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 being Reaffirmed or proceeding to Normative directly after being either Informative or STU?	No
1e. Today's Date	
1f. Name of standard being reaffirmed	
1g. Project Artifact Information	
1h. ISO/IEC Standard to Adopt	
1i. Does the standard include excerpted text from one or more ISO, IEC or ISO/IEC standards, but is not an identical or modified adoption?	
1j. Unit of Measure	
2a. Primary/Sponsor WG	Project Services
2d. Project Facilitator	Craig Newman, Thanh Cheng
2e. Other Interested Parties (and roles)	
2f. Modeling Facilitator	AbdulMalik Shakir
2g. Publishing Facilitator	Craig Newman
2h. Vocabulary Facilitator	Shu McGarvey
2i. Domain Expert Representative	
2j. Business Requirements Analyst	Thanh Cheng, Mike Yaskanin
2k. Conformance Facilitator	Craig Newman
2l. Other Facilitators	

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.
Attachments	
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
3d. External Drivers	
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
3h. Project Dependencies	
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
3k. Additional Backwards Compatibility Information (if applicable)	
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
3o. Earliest prior release and/or version to which the compatibility applies	
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
4c. FHIR Profiles Version	
4d. Please define your New Product Definition	
4d. Please define your New Product Family	
5a. Project Intent	Create new standard, Implementation Guide (IG) will be created/modified
5a. White Paper Type	
5a. Is the project adopting/endorsing an externally developed IG?	No
5a. Externally developed IG is to be (select one)	
5a. Specify external organization	
5a. Revising Current Standard Info	
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
5e. I understand I must submit a Joint Copyright Letter of Agreement to the TSC in order for the PSS to receive TSC approval.	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
6d. List Developers of Externally Developed Content	
6e. Is this a hosted (externally funded) project?	Yes
6f. Stakeholders	Other
6f. Other Stakeholders	Public Health birth defect registries
6g. Vendors	EHR, PHR
6g. Other Vendors	
6h. Providers	
6h. Other Providers	
6i. Realm	U.S. Realm Specific
7d. US Realm Approval Date	May 21, 2019
7a. Management Group(s) to Review PSS	FHIR
7b. Sponsoring WG Approval Date	May 16, 2019
7c. Co-Sponsor Approval Date	
7c. Co-Sponsor 2 Approval Date	
7c. Co-Sponsor 3 Approval Date	
7c. Co-Sponsor 4 Approval Date	
7c. Co-Sponsor 5 Approval Date	
7c. Co-Sponsor 6 Approval Date	
7c. Co-Sponsor 7 Approval Date	
7c. Co-Sponsor 8 Approval Date	
7c. Co-Sponsor 9 Approval Date	
7c. Co-Sponsor 10 Approval Date	
7e. CDA MG Approval Date	
7f. FMG Approval Date	May 22, 2019
7g. V2 MG Approval Date	
7h. Architecture Review Board Approval Date	

7i. Steering Division Approval Date	Jun 03, 2019
7j. TSC Approval Date	

Version	1
Modifier	Anne Wizauer
Modify Date	Aug 20, 2019 20:55
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