section with LOINC = xxxxx-x
- Would be helpful if we have section-level profiles (perhaps in the future)
  - Is this format useful? Is mapping to US Core sufficient, or should this map to base resources?
  - SD's plan is to *not* create profiles on resources owned by other WG's
    - If there's no interest to create profiles on these resources, do we actually need profiles for everything?

Q: What is the end goal for C-CDA on FHIR? Translation? Repackaging of guide?
- Rick: Goal is to accomplish the C-CDA use case using FHIR resources
- Pharmacist Care Plan IG being co-written in CDA and FHIR
- Several people are working on transformations
- Concerns on where the transforms don't work (ex: FHIR URI's vs OID's)
  - Another difficulty is planned interventions (request pattern doesn't exist for everything needed)
- So far no one outside the workgroup has come forward with a PSS to create a profile on Composition

Profiling Issue - cannot make section-level profiles because BackboneElements cannot be profiled

Use of FHIR URI's in II or CD datatypes
- Possibly use assigningAuthorityName or extension
- Use an algorithm to auto-generate OIDs from ascii codes
- Reserved HL7 format (would require a re-publish of schema)

Wednesday, May 10

1 Q1 - Meeting
- HAI Ballot Recon (SGaunt)
- Sara – ballot reconciliation
  #60 remove trademark motion to review Sara, second Jeff
  Opposed: 0 Abstain: 0 For: 8 passes unanimously

  #43 & #59 Comments – comments are relative to the whole document. Accept resolution as written. Sara, second Jeff
  Opposed -0 Abstain: 1 For: 8 motion passes

  #48 UDI – discussion on need to manage

  #44, #45, #46 – Sara, Second Jeff – typo
  Opposed: 0 Abstain: 0 for: 9 motion passes

  #58 Value Set – HSN – Sara second Jeff
  Opposed: 0 Abstain: 0 For: 9 motion passes

Sara – vital records death reporting
Death Certificate Identifier – file number

2 Q2 - Meeting
- Ballot Reconciliation
    - CDA R2.1 Ballot Reconciliation (Calvin)
    - Ballot Reconciliation - HAI, UDI (triage, not recon).

    - functionCode discussion – Lisa Nelson

Motion: Proposed to review the V3 Clinical Statement model to identify any attributes (e.g. functionCode and others) that should be added to the CDA R2.1 normative ballot. By Calvin, Second Ben
Opposed 0 Abstain: 0 For: 11 - motion passes

Motion: addition of functionCode extension to the clinical statement participations: Performer & Participant in the CDA R2.0 with the same valueset and binding as defined in the header.
Sarah, Second Rick
Discussion: is there any more, no.
Against: 0 Abstain:0 For: 11 – motion passes

3 Q3 - Meeting
- Ballot Reconciliation
  HAI – 4 EPIC comments
  #50 Hemodialysis …
  Should be optional and May –this is a required information for the HAI report. It is based on a Form based on the NHS protocol. – withdrawn – 5/10/2017

  #51 – withdraw 5/10/2017

  #52 – withdraw 5/10/2017

  #53 – custom fields – NHSN does not want the custom fields. This may be considered in the future, but not now. Not Related. Motion to approve – Sarah / second Michael Donnley Opposed: 0 Abstain: 0 For: 11 motion passes

  FHIR

Composition = O&O and other groups are discussing Catalog
Recommend that they move forward with a specific proposal for the
Catalog.

4 Q4 – Meeting

- Ballot Reconciliation – HAI
  Sarah

  11 – Identify the title is the preferred title and not fixed. Sarah , second
  Ben   Opposed: 0 Abstain: 1 For: 10 Motion passes

  13 - Identify the title is the preferred title and not fixed. Sarah , second
  Ben   Opposed: 0 Abstain: 1 For: 10 Motion passes

  27 – Persuasive   Sarah , second Jeff
  Opposed: 0 Abstain: 0 For: 11 motion passes unanimously

  #35 – update to indicate the allowance for nullFlavor. There was a
  discussion about the lack of business rules in the online entry forms
  which are not enabled in the IG Resolution: Looking at running the C-
  CDA language about nullFlavor in the Guide.

  Follow-up there is a level of ambiguity that we need to understand what
  closed means with data types.

  Looking at Negatives

  **#15 As this is a Summary report –but we will address the concern.
  Not Persuasive with Mod – add to volume 1 as a clarification.
  Sarah, second Ben – vote: Opposed: 0 Abstain: 1 For: 9 Motion
  Passes**

  #16 – not related
  Motion not related _ Sarah, Second Ben
  Opposed: 0 Abstain: 0 for: 9 Motion Passes

  #17 – that is not related, but will be addressed in a comment. Sarah,
  Second Ben   Opposed: 0 Abstain: 1 For: 9 motion passes

  #18 – not related, as it out of scope of the ballot
  Motion not related Sarah, Second Ben

Opposed: 0 Abstain: 0 for: 10 Motion Passes

#19 – Not related – Comment #15
Motion Sarah, Second Rick - vote: Against: 0- Abstain: 0 For: 10
Passes unanimously

#31 – SHALL contain 0-1 change to SHOULD contain 0-1 – this should
be set to SHALL 1-1 so there is no nullFlavors
Not Persuasive with Mod - by Sarah second Ben
Opposed – 0 Abstain: 0 For: 10 Motion passes unanimously

#9 / #14 – Considered no action required
Sarah , second Ben
Opposed: 0 Abstain: 0 For: 10 Motion passes

#24 Considered no action – comment will be shared with NHSN.
Motion: Sarah, Second Rick
Opposed: 0 Abstain: 0 For: 6 Motion passes

#25 – change notification process
Considered no action – comment will be shared with NHSN.
Motion: Sarah, Second Rick
Opposed: 0 Abstain: 0 For: 6 Motion passes

#1 – this is a closed policy
        Not related – pass on the information
Motion: Sarah, Second Rick
Opposed: 0 Abstain: 0 For: 6 Motion passes

Thursday, May 11
1 Q1 - Meeting
- International Patient Summary Project working session (Rob Hausam)
  Imaging Report – the current joint imaging CDA standard is on hold.
  No other update.

  International Patient Summary Project Update
  A joint project between CEN and HL7 International.
    o Implementable
    o Global use

- o Extensible and open
- o Sustainable

A question about generating machine validation with the standard? It was indicated that they would have Schema-tron Scripts.

A question about the need for value sets needed. They are planning on a Sept. ballot and will need to submit value sets to the harmonization.

This implementation will rely heavily on other templates. The basis of the design will be the template IG.

Weekly Wednesday 11 ET
Monday night

PPT reviewed on the project.

How to describe the absence of information (IHE)
Medication Description
Open to support identifiers

IHE tools for testing linked in using Gazelle.

The inclusion of new codes in the HL7 extension space or to the SNOMED

They are planning to use only the Procedure Act class in the Procedure Section.

UDI for devices – will use UDI IDs

Long term plans – beyond DSTU for the International Patient Summary

FHIR IG – as a future goal

The team will provide the PPT for the links to the model in Art Décor

The team has a wiki publication process for the standard

2 Q2 - Meeting (Joint with Patient Care & Templates)

- International Patient Summary Project update (Rob Hausam) 20/30 min
  Templates WG
  The IPS Project
  Rob presented the IPS Project update.

  The group discussed the question of supporting additional templates in the IG. They were asked if an implementation could add additional sections within a conformant document that may be needed.

  The current project is looking at not supporting additional templates in the IG. The group agreed that they need to consider the possible requirement. William will look at sharing some samples with the Patient Care work group.

  The request was to table the discussion until they have examples to look at.

  It was noted that Art Décor is the tool being used.

  Modeling decisions that have been made.
  IPS has assumed that "no current problem." Will be based on having codes defined in the vocabulary. Looking at having a code defined (requested) whenever they have a use case where there is no specific is available.   Preparing a request to HTA for the codes that are needed for the IG.   Using the HL7 Extension to SNOMED CT.

- Patient Care
  - o Clinical Status – Steven Chu (20 min)
    Deprecated the Clinical Status templates in C-CDA specification

Clinical Status value set – Universal
Active
    Well Controlled
    Poorly Controlled
  Relapse
  Recurrence

Inactive
  Remission
  Resolved

The group discussed what steps need to occur to place this into the C-CDA R2.1 IG.

1. Need to submit a RIM Harmonization request for the value set
2. Need to submit a comment on the C-CDA R2.1 IG Comment Page, to record the request to make the change in the C-CDA.

   After that, the likely fastest way to add this back into the C-CDA IG, would be to add this in a template in the C-CDA Volume 3. The Volume 3 project is current looking at a potential competition by the end of the year. If they make this deadline, it might be possible to utilize the DSTU Consensus Process to move this into the C-CDA Volume 3 in the early part of 2018.

   Pat / Rob – submit a RIM harmonization proposal to update the Clinical Statement value set.
   Against: 0 Abstain: 0 For: 21   motion passes unanimously

Allergy Intolerance and Criticality
The concept of criticality – for allergy intolerance reactions
Some systems allow for the severity next to the indication of the allergy intolerance list.   The concept of criticality is about the possible future response. There are many of things on an allergy list that are not necessary criticality. The interpretation of this term intolerance has multiple interpretations within use cases.

So Patient Care would recommend that Severity should be an additional field used to support the flagging within systems.

- Template (5-10 min)
- Templates ITS ballot has passed.
  Should they put together a project to deal with templates and FHIR resource profiles.

  Version 2 – has a language for constraints
  Version 3 – templates
  FHIR – constraints

  Should there be a single method for constraints (modeling IGs)

  Will we be able to express constraints in V2 and CDA using the FHIR templating methodology. It was suggested that we might have a project proposal.

3 Q3 - Hosting: FHIR-I
- C-CDA on FHIR ballot reconciliation
  Are there any issues for a harmonization report this week.
  - Composition Change requests -

  - Added tracker to the FHIR Composition to fix the header text to generate, so the presentation from the CDA transform can be placed into the header. Remove the free text entry into the header for Composition.

    The LOINC codes for document codes and section codes.
    Are there any resources that will go normative in R4. Move to maturity level 3, move to maturity level 4.

    - Composition
    - Document Reference
    - Document Manifest

    Where is the W5

  # 11891 Motion approve disposition by Moehrky , Ben second Opposed: 0 Abstain: 0 For: 14 motion passes

  #13386 Make section a data type so we can profile. Motion by Calvin / Austin second. Opposed: 0 Abstain: 0 For: 14 motion passes

  #12289 relatedPerson as an attester motion to approve – by Calvin , Second Austin Opposed:0 Abstain: 0 For: 14 motion passes

  - C-CDA on FHIR ballot reconciliation

  - Pharmacist Care Plan PSS Update (add FHIR IG in addition to CDA IG)

  - Other topics

4 Q4 - Meeting
- CDA C-CDA errata: June 1 cutoff, coordination with CQI, volunteer workload. There will be a cut off for errata (June 1) please submit any

items that need to be resolved.

- /C-CDA Strategic Roadmap Discussion (Wayne Kubick, HL7 CTO)
- major milestone steps that we would see with the product over the next three years.
- Two dates for the CDA R2.1 – Sept 2017 -- Sept 2018

- Where did we land with approach with negation it is supported.

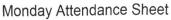C-CDA R2.1 – is stalled it has extension and errata will be coming from a June 1st cut off.

Action a quick a dirty estimate
C-CDA Volume 3 – as optional content

Friday, May 12
1 Q1 – NO MEETING

2 Q2 - NO MEETING

Structured Document Work Group
Monday Attendance Sheet

#	Name	Affiliation	E-Mail	Q1	Q2	Q3	Q4
1	Calvin Beebe	Mayo Clinic	cbeebe@mayo.edu		X	X	X
2	Austin Kreisler	LOINOS	austin.j.kreisler@leidos		X	X	X
3	Steve Fine	Corner	SFINE@cerner.com		X	X	X
4	Benjamin Flessner	EPIC	benjamin@ep.com		X	X	X
5	SARAH GAUNT	LANTANA	sarah.gaunt@lantana		X		
6	Beau Bannerman	Lantana	beau.bannerman@lantana		X		X
7	THOMSON KUHN	ACP	TKUHN@ACPONLINE.ORG		X		
8	May Terry	Flatiron Health	May@flatiron.com				
9	tessa van Stijn	NICTIZ	Stijn@nictiz.nl		X		X
10	Chris Ihoeft	American College of Surgeons	choeft@facs.org		X		
11	Jim Lynch	American College of Surgeons	JLynch@facs.org		X		
12	Rick Geimer	Lantana	rick.geimer@lantana			X	X
13	Swapna Abhyankar	Regenstrief Institute	sabhyank@regenstrief.org		X		
14	Matt Rahn	ONC	matthew.rahn@hhs.gov		X	X	
15	Andrew Stetler	Cerner	astetler@cerner.com		X		
16	DAVE HAMILL	HL7 STAFF	dhamill@HL7.org		X		
17	Corey Spears	Infor	corey.spears@infor.com		X		
18	Ken Lord	MDIX/VA	KLORDMDMI@gmail.com		X	X	
19	MICHAEL.DONNELLY@EPIC.COM					X	
20	SEBASTIAN BOTANOLISKI	HL7 POLAND	BOTANOLISKI@IEHR.EU			X	
21	ROHAN RADOWSKI	HL7 POLAND	RADOWSKI@IEHR.EU			X	
22	Andrew Stetler	Cerner	astetler@cerner.com			X	
23	Timo Kaskinen	Finland	a.salivirta.fi				X
24	Andrew Stetler	Cerner	astetler@cerner.com				X
25	Lorraine Constable	Constable Consulting	lorraine@constable				X
26	Isabelle Gibaud	HL7-France	isabelle.gibaud@s.b				X
27	Jose Costa Teixeira	HL7 GERMANY	jose.a.teixeira@gmail				X
28	TUKINOKI KONISHI	HL7 Japan	kohi@kis-ihc.JP				X
29	Sadamu Takasaka	HL7 Japan	stakaska@gmail.com				X
30	Masaaki Hirai	HL7 Japan	masaaki-hirai@smith.jp				X
31	Michel Rutte	FURORE	M.RUTTEN@furore.com				X
32	JEFF Brown	ASCO	Jeff.Brown@cancer.org				X
33	ALEXANDER HENKET	Nictiz	HENKET@NICTIZ.M				
34	Ammon Shabo (Shvo)	Philips	ammon.shvo@gmail.com				X
35	GRAHAME GRIEVE	Health Intersections	grahame@gmail.com				X
36	John Moehrke	By Light	jlmoehrke@gmail				X
37	RIK SMITHIES	N PROGRAM	rik@nprogram.co.uk				X
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If found, please return to Calvin Beebe - Cell Phone: (507) 261 - 0691

Structured Document Work Group
Tuesday Attendance Sheet

#	Name	Affiliation	E-Mail	Q1	Q2	Q3	Q4
1	Benjamin Flesher	Redox	benjamin@redox...			X	X
2	Jeff Brown	ASCO's CancerLinQ	Jeff.Brown@cancerlinq.org		.	X	X
3	Rene Spronk	HL7 Netherlands	@ringholm.com			X	
4	Dominik Brammen	HL7 Deutschland	@RKT.IN.O PG			X	
5	Craig Gabron	BCBSSC	CRAIG.GABRON@FGBA.com			X	
6	Austin Kreisler	Leidos	austin.j.kreisler@leidos.com			X	X
7	Andrew Statler	Cerner	astatler@cerner.com			X	X
8	Rick Geimer	Lantana	rick.geimer@lantanagroup.com			X	X
9	SARAH GAUNT	LANTANA	sarah.gaunt@lantanagroup			X	X
10	Beau Bannerman	Lantana	beau.bannerman@lanta			X	
11	T de Jong	HL7 Netherlands	tom@nova-pro.nl			X	
12	John Kiser	ABBVIE	John.Kiser@Abbvie.cy			X	
13	PAUL KNAPP	KNAPP CONSULTING	PKNAPP@KNAPP.com			X	
14	MARYKAY MCDANIEL	Cognosante	MaryKay.McDaniel@Cognosante.com			X	
15							
16	KAI HETTMANN	HL7 Germany	kete@kheima...			X	
17	Steve Fine	Cerner	SFINE@Cerner.com			X	X
18	Ewout Kramer	Furore	e.kramer@furore.com				X
19	Tessa van Stijn	NICTIZ	stijn@nictiz.nl				X
20	Timo Kaskinen	HL7 Finland	@sullyvirta.fi				X
21	Charles PARISOT	GE Health Care	charles.parisot@ge...				X
22	MATT GRAHAM	Mayo Clinic	MGRAHAM@Mayo.org				X
23	Chris Melo	@ Philips	chris.melo@philips.com				X
24	Corey Spears	Infor	corey.spears@infor.com				X
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Structured Document Work Group
Wednesday Attendance Sheet

#	Name	Affiliation	E-Mail	Q1	Q2	Q3	Q4
1	Austin Kreisler	LeidOS	austin.j.kreisler@leros	X	X	X	X
2	Calvin Beebe	Mayo Clinic	cbeebe@mayo.edu	X	X	X	X
3	Jeff Brown	ASCO's CancerLinc	Jeff.Brown@Cancerlinq	X	X	X	X
4	Beau Bannerman	Lantana	beau.bannerman@lantana.org	X	X	X	V
5	Swapna Abhyankar	Regenstrief Institute	sabhyank@regenstref.un	X			
6	Benjamin Flessner	Redox	benjamin@redoxengine.com	X	X	X	X
7	SARAH GAUNT	LANTANA	saran.gaunt@lantan	X	X	X	X
8	Rick Geimer	"	rick.geimer@ "	X	✗	X	
9	Steve Fine	Cerner	SFINE@Cerner.com	X	X	X	X
10	Matt Rahn	ONC	Matthew.rahn@hhs.gov	X			
11	Andrew Statler	Cerner	astatler@cerner.com		X	X	X
12	ROMAN RADOMSKI	HL7 Poland	radomr@b.edu.es		X	X	X
13	Tessa van Stijn	NICTIZ	stijn@nictiz.nl		X		
14	JOHN ROBERTS	TN DEPT OF HEALTH	john.a.rchorts@tn		X		
15	Nancy DRULS	U.S. Dept of Def M./Health	nancy.j.oruscru@mail.mi	X			
16	SEBASTIAN BOTANOLSKI	HL7 POLAND	BOTANOLSKI@IEHR.EU			X	
17	MICHAEL J. DONNELLY @ EPIC, COM					X	X
18	Lorraine Constable	EDF Constable Consulting	lorraine @ constable				✓
19	Emma Jones	Allscripts	emma.jone@allscripts				X
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Structured Document Work Group
Thursday Attendance Sheet

#	Name	Affiliation	E-Mail	Q1	Q2	Q3	Q4
1	Austin Kreisler	CertVos	austin.j.kreisler@lexispa	X	X	X	X
2	Calvin Beebe	Mayo Clinic	cbeebe@mayo.edu	X	X	X	X
3	Giorgio Cangiol	HL7 Italy	giorgc. cangioli	X	X		
4	Rob Hausam	Hausam Consulting	rrhausam@gmail.com	X	X		
5	Francois Macary	PHAST	francois.macary@phast.fr	X	X		
6	Steve Fine	Cerner	sfine@cerner.com	X	X	X	X
7	Andrew Statler	cerner	astatler@cerner.com	X	X	X	X
8	Matt Rahn	ONC	Matthew.rahn@hhs.gov	X	X	X	
9	Elliot Silver	Change Healthcare	elliot.silver@mcleooon.c				
10	Sebastian Botanolski	HL7 Poland	botanolski@ietr.eu	X			
11	Daniel Vreeman	Regenstrief Inst.	dvreeman@regenstrief.org	X			
12	Kai Heitmann	HL7 Germany	hl7@khoitman.de	X			
13	Christof Gessner	HL7 Germany	christof.gessner@mdx.de	X			
14	Jessa van Stijn	NICTIZ	stijn@nictiz.nl	X	X	X	X
15	Johan Radowski	HL7 Poland	radowski@ietr.eu	X	X		
16	Benjamin Flessner	Redox	benjamin@redoxengine.com	X	X	X	X
17	Sarah Gaunt	Lantana	sarah.gaunt@lantanagr	X	X	X	X
18	Stefan Sabutsch	HL7 Austria	stefan.sabutsch@hl7.at	X			
19	Philip Scott	HL7 UK	philip.scott@formal.uk	X			
20	Mark Shafarman	Shafarman Consulting	shafarman@				
21	John Roberts	TN Dept/Health.care	shafarman@		X		
22	William Goossen	Results 4 Care	results4care.nl				
23	w.goossens results4care.nl		john.roberts.tn.gov		X		
24	Beau Bannerman	Lantana	beau.bannerman@lan.		X	X	X
25	Nancy van Dyke		nancy.vandyke@aol.com		X		
26	Thomson Kuhn	ACP	tkuhn@acponline		X		
27	Laura Heermann	IHC	laura.heermann@imail.o		X		
28	Emma Jones	Allscripts	emma.jones@allscripts		X		X
29	Viet Nguyen		drviet@icloud.com		X		
30	George Qi						
31	Jeff Brown	ASCO's CancerlinQ	jeff.brown@cancerlinq.org		X		X
32	Russ Leftwich	Intersystems	russ.leftwich@intersystems		X		
33	Chris Melo	Philips	chris.melo@philips.com			X	X
34	Rick Geimer	Lantana				X	X
35	John Moehrke	By Light				X	X
36	Charles Parisot	GE Healthcare	charles.parisot@med.ge			X	X
37	Hans Buitendijk	Cerner	hans.buitendijk@cerner			X	
38	Rik Smithies	NPROGRAM	rik@nprogram.co.uk			X	
39	Swapna Abhyankar	Regenstrief Inst.	sabhyank@regenstrief.org				X
40	HL7 CTO						
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