2022-04-07 Agenda and Minutes

Chair: Andrew Statler
Scribe: Austin Kreisler

User-Submitted Topics

One (1) hour will be dedicated to user-submitted topics each meeting. Please add your topics here within this section, instead of using comments; the comments may not be seen.

Add user-submitted in User Submitted Topics table in Agenda below.

PLEASE ADD YOUR ORGANIZATION NAME TO YOUR ZOOM NAME: RIGHT CLICK ON YOUR NAME IN THE PARTICIPANT LIST > CLICK ON "MORE" > CLICK ON RENAME . EXAMPLE: FIRST NAME LAST NAME (ORGANIZATION NAME) - IF NO ORG (SELF)

Agenda

1. Antitrust Statement (HL7 GOM §05.02):

   Professional Associations, such as HL7, which bring together competing entities are subject to strict scrutiny under applicable antitrust laws. HL7 recognizes that the antitrust laws were enacted to promote fairness in competition and, as such, supports laws against monopoly and restraints of trade and their enforcement. Each individual participating in HL7 meetings and conferences, regardless of venue, is responsible for knowing the contents of and adhering to the HL7 Antitrust Policy as stated in §05.01 of the Governance and Operations Manual (GOM).

2. Agenda Review
   a. Slot user-submitted topics into agenda

3. HL7 Business Updates (TSC, Vocab, CMG, PC, etc.)
   a. Co-chair elections: Sean Mcilvenna, Andrew Statler

4. External Updates (ONC, etc.)

5. May WGM Schedule Work
   a. Eric Haas: Slot: update on the Da Vinci Clinical Data Exchange (CDex) Project. (From Eric: At PIE WG Q3 May 11 and Wed Q4 for PC so any other time good for me.)

6. Co-Chair assigned order
   a. Project Proposals
   b. Project Scope Statements (enter "CO" for "Status")

7. Project Updates
   a. C-CDA Roadmap - Errata Updates, changes, long-term plans
   b. C-CDA Web Publishing
   c. CDA profile on FHIR Composition

8. User Submitted Topics (1 hour)

<table>
<thead>
<tr>
<th>Co-Chair Assigned Order</th>
<th>Name</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jay Lyle</td>
<td>Gender Harmony is working on design patterns for implementing GH data. FHIR is considering change to base resources, new extensions, and Observation profiles. V2 is considering changes to patient-level segments (PID, etc.) and OBX. Aligning approaches (i.e., core model vs. key/value observation objects) may be of value, and FHIR &amp; V2 hope to get to consensus at May WGM. CDA also has core (extension) and Observation template options. Jay can shepherd the CDA thread of this discussion, especially if the approach is to watch V2 &amp; FHIR agree first. Meanwhile, are there constraints that would make one or the other approach particularly difficult, or specifically advantageous?</td>
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<td>TSMG Request for CMG/SDWG: Review the un-stewarded V3 Code Systems to identify the ones which are used by CDA. Review the request and the task. Formulate a plan for when, how, and who will work on this between now and during the May WG meeting.</td>
</tr>
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</table>

   Time & Constraints

   | 15 | 5 | 10 |
You may or may not be aware, that New Jersey passed legislation earlier this year (https://www.njleg.state.nj.us/bill-search/2020/A4253) that requires “The gender identity, sexual orientation, and racial and ethnic information of a patient shall be included in laboratory orders generated by electronic medical record systems.” and that “A vendor of electronic medical records or laboratory information management systems that fails to comply with the provisions of this section shall be liable to a civil penalty of up to $1,000 for each day during which the vendor’s system is out of compliance.” As you would expect from legislation text, there is no explanation how vendors should actually exchange that data in a standard way, so CO has been working on a solution in collaboration with the Gender Harmony project and the PH WG and have compiled our thoughts around lab messages here: https://confluence.hl7.org/display/OO/Sexual+Orientation%2C+Gender+Identity%2C+Administrative+Sex%2C+Birth+Sex+-+specifically+the+table+on+SOGI+in+OML+messages. We were going request more ranking of the 2C+Birth+Sex+etc options, but the V2 Management Group discussed the issue on their call last Friday and has created the linked proposal, covering more domains (messages) than just lab instead, for which we are soliciting feedback instead: https://confluence.hl7.org/display/V2MG/V2+Management+Group+Proposal+for+a+Short-Term+Solution+for+Sharing+SOGI+Data

These are the questions:

1. Is the guidance proposed by the V2 Management Group acceptable for you?
2. Is there any part of this proposal which would prevent you from implementing the guidance?
3. Is this something you can support and live with as a short-term solution?

Please provide your input back directly on the confluence page (either by making changes on the page OR adding comments) by End of Day Thursday 4/6/2022.

Apologies for the tight timelines, but the deadline in NJ is coming up fast.

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## Minutes

### Antitrust Statement (HL7 GOM §05.02):

Professional Associations, such as HL7, which bring together competing entities are subject to strict scrutiny under applicable antitrust laws. HL7 recognizes that the antitrust laws were enacted to promote fairness in competition and, as such, supports laws against monopoly and restraints of trade and their enforcement. Each individual participating in HL7 meetings and conferences, regardless of venue, is responsible for knowing the contents of and adhering to the HL7 Antitrust Policy as stated in §05.01 of the Governance and Operations Manual (GOM).

### Agenda Review

1. Slot user-submitted topics into agenda
2. Slotted order of items
3. Approve previous minutes by general consent: 2022-03-24 Agenda and Minutes- minutes approved by general consent
4. HL7 Business Updates (TSC, Vocab, CMG, PC, etc.)
   - Co-chair elections: Sean McIlvenna, Andrew Statler - Just an informational topic notification - no questions
   - Lisa: CMG - is changing format to have rotating co-chairs
5. External Updates (ONC, etc.)
   - ONC Annual Meeting next week Wed/Thursday
6. May WGM Schedule Work - Schedule template needs to be created and begin to work on it next week
   - Eric Haas: Slot: update on the Da Vinci Clinical Data Exchange (CDex) Project. (From Eric: At PIE WG Q3 May 11 and Wed Q4 for PC so any other time good for me.)
7. Review
   - Project Proposals
     - Human Services proposal reviewed - Stated SDWG does not need to be involved
     - Patient Admin - Realtime location tracking - Made Comment SDWG does not need to be involved
   - Project Scope Statements (enter "CO" for "Status")
     - FHIR 5 PSS - Stated we reviewed and noted and will continue to work on FHIR responsibilities
     - Research- Added query on if work product will be composition
     - Public Profiles Library: Added query if an intended profile would be composition
   - Vulcan Real World Data: Added query on if work product will include composition
8. Project Updates
   - C-CDA Roadmap - Errata Updates, changes, long-term plans
   - C-CDA Web Publishing
8. User Submitted Topics (1 hour)

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<td>Jay - bring the attention of this project to CDA and will shepherd “Bakeoff”: To compare work being done and analysis to change. V2 management group has picked the most common method in V2 currently - with making/needed changes. Targeting a Gender Harmony specific IG in September with examples and discussion FHIR considering changing to extensions CDA Extensions and FHIR extensions are very different Project under Gender Harmony PSS Gay will help Jay, Sean Muir will also help</td>
</tr>
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<td>2</td>
<td>Lisa Nelson</td>
<td>• Follow-up with SDWG on emerging process for using Github to be the repository for CDA IGs – See is any additional documentation is needed to explain this process to others, or if we are done for now.</td>
<td>Lisa and Russ have been working on the GitHub structure and how to use. This topic is where should we document the process, CDA MG has a google doc that describes the process Located here: CMG Dashboard Also we should put above link on SD pages</td>
</tr>
</tbody>
</table>
| 4 | Lisa Nelson | TSMG Request for CMG/SDWG: Review the un-stewarded V3 Code Systems to identify the ones which are used by CDA. Review the request and the task. Formulate a plan for when, how, and who will work on this between now and during the May WG meeting. | Terminology Services Management Group (TSMG)  
Austin noted the version of the RIM that CDA uses is 2.07  
Austin wants to know why M&M is not designated as stewards of all of these things  
Linda - wonders if they are not looking in the right place.  
Austin will take a first pass |
| 3 | Austin Kreisler | SOGI Data in V2 Messages - a short term solution proposal from the V2 Management Group  
You may or may not be aware, that New Jersey passed legislation earlier this year (https://www.njleg.state.nj.us/bill-search/2020/A4253) that requires “The gender identity, sexual orientation, and racial and ethnic information of a patient shall be included in laboratory orders generated by electronic medical record systems.” and that “A vendor of electronic medical records or laboratory information management systems that fails to comply with the provisions of this section shall be liable to a civil penalty of up to $1,000 for each day during which the vendor’s system is out of compliance.” As you would expect from legislation text, there is no explanation how vendors should actually exchange that data in a standard way, so OO has been working on a solution in collaboration with the Gender Harmony project and the PH WG and have compiled our thoughts around tab messages here: https://confluence.hl7.org/display/OO/Sex%2CIde%2CI%2C%20Orientation%2C%20Administrative%2C%20Birth%2C%20Sex%2C%20etc. - specifically the table on SOGI in OML messages. We were going request more ranking of the 6 options, but the V2 Management Group discussed the issue on their call last Friday and has created the linked proposal, covering more domains (messages) than just lab instead, for which we are soliciting feedback instead: https://confluence.hl7.org/display/V2MG/V2Management+Group+Proposal+for+a+Short-Term+Solution+for+Sharing+SOGI+Data  
These are the questions:  
1. Is the guidance proposed by the V2 Management Group acceptable for you?  
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3. Is this something you can support and live with as a short-term solution?  
Please provide your input back directly on the confluence page (either by making changes on the page OR adding comments) by End of Day Thursday 4/6/2022.  
Apologies for the tight timelines, but the deadline in NJ is coming up fast. | The ask is for various groups to comment on the proposed solutions.  
V2 Medical records - chapter 9 is the location  
SDWG has proposed that we don’t have a particular interest in this V2 urgent representation - but we do know that participants in this WG (RobM) are involved and he knows what has gone on in C-CDA wrt SOGI (Gender Harmony). Added this comment to the confluence page |

CDA-20035 ValueSet Care Team Member Function urn:oid:2.16.840.1.113762.1.4.1099.30 does not contain Case Manager - Vote on resolution  
Motion Made by Gay to accept proposal as written/ Lisa seconded - no further discussion, Motion carries 20/0 /0  
From Rob after:  
2.16.840.1.113762.1.4.1099.27 has now been updated to intensional as specified. New def version is 20220408 and there will be an expansion “version” of the same date. I have also set a publication of a new expansion version - same id - for the grouper 2.16.840.1.113762.1.4.1099.30  

9. Recurring Topics (30 minutes) - No items  
a. STU Comments  
b. FHIR Tickets  
c. Work on Clinical Document profile changes  
   i. CDA to FHIR Alignment Table
Meeting Adjourned at 11:36 ET

Attendees (from Zoom report):

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<tr>
<th>Name (Original Name)</th>
<th>Join Time</th>
<th>Leave Time</th>
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<tr>
<td>Ann Phillips</td>
<td>4/7/2022 9:58</td>
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<td>Austin Kreisler (Leidos)</td>
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<td>Becky Gradi (Academy of Nutrition and Dietetics)</td>
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<td>Benjamin Flessner (Redox) (Benjamin Flessner)</td>
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<td>Brennon Bohol - Allscripts</td>
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<td>Brett Marquard (WaveOne Associates)</td>
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<td>Jay Lyle (self)</td>
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<td>Lisa Nelson (MaxMD)</td>
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<td>Matt Szczepankiewicz</td>
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<td>Natasha Kreisle (Natasha Kreisle)</td>
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