

2020-04-16 Patient Empowerment Minutes

Chair: [Virginia Lorenzi](#)

Scribe: [Dave deBronkart](#)

NOTE: This attendance applies if you are present at the related meeting/call, regardless if you have signed a different attendance for your WG.

Attendees

Present	Name	Present
Virginia Lorenzi	Virginia Lorenzi	y
Debi Willis	Debi Willis	y
Lloyd McKenzie	Lloyd McKenzie	y
Rachel Richesson	Rachel Richesson	y
Mikael Rinnetmäki	Mikael Rinnetmaki	y
Nancy Lush	Nancy Lush	
Lisa Nelson	Lisa R. Nelson	
Dave deBronkart	Dave deBronkart	y
Jan Oldenburg	Jan Oldenburg	y
Marie Moen	Maria D. Moen	y
Abigail Watson	Abigail Watson	y
John Moehrke	John Moehrke	
John Keyes	John Keyes	y
Bart Carlson (@AzubaHealth)		
Terrie Reed		y
Liz Murrans		
Lindsey Hogle		
Juana Romero		
Lisa Winstel		
Jose Costa Texeira	Jose Costa-Teixeira	

Meeting Info:

HL7 Patient Empowerment <https://global.gotomeeting.com/join/322275573>
United States: +1 (872) 240-3212,,322-275-573

Agenda for April 16, 2020

Our priorities chosen on April 9... who will lead each? Which do we bootstrap first?

- These two have existing projects in HL7:
 - Care Planning (Patient Care WG)
 - Consents (CBCP WG)
- New topics - no ongoing projects:
 - Patient *Contributed* Data - see discussion below
 - Corrections to Errors in the Record

Summary of action items

Virginia Lorenzi Re conflicting freeconferencecall info in meeting invites, send email to webmaster@hl7

All, see Action Steps at bottom of this agenda re what to do about each of the four priorities we chose

Agenda Outline	Agenda Item	Meeting Minutes from Discussion
Management	Welcome newcomers / COVID-19 "open mic"	
	Any other news?	<ul style="list-style-type: none">• Reminder: the 2020-05 FHIR connectathon will be virtual, May 13-15<ul style="list-style-type: none">• For news (now and during it) keep an eye on Zulip chat, and various Confluence pages• DevDays Cleveland June 16-18 will be virtual, including the first US Patient Innovator Track.<ul style="list-style-type: none">• First prize is \$2500 this time• Plus, the first-ever People's Choice Award! (Voted on by the Virtual DevDays audience, separate from judges)
Management	Approval of this Agenda	
Management	Prior call Minutes approval	approved

Management	Action steps for chosen priorities	<ul style="list-style-type: none"> • These two have existing projects in HL7: <ul style="list-style-type: none"> • Care Planning (Patient Care WG) (John Moehrke & Lisa R. Nelson are involved) • Consents (CBCP WG) (Abigail Watson has some knowledge) • New topics we'll define- no ongoing HL7 projects: <ul style="list-style-type: none"> • Patient <i>Contributed Data</i> • Corrections to Errors in the Record <p>=====</p> <p>Time to plan action, pick project leaders, get to work!</p> <p><input type="checkbox"/> For Care Planning (Patient Care) and Consents (CBCP): identify their existing projects for our chosen priorities</p> <p><input type="checkbox"/> For the new topics, start creating HL7 Project Scope Statements See How to Create a PSS from Template, which leads to this starter page.</p> <p>What's next in the HL7 method? Do we pick project leads?</p> <p><input type="checkbox"/> Dave deBronkart contact HL7 newsletter editor to see if we can get these into our article</p> <p>===== Today:</p> <ul style="list-style-type: none"> • Pt Contributed Data: Jan & Maria D. Moen • Corrections: Lloyd: Note, our role would not be to define policy and "shoulds" - our role is to define the infrastructure. Once that's done, the EHRs could say "Yeah, that's something we could do." Then the discussion can start about whether / when to do it. <ul style="list-style-type: none"> • Debi is passionate & would like to be involved but doesn't feel strong enough to lead. Abigail Watson is "very much involved" and has done some architecture work. • Maria points out that a correction protocol exists for clinicians to fix their own mistakes. Lloyd notes that it's very different when you introduce communication across boundaries - needs to be defined. No different from a clinician from System A wanting to fix something in System B • Dave notes that outside healthcare, the field of ODR (Online Dispute Resolution) has a robust <i>legal</i> workflow that's implemented globally. I've alerted them that we may be crossing paths. (So far, they don't get it) <p>Rachel notes that nursing interns may be a good resource for any of these.</p> <ul style="list-style-type: none"> • Consents: John Moehrke volunteered to give us a presentation on what's going on there. <p>=====</p> <p><i>From Mikael in the chat box re corrections - where should this go? My responses are in bold italics:</i></p> <p>Dave, some other notes I think would be valuable to capture:</p> <ul style="list-style-type: none"> • HIPAA requires the capability for patients to request their data be fixed, and organisations reacting to that <ul style="list-style-type: none"> • <i>By "organisations reacting" do you mean they are required to act on those submissions? (There's a common complaint from patients that the orgs often don't, so errors persist)</i> • Medication requests have a process for this <ul style="list-style-type: none"> • <i>Is that a group in HL7?</i> • Virginia: it's possible to send corrective data to other parties, but they only accept it on their own discretion. It's not a collaborative effort to build a consistent set of data.
Adjournment	2:00PM	