2019-01-14 Q4 Meeting notes

Date

2019-01-14

Attendees

- see attendance page
- Chair- Craig
- Scribe- Erin
- 14 voters

Goals

- gForge 15931 - do we need to add to Immunization to point back to a MedicationRequest record? Aligns with Event.basedOn
- Review R5 timelines and general deadlines (FHIR ballot site)
- Review Security categorization on Immunization resources
- Update on the v2-FHIR mapping project

Discussion items

Time	Item	Who	Notes
5 min	Intro and Agenda Review	Craig	
15 min	gForge 15931	Ewout	gForge 15931 - do we need to add to Immunization to point back to a MedicationRequest record? Aligns with Event.basedOn • The recommendation was to have the order use a MedicationRequest.basedOn to include a reference to Immunization Recommendation. • Need to include a way to link back to the ImmunizationRecommendation • An IG could specify whether the basedOn element is referenced to either a MedicationRequest or ImmunizatinRecommendation. We don't think we need to include a possible reference to ServiceRequest because we think MedicationRequest is better. Cardinality 0..1 Medication Request is preferred (it can itself point back to an ImmunizationRecommendation). • Documented In GForge: We discussed an agreed that Immunization needs a "basedOn" element that is a reference to either a MedicationRecommendation or ImmunizationRecommendation resource with a 0..* cardinality. We don't think we need to include a possible reference to ServiceRequest because we think MedicationRequest is better. • Motion- Joginder moves to add a MedicationRequest.basedOn with a cardinality of 0..* as documented above. • Second- Dan Rutz • Should contact OO about cardinality. 0..* ? • Abstain-0 • Against-0 • For-14

25 min	Review R5 timelines and general deadlines (FHIR ballot site)		- Lloyd has sent out an email to co-chairs with questions that need to be answered- input for the FMG. - FHIR ballot prep wiki page doesn't look like its been updated for R5. - From Email: 1. Thank you for your work getting R4 out. We know how much everyone put in developing content and examples, performing and applying QA, resolving tracker items, etc. That effort is much appreciated. 2. What resources your WG is responsible for are candidates for normative in R5? What timeframe is reasonable to get those resources to that point? a. Nothing we have is close to normative. Immunization resource itself is probably closest but with larger recent changes probably needs to settle a while. Should be implemented and tested prior to going normative. R5 window- 18 months for publication. Were just made aware of a possible IHE FHIR project (Gemini). Gemini group was founded with a few people from HL7 and a few people from IHE to harmonize profiles after last connectathon. It was suggested that immunization was a good candidate (internationally). Proposed work product for this project is expected to be a FHIR Implementation Guide that carries the heritage of both IHE and HL7. Expecting a PSS to come through PH at some point. US is well established in V2 space, while places like Asia are just setting up their health networks and are doing so in FHIR. 3. What are your FMM targets for your other resources? Any issues getting to those targets? a. Will depend on progress on the Gemini project. For our resources, main hurtles would be number of implementers. 4. Do you have resources that are not progressing through FMM levels and, if so, what are the issues getting them to move? a. See number 2/3. 5. Are you expecting to be working on implementation guides or other FHIR activities beyond core work? a. BeSR, Imm forecasting, Imm clinical data, , stock piling PPE's, ODH, continued work on VR death and case reporting b. Vital Records Death FHIR- Typically get a poor report; attempting to FHIR to pull data from the chart against a rules engine to determine the likely cause of death for the physicians to review and approve. Not working off an IG as one isn't published at this time. AMS is currently working on an IG. Will schedule time for Paula to come to a PH call to give a status update on the project. 6. Any issues keeping up with your tracker items? a. Not at this time; we try to stay on top of items. b. GForge will be migrating to Jira. c. Some issues with running reports on tracker issues in trying to narrow down to the issues we specifically need to address. 7. Any other issues? a. Need to meet timelines b. Refer folks to Melva who has accepted a role in the IG management process group
25 min	R5 Scope-Immunizations	Craig	R5 Immunizations- Adverse Reaction; will be discussed Wed Q4 Adverse Event- could have been prevented but wasn't. When we started considering Adverse Event as a Resource to document these events associated with immunizations, there was questions about whether or not this is really just an observation. Adverse Event is a clinical significant decision, almost administrative that could be based on observations. Need to have more verbiage on Adverse Event to clearly articulate the use cases and describe its usage. Suspected vs Confirmed, almost begs a workflow discussion. This is an instance of something happening. Maybe get someone from the CDC VEARS system to discuss and understand what their definition of an adverse event and expected work flow. May want to invite Michelle to a future call. R5 Distinction between ImmunizationRecommendation (Security- Patient) and MedicationRequest for Immunizations. There is still back and forth regarding what the Immunization Recourse should be called, even though we found it non-persuasive. R5 ImmunizationEvaluation (Security- Patient); Could this concept of evaluation be applied to other use cases other than just immunizations? Dan mentioned evaluating a patient's response narcan.... positive response could be indicative of an overdose Contact CDS to discuss evaluation Talk with Jay Lyle for the impact on negation- this could be a use case for the white paper We could probably go back and provide more details in the definitions of the components.
10 min	Review Security categorization on Immunization resources	Craig	New Security Categorization in R4. - Resources as classified into 4 classes - Anonymous Read- anyone can read (Least restrictive) - Business Sensitive- no individual level data, but data on business or service sensitive - Individual-PII; include info on individuals that are not patients, like practitioners - Patient Sensitive- PHI patient info (most restrictive) - Not classified

10 min	Update on the v2-FHIR mapping project	Craig	We approved a PPS for the v2 to FHIR mapping project. • Tooling (Thurs Q0 to go over tooling options) • Prototyping mappings Started with trying to map data types. What a V2 data type maps to in FHIR may depend on the context; sometimes may map to a resource for example. They did a few data types and came to the conclusion that there will be different types of mapping. Need to start to looking at the messages and the segments. So they selected 5-6 messages to start with. In the VXU, PID matched to PID... but there is a lot that isn't a straightforward map, or doesn't map at all. In those instances, will need to determine whether or not extensions or additional values to value sets are needed. This should be determined based on need. How will the 80/20 rule apply? Maybe establish extensions or additional values as needed. Upcoming quarters where this may be discussed: TQ3, TQ4, WQ4, THQ3 Calls- every other week; but varies. Check with OO.

Action items

- [x] Talk with CDS to discuss immunization evaluation
- [x] Talk with Jay Lyle about immunization evaluation and its possible impact on negation
- [ ]