Questions for Further Discussion

- DW - V2 - to - FHIR Message Bundle? or V2 - to - FHIR REST operation?
- DW - Should V2 – to – FHIR translation indicate snapshot vs. update mode? Does this depend on FHIR Messaging vs. REST? See https://chat.fhir.org/#narrow/stream/179188-v2-to-FHIR/topic/.22.22.20(known.20to.20be.20empty)
- dh - in general differentiate between 'structural' mapping (like convert of an ADT^A01 to Patient / Encounter / AllergyIntolerance etc) to 'behavioural' mapping - ie what to do with pre-existing allergies from a facility / app when an ADT^A08 is received
- dh - Given that there is a lot of variability in implementations, could there be a 'checklist' of questions to ask, and the impact on behaviour.
  - eg can we assume that all messages from a facility (irrespective of application) are behaving as a snapshot - ie a complete list of data.
  - or in which messages from a facility / app should the PID segment overwrite the patient details - eg ADT messages from a PAS, but not ORU from a Lab
- dh Standard ConceptMaps for specific elements - eg encounter class, patient gender, Identifier type
  - see http://hl7.org/fhir/cm-name-use-v2.html (note: missing 'B' mapping)
- dh - define standard extensions (with committees) for v2 fields
- dh - prioritize resources - eg start with Patient
- DW - standardized segment mapping specification format (e.g., mapping pages on Confluence) for reliable conversion to machine-readable translations
- dh patterns for use of provenance - eg PID-33 (last updated) + query patterns on a registry - eg used of _revinclude