

EHR DSTU Meeting Summation Outline

Major Areas of Agreement

EHR SIG Co-Chairs

The following outline summarizes critical consensus-driven EHR concepts. Each “area of agreement” bridges collective concerns voiced during the EHR DSTU ballot process and productive three-day reconciliation session held at the HL7 Plenary 9-11 September. Given the absolute necessity for a collective standards development effort, this summation serves as a high-level basis by which ballot items can be addressed at a macro-plane. The Simplification and Clarification processes identified by the group as the primary roadmap to an acceptable standard is defined by these major areas of agreement. The accomplishments of the group, both during the scheduled meetings and in evening breakout groups, served to resolve the vast majority of ballot comments by reducing the complexity of EHR functions (redefinition of hierarchy), addressing ambiguity (within the original ballot spreadsheets) and solidifying a series of agreed-upon definition.

EHR-S Functionality, Not EHR Content

- EHR-S functionality is prime focus, not EHR content. EHR content will be distinguished and addressed separately.
- EHR content may be referenced as exemplar to EHR-S Function Descriptions.

Realm-Specific Care Setting Definitions

- Care Setting definitions will be unique to each realm and will be balloted separately by the HL7 affiliate representing that realm.

Realm-Specific Care Setting Profiles

- Care Setting Profiles will be specified unique to each realm and will be balloted separately, per HL7 affiliate.

Priorities

- Priorities will be assigned according to the timescale for implementation of EHR-S function(ality).
- Priorities are applied to EHR-S function(ality) within each Care Setting Profile.

- In the Round 1 Ballot, timescale priorities were "Essential" or "Desirable".
- New timescale priorities are designated:
 - Essential/Now - available immediately
 - Essential/Future - available later
 - Optional - desirable, supplemental, etc...
 - Not Applicable

For definitions see: <http://www.hl7.org/ehr/documents/public/documents/PriorityDefinitions.asp>

EHR-S Functional Triplets

- Core of *Draft Standard for Trial Use Ballot*
- Per identified EHR-S Function
- Per leaf node of New EHR-S Functional Outline
 - 1) WHAT
 - Verb-first Statement of Function(ality)
 - Description
 - 2) WHY
 - Rationale, reason for inclusion
 - 3) Conformance Criteria
 - *NOT INCLUDED IN THIS STANDARD*

New EHR-S Functional Outline

- New EHR-S Functional Outline offers a high level view of EHR-S function(ality) and is intended to promote understanding and use of the standard.
- The EHR-S Functional outline now has three primary functional groupings:
 - Direct health Care Functions
 - Direct health and health care functions**
 - EHR-S functions used for providing direct health care to, or direct self-care for, one or more persons.

- Supportive

- Supportive functions**

- (Health service management): EHR-S functions that with rare exception utilise existing EHR data to support the management of health care services and organizations

- (Population health and research): EHR-S functions that utilise existing EHR data to inform what is known about the health and health care of (usually unidentified) individuals or groups of people in general.

- Infostructure

- Infostructure functions**

- As per HL7 Canada's definition. "Health infostructure standards are criteria to facilitate the interoperability of communication and information technology in support of improved service delivery and informed decision-making in health."

- At least two views of the standard may be worth presenting in the form of an outline:
 - Service view – for system developers
 - Care process view – for clinicians
- From the previous Round 1 EHR-S Functional Hierarchy:
 - Care Delivery functions (Spreadsheet 1) are intended for placement within the new Care Delivery and Supportive outline groupings in a greatly simplified manner.
 - Infrastructure functions (Spreadsheet 2) will be refined and placed within the new "Infostructure" outline group in a greatly simplified manner.
 - EHR-S functions originally identified under Assumptions (Spreadsheet 3) will not be included.

To view outline in its current state:

<http://www.hl7.org/ehr/documents/public/documents/FunctionsOutline.asp>