Richard Esmond lead the meeting.

March 24 is the final cutoff for content. Kurt is taking the content from Modeling Lab and putting it into JASAN.

https://confluence.hl7.org/display/HL7/Ballot+Content

Tooling update: Jason and Alex found several bugs in Modeling Lab. These should be fixed. The main issue is that when a new field is created, the working title is created to variable content. Different modeling information has been added regarding identifiers. The description information can be added, including terminology.

Terminology ID is available. The Terminology Source can be defined by added the RID. The RadLex ID can be added in the Terminology ID. A terminology that is added will be available to all users. The Common Modeling Properties can be used to create an associated URL. This is used to dynamically define any sources for the modeling platforms.

RxNorm should be mapped to an international format to integrate reporting between USA and Canada. Models are now able to handle more than oncology. This is something to consider moving forward. The elements currently do not cover more than on oncology. There should be some crossover in order to be more complete. There is little crossover between SNOMED, LOINC, etc. Coders take the different reports and abstract them into different registries. The data should be captured to be machine readable. Currently, everything is human readable. The coding should be created at the source. Coding data at the source should be consistent. This would enable the downstream users to share content through consistent stages.

Richard has created two new features in Modeling Lab to be deployed shortly. Creating new fields pulls up a Composition Reference. One can add a field, such as Lymph Node Involvement. This would appear consistently across the board. MCode has recognized the need for the composition reference but have tailored it back in this platform. Breast density will be added as part of the content. This is used in some algorithms. This is a spreadsheet organizing the different fields in breast cancer reporting.

https://docs.google.com/spreadsheets/d/1Tzrr0Q3lrgiOX59oBwno3Reor0bq9A8wftGBHQ2Sats/edit#gid=108149125

The spreadsheet has sub sheets defining some of these fields. This will help finalize all the fields that will eventually be needed.
Kurt updated on the implementation guide. They are taking the data directly from modeling labs to go directly into an implementation guide. The information in model labs should have everything in IG. There should be a link to show what was done.

The next target scope should be in the next effort. PenRad has documentation about radiology. Some items are more important than others. What items would be more interesting and informative to the community to use? The spreadsheet listed above is devoted to breast imaging. A radiologist would be the best individuals to ask. The reports should be done as a structure report. A body of experts would be prudent to define the language. Some of the language is not friendly to the general practicing physician. The ACR data systems may offer some definitions to encapsulate the nuances of some of the terminology.

The ballot should have a certain number of basic elements. Limiting some of the data elements may be essential to have the ballot be more concise. Conditional logic is helpful in letting the user define which elements are useful. Tags only appear when the information has been completed. Radiologists hint at a lot of data. This is difficult to apply to natural logic processing.

Breast radiology has three vendors. Each is focused. This makes it easier to create synoptic records to be stored in other places, such as Cerner. The synoptic report will include the items from PenRad, plus Modeling Lab has a section to add needed elements. There is a lot of content, but this will be a good start for the fields necessary.

The final date on content is March 24. The initial content needs to be done by March 10.

The next meeting is February 20. The models will be ready for review at that point.