

2019-11-18 Agenda/Meeting Notes

Date	11/18/2019
Chair	John Hatem
Status	Completed
Comments	

Dial-in Number <ul style="list-style-type: none">• (515) 604-9344 (United States) Access Code: 443497• Dial string (for smartphones): 515-604-9344,,443497#• International Dial-in numbers link	Web session <ul style="list-style-type: none">• https://join.freeconferencecall.com/pharmacy8
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Attendees

Name	Organization
John Hatem (Chair)	
Frank McKinney	
Margaret Weiker	NCPDP
Jean Duteau	
Pooja Babbrah	Point of Care Partners
Tim McNeil	Surescripts
Daniel Bancroft	
Peter Muir	
Peter Sergent	
Scott Robertson	Kaiser Permanente

Agenda Items and Notes

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Outstanding Action Item List

Catalogue Project

- no meeting last week. Next meeting Nov 8th. Here is summary of recent decisions:
 - The discussion on the evolution of the design of FHIR catalogs has taken place in the meantime. The conclusion is that we take CatalogEntry out for now, and we rely more heavily on the definitional resources:

- PlanDefinition, ActivityDefinition, ObservationDefinition, SpecimenDefinition for lab catalogs.
- MedicationKnowledge, SubstanceDefinition, and any other resource useful for medication catalogs
- DeviceDefinition, ConceptMap, and any other resource useful for device catalogs
- ... to be continued.

In addition, there is a plan to propose a new type of resource for the provision of billing/pricing information.

- November 18, 2019
 - will be CatalogueActivity and Catalogue

Updates from Workflow

- Workflow: unable to attend this week's call. last weeks call was cancelled.
- November 18, 2019 - no meeting

Healthcare Product

- Healthcare Product: meeting today - discussion of tracker items re: Device - no impact to Pharmacy
 - looking at category attribute - trying to clean it up
- November 18, 2019
 - Blood administration - was going to use Procedure but that doesn't have all necessary elements. suggested to create a profile on MediationAdministration

NCPDP Updates

- Standardized Medication Profile (Joint Project)
 - Task Group at NCPDP working on it
 - Scott will find out more information this week
 - Melva is interested in finding out how we are working together on this project with NCPDP
 - NCPDP has completed their analysis -
 - will send to NCPDP and HL7 Pharmacy list
 - September 9, 2019 - joint meeting has been scheduled for Wednesday at 12 noon Eastern
 - there will be meeting this week
 - October 7, 2019 - call last week held to update on activities at WGM
 - updated spreadsheet with FHIR and CDA mappings is completed
 - next call will be to review mappings and then will start on white paper
 - October 14, 2019 - next call is October 16th to finalize spreadsheet and plan white paper
 - October 21, 2019
 - no meeting last week
 - Jean will send spreadsheet out
 - November 4, 2019
 - call last week
 - Jean sent spreadsheet out
 - November 18, 2019
 - on hiatus in HL7
 - NCPDP will be working on the white paper
 - will come back to Pharmacy for review/finalization
- Specialty Medication PSS
 - PSS has been started - initial version has been drafted and reviewed by Pharmacy
 - will be going through NCPDP and then will come back to HL7
 - October 7, 2019 - PSS is being worked on
 - October 21, 2019
 - [Specialty Medication Prescribing](#)
 - Work Group 18 from NCPDP
 - Background - when specialty medications are prescribed - there may be additional clinical information that is needed - depends on the medication, pharmacy receiving it, hub
 - Today it is a manual process
 - Task group at NCPDP looking at this
 - A lot of EHR are using FHIR to pull clinical information from their systems
 - Plan is to create a FHIR IG - to be able to pull additional information
 - Will not use FHIR for the prescription - just additional clinical items for enrolment or intake forms
 - Need to be clearer on what the clinical data is that would be transmitted
 - MedicationRequest includes "supporting information" - that could include this information
 - Need to determine what this is - if not using MedicationRequest - then may not be a Pharmacy project
 - Project team will bring along types of information that would be included - will help to determine if Pharmacy should be a sponsor or co-sponsor
 - Will come back to next meeting for discussion
 - November 4, 2019
 - met last week offline
 - missed date for May ballot cycle
 - Still working on the PSS
 - Will bring back to Pharmacy November 18th
 - November 18, 2019
 - work continues in NCPDP
- LTC e-Prescribing Model
 - October 14, 2019
 - NCPDP calls - HL7 Pharmacy can participate

- Jean has reviewed V2 model
- Will be looking at all of the conversations
- October 21, 2019
 - Next call: October 24th at 10am Central
- November 4, 2019
 - no updates
- November 18, 2019
 - nothing new ... can remove from list

V2-FHIR Mapping

- O&O project
- November 18, 2019
 - Hans asked pharmacy to review current mappings, and to follow/participate

Projects

- Real Time Benefit Check -
- Pooja
 - mapping of data elements
 - NCPDP is working on the B2B transaction
 - trying to mirror on patient facing side as closely as possible to those fields
 - Have started to do the mapping between NCPDP transaction and FHIR resources
 - Meeting with FM to make sure have what is needed on response side
 - Request from EHR from their system to payer PBM - payer id, BIN #, date, etc
 - There are some elements that are part of the MedicationRequest or Dispense
 - Working on this over next couple of weeks
 - Looking to see if they can get a track at Connectathon - have reached out to a mobile app vendor
 - Balloting - target is January
 - August 19, 2019
 - TSC discussion today - concerns about having NCPDP content in HL7/CARIN project
 - Margaret Weiker - NCPDP has discussed with CARIN. NCPDP is satisfied that the IG will reference NCPDP documents
 - September 9, 2019 - approved by the TSC
 - October 7, 2019
 - Will add this as a standing agenda topic going forward
 - A connectathon was held in Atlanta to test how will be building the transaction - will now be building the IG
 - Frank McKinney will be working on the IG
 - Pharmacy has sponsored with Financial Management co-sponsoring
 - used FM resources - for the connectathon
 - okay to proceed as is with Pharmacy as the sponsor
 - planning to ballot in January
 - NIB - to be submitted -
 - Goal to have draft IG by November 1st
 - will work with WGs on guidance
 - IG to be reviewed by November 1st
 - Shoot for rest of dates
 - IG Proposal must be submitted to FMG and approved by NIB deadline
 - [CARIN RTPBC Pharmacy WG topics - 20191007fm.docx](#)
 - NDC code - "representative" NCD11s are used in US e-prescribing
 - suggest that Frank should post on Zulip - to see if it should be 10 digit or 11 digit or both
 - in the real world - the source for NDC - is the knowledge bases rather than FDA
 - <http://build.fhir.org/ndc.html>
 - needs to be a freely available source for the data
 - NCPDP defined the definition for NCD11Product Identifier
 - Device orders
 - are devices in scope for ordering via MedicationRequest
 - may put this out of scope for this IG
 - may be able to use NDC for non-medications
 - FDA may require a UDI
 - CARIN may decide that if a product has a UDI, may be out of scope in initial phase
 - RxNorm
 - for e-prescribing - explicit constraint - convention to limit use to semantic brand name, semantic clinical drug, branded package, generic package
 - is it okay to constrain to these?
 - This is a constraint that can be put into the IG
 - Quantity
 - quantity UoM value sets - can constrain to what is needed, code system doesn't need to be in HL7
 - not sure which is needed
 - There is a NCI units of measure value set
 - could constrain the UOM or may need to create a new one - Jean can help with creating a value set if needed
 - Will figure out requirements and come back to us - if just need ml, gram, each - could constrain and create value set from UCUM
 - if need larger set - need to create new
 - Dispense as Written
 - substitution - could use boolean

- Preferred Dispensing Pharmacy - use dispensingRequest.performer
 - it is in R4
- to represent a prescription -
 - different than the Formulary IG
 - doing a pre-authorization of a prescription
 - okay to use claim resource, but if not, use MedRequest
 - The response coming back is "claim-like" with pricing but can be alternatives and pricing
 - Claim and ClaimResponse make sense
- October 14, 2019
 - Draft NIB: http://www.hl7.org/Special/committees/tsc/ballotmanagement/EditNIB.cfm?ballot_document_sdo_id=1074&Action=Edit
 - Motion - Jean Duteau - John Hatem - at approve the NIB - 6-0-0
 - Jean submitted NIB
 - Review draft RTPBC request mapping
 - [RTPBC material for WG discussion 20191014fm.xlsx](#)
 - Claim can reference the MedicationRequest but there is also some content already in Coverage
 - Use MedicationRequest to represent prescription information
 - Discuss referencing of NCPDP-maintained value sets (ECLs) such as...
 - Quantity unit of measure (NCPDP ECL 600-28 Unit of Measure. Three values: EA, GM, ML)
 - Residence Type (NCPDP ECL 384-4X. Values include Home, Skilled nursing facility, etc.)
 - RTPBC response contains processing codes (e.g., PA Required), DUR contraindication codes, etc.
 - Paul Knapp from Financial Mgmt. WG indicated they're facing the same thing with X12 value sets. Mentioned maybe using NamingSystem...?
 - Issues of value sets that are proprietary - NCPDP/X12 - need to determine how to create codesystem and valueset
 - Scott will look into this from an NCPDP perspective
 - Discuss Claim/ClaimResponse convention: Populate "native" elements in addition to attached resources... in order to ease processing at the recipient. E.g., Claim.item.productOrService.code = [the NDC], which is also present in the attached
 - Discuss bundling vs containing the supporting resources (Patient, etc.)
 - My understanding: *Contain* when the content isn't a complete representation of the thing
 - Seems to fit our use case, where the receiving party only needs bits of Patient, Practitioner, MedicationRequest information to do its work
 - But I understand there might be differences of opinion about when to bundle vs contain
 - *Does the Pharmacy WG have a position?*
 - what are you expecting receiving system to do with the information
 - if you are expecting to store - don't do it as a contained resource
 - MedicationRequest - could be done as a contained resource
- October 21, 2019
 - Review of spreadsheet
 - represents the information in the real time benefit check
 - the information that is being asked for -
 - response echoes this information but includes the cost
 - also working with Financial Management WG
 - Using the Claim Resource - in pre-determination mode
 - Patient Information -name, dob, gender and some address information (for matching)
 - Claim will reference supporting information - patient
 - Will reference MedicationRequest - will also include the patient
 - MedicationRequest
 - will use NDC
 - open item related to NDC-11
 - Frank has reached out to Rob Hausaum
 - suggested that a tracker item be added
 - Quantity and Units
 - will be using what has been used in NCPDP system
 - making appropriate for patient app
 - could use NCPDP value set for units - each, gram, mL
 - Can make value set of those three and include it in code
 - Days Supply and substitution
 - don't have those elements in claim
 - use the MedicationRequest - rather than creating an extension
- November 4, 2019
 - Have submitted the FHIR IG Proposal form to FMG
 - Have the IG in the FHIR Build site
 - The profiles are available for review - with some open items on how to represent in the Claim Response - will be discussing with FM
 - No existing items for discussion
 - <https://build.fhir.org/ig/HL7/carin-rtbpc>
 - Asked for feedback via Zulip Stream: <https://chat.fhir.org/#narrow/stream/208660-CARIN-Benefit.20Check.20IG>
- November 18, 2019
 - Frank McKinney - can we identify the kind of pharmacy (mail, retail, etc.)
 - John H/Scott r - we don't think so
 - Frank - in Organization there is a type, can we use that?
 - Good option. will need to have an appropriate value set. maybe from NCPDP? Jean D is working on similar work for X12, may be able to apply to NCPDP ECL/value sets.. Frank and Pooja will f/u with Jean
 - Pooja - Connectathon scheduled for December. A CMS event (not HL7). If anyone can look at the material, would appreciate feedback
 - Sign-up is open now for the upcoming December Connectathon. The Connectathon will take place at the New Wave office located at 2270 Rolling Run Drive, Suite 400, Windsor Mill, MD 21244 on December 9 and 10. The sign up can be found here: <http://bit.ly/DC-Connectathon-SignUp>

Pharmacy Templates

- July 8, 2019: Melva to reach out to Kai - complete
 - Forwarded Kai the ballot reconciliation spreadsheet - he will work on the updates
- August 4, 2019
 - Kai to produce final version
- August 12, 2019 - no update
 - Melva has emailed Kai to get an update
- August 19, 2019
 - Melva has been in contact with Kai. Will get update on next call
- September 9, 2019 - final version has been received
 - Publication Request will be approved in Atlanta
- October 7, 2019 - will be bringing revised publication request to Pharmacy for approval
- October 14, 2019
 - Updated version of Pharmacy Templates - was approved in Atlanta
 - [HL7 Pharmacy Publication Request - Pharmacy Templates.docx](#)
 - Melva will submit to HQ
- October 21, 2019
 - no update
- November 4, 2019
 - submitted publication to CDA Management Group
- November 18, 2019
 - approved by CDA Management Group
 - Melva sent it to TSC (Nov 6)

Medication List

- [Patient Medication List Guidance](#)
- Use of MedicationStatement/Usage
- November 18, 2019
 - no recent work to report

DaVinci PDeX Formulary Project

- Withdrawal of negative votes
 - Request to withdrawal has been sent
 - Suggest sending individual emails to negative commenters to get withdrawals removed
 - Melva to send out another request to withdraw.
 - Want to move to publish
- Publication Request - send to Pharmacy - for approval
- November 18, 2019
 - back in DaVinci's hands

FHIR

Trackers - [link to Jira trackers for pharmacy unresolved](#)

Triaged Trackers

- [#25122](#) - Medication.ingredient.strength - add Quantity
 - ask Michelle to provide example and more detail
 - November 18, 2019
 - Michelle responded. request to add a strength (ratio | codeable concept | *quantity*)
 - Motion to add quantity per request (Jean/Tim - 8-0-0) Passed
- [#24937](#) - [wastage of drugs on an administration](#)
 - most are documenting in some way
 - not sure if Epic and Cerner support this functionality
 - Have tagged Epic and Cerner in Zulip chat for feedback.
 - November 18, 2019
 - response from Danielle - currently a "waste" dispense type.
 - different situations for insulin or morphine.
 - need to define some use cases
 - ran out of time, continue on next call
- [#24831](#) - [add Pediatric Use Indicator to MedicationKnowledge](#)
 - discuss when Jean is on the call
 - November 18, 2019
 - came up during last connectathon. the is a use case. add to resource or as an extension
 - considering MedicationKnowledge.patientcharacteristic ... but the point of this element is for dosing/indication. still could work
 - tracker updated, notification to Vince McCauley
 - Motion: Persuasive (Jean/Tim - 8-0-0) Passes
- [#24700](#) - [medication-form-codes needs fix \(SNOMED link broken\)](#)
- [#24690](#) - [Clarification on Medication.amount needed](#)
- [#24651](#) - [update MedicationKnowledge to include both BOSS and PAI](#)
- [#24561](#) - [Add strengthCodeableConcept to MedicationKnowledge to represent trace/sufficient](#)

- #24105 - What is MedicationAdministration, MedicationDispense.supportingInformation and why is it in core?
- #24101 - Requirements for MedicationKnowledge
- #24100 - Review Pharmacy resources for changes based on Workflow
- #24099 - Review and update definitions of pharmacy resources
- #24098 - MedicationKnowledge QA
- #24097 - MedicationDispense QA
- #24096 - MedicationAdministration QA
- #24095 - Dosage - QA
- #24091 - Medication - contains Best Practice
- #19913 - Valueset for Dosage.method
 - This issue is related to the Zulip chat related to "infusions". Once we have improved the value set to support "IV Push" and "IV Bolus", it should be possible to query for all medications who have a route of Intravenous, and exclude in the query those medications who have a method of IV Push or IV Bolus.
 - See Pharmacy List Topic where this same issue is discussed.
 - Melva to reach out to Julie about how we can pick specific codes from the hierarchy
 - November 18, 2019
 - found after call: Julie did respond, we need to consider
- #16095 - Medication Knowledge Resource
- #15509 - Example Scenarios for Pharmacy
- #15136 - Conditional Dosages
 - Reach out to CDS to see if they have done any work in this space
 - Melva Peters Create examples from Oncology, NCPDP and GF19694

Waiting for Input

- #22933 - Make Medication Statement Status extensible
 - Melva to reach out to requester for more information
 - Status now Waiting for Input
- #20184 - binding for site in Dosage
 - Melva Peters to look for better hierarchy in SCT
 - November 18, 2019
 - found after call: Julie James provided feedback on SCT
- #17222 - Review Pharmacy resources to see if requirements for Medical Gases are met
 - this tracker is about the assessment of whether Medication Request resource could support anesthesia gas orders. We did receive a document from Anesthesia and will follow up with them about their use cases.
 - John Hatem will follow up with anesthesia regarding pharmacy feedback and to assess next steps
 - November 18, 2019
 - no response to date from Anesthesia WG.
- #20673 - MedAdmin category CodeableConcept
 - reach out to John Silva with a time limit for response - otherwise we will close
 - Status now Waiting for Input
 - November 18, 2019
 - found after call: John Silva was asked for more information by Aug 15 or this tracker would be closed. No response found

Any Other Business

- Plan a review session for new attendees via teleconference
 - Will plan to do this on the December 2nd Teleconference.

Next meeting

- November 25, 2019
 - Regular calls every Monday, 1600-1700 Eastern Time (between WGMs)
 - Dial-in Number
 - (515) 604-9344 (United States) Access Code: 443497
 - Dial string (for smartphones): +1-515-604-9344,,443497#
 - Web session
 - <https://join.freeconferencecall.com/pharmacy8>

Action Items