Richard Esmond led the meeting.

Richard reported on HL7 and IAG. He spoke to several groups to get the assistance and approval of these groups. HL7 and DICOM are used together, but don’t overlap. This eliminates duplication. The support of these groups was gained. Ultimately, a more formal endorsement will be made. The community is trying to figure out how to integrate the protected data.

The NIB (notice of Intent to Ballot) has been filed for the Breast Cancer Radiology reporting.

The radiology reporting section of Modeling Lab has been put in to a certain degree. The list may need to be trimmed back as it seems extensive. A breast abnormality can be listed as a condition or observations. Is there a better place to list an abnormality or should there be overlap? There are a number of gaps in SNOMED. There are not CI codes for all aspects. It is unclear if all the codes have been updated. SNOMED seems insufficient in some of these points. SOLAR seems to be a better fit. The use of SOLAR may be able to send changes to SNOMED for some needed updates. Several patterns can be put together. This may make it evident on the commonality of identifiers. Are there any radiologist or non-radiologists that may be able to take a look at the list to ensure that items are not missed?

There is interest in working structure data capture and FHIR profiles. Richard has worked on taking FHIR resources, using JASAN, moving the data into a human readable form for use in a location, such as EPIC. If the radiology software, can support and work with the data to produce something that EPIC or similar system can use. People expect the questionnaire response. This is different than the. How do you get the breast cancer reporting into FHIR? This is not a mature system regulatory compliant system. Questionnaire/questionnaire responses do not allow the form to be complex enough. IAG/STC schema uses a form that preserves the clinical logic. STC is not as robust as FHIR. The challenge is to make them interoperable. Data needs to flow from the data specialty. FHIR is going a lot of work with the questionnaire. The business logic is acceptable, but the questionnaire/questionnaire is currently not meeting the needs of the community.

The link will be in GitHub. This is available through open source.

Mark Kramer presented MCode. MCode is a learning health care system. This uses evidence for patients between providers. There is a MCode Summit being planned, probably in September. It is a core set of data elements from clinicians to take into FHIR and results in EMRs. The data structures are showing some commonalities in the various cancers. The group behind this is diverse team of individuals. There is a three week review process. An email was just sent including a survey link. Anyone should be able to send out the survey.

It will be open until the second week in February. It covers details and procedures, therapies, rehospitalizations, surgeries, etc.

An Implementation Guide has been started. It is not yet complete as it is in a feedback period and beta form. It is about the work they have done with MCode and the feedback given. There will be changes to accommodate the implementation of vendors and health systems. MCODE is working with several entities to use smart forms. Information can be stored in a database or a smart form. The system also allows clinical notes in an unnatural parsing using hashtags. The smart form should be able to be shared, at least on the front end between different sites. The smart form is a text file that gets populated, but each field has an ID and gets stored as a name value pair. They are looking for a HL7 ballot in September with this. It is unsure if the September ballot will be a for comment or a STU. The normal route is to have at least one for comment ballot.

American College of Radiology has come out with some specific classification systems. These are perfectly constructed to align with data elements. A closer look may be needed to ensure things are aligned with these classifications.

Modeling Lab breast abnormality will be available for review on the next call.

Just a reminder, there will not be a call on February 13. Monday meetings have been canceled at this time.