

















2011-01-09 PA WGM Agenda




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Patient Administration work group meeting, January 2011, Sydney

Day	Date		Time	Icon	Event	Chair	Scribe	Room
Monday	Jan 10	AM	Q1		Welcome/introductions <ul style="list-style-type: none"> ■ Approve agenda ■ Review PA mission & charter (http://www.hl7.org/Special/committees/pafm/overview.cfm) ■ Review PA decision making practice (http://www.hl7.org/Library/Committees/pafm/20101004_PA_DMPv3_approved.doc) ■ Review PA 3-year work plan (http://www.hl7.org/Library/Committees/pafm/2010-10-07_PA_WGM_Work_Plan.xls) 	Chair	Scribe	2.08
			Q2		V3 Work - Encounter DSTU findings	Chair	Scribe	2.08
		PM	Q3		V3 Work - Encounter ballot preparation	Chair	Scribe	2.08
			Q4		V3 Work - Encounter ballot preparation	Chair	Scribe	2.08
Tuesday	Jan 11	AM	Q1		V3 Work - Encounter (hosted by Patient Care)	Chair	Scribe	6.04
			Q2		V3 Work - Encounter ballot preparation	Chair	Scribe	2.08
		PM	Q3		V2.8 - New proposals	Chair	Scribe	2.08
			Q4		V3 - Scheduling domain	Chair	Scribe	2.08
Wednesday	Jan 12	AM	Q1		V3 Work - Interdependent Registries	Chair	Scribe	2.08
			Q2		V3 Work - Interdependent Registries	Chair	Scribe	2.08
		PM	Q3		Approve Cambridge minutes (http://www.hl7.org/Library/Committees/pafm/minutes/2010-10_PA_WGM_Minutes_Cambridge.pdf) Plan next meeting V3 Work - Harmonization proposals	Chair	Scribe	2.08
			Q4		V3 Harmonization proposals	Chair	Scribe	2.08
Thursday	Jan 13	AM	Q1		V3 Work - Interdependent Registries hosted by SOA	Chair	Scribe	2.12
			Q2		V3 Work - Interdependent Registries hosted by SOA	Chair	Scribe	2.12
		PM	Q3		V3 Work - Interdependent Registries	Chair	Scribe	2.08
			Q4		Wrap up * Approve next ballot * Update work plan	Chair	Scribe	2.08

Icons:

- Work Group business meeting 
- Ballot Reconciliation meeting 
- Work Group technical discussion 

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2011-01-10 PA WGM Minutes

From HL7Wiki

Patient Administration Meeting - Monday January 10, 2011

Monday Q1

HL7 Patient Administration Meeting Minutes		Date: 2011-01-10	
Location: Room 2.08		Time: Monday Q1	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Ron Parker	Canada Infoway	
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.	.	.	
Quorum Requirements Met (Chair + 2 members): <Yes/No>			

Agenda

Agenda Topics

1. Welcome/Introductions
2. Agenda review and approval
3. Review Mission and Charter
4. Review Decision Making Practice
5. Review 3-year Work Plan

Supporting Documents

- Sydney agenda
- Mission and Charter (<http://www.hl7.org/Special/committees/pafm/overview.cfm>) (2010-01-19)

- Current DMP
(http://www.hl7.org/Library/Committees/pafm/20101004_PA_DMPv3_approved.doc) (2010-10-04)
- 3-year work plan (http://www.hl7.org/Library/Committees/pafm/2010-10-07_PA_WGM_Work_Plan.xls) (2010-10-07)

Minutes

Minutes/Conclusions Reached:

1. Welcome/Introductions
2. Review and Approve Agenda

The WG will verify with the Patient Care working group to see if they are still hosting on Tuesday, Q1, as it was not present in the current Sydney on-site meeting schedule.
V2.8 – New proposal. Alex will review and see if there are any new proposals for this work.

- **Motion (made by Alex/ seconded by Ron):** Approve agenda as modified to allow for inclusion of major stakeholders within the interdependent registries discussions.
- **Vote:** 2 / 0 / 0 (for, against, abstain)
- **Discussion:**

Since a major stakeholder from Canada Infoway is not available for the current agenda slot (currently Tues, Q3, Q4) the WG will be changing the agenda as such:
Interdependent Registries, (currently on the agenda for Tuesday Q3 and Q4) is being moved to Wednesday Q1 and Q2.
V2.8 proposals (currently Wednesday Q1) will be moved to Tuesday Q3 and v3 Scheduling Domain (currently Wednesday Q2) is being moved to Tuesday, Q4

1. Review Mission & Charter

Ron introduced the concept of program with regard to what is currently being covered in the charter: The ability to declare a program (diabetes, asthma, etc.) that registries would support. Within the discussion, it was brought up that his may be something that should be covered/addressed by the patient care domain. This idea was discussed in the previous WG Meeting. The WG will review the previous minutes to see how the concept of program was discussed at that time.

1. Review 3-Year Work Plan

Meeting Outcomes

<p>Actions (<i>Include Owner, Action Item, and due date</i>)</p> <ul style="list-style-type: none"> ■ .
<p>Next Meeting/Preliminary Agenda Items</p> <ul style="list-style-type: none"> ■ .

Monday Q2

HL7 Patient Administration Meeting Minutes		Date: 2011-01-10	
Location: Room 2.08		Time: Monday Q2	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Ron Parker	Canada Infoway	
.	.	.	
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.	.	.	
Quorum Requirements Met (Chair + 2 members): Yes			

Agenda

Agenda Topics

1. V3 Work - Encounter DSTU findings

Supporting Documents

- HL7 DSTU Comments site (<http://www.hl7.org/dstucomments/index.cfm>)
- Patient Encounter project Wiki

Minutes

Minutes/Conclusions Reached:

1. DSTU Comments Site - No comments from PA DSTU
2. Patient Encounter Project Wiki -

The Patient Encounter wiki was accessed to review the 4 proposals. The WG first addressed Proposal 1: Replace the current 9 encounter topics with a single Patient Encounter topic.

- **Motion (made by Ron/ seconded by Alex):** Approve agenda as modified to allow for inclusion of major stakeholders within the interdependent registries discussions.
- **Discussion:** The WG agrees to decrease the complexity. Ron proposed keeping the use cases and provide a functional profile.

In consolidating and removing the types, we still need to support the functional needs (behaviors). What that means is that we may need to separate the idea of conformance to have structural conformance with optional elements and have another level of conformance against the functional profile to ensure the

requirements of the diff types of encounters in different healthcare settings and realms are supported. We want to support this type of functional behavior conformance. The only way to make this work, is if the mechanics of the events (states, trigger events, message types, etc.) are essentially the same regardless of the setting. This raises an interesting issue that may involve the EHR WG, as they created the EHR functional models but they're not connected the actual structural messages. We may want to involve MnM.

- **Vote:** 2 / 0 / 0 (for, against, abstain)
- **Questions:**

By reducing the set are we addressing the original objective of this effort? If we agree to reduce, are we overburdening certain messages with being overcomplex to address the needs? Were there states that were missed in the original analysis (for instance, changing emergency encounter to in-patient)? Do these proposals address the various levels of encounters as put forward by Norway?

The WG then reviewed the individual proposals one at a time.

Proposal 1 – Replace the current 9 encounter topics with a single Patient Encounter topic.

- **Motion (made by Ron/ seconded by Alex):** Approve reduction of the topic into a single topic, with the option to create subtopics to support implementation.
- **Discussion:** The WG feels as this is a viable and makes a lot of sense.
- **Vote:** 2/0/0

Meeting Outcomes

Actions <i>(Include Owner, Action Item, and due date)</i> <ul style="list-style-type: none"> ■ .
Next Meeting/Preliminary Agenda Items <ul style="list-style-type: none"> ■ .

Monday Q3

HL7 Patient Administration Meeting Minutes		Date: 2011-01-10	
Location: Room 2.08		Time: Monday Q3	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	

.	Alex de Leon	Kaiser Permanente
.	Ron Parker	Canada Infoway
.	Rene Spronk	HL7 Netherlands
.	Michael van Campen	Candada Infoway
.	John Koisch	
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Quorum Requirements Met (Chair + 2 members): Yes		

Agenda

Agenda Topics

1. V3 Work - Encounter ballot preparation

Supporting Documents

- Patient Encounter project Wiki

Minutes

Minutes/Conclusions Reached:

V3 Work - Encounter ballot preparation - The WG reviewed some of the basic concepts/decisions made last quarter. Mainly having two “levels” of conformance: Structural, versus functional which may make for less RMIMs. The WG then reviewed the remaining proposals: Proposal 2 - Reduce the current 33 message types to 14 Proposal 3: Reduce the current 49 trigger events and interactions to 20 Proposal 4: Retain the current 34 storyboards Proposal 5: Retain the detailed constraints as an Informative Annex that provides PA's implementation suggestions

- **Motion (Made by Rene, Seconded by Michael):**Accept proposals 2-4
- **Discussion:**There is an assumption that there will be RMIMs to reflect the 14 types. Michael raised a question was brought up as to whether there were implementers using the original 33 message types that might be effected by this.

It was clarified that this is actually a response to Norway implementers who thought that the complexity of this (including message types) made it harder to implement. Rene clarified that there are two regions in Norway and the CSC in Denmark are implementers for this DSTU. Rene brought up a concern about the list. He is in favor of reducing the list, however, prefers to view this as a vote on the strategic direction of reducing the message types rather than defining these particular message types as this list. It was made clear that the lists in the proposals are not “closed” that items could be added, as us cases came forth as needs.

- **Vote:**4/0/1 (for, against, abstain)

Meeting Outcomes

Actions <i>(Include Owner, Action Item, and due date)</i> <ul style="list-style-type: none">▪ .
Next Meeting/Preliminary Agenda Items <ul style="list-style-type: none">▪ .

Monday Q4

HL7 Patient Administration Meeting Minutes		Date: 2011-01-10	
Location: Room 2.08		Time: Monday Q4	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Michael van Campen	Canada Infoway	
.	Beat Heggli	HL7 Switzerland	
.	Corinne Gower	HL7 New Zealand	
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Quorum Requirements Met (Chair + 2 members): Yes			

Agenda

Agenda Topics

1. V3 Work - Encounter ballot preparation

Supporting Documents

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Minutes

Minutes/Conclusions Reached:

1. The WG decided to address the features requests for encounters: 1716 – change to new context conduction approach – no need to discuss.

1719 – Add participationFunction to CON participation? ConsultantParticipation. The 2009-04 Harmonization added a concept domain for ConsultantParticipationFunction so consult participation can be further elaborated. For example, cardiologist, anesthetist, dietician. The WG reviewed the active inpatient encounter model. It does not appear that this necessitates changes to the model.

1720 - Replace Participation.sequenceNumber with priorityNumber where appropriate. Harmonization of 2009Nov added new priorityNumber attribute to Participation. In several cases PA used sequenceNumber to convey priority. The WG also looked at the active inpatient encounter model. It seems appropriate to replace the sequence number with priority in the attender participation which seems to be the only managed participation that uses sequence number in the model. This will hold true for all the encounter models (which we hope to combine into one).

1738 - Add dischargingPractitioner.id query parameter. Work group approved proposal at the October 2010 Working Group Meeting in Cambridge, MA 1739 – Add activeAttending Practitioner.id query parameter. This would also be included in the below.

The WG reviewed the Find Encounters Query. We will add a new query parameter of dischargingPractitioner.id. The WG discussed whether there is a need for more variants for query encounter (e.g. different roles). The proposal (reviewed by the WG) originally included dischargingPractitioner.id activeAttendingPractitioner.id careEventId. The WG discussed the probable need of querying by practitioner id in a particular role, which would require two query parameters. One is practitioner and one for the role type. Currently, there is no domain or xdomain within the vocabulary to use only the participation types used within patient encounters, so we suggest using an xdomain for that. In discussion, it appears that inclusion of a status would support the use cases for this.

1740 - It was noted that careEventId is already included in the model. So this can be closed.

1744 – Find encounter query response changes. The WG approved the following changes to PRPA_RM900350UV Class = EncounterEvent

- add priorityCode attribute
- add inFulfillmentOf ActRelationship to A_Appointment [universal]
- add reason ActRelationship to A_ObservationDx [minimal]
- add pertinentInformation ActRelationship to Procedure (classCode, moodCode,

id, code, text, effectiveTime)

- add componentOf ActRelationship from A_CareEvent [identified] – see below
- add discharger Participation of R_AssignedPerson [universal]
- change location Participation, replacing R_ServiceDeliveryLocation [universal] with explicit model that differs from current CMET:
 - add name attribute to ServiceDeliveryLocation
 - add part/partOf RoleLink to ServiceDeliveryLocation

- change scoping entity from E_Organization [universal] to E_Organization

[identified]

The WG is not comfortable with making these changes based on earlier discussions in Q3. The WG is not clear on what the use case is for addition of these elements. We will ask Rene Spronk, the originator of this proposal for clarity.

2. Bugs for encounters 1723 - Remove Admission Dx note from active and revise encounter RMIM The Active Encounter and Revised Encounter R-MIMs include the note "Admission DX" attached to A_ObservationDx CMET. This is an editing error in the Revised Encounter R-MIMs; there is no intended restriction on the type of diagnoses that can be sent in a Revise Encounter interaction. This is also not correct in the Active Encounter R-MIM when it is used in a Reactivate Encounter interaction. The note should be removed from the R-MIMs when Encounter content is updated. After reviewing the Completed Inpatient Encounter model, the WG agreed that the note should be removed.

1724 – Rename QueryByParameterPayload class to QueryByParameter. Already approved in Sept 2009 WGM. No discussion needed.

1741 - Usage note about correcting an erroneous Change Attender. WG intent is that an incorrect Change Attender should be canceled and a corrected transaction sent. This needs to be documented in the Encounter material. Reviewed.

1742 - Usage note about correcting an erroneous Change Organization. Reviewed

1743 – Usage note about correcting an erroneous Change Patient Location. Reviewed.

1750 - PRPA_TE401001UV V2 Reference Error – Reviewed.

Meeting Outcomes

Actions <i>(Include Owner, Action Item, and due date)</i> <ul style="list-style-type: none">■ .
Next Meeting/Preliminary Agenda Items <ul style="list-style-type: none">■ Tuesday Q1 meeting hosted by Patient Care in Room 6.04<ul style="list-style-type: none">■ Modeling of Care Provision vs. Patient Encounter

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2011-01-11 PA WGM Minutes

From HL7Wiki

Patient Administration Meeting - Tuesday January 11, 2011

Tuesday Q1

HL7 Patient Administration Meeting Minutes		Date: 2011-01-11	
Location: Room 2.08		Time: Tuesday Q2	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Beat Heggli	HL7 Switzerland	
.	Rene Spronk	HL7 Netherlands	
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Quorum Requirements Met (Chair + 2 members): <Yes/No>			

Agenda

Agenda Topics

1. V3 Work - Encounter ballot preparation

Supporting Documents

- Patient Encounter project Wiki

Minutes

Minutes/Conclusions Reached:

The WG met to review and prepare for joint meeting with Patient Care. The goal here would be to harmonize the encounter and care provision models. In vocal encounter is a specialization of Care Provision, however the patient Care models shows different types of act relationships between the two and different participations as well. Fundamentally we need to discuss with PC if we are really representing two aspects of the same concept, since an administrative view of provided care should not be really different from a clinical view, although different coding systems might be used.

Two issues quickly became apparent during this discussion:

1. The relationship between the patient care provision Act and the encounter Act needs clarification. Are they hierarchical?
2. Should they not have the same participations? What is the meaning of the concepts of “component” and “reference”, given the ambiguity of the relationships?

The WG discussed the three PC/PA harmonization issues presented by Rene which were brought forth as a result of his work with Norway which identified issues due to the lack of harmonization of the PA Encounter and Patient Care models.

Use of Author/Performer/Responsible

The WG discussed the proposed changes:

1. Add the Responsible participation to the CareProvision Act in the Patient Care D-MIM. This to a) align it with the encounter model, b) to align it with the clinical statement pattern, and c) to allow one to identify some party that is legally responsible but otherwise not involved.
2. When it comes to Author: looking at the D-MIMs this seems to play a key role in moods other than EVN, notably in INT mood. The Patient Care D-MIM explicitly documents this; the Scheduling domain (which can be used to schedule encounters, or to schedule care provisions) contains Author and Performer. The moodCode in the Patient Administration D-MIM isn't fixed, as such an Author participation should be added to the Patient Administration D-MIM.
 - Requires discussion: both domains may wish to constrain it out in EVN-mood based R-MIMs - a common policy should be defined by both WGs when Author should be constrained out of R-MIMs.
 - Needs discussion within PA, probably to distinguish between the Author and the (encounter specific participations) Attender or Admitter.
3. Performer: the fact that one is allowed to use this in an appointment, but not in the actual encounter which is a result from that appointment points out that there is an inconsistency in the Patient Administration domain.
 - Needs discussion within PA, probably to distinguish between the Performer and the (encounter specific participations) Attender or Admitter.

Action item: The WG needs to investigate the definitions of Author and Admitter within the RIM. The WG feels that if they are the same, we should change to Admitter, which is better understood.

The first sub bullet of #2 – If this WG decides that decides that the author is the same as admitter then both domains . If PA decides that they are not the same, then this question should not come up.

The WG needs to investigate the definitions of performer and Attending within the RIM. The WG feels that if they are the same, we should change to Attending which is better understood.

'Encounter Context' CMET defined by PatientCare

Model has an entry point into an organizational encounter, with a care event CMET. The CMET may have different participations than the current encounter. The link to the CMET, is to say that this encounter is part of this care provision (defined in CMET).

For Norway, Rene explained that the CMET here, is more like an "identified" rather than a "universal". Since this has less detail, it was less useful for their needs. What Norway was trying to do, is to do a query... give me all encounters related to this concern. This prompted a discussion around the hierarchy from concern.

Rene is proposing the modification of the CMET by patient care to for the proper identification of the context of an encounter, especially having to do with participations. This CMET should be a more constraint from the universal CMET, however, more work would have to be done to define the details of this CMET.

Add Reason to CareProvision D-MIM

The reason act relationship (in general) is used to show the reason or rational for a service. The focal act in most D-MIMs has a reason relationship. The Patient Administration domain contains a reason-for-Encounter; the Patient Care domain doesn't contain a reason-for-CareProvision Proposed change:

- add reason to the CareProvision D-MIM.
- Alternatives considered/rejected: the clinical statement pattern could be used to model 'the reason for an Act X' (inclusive of that Act X itself). This set of objects in turn is associated with the CareProvision through act relationships - this is however not the same semantic concept as the "reason for CareProvision".

Patient care issue: WG would like clarification for Act Relationship between encounter and care provision.

The WG then revisited the feature request #1744 Find encounter query response changes, specifically for the procedure portion. This will need to be co-coordinated with Patient Care, since we are proposing the use of procedure within an administrative context. The WG may consider in a later meeting (e.g. Orlando).

The WG would suggest that a motion be put on the table that PA's DMIM, be derived from Patient Care's clinical DMIMs where this information is being used in an administrative setting.

Meeting Outcomes

Actions <i>(Include Owner, Action Item, and due date)</i>
■ .
Next Meeting/Preliminary Agenda Items

<ul style="list-style-type: none"> .

Tuesday Q2

HL7 Patient Administration Meeting Minutes		Date: 2011-01-11	
Location: Room 2.08		Time: Tuesday Q2	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Sasha Bojicic	Canada Infoway	
.	Beat Heggli	HL7 Switzerland	
.	Rene Spronk	HL7 Netherlands	
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Quorum Requirements Met (Chair + 2 members): <Yes/No>			

Agenda

Agenda Topics

1. V3 Work - Encounter ballot preparation

Supporting Documents

- Patient Encounter project Wiki

Minutes

Minutes/Conclusions Reached:

1. Joint meeting with Patient Care WG. Please see the minutes there for details.

Meeting Outcomes

Actions <i>(Include Owner, Action Item, and due date)</i> <ul style="list-style-type: none"> .
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Next Meeting/Preliminary Agenda Items

- .

Tuesday Q3

HL7 Patient Administration Meeting Minutes		Date: 2011-01-11	
Location: Room 2.08		Time: Tuesday Q3	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
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Quorum Requirements Met (Chair + 2 members): <Yes/No>			

Agenda

Agenda Topics

1. V2.8 Proposals

Supporting Documents

- HL7 V2.x Proposals Database (<http://www.hl7.org/memonly/dbsub.cfm>)

Minutes

Minutes/Conclusions Reached:

WG reviewed the 2.8 proposals. The three for 2.8 are: 618, 622, 673

618 and 622 were addressed in previous working group meetings.

673 proposed the addition of 2 segments from chapter 11 (Patient Referral) – RF1 and AUT to the following message constructs: A01, A04, A08, A13 to communicate known authorizations and referrals with these ADT transactions.

After reviewing the proposal, the WG reviewed the descriptions of the two segments

RF1 - This segment represents information that may be useful when sending referrals from the referring provider to the referred-to provider.

AUT - segment represents an authorization or a pre-authorization for a referred procedure or requested service by the payor covering the patient's health care.

The WG suggests that the submitter bring this to the custodian for the Financial Management Chapter (6) for possible including within authorization constructs defined there. If it is felt that it is not within the domain of financial management, then the WG suggests that the submitter first approach the Patient Referral custodians (Patient Care), for inclusion of the proposed fields to segments RF1 and AUT before PA considers including these into the aforementioned ADT events.

Meeting Outcomes

<p>Actions (<i>Include Owner, Action Item, and due date</i>)</p> <ul style="list-style-type: none"> ■ Alex owns the action to inform the submitter of proposal 673 that his proposal has been reviewed, the status and WG suggestions.
<p>Next Meeting/Preliminary Agenda Items</p> <ul style="list-style-type: none"> ■ .

Tuesday Q4

HL7 Patient Administration Meeting Minutes		Date: 2011-01-11	
Location: Room 2.08		Time: Tuesday Q4	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Corinne Gower	HL7 New Zealand	
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.	.	.	
.	.	.	
Quorum Requirements Met (Chair + 2 members): <Yes/No>			

Agenda

Agenda Topics

1. V3 Work - Scheduling

Supporting Documents

Minutes

Minutes/Conclusions Reached:

The WG reviewed the Scheduling DMIM .

One thing that came up is the participations which needs to be harmonized within scheduling as it does for encounters and care event.

Do we have storyboards for inpatient encounter?

The interaction Appointment Reschedule Notification (PRSC_IN020201UV01) is in the interaction diagram but not included in the interaction list following the diagram. Yet, it is available in the storyboard.2.1.1.2

The WG reviewed the known issues and planned changes. In review of the RMIM – two potential issues came up.

Issue 1– one appointment should reference one schedule, however one schedule should reference many appointments. Issue 2 – if we have managed participations for performer and maybe other resources, should they not be referencing a schedule?

The WG also noted that the participations for scheduling also need to stay in line with harmonization efforts being done between PA and Patient Care.

It should be kept in mind that the Scheduling topic provides a generic model or framework for the activity of scheduling, however the specific scheduling of resources should be defined and published by the WG for that particular domain.

In looking at the ambulatory encounter appointment, it was noted that the encounter appointment models do not fit within the scheduling framework. It seems that the scheduling framework is not being used in the various domains when appointments are being made within that domain.

The WG would like to explore what kind of scheduling implementations currently exist for V3.

In searching for listservs, it was discovered that there are 2 listservs within the older Lyrus listserve interface, only one of which is available through the “managed listserve subscription” within My Listerv.

This was discovered while searching for an active scheduling listserv to request information on current implementations of v3 scheduling, including the type of ACTs for which scheduling constructs have been used... for instance, encounters, procedures, etc.

Meeting Outcomes

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

- Irma to get information from Tom regarding whether the managed participations should be linked to schedules.

Next Meeting/Preliminary Agenda Items

- Wednesday Q1, Patient Administration
 - V2.8 Proposals

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2011-01-12 PA WGM Minutes

From HL7Wiki

Patient Administration Meeting - Wednesday January 12, 2011

Wednesday Q1

HL7 Patient Administration Meeting Minutes		Date: 2011-01-12	
Location: Room 2.08		Time: Wednesday Q1	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Sasha Bojicic	Canada Infoway	
.	Ron Parker	Canada Infoway	
.	Rene Spronk	HL7 Netherlands	
.	Corinne Gower	HL7 New Zealand	
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Quorum Requirements Met (Chair + 2 members): <Yes/No>			

Agenda

Agenda Topics

1. V3 Work - Interdependent Registries

Supporting Documents

<<insert slide deck here>>

Minutes

Minutes/Conclusions Reached:

Sasha and Ron from Canada Infoway presented a slide deck for Interdependent Registries and reviewed the significant investments being made and support being received in the Canadian realm. This slide deck covered these subjects:

- What is the role of the registry
- EHR Registry Types
- Why Interdependent Registries
- Concept of Identity Management vs Registry
- Examples of Interdependent

They discussed the anticipated set of registry components to manage information of the key business entities that define the process of health care delivery.

Initially, four registries were introduced Client, Provider, Location, Terminology later, the following is the final set of registries within Blueprint for 2015:

- Client
- Organization
- Provider
- Application
- Location
- User
- Health Service
- Health program
- Relationship Management Services

The Person registry has been deliberately left out due to the problems with where this might be relegated.

The WG discussed the concept of location and the various definitions based on context (patient location, provider service location, specialty location). This underscored the need to socialize these concepts to the larger PA audience so that they may examine the various registries to define appropriate use cases, examples, etc.

Canada Infoway is putting forth that the following are needed to move forward:

- Service Interfaces
- Data Elements
- HL7 Interaction messages

The WG put forth that requirements would be needed to support these items. Canada Infoway is prepared to develop use cases to help define the requirements.

Meeting Outcomes

Actions <i>(Include Owner, Action Item, and due date)</i> ■ .
Next Meeting/Preliminary Agenda Items

■ .

Wednesday Q2

HL7 Patient Administration Meeting Minutes		Date: 2011-01-12	
Location: Room 2.08		Time: Wednesday Q2	
Facilitator	<faciliator>	Note taker	<scribe>
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Sasha Bojicic	Canada Infoway	
.	Barry Guinn	EPIC	
.	Wendy Huang	Canada Infoway	
.	Morten Myhre	Helse Vest IKT Norway	
.	Ron Parker	Canada Infoway	
.	Line Saele	Helse Vest IKT Norway	
.	Rene Spronk	HL7 Netherlands	
.	.	.	
.	.	.	
.	.	.	
Quorum Requirements Met (Chair + 2 members): <Yes/No>			

Agenda

Agenda Topics

1. V3 - Interdependent Registries

Supporting Documents

■ .

Minutes

Minutes/Conclusions Reached:

1. The WG discussed the goal for PA regarding interdependent registries. We should have fairly well defined requirements for interdependent registries for inclusion into the next ballot cycle.

2. The WG then continued with the use cases for interdependent registries from Canada Infoway.

Within the discussions, the WG considered some interdependency business requirements that arose as a result of the review of the eReferral use cases from Canada:

- Health Service Type – This may be covered in provider
- Provider – This information is most likely covered in the Provider Registry Topic
- Location – This needed information may be covered in the Service Delivery Location Topic
- Organization – This information may be covered

Note: Health payer is not included into the consideration here, but this may need to be included within the business requirements at some point.

The WG reviewed the Add Provider R-MIM model, which seems to support the health service type through the HealthCare ProviderRoleType code.

ServiceDeliverLocation is covered in the Ade Provider R-MIM, but it was not clear if this satisfied the needs of this use case.

The WG clarified that in review of the model, we may need to update/expand the model based on the needs of this project.

It seemed like a good approach to explicitly define the registries depicted in the use cases from Canada, to see if the concepts there are currently depicted in the registry topics within HL7 today.

Meeting Outcomes

Actions <i>(Include Owner, Action Item, and due date)</i> <ul style="list-style-type: none"> ■ .
Next Meeting/Preliminary Agenda Items <ul style="list-style-type: none"> ■ .

Wednesday Q3

HL7 Patient Administration Meeting Minutes Location: Room 2.08		Date: 2011-01-12 Time: Wednesday Q3	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	

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.	.	.
Quorum Requirements Met (Chair + 2 members): <Yes/No>		

Agenda

Agenda Topics

1. Approve Cambridge minutes (http://www.hl7.org/Library/Committees/pafm/minutes/2010-10_PA_WGM_Minutes_Cambridge.pdf)
2. Plan next meeting
3. V3 Work - Harmonization proposals

Supporting Documents





- Cambridge minutes (http://www.hl7.org/Library/Committees/pafm/minutes/2010-10_PA_WGM_Minutes_Cambridge.pdf)













Minutes

Minutes/Conclusions Reached:




1. The WG did not have quorum, so was not able to approve the Cambridge minutes.
2. The WG worked on the Agenda:

Patient Administration work group meeting, May 2011, Orlando

Day	Date	'	Time	Icon	Event
Monday	May 16	AM	Q1		Welcome/introductions <ul style="list-style-type: none"> ■ Approve agenda ■ Review PA mission & charter (http://www.hl7.org/Special/committees/pafm/overview.cfm) ■ Review PA decision making practice (http://www.hl7.org/Library/Committees/pafm/20101004_PA_07_PA_WGM_Work_Plan.xls)
			Q2		V3 Work – Regarding GSI taskforce on patient identifiers (hosted by
		PM	Q3		V3 Work - Encounter ballot reconciliation
			Q4		V3 Work - Encounter ballot reconciliation
.

Tuesday	May 17	AM	Q1		V3 Work - Encounter (hosted by Patient Care)
			Q2		V3 Work - Encounter ballot reconciliation
		PM	Q3		Interdependent Registries
			Q4		Interdependent Registries
.					
Wednesday	May 18	AM	Q1		V2.8 - New proposals
			Q2		V3 - Scheduling domain
		PM	Q3		Approve Cambridge minutes (http://www.hl7.org/Library/Committee/10_PA_WGM_Minutes_Cambridge.pdf) Plan next meeting V3 Work - Harmonization proposals
			Q4		V3 Harmonization proposals
.					
Thursday	May 19	AM	Q1		V3 Work - Interdependent Registries (hosted by SOA)
			Q2		V3 Work - Interdependent Registries (hosted by SOA)
		PM	Q3		V3 Work - Interdependent Registries
			Q4		Wrap up * Approve next ballot * Update work plan
.					

Icons:

- Work Group business meeting 
- Ballot Reconciliation meeting 
- Work Group technical discussion 

3. There were no proposals identified for the WG to address

Meeting Outcomes

Actions (Include Owner, Action Item, and due date)

- .

Next Meeting/Preliminary Agenda Items



Wednesday Q4

HL7 Patient Administration Meeting Minutes		Date: 2011-01-12	
Location: Room 2.08		Time: Wednesday Q4	
Facilitator	<facilitator>	Note taker	<scribe>
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Wendy Huang	Canada Infoway	
.	Rene Spronk	HL7 Netherlands	
.	.	.	
.	.	.	
.	.	.	
Quorum Requirements Met (Chair + 2 members): Yes			

Agenda

Agenda Topics

1. Approve Cambridge minutes.
2. V3 Harmonization proposals
3. Continue clarification of encounter items

Supporting Documents

- http://wiki.hl7.org/index.php?title=PA_Patient_Encounter
- http://wiki.hl7.org/index.php?title=Three_PC/PA_harmonization_issues

Minutes

Minutes/Conclusions Reached:

1. Having achieved quorum,

Motion (Rene/Alex): To approve the minutes from the September 2010 WGM in Cambridge Massachusetts

Discussion:None

Vote: 2/0/0 (for/against/abstain)

2. There were no new harmonization proposals to consider.

3. The WG continued to address and clarify the encounter-related items and the wikis for the various items were added to the PA Encounter Model wiki (Proposals from implementers):

- Proposal: update Find Encounters Query - part 2 - added 20110112, accepted with mods by PA 2011-01 WGM (Monday Q4)
- Add Ward/Bed/Room to ServiceDeliveryLocationRoleType - added 20110112, accepted at conf call at 2009 07 15, accepted for a future release
- Harmonization Proposal: add three concepts to ServiceDeliveryLocationRoleType - associated harmonization proposal
- Proposal: add Find Appointments Query - accepted by PA 20100120, part of harmonization process of Scheduling and Encounter model

Meeting Outcomes

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

- .

Next Meeting/Preliminary Agenda Items

- Thursday Q1 & Q2 hosted by Services Oriented Architecture in Room 2.12
 - Registry Services specifications

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2011-01-13 PA WGM Minutes

From HL7Wiki

Patient Administration Meeting - Thursday January 13, 2011

Thursday Q3

HL7 Patient Administration Meeting Minutes		Date: 2011-01-13	
Location: Room 2.08		Time: Thursday Q3	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Sasha Bojicic	Canada Infoway	
Quorum Requirements Met (Chair + 2 members): Yes			

Agenda

Agenda Topics

1. V3 Work - Interdependent Registries

Supporting Documents

- Interdependent Registries Project Wiki

Minutes

Minutes/Conclusions Reached:

The WG met to further discuss the interdependent registries project. The WG suggested that Canada Infoway view the current registries to determine whether these meet the needs of their project, paying specific attention to the definitions of the registries and related concepts. In this way, any gaps between what they define and what is currently defined in the models can be identified as requirements for these particular registries (e.g. provider, patient, person, organization, service delivery location).

This will also help define additional attributes might be added to the existing registries to meet their requirements for interdependency, or define new registries that might be needed. To this end, the WG reviewed the Person Activate R-MIM, Patient Activate R-MIM, and Provider Add R-MIM. The group then moved to look at the DMIMs for Personnel Management, Patient and Organization, based on the request from Canada Infoway to see the data elements for each domain. It became clear that a larger DMIM showing both the Patient and Provider DMIMs would be helpful for the Canadian project. . .

Meeting Outcomes

Actions <i>(Include Owner, Action Item, and due date)</i> <ul style="list-style-type: none"> ■ .
Next Meeting/Preliminary Agenda Items <ul style="list-style-type: none"> ■ .

Thursday Q4

HL7 Patient Administration Meeting Minutes		Date: 2011-01-13	
Location: Room 2.08		Time: Thursday Q4	
Facilitator	Irma Jongeneel	Note taker	Alex de Leon
Attendee	Name	Affiliation	
.	Irma Jongeneel	NICTIZ	
.	Alex de Leon	Kaiser Permanente	
.	Sasha Bojicic	Canada Infoway	
.	Tony Lam	Singapore Ministry of Health Holdings	
.	Corinne Gower	HL7 New Zealand	
Quorum Requirements Met (Chair + 2 members): <Yes/No>			

Agenda

Agenda Topics

1. Wrap up
2. Approve next ballot
3. Update work plan
4. Adjourn

Supporting Documents

- PA 3-year work plan (http://www.hl7.org/Library/Committees/pafm/2010-10-07_PA_WGM_Work_Plan.xls)
- 2011 Publishing Calendar (http://www.hl7.org/documentcenter/public/schedules/ballot_calendar/pubs_schedule_2011.pdf)
- Patient Encounter Project Plan (http://gforge.hl7.org/gf/download/docmanfileversion/6101/7960/2011_01_12_PA_PSS_Patient_E)

Minutes

Minutes/Conclusions Reached:

The WG reviewed the publishing calendar. January 3rd is the deadline for new project scopes to be defined. The end of Feb (27th) decision needs to be made as to whether there will be a ballot, initial content deadline which is March 6th.

The WG considered the DSTU status of the Encounter Topic. Based on acceptance of collapsing of the topic, the WG

Motion made by Corinne, seconded by Alex, to make the encounter topic a DSTU rather than going normative.

Discussion: The reason that this is being considered is that the WG feels that the impact on implementation of collapsing of the encounter topics into a single encounter topic is not fully clear. So having a DSTU would allow processes any unexpected issues before it becomes normative.

Vote: 2/0/1

Within the 3-year work plan, the Encounter topics under project id 489 were noted as DSTU for one year, as requested by implementer, scheduled for going normative May 2012.

The WG then reviewed the Patient Encounter Project Scope Statement. While reviewing the Project Scope section, the WG was not clear whether the scope is to create a normative standard or to reduce the size of the standard by collapsing the 9-encounter related topics into one.

Within the discussion, the WG decided that the actual goal is for the encounter topic to move to normative, noting that one of the steps in that direction is it's DSTU status until May 2012.

Motion made by Alex/Corinne to approve the updates to the Encounter porproject pl

Discussion: None.

Vote: 2/0/1 Motion was made by Corinne to adjourn

Vote: 3/0/0

Meeting Outcomes

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

- .

Next Meeting/Preliminary Agenda Items

- .

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