

HL7 Patient Administration Work Group Meeting Minutes

HL7 Patient Administration Meeting Minutes		Date: 20100517 (Monday)	
Location: Queluz VI		Time: Q1	
Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Helen Drijfhout	HL7 NL	
X	David Rowlands	HL7 Australia	David.rowlands@direkt.com.au
X	Alexander Henket	HL7 NL	
Quorum Requirements (Co-chair + 4) Met: NO			

Agenda Topics

1. Welcome/Introductions
2. Review and Approve Agenda
3. Review Mission & Charter
4. Review Decision Making Practices
5. SWOT discussion
6. Review Work Plan

Supporting Documents

Draft Agenda	http://www.hl7.org/Library/Committees/pafm/2010-05-06%20PA%20WGM%20Agenda%20Rio.xls
Mission & Charter	http://www.hl7.org/Special/committees/pafm/overview.cfm
Decision Making Practices	http://www.hl7.org/Library/Committees/pafm/2009-05-13%20PA%20DMPv2.doc
SWOT	http://www.hl7.org/Library/Committees/pafm/2010-01-18%20PA%20SWOT.doc
Work Plan	http://www.hl7.org/Library/Committees/pafm/2010-02-01%20PA%20WGM%20Work%20Plan.xls

Minutes/Conclusions Reached:

1. Agenda – Revise agenda to add ‘v3 new work proposals’ to Wednesday Q1; expect proposals from NICTIZ and Infoway. Note that Ron Parker will join Tuesday Q2 registry discussion. Lacking quorum so the vote is delayed.
2. Reviewed Mission and Charter – no changes proposed.
3. Reviewed Decision Making Practices – since we do not have a quorum this quarter we agreed that we should vote to change to quorum requirement from co-chair plus four members to co-chair plus three members as so as we get a quorum to take a vote.
4. Reviewed SWOT
5. Reviewed Work Plan

AORTA has Care Address Book allows finding the address of the software application a given provider is on, for any communication. Care Address Book combines three registries:

 - a. Organization Registry holds record of CA-issued certificates for organizations
 - b. Human Resource Registry holds UZI (Unique Care Identification) smart card holders
 - c. Application Registry holds applications qualified for one or more roles

Actions

- PA wg vote on revised agenda when quorum available
- Henket to draft a short (one page) overview of AORTA Care Address Book for inclusion in Provider Registry requirements development

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Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
X	Helen Drijfhout	HL7 NL	
X	Espen Moeller	HL7 Norway	Espen.moller@rikshospitalet.no
Quorum Requirements (Co-chair + 4) Met: NO			

Agenda Topics

1. Ballot Reconciliation (Person Registry)

Supporting Documents -

Ballot Tally	http://www.hl7.org/ctl.cfm?action=ballots.tallydetail&ballot_id=715&ballot_cycle_id=520
Reconciliation Package	http://www.hl7.org/documentcenter/ballots/2010MAY/reconciliation/recon_v3_pa_prsnreg_d1_2010may

Minutes/Conclusions Reached:

1. **Ballot Tally for V3_PA_PRSNREG_D1_2010MAY**

- Ballot Pool: 92
- Affirmative: 62
- Negative: 0
- Abstain: 12
- No Return: 18

2. **Ballot reconciliation**

Only ballot comment is A-C to add explanation to Person Registry Find Candidates Query about why a query might have an imprecise date of birth. The work group agreed with the suggestion and will consider formal action when we have a quorum.

3. Began review of Personnel Management Domain Analysis Model.

Actions

- PA wg vote on ballot item disposition when quorum available
- Seppala to post ballot reconciliation spreadsheet to Ballot Desktop

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HL7 Patient Administration Meeting Minutes		Date: 20100517 (Monday)	
Location: Queluz VI		Time: Q3	
Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
X	Helen Drijfhout	HL7 NL	
X	David Rowlands	HL7 Australia	
X	Espen Moeller	HL7 Norway	Espen.moller@rikshospitalet.no
Quorum Requirements (Co-chair + 4) Met: Yes			

Agenda Topics

1. V3 Work – Integrated Provider Registry

Supporting Documents

Personnel Management domain as published in the May 2009 ballot cycle.
<http://www.hl7.org/v3ballot2009may/html/domains/uvpm/uvpm.htm>
 Interdependent Registries - Discussion Paper, Version 0.2.3 from Infoway

Minutes/Conclusions Reached:

1. **Motion:** Approve agenda as revised in Q1. Made by Drijfhout, seconded by Rowlands
Vote: 4/0/0
2. **Motion:** Revise quorum *for this meeting* from co-chair plus four members to co-chair plus three members.
 Made by Drijfhout, seconded by Huang
Vote: 4/0/0
3. **Motion:** Approved proposed ballot resolution from Q2.
Vote: 3/0/0
4. Continued review of Personnel Management domain and issues to be addressed at this meeting.
5. Drijfhout noted that PM model does not include human resource management data such as employee salary/compensation or tour of duty / leave.

Actions

- Seppala to send revised agenda to list

HL7 Patient Administration Work Group Meeting Minutes

HL7 Patient Administration Meeting Minutes		Date: 20100517 (Monday)	
Location: Queluz VI		Time: Q4	
Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Helen Drijfhout	HL7 NL	
X	Alexander Henket	HL7 NL	
X	Espen Moeller	HL7 Norway	
X	Andrew Howard	NEHTA	
X	Vincent McCauley	HL7 Australia	
Quorum Requirements (Co-chair + 3) Met: Yes			

Agenda Topics

1. Integrated Provider Registry, Australian Perspective – Andrew Howard and Vincent McCauley

Supporting Documents

Healthcare, Community Services and Provider Directory, Release 1	HL7_V3_HCSPDIR_R1_2010FEB.pdf
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Minutes/Conclusions Reached:

1. Howard and McCauley walked us through the Healthcare, Community Services and Provider Directory, Release 1 Service Model Specification (HCSPDIR). This service specification completed HL7 balloting in the 2010 January cycle and a number of updates were made to the DSTU as a result of ballot comments. This service specification envisions just the sort of service-based integrated provider registry we have been discussing. It is already implemented in Australia. However, as an HSSP project it describes functional requirements and only a business view of the information requirements. The work group noted that it would be very helpful to map the information requirements to specific HL7 models and make that document available to OMG for RFP responders.

Actions

- Seppala to map HCSPDIR information requirements to PM and PA DMIMs

HL7 Patient Administration Work Group Meeting Minutes

HL7 Patient Administration Meeting Minutes		Date: 20100518 (Tuesday)	
Location: Queluz VI		Time: Q1	
Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee			
	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Helen Drijfhout	HL7 NL	
X	Alexander Henket	HL7 NL	
X	Espen Moeller	HL7 Norway	
X	Rene Spronk	HL7 Netherlands	
Quorum Requirements (Co-chair + 3) Met: Yes			

Agenda Topics

1. V3 Work - Integrated Provider Registry, Design Inconsistencies Within HL7

Supporting Documents

HL7 Provider Registry Design Issues Discussion PowerPoint	http://www.hl7.org/Library/Committees/pafm/Registries.pptx.pdf
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Minutes/Conclusions Reached:

1. Walked through design issues related to harmonizing dynamic models for administrative (Role) registries. The presentation outlines the differences in approach among Patient Administration (Person, Patient, Service Delivery Location), Personnel Management (Provider, Organization) and Service Oriented Architecture (Identification Service). Specific issues:
 - The Identification Service includes a *Request Identity Update Notifications* service. The current PA and PM v3 messages have unsolicited notifications where all systems that claim conformance to Notification Tracker application roles can receive notifications. Based on Australian experience this could result in far too many messages and so updates should be limited to systems that subscribe.
 - The Identification Service includes an *Update Identity State* service. The current PA and PM v3 messages have separate trigger events for each specific state change. We considered whether it would be better to have a Change State trigger event but current v3 methodology requires that a trigger event describe a named state transition on an Act in a given Mood. Gregg will raise this issue at the Facilitator Roundtable.
 - An integrated view could benefit from a flexible query that allows the query requester to select which classes they want returned. We discussed adding a query parameter that would contain the id of a template that would be applied to a large model (perhaps as large as an Administrative Registries DMIM). Rene informed us that query parameters are for selecting records and cannot be used to define the returned message. We will raise this requirement at the Facilitator Roundtable.
 - An integrated view might be simulated by "query to a cloud." A query processor receives the query, creates queries to multiple source systems (provider registry, organization registry, service delivery location registry) and assembles the multiple responses into a single, integrated response.
 - Personnel Management includes a query that returns a formatted report; the report content is specified by a code. Rene said that this was not consistent with current v3 query process. We discussed possibility of changing this to an order to *Produce A Report* or even a CDA document.
 - Personnel Management and Patient Administration have different dynamic models for Request. PA sends a *Request* interaction with a receiver responsibility to return **either** a *Request Accepted* interaction or a *Request Rejected* interaction. Personnel Management sends a *Request* interaction with a receiver responsibility to return a *Request Confirmed* interaction. In PA the return interactions have different wrappers and payload. Neither approach is obviously wrong but a common pattern would be preferable.

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- In a Registry there is the Registration Act (in the control act wrapper) that has State but the Registered Role (payload) can also have State. The state of the Role is changed with a Revise Registration interaction but should certain Registry state changes also trigger a state change in the registered role? This is not an issue at the moment because we have only defined Activate, Revise, Nullify and Obsolete state changes on Registry Act but we will need to support many more.
- 2. Appears that Canada, Australia, Netherlands and possibly the United States are interested in integrated provider registry. We will work at gathering and verifying requirements over the next few Working Group cycles.
- 3. An integrated provider registry needs to connect information from Provider Registry, Organization Registry, Service Delivery Location Registry, and Resource Registry. Additional information may include Client/Patient Registry, Software Application Registry, User (system user) Registry and parts of Scheduling (slot and appointment).

Actions

- Seppala to raise at Facilitator Roundtable and/or add to MnM Hot Topics Wiki:
 - Support in V3 query placer to shape query response (i.e., columns returned) as supported in V2
 - Restriction of V3 trigger event to a specific state transition
 - Support in V3 for publish/subscribe as supported in V2
 - Recommendation of a common pattern for request / response
- Spronk to raise issue of 'order a document' vs. PM query for formatted report
- Henket to compare the dynamic model of the Dutch Care Address Book with dynamic models specified by Canada and Australia.

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Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
X	Helen Drijfhout	HL7 NL	
X	David Rowlands	HL7 Australia	
X	Espen Moeller	HL7 Norway	
X	Ron Parker	HL7 Canada	
X	Chris Bickford	Scripps/LJMC	
Quorum Requirements (Co-chair + 3) Met: Yes			

Agenda Topics

1. Integrated Provider Registry, Canadian Perspective – Ron Parker

Supporting Documents

Infoway Blueprint 2015 presentation	20100518 Interd Registries to PAdmin.ppt
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Minutes/Conclusions Reached:

1. Infoway architecture expresses clear requirement for integrated registries.
2. Implementations of Client-Patient, Provider and Organization registries are proceeding but Service Delivery Location registry implementation is being delayed for the moment.
3. The current PA schedule for integrated registries is roughly consistent with Canadian implementation plans.
4. Personnel Management domain includes Provider and Organization topics but the Service Delivery Location topic is in the Patient Administration domain. PA needs to consider moving Service Delivery Location (currently DSTU) into the same domain as Provider and Organization (normative R1).

Actions

- Parker to send copy of presentation for inclusion in minutes

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Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
X	Helen Drijfhout	HL7 NL	
X	David Rowlands	HL7 Australia	
X	Alexander Henket	HL7 NL	
X	Espen Moeller	HL7 Norway	
Quorum Requirements (Co-chair + 3) Met: Yes			

Agenda Topics

1. Integrated Provider Registry, Design Issues

Supporting Documents

HL7 Provider Registry Design Issues presentation	http://www.hl7.org/Library/Committees/pafm/Registries.pptx.pdf
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Minutes/Conclusions Reached:

1. Explored the implications of Identification Service's Change Identity State compared with the messaging approach which advises that a trigger event must comprise Mood, State-Transition and Type.
2. Reviewed Act state-machine and concluded that Request, Promise and Event moods would satisfy known use cases for registry request interactions. Promise mood might be used for a response interaction in case where the fulfilling registry performed some manual business processes before accepting or rejecting the request.
3. Explored implications of PA dynamic model with separate Accept and Reject response interactions vs. the PM dynamic model with a single Confirm response interaction. Alex noted that implementing the PA model in web services required creating an intermediate complex type consisting of a choice of Accept or Reject. That is how it is implemented in Netherlands.

Actions

- None

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HL7 Patient Administration Meeting Minutes		Date: 20100518 (Tuesday)	
Location: Queluz VI		Time: Q4	
Facilitator	Gregg Seppala	Note taker(s)	
Attendee			
	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
X	Alexander Henket	HL7 NL	
X	Espen Moeller	HL7 Norway	
Quorum Requirements (Co-chair + 3) Met: Yes			

Agenda Topics

1. Integrated Provider Registry

Supporting Documents

None

Minutes/Conclusions Reached:

1. Discussed Provider Registry dynamic model from a business perspective based on Canadian implementation. No formal artifacts were produced.

Actions

- None

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HL7 Patient Administration Meeting Minutes		Date: 20100519 (Wednesday)	
Location: Queluz VI		Time: Q1	
Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
X	Helen Drijfhout	HL7 NL	
X	Alexander Henket	HL7 NL	
X	Espen Moeller	HL7 Norway	
Quorum Requirements (Co-chair + 3) Met: Yes			

Agenda Topics

1. V2.8 New Content Proposals
2. New V3 Vocabulary Proposals – Wendy Huang

Supporting Documents

HL7 PA-CA201008-01 Add codes to ServiceDeliveryLocationRoleType.doc	
Orders & Observation request for SDLOC code	Subj: REQ rolecode concept for phlebotomy station

Minutes/Conclusions Reached:

1. There were no new v2.8 proposals in the HL7 proposals database for PA, PM or SC
2. Infoway proposal to add ServiceDeliveryLocationRoleType Domain. The current Service Delivery Location models bind ServiceDeliveryLocation.code to the ServiceDeliveryLocationRoleType value set, there is no ServiceDeliveryLocationRoleType domain.
3. Discussed differences between the HealthcareServiceLocation (OID: 2.16.840.1.113883.6.259) code system and the _ServiceDeliveryLocationRoleType code system (internalId: 21134) under RoleCode.
 - HealthcareServiceLocation originated with the US CDC for adverse event reporting
 - _ServiceDeliveryLocationRoleType originated with the Agency component of the NUCC HIPAA Provider Taxonomy. The Canadian proposal is to make changes to this code system.
 - The NUCC Health Care Provider code system is also included in HL7 code systems and it contains many (all?) of the concepts in _ServiceDeliveryLocationRoleType without the NUCC/X12 code values.
4. Orders and Observations request to add a service delivery location role code for Phlebotomy Station.
5. **Motion:** Endorse harmonization proposals. Made by Huang, seconded by Henket
Vote: 4/0/0

Actions

- Huang to make modifications suggested and agreed to during discussion and prepare harmonization proposals
- Huang to follow up with Vocabulary work group regarding status of the NUCC Healthcare Provider Taxonomy. Vocabulary may have plans to deprecate the NUCC Health Care Provider Taxonomy code set (nuccProviderCodes) and instead register it as an external code system.
- Seppala to revise Service Delivery Location models to bind ServiceDeliveryLocation.code to the ServiceDeliveryLocationRoleType domain once the domain is added

HL7 Patient Administration Work Group Meeting Minutes

HL7 Patient Administration Meeting Minutes		Date: 20100519 (Wednesday)	
Location: Queluz VI		Time: Q2	
Facilitator	Gregg Seppala	Note taker(s)	
Attendee			
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Helen Drijfhout	HL7 NL	
X	Frank Oemig	HL7 Germany	
X	David Rowlands	HL7 Australia	
Quorum Requirements (Co-chair + 3) Met: Yes			

Agenda Topics

1. V2.7 Reconciliation Ballot Preparation

Supporting Documents

Copy of V27_N3_2009JAN_f_oemig_20081218093442-update.xls
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Minutes/Conclusions Reached:

1. Frank Oemig submitted 59 negative comments on the HL7 V2.7 ballot (January 2009). Work groups found 26 of those comments persuasive leaving the remaining 33 comments not resolved to Mr. Oemig's satisfaction. Mr. Oemig does not wish to withdraw his negative note on V2.7.
2. The work group met one more time with Mr. Oemig to discuss six comments on Chapter 3 that the work group has not found persuasive. Both the work group and Mr. Oemig expressed the desire to improve the semantic clarity of V2 and to make migration of existing systems from V2 to V3 easier. However, we still disagree on the best way to achieve those goals. The work group previously considered these specific issues at the May 2008, September 2008 and January 2010 working group meetings and did not feel that we should overturn the previous dispositions at this meeting. Under ANSI rules this standoff must be resolved with a recirculation ballot.

Actions

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| <ul style="list-style-type: none"> • Seppala to report results of discussion to John Quinn for recirculation ballot process |
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Facilitator	Gregg Seppala	Note taker(s)	
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
X	Espen Moeller	HL7 Norway	
Quorum Requirements (Co-chair + 3) Met: No			

Agenda Topics

1. Approve January 2010 (Phoenix) WGM Minutes
2. Plan next meeting
3. V3 Harmonization Proposals – Wendy Huang

Supporting Documents

Phoenix Minutes	http://www.hl7.org/Library/Committees/pafm/minutes/2010-01-21%20PA%20WGM%20Minutes%20Phoenix.zip
Work Plan	http://www.hl7.org/Library/Committees/pafm/2010-02-01%20PA%20WGM%20Work%20Plan.xls
EmployeeRoleType concept domain description missing	HL7 PA-201008-01 Add definition to EmployeeRoleType concept domain.doc

Minutes/Conclusions Reached:

1. Did not approve Phoenix WGM Minutes due to lack of quorum
2. Work plan calls for not balloting content in the 2010 September ballot cycle.
3. Work plan calls for working with results of Encounter DSTU testing at the January 2011 Working Group Meeting to prepare for Normative ballot in the 2011 May ballot cycle. Discussed progress of DSTU implementation in Norway.
4. Next Working Group Meeting (Cambridge, MA) will be a Plenary so work groups should not schedule meetings for Monday Q1 or Q2. PA will continue work on integrated provider registry to prepare for DSTU ballot in the 2011 January ballot cycle. We have requests for joint meetings with Patient Care regarding CMET requirements and with Services Oriented Architecture to continue work on Registry Services specification.
5. See draft agenda for next meeting: **20101004_PA_WGM_Agenda_Cambridge.xls**
6. The EmployeeRoleType concept domain is missing a description. The proposal suggests the following: "A role played by a person who is associated with an organization to receive wages, no wages or is a volunteer." No vote due to lack of quorum.

Actions

- Seppala to initiate email vote to approve Phoenix WGM minutes
- Seppala to draft agenda for October working group meeting, post to list server and initiate email vote for approval
- Work group needs to vote on harmonization proposals

HL7 Patient Administration Work Group Meeting Minutes

HL7 Patient Administration Meeting Minutes		Date: 20100519 (Wednesday)	
Location: Queluz VI		Time: Q4	
Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
Quorum Requirements (Co-chair + 3) Met: No			

Agenda Topics

1. V3 Harmonization Proposals – Gregg Seppala
2. V3 New Content Proposals

Supporting Documents

None

Minutes/Conclusions Reached:

1. Reviewed harmonization proposals previously approved in ballot reconciliation:
 - a. From V3_SCHED_CMET_R10_D1_2010JAN ballot reconciliation – add abstract code called `_Appointment` (Acts for which one can make an appointment) in the existing ActClass code system. The existing ActClass codes ACCM, OBS, PCPR, PROC and TRANS would be children on this new code. Note this requires polyhierarchy.
 - b. From V3_REG_RTLTM_R1_N2_2010JAN ballot reconciliation – add `ManufacturedMaterialTrackingTagType` concept domain specialization of `EntityCode` -> `MaterialEntityType` -> `ManufactureMaterialEntityType` to qualify `EntityClass` of MMAT. OPEN ISSUE: wouldn't the existing `EntityDeviceType` concept domain (A type of manufactured material used in an activity, without being substantially changed through that activity.) cover this requirement?
 - c. From V3PRPA_RESS_R1_O1_2010JAN – need an ActClass that represents 'An Act that of taking on whole or partial responsibility for, or attention to, safety and well-being of a subject of care' with a print name of 'care provision'. Unfortunately that print name and description are already assigned to ActClass PRCR which is used for *patient* care provision. PA needs more general Act not limited to care for patients.
2. Reviewed harmonization requirements to address errors:
 - a. Found while preparing NE2010 – add `ActEncounterPriority` concept domain (the urgency for starting a patient encounter) as a specialization of the existing `ActPriority` concept domain. This would be bound to the existing `X_EncounterAdmissionUrgency` value set (2.16.840.1.113883.1.11.19457) in the Representative realm. Example values: Routine, urgent, emergency, and elective. Current models bind `PatientEncounter.priorityCode` to the value set instead of a concept domain.
 - b. Found while preparing for NE2010 – add `ActEncounterReason` concept domain (Administrative reasons for a patient encounter) as a specialization of the existing `ActReason` concept domain. This would be bound to the existing `x_ActEncounterReason` value set (2.16.840.1.113883.1.11.19456) in the Example realm.
 - c. From CMET validation errors noted in April 2010 – add description (A subtype of `LivingSubject` that includes all living things except the species `homo sapiens`) to code NLIV in the existing `EntityClass` -> `LIV` -> `NLIV` code system.

Actions

- Huang to prepare initial harmonization proposals for the 7/4/2010 submission deadline

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HL7 Patient Administration Meeting Minutes		Date: 20100520 (Thursday)	
Location: Queluz VI		Time: Q1	
Facilitator	Gregg Seppala	Note taker(s)	Gregg Seppala
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Helen Drijfhout	HL7 NL	
X	Alexander Henket	HL7 NL	
X	Espen Moeller	HL7 Norway	
Quorum Requirements (Co-chair + 3) Met: Yes			

Agenda Topics

1. V3 Registries Services – Alexander Henket

Supporting Documents

Dutch Care Address Book	http://wiki.hl7.org/index.php?title=Nictiz_Care_Provider_Registry
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Minutes/Conclusions Reached:

1. AORTA is the Dutch national infrastructure for the exchange of data between healthcare providers. AORAT provides a national switch point (LSP) to handle routing, authentication, authorization, logging, and other services. One of those services, the Zorgadresboek (Care Provider Registry), finds software application addresses. This address is in the form of a device id (ApplicationID) for use in an HL7 V3 transmission wrapper (Receiver.Device.id).
2. The Care Provider Registry consists of three separate registries: Organization, Human Resource, and Application. In the backend the Organizations, and Human Resources are copied over from the national Certificate Authority that you have to have been registered with in order to do anything on the AORTA. This CA, called CIBG under the Ministry of Health, provides the server certificates and smartcards to do necessary SSL/TLS encryption of the transmission layer, and authentication. The three separate registries can be combined into the desired functionality, and this is done at the client applications. The AORTA does not offer a layer on top of the registries.
3. Personnel Management R1 does not include Human Resources topic and R2 includes only a partially defined topic for Human Resources.
4. Current Patient Administration queries do not include a "last update time" parameter required by AORTA.
5. Neither Patient Administration nor Personnel Management include a Device (Application) registry so AORTA has drafted new interactions for this. This content may overlap work in the HL7 Devices and Security work groups.

Actions

- Compare Zorgadresboek interactions and messages with existing PA and PM content to identify gaps or inconsistencies.

HL7 Patient Administration Work Group Meeting Minutes

HL7 Patient Administration Meeting Minutes Location: El Pardo II	Date: 20100520 (Thursday) Time: Q2
Facilitator Hosted by SOA	Note taker(s)

Agenda Topics

1. V3 Registries Services

Supporting Documents

Healthcare, Community Services and Provider Directory, Release 1	HL7_V3_HCSPDIR_R1_2010FEB.pdf
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Minutes/Conclusions Reached:

1. The two work groups discussed the joint project to define an Administrative Registries functional service model.
2. It is possible that much of that work is already addressed by the Healthcare, Community Services and Provider Directory functional service model (HPCSDIR).
3. The HPCSDIR will be published as an OMG Request for Proposals in June; HL7 should provide an explicit mapping from the HPCSDIR information requirements to HL7 V3 models for use by RFP responders.

Actions *(Include Owner, Action item and due date)*

- Galen will make necessary updates to Personnel Management Domain Analysis Model
- Galen will schedule conference calls for Mondays at 1 pm Eastern
- Gregg will draft map from the Healthcare, Community Services and Provider Directory, Release 1 functional service model, Appendix C – HSD Data Dictionary to Personnel Management R-MIMs

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Facilitator	Gregg Seppala	Note taker(s)	
Attendee	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
X	Wendy Huang	Infoway	
Quorum Requirements (Co-chair + 3) Met: NO			

Agenda Topics

1. V3 Registries Services

Supporting Documents

Draft Project Scope Statement	2010-01-21 (PA) Registry Service Project Proposal.doc
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Minutes/Conclusions Reached:

1. No formal meeting. Reviewed potential harmonization proposals.

Actions
<ul style="list-style-type: none"> • None

HL7 Patient Administration Work Group Meeting Minutes

HL7 Patient Administration Meeting Minutes		Date: 20100520 (Thursday)	
Location: Queluz VI		Time: Q4	
Facilitator	Gregg Seppala	Note taker(s)	
Attendee			
Name	Name	Affiliation	Email Address
X	Gregg Seppala	VHA	
Quorum Requirements (Co-chair + 3) Met: NO			

Agenda Topics

1. Approve Content for 2010Oct Ballot
2. Update V3 Work Plan

Supporting Documents

HL7 Ballot Countdown Schedule for September 2010.doc	
September 2010 Balloting Schedule.doc	
Work Plan	http://www.hl7.org/Library/Committees/pafm/2010-02-01%20PA%20WGM%20Work%20Plan.xls

Minutes/Conclusions Reached:

1. No meeting but since there were no changes to the work plan dated 2/1/2010 the plan does not need to be revised. Also, that work plan does not call for balloting anything in the September 2010 ballot cycle so there is no content to approve.

Actions

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