Sept 17 (Tuesday) Q1

Date: Sept 17 2019

Quarter: Q1

Chair- Laura

Scribe- Erin

Minutes Approved as Presented

This is to approve minutes via general consent. *"You have received the minutes. Are there any corrections to the minutes? (pause) Hearing none, if there are no objections, the minutes are approved as printed."*

Goals

Common reporting framework and related efforts - discussion (John Loonsk, Laura Conn, Arun Srinivasan)

Discussion items

Time	Item	Who	Notes

Q2	Common reporting framework and related efforts	Laura Conn, John Loonsk	Please see: Framework for Reporting Surveillance and Population Health V6.pptx
			• Seeing commonalities across various projects involving reporting from EHRs
			• Attempted to interact early on with DiVinici even though it was focus on reporting to payors
			• CDC submitted comments for the communication of clinical quality measures as means to facilitate engagement, to try to get them to collaborate, and it worked.
			• Expected to have them participate in our connectathon, but they backed out
			• Started to put down some common elements on paper so we can begin to talk about them in the same way
			• CDC funded projects starting-
			  • PH FHIR accelerator
			  • Patient Centered Outcome Research- PCOR- CDC received grant from PCOR
			  • Not really to create another pipeline. More geared for the population health side of things not so much the reportable side of things. Attempting to harmonize with the eCR data needs
			  • Chronic Hep C (desire to follow treatment within clinical care and summarize to send to PH)
			  • Reporting to Cancer Registries
			  • Health Surveys
			• ***Technical Expert Panel:***
			  • **Will have a technical expert panel that will guide the arch and use cases. Anyone interested, contact Arun (Fos2@cdc.gov). October is the expected start date.**
			• See Slides 1 & 2
			  • Really 3 legs to the HIT stool with overlaps
			  • Providers
			  • Patients
			  • Population- typically not included or overlooked
			  • Goes by many names including surveillance, reporting, quality measurement, research, secondary data users, population health
			  • Some of it is required by law but not a part of the FHIR API framework
			  • Without significant coordination, business models, funding…., this results in significant burden on provider and EHR
			  • Common Reporting Framework Concepts:
			  • Need to automate as much EHR interface development as possible
			  • Use existing standards components wherever possible and promote elements to FHIR API
			  • Minimize proprietary system implementation & integration
			  • Support reporting to 3rd parties, PH agencies
			  • Assumption that FHIR API is the interface to all clinical care systems
			  • Not to suggest that we would pull out what's already working; but think about how we would leverage FHIR APIs to help further the interoperability and availability of the data on the clinical side of the communications
			  • Laying the framework for ongoing data use cases and interoperability
			  • Not an attempt to harmonize all data
			  • Could apply to eCR, syndromic surveillance, chronic disease surveillance, healthcare surveys, to minimize aspects of burden
			  • Not just for reporting, but also knowledge sharing
			  • Common Clinical Registries project
			  • Attempting to harmonizing the data; this is not necessarily the point of this proposed framework.
			  • Have we considered FHIR Cast for PH work?
			  • Framework elements: Scope is conveyance and associated services
			  • Triggering
			  • FHIR Subscription- EHR/clinical care could subscribe to the trigger knowledge
			  • PH would author the trigger and timing for triggering
			  • May or may not include a value set (like in the case of immunizations)
			  • FHIR Subscription is being re-engineered by Argonaut; want to make sure that this remains useful to PH
			  • CQL engine possibility- rules engine
			  • In order to operationalize, MUST have the ability to cover the breadth of the PH needs, not only a subset.
			  • Report Creation
			  • FHIR IGs, CQL rules engines, XSLT
			  • Trust Services- Pseudonymization, Deidentification, Hashing for deduplication
			  • Validate Report- FHIR validation engine, FHIR IGs
			  • Send
			  • Imm would need a query/GET (EHR query, not a PH query)
			  • PDMP queries
			  • XDRO registry queries
			  • Query is GET not a REQUEST (which is a push) in FHIR
			  • Bulk vs not; is there a bulk repository/data warehouse
			  • Agnostic to whether its interacting with an HIE, transactional EHR, or a data repository
			  • Specific Distribution (setup)
			  • What about the use of intermediaries?
			  • Intermediaries are routinely used in PH
			• DiVinci Alerting- more like reporting, focused on the what is sent, not when its sent
			• ONC FAST FHIR- another project using FHIR…CDC is following
			• Will be bringing this topic to a call to continue the discussion

Action items

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