Birth Defects DAM and FHIR IG

PSS Help and FAQs

Comments

1a. Project Name	Birth Defects DAM and FHIR IG
1b. Project ID	1532
1c. Is Your Project an Investigative Project (aka PSS-Lite)?	No
1d. Is your Project Artifact now proceeding to Normative directly or after being either Informative or STU?	No
2a. Primary/Sponsor WG	Public Health
2d. Project Facilitator	Craig Newman, Thanh Cheng
2f. Modeling Facilitator	AbdulMalik Shakir
2g. Publishing Facilitator	Craig Newman
2h. Vocabulary Facilitator	Shu McGarvey
2j. Business Requirements Analyst	Thanh Cheng, Mike Yaskanin
2k. Conformance Facilitator	Craig Newman
2m. Implementers	State of Michigan Henry Ford Health System Allscripts

3a. Project Scope	This project will be performed in several stages, some of which may happen concurrently. Any products (DAM, implementation guides, etc) will be officially balloted through HL7. Phase 1 will being with an existing analysis of data requirements in the state of Michigan and expand to collect reporting requirements from the CDC and as many jurisdictions as possible to create a comprehensive birth defect reporting domain analysis model (DAM). This part of the project will also document use cases jurisdictions have beyond the existing ambulatory and hospital reporting use cases. Phase 2 will focus on developing FHIR specifications for exchanging birth defect content between providers and registries. This will allow trading partners to select the format that works best for them. A variety of different FHIR workflows (messaging, SMART apps, RESTful services, etc) will be considered. US Core profiles will be used in the FHIR IG. If phase 1 indicates the US Core profiles are not appropriate to use, we will clearly document the need to diverge from US Core. This phase will also include updating the existing CDA IG if gaps are found during the creation of the DAM. Phase 3 will investigate data exchanges beyond the initial reporting of birth defects. This could include responses from registries back to providers requesting more information or offering treatment guidance and additional resources. The use of a FHIR subscription model where a registry subscribes to receive updates on specific patients of interest as new data is collected could also be explored. Other areas of investigation that come up during the earlier phases may also be investigated.
3b. Project Need	Over 40 jurisdictions in the United States have a birth defect registry. To date, a CDA implementation guide for reporting birth defects has been developed based on input from the CDC and 14 jurisdictions, but it is largely based on requirements and workflows gathered several years ago. While the CDA IG has been HL7 balloted, the data model underlying it has not. From experience with case reporting, we know that some EHR vendors prefer to implement FHIR IGs rather than CDA IGs. Before embarking on the development of a FHIR IG, we need to develop a broadly based domain analysis model (DAM) and perform a gap analysis between the DAM and the CDA IG. We will then develop one or more FHIR IGs, ensuring that consistent content and vocabularies are define regardless of the product family selected for use.
3c. Security Risk	No
3e. Objectives/Deliverables and Target Dates	This PSS will cover the first 2 phases. If Phases 3 look like it will produce ballotable material then an additional PSS will be developed and submitted. Phase 1 - Birth Defect DAM Prepare and submit HL7 Project Scope Statement - May-Aug 2019 Gather input from Jurisdictions and prepare DAM - July 2019-March 2020 Ballot Informative DAM - May 2020* Complete ballot reconciliation - September 2020 Publish DAM October 2020 *Because of the timing of the HL7 ballot periods in 2020, it may be possible to make the January/February 2020 ballot cycle which would accelerate the reconciliation and publishing timelines. Phase 2 - Birth Defect FHIR IG Prepare FHIR IG (and if necessary) update the existing CDA IG - January-Aug 2020 Ballot STU IG - September 2020 Complete ballot reconciliation - January 2021 Publish IG(s) - February 2021
3f. Common Names / Keywords / Aliases:	Birth Defects, Ambulatory Reporting, Hospital Reporting

3g. Lineage	Sibling of the existing birth defect reporting CDA IG
3i. HL7-Managed Project Document Repository URL:	https://confluence.hl7.org/display/PHWG/Public+Health+Registries+Reporting and child pages
3j. Backwards Compatibility	N/A
3l. Using Current V3 Data Types?	No
3l. Reason for not using current V3 data types?	Not a V3/CDA project
3m. External Vocabularies	Yes
3n. List of Vocabularies	LOINC, SNOMED, ICD10, RxNorm
4a. Products	Domain Analysis Model (DAM), FHIR Extensions, FHIR Implementation Guide, FHIR Profiles
4b. For FHIR IGs and FHIR Profiles, what product version(s) will the profiles apply to?	Likely R4
5a. Project Intent	Create new standard, Implementation Guide (IG) will be created /modified
5a. Is the project adopting /endorsing an externally developed IG?	No
5b. Project Ballot Type	Informative, STU to Normative
5c. Additional Ballot Info	DAM will be informative; IG will be STU to Normative
5d. Joint Copyright	No
6a. External Project Collaboration	Reporting requirements will be gathered from state and local jurisdictions and likely the CDC as well. The National Birth Defect Prevention Network is also interested in participating.
6b. Content Already Developed	No
6c. Content externally developed?	No
6e. Is this a hosted (externally funded) project?	Yes
6f. Stakeholders	Other
6f. Other Stakeholders	Public Health birth defect registries
6g. Vendors	EHR, PHR
6i. Realm	U.S. Realm Specific

7a. Management Group(s) to Review PSS	FHIR
7b. Sponsoring WG Approval Date	May 16, 2019
7d. US Realm Approval Date	May 21, 2019
7f. FMG Approval Date	May 22, 2019
7i. Steering Division Approval Date	Jun 03, 2019