EHR WG Minutes 2022-04-05

HL7 Electronic Health Record Work Group Weekly Conference Call

Every Tuesday 1900 UTC; 1500 ET US; for 60 minutes

To join the HL7 EHR WG Meeting:

Zoom Conference Call Information  https://zoom.us/j/5860741097?pwd=K0l4Yzk5Yy9BcF5SlZoOTlzbormdz09

Meeting ID: 586 074 1097

Phone Number: +1 (646) 558-8656 US (New York) Find your local number:  https://zoom.us/u/adRxukaOZi

Presiding Co-chair: Pele Yu, MD
Scribe: Mark G. Janczewski, MD,MPH

Attendance

<table>
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<tr>
<th>Attended</th>
<th>HL7 Members</th>
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Materials:

1. Minutes from EHR WG Weekly Teleconferences, located at:  https://confluence.hl7.org/display/EHR/EHR+Weekly+Teleconference+Minutes

Agenda:

1. **VOTING ITEMS**

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<td>Approve Minutes from 2021-03-29</td>
<td>Mark</td>
<td>Greg</td>
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2. Upcoming May 2022 HL7 WGM Calendar Discussion:  **EHR WG 2022-05 HL7 WGM (Virtual) Agenda** - Revised per discussion today.

3. Co-Chair Elections are coming up this summer

4. Tooling Update (Michael van der Zel and FP leads)
   a. **EHR-S Usability FP** – No update. The tool does not have the ability to consume a new Usability (“U.x”) section; John to discuss with MvdZ. See Project Updates below (4.b.) for further details.
   b. **Pediatric HIT FP** – Function List complete, ready for Publication. Waiting on MvdZ to compile. Should be ready this week.
   c. **Podiatry FP** - Function List complete, ready for Publication. See Project Updates below.
   d. **Problem-Oriented Health Record (POHR) FP** - Ballot reconciliation finished; now putting into JIRA process. Tooling won't start until team starts mapping the functions and CCs with FHIR Resources. See Project Updates below.
   e. **FHIR Record Lifecycle Event Implementation Guide (RLE IG)** - Will be converted to independent FHIR IG, separate from FHIR Core
   f. **EHR-S FM Release 3** – Will continue review and planning for R3 per below near end of this document.

5. **Project Updates**
   a. **#1502 - ISO 13606-3/FHIR Implementation Guide (PSS in Confluence)** - This is an item that we have had a PSS for over a year, but for an unknown reason the TSC has not approved it. The actual project is underway, with regular meetings being conducted, now concerning a cross-mapping project ISO 24305 ([https://www.iso.org/standard/78390.html](https://www.iso.org/standard/78390.html)) dealing with FHIR IG and EHR communication ISO 13606 ([https://www.iso.org/standard/67868.html](https://www.iso.org/standard/67868.html)) and CONTSYS ISO 13490 ([https://www.iso.org/standard/26789.html](https://www.iso.org/standard/26789.html)). This is a bidirectional mapping. Questions being asked by Anne Wizauer at HL7 HQ include the first 4 items below.
      i. Target dates in PSS section 4.e. will need to be updated
      ii. HL7-managed project document repository location in PSS Section 3.i. will need to be updated with a location other than the Wiki, as it’s been retired.
      iii. Joint copyright isn’t noted, but the scope looks like it mentions joint products. Is that correct, and will joint copyright be required?
      iv. There was a comment that MnM thought that this should be STU rather than Informative – was that ever resolved?
      v. Most of the work is being done on mapping 13606 to FHIR via biweekly meetings.
      vi. Due to new requirement to map to a particular release of FHIR, team is working on mapping using the current FHIR R.4.0.1
      vii. Questions remain about adopting R.5. Lloyd Makenzie has announced that FHIR R.5 is to go through two ballot cycles after this May cycle; with a STU Publication of R.5 in early 2023. R.6 would be the next Normative Release, probably sometime in 2024.
      viii. PSS for this project needs be reformatted and put in JIRA per the TSC. Gary is working on this.
b. **EHR System Usability Functional Profile (John Ritter)**
   
i. Gary had a conversation with Dave Schlossman about 12 days, who indicated that about 200 or the approximately 600 CCs have been properly formatted and could be passed on to MvdZ. John confirmed that. MvdZ is to get a “test” file of these 200 CCs to see how that works with the tool.
   
ii. John working with David Schlossman to harmonize “breadcrumb trails” to tie back to CCs. Gary suggested developing a T1.11 section. John had developed U.1, U.2, ... for Usability. The alternative would be to make these all into a T.11. See above Tooling remarks.
   
iii. Balloted 2x, reconciled 2x. UFP spreadsheet being finalized. John has discovered the linkages to the CCs in EHR-S FM R.2, PHR-S FM R.2 and to other FPs. John is working with David Schlossman MD to finalize input spreadsheet. Met last on 25 Feb 22. Then will be ready for tooling to create Function List for Publication. (Demerit on Work Group Health due to delay to publish.)
   
iv. ISO TC 215 Formal vote on Fast Track resolution is forthcoming (ISO National Member Bodies are voting to affirm Fast Track for both FMs). Formal Fast Track approval will then commence. Still awaiting full ISO TC215 approval; being conducted via e-mail. Fast-track ballot should be closing 3 March 2022.
   
v. ISO designation for EHR-S FM R.2.1 is ISO 10781 designation; PHR-S FM R.2 is ISO 16527. Ballot packages for their Fast-Track approval process are being prepared.
   
vi. Ballot on the ISO side should take place in next month.
   
vii. Outside groups are interested in the PHR-S FM R.2 (e.g., Health Record Banking Alliance [HRBA]).
   
viii. Should invite Daniel Vreeman (CSDO for HL7) and Dr. Viet Nguyen (CSIO for HL7) to one of our next WGM Quarters - perhaps Thursday, Q3 or Q4. This topic is one which these two individuals need to stay informed.
   
ix. John has been invited to talk to some Brazilian students about the PHR-S FM this afternoon.

d. **Podiatry FP (Michael Brody DPM, Reed Gelzer MD PhD) - Deferred**
   
i. Reconciliation of the 2021SEP Ballot is complete.
   
ii. Updated Podiatry Function List has been generated from the Tool. Thanks to Michael Van Der Zel!
   
iii. Dr. Brody will post the reconciliation results, negative in the process of being officially withdrawn, and then submit the Publication package.
   
iv. Dr. Brody looking to resume the Friday calls - to be announced.
   
v. Podiatry will not meet next May 2022 WGM

e. **Dental FP (Greg Zeller, DDS) - No changes since last meeting**
   
   
ii. Plenary on 23 February - plan was to review/approve NWI ADA 1108.
   
iii. Greg asked about ISO TC215 WG2 developing a data exchange standard for dental research, much like CCDA for dental records in general. Gary suggested considering perhaps another FP, such as a Dental Research FP. Need to make sure which ISO base EHR-S FM base model is referenced in the Dental Functional Profile. Greg believes the Dental FP is based on EHR-S FM R.2.1. He also notes the Provider Information Exchange (PIE) WG did develop CCDA and FHIR IGs (ANSI 1084) for exchange of dental record data. Greg wonders is they should develop a separate ISO standard; Gary noted we have a similar situation with INTERPAS having several “pieces” from different SDOs. So, there is a piece from CEN (the data model); HL7 created a FHIR IG and a CDA IG; then there’s a SNOMED lexicon from IHTSDO; finally there is an IHE part to this. Greg to further investigate and get back to the WG as he progresses.
   
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f. **Reducing Clinician Burden Project (Gary Dickinson)**
   
i. On Monday 28 Feb 2022 there was a presentation about the MedKnowts (https://uist.acm.org/uist2021) EHR effort at MIT (David Sonntag) and Beth Israel Deaconess (Dr. Stephen Horng) Boston on EHR enhanced with a limited AI/ML capability. One notable outcome was their reduction in keystrokes for clinicians. EHR RCB will continue to collaborate with these individuals, as well as Pat Baird (Philips) and Dr. John Gachago (NIH), who briefed the team on 17 March 2022. Outside groups are interested in the PHR-S FM R.2 (e.g., Health Record Banking Alliance [HRBA]).
   
ii. Dr. Viet Nguyen provided an update of the HL7 daVinci project on 14 March 2022.
   
iii. Last meeting was yesterday 28 March 2022 with a presentation by Dr. Lindsey Stevens (Pediatrician at Stanford).
   
iv. Next meeting on 11 Apr 2022 with presentation with Dr. Barry Newman on legal aspects on RCB.
   
v. The 25 Apr 2022 meeting to focus on "SAFER" (patient Safety, etc.) guidelines.
vi. Medication List Management and Reconciliation Focus Team continues its work. Lead: Reed Gelzer MD. Meets most Thursdays at 1700 ET US. Next meeting is 7 Apr 2022. It is not yet an official HL7 project as list of deliverables has not yet been defined. Members of the HL7 Pharmacy WG have now joined this Focus Team.

vii. Work continues to develop a white paper in collaboration with ISO TC215 WG1, focused on burden reduction. Outline is in place. The work item and corresponding resolution has been approved by ISO TC215 WG1. Will solicit input from ISO National Member Bodies (35 member bodies participating plus over 30 more observing nations) and build on RCB’s current draft white paper. Approved at ISO TC215 Plenary Session and published as ISO 4419. Dave Schlossman is leading RCB for TC215 WG1 this effort. Artifacts include a 2-page Outline and 2-page overview. This is an Informative document.


ix. Interesting concept about development and adoption of standardized AI Logic Models vetted by US government and/or academia/industry. One question would be where does ISO, and HL7, “play” in this place?

x. On 9 May 2022 during the HL7 WGM we will devote the 2nd half of the RCB sessions with a talk by Dr. John Halamka (now at Mayo Clinic)

ii. Problem-Oriented Health Record (POHR) Project (#1831) (Lincoln Weed)
   i. Joel Buchanan reviewed the final dispositions and responses for Ballot Reconciliation. Ryan Mullin (Cerner) is taking over Joel’s duties.
   ii. Lincoln leading the effort with Mark assisting to use the HL7 JIRA Process to provide reconciliation feedback to ballot voters. Lincoln and Mark have had ongoing communication with Melva Peters at HL7 HQ on the process for providing dispositions to ballot vote “issues” in JIRA, and then how to forward these on to the original commenters and then to the EHR WG for final approval vote. Likely the team will send groups of comments to the EHR WG for approval.
   iii. POHR alternates with RCB in the Monday 1500 ET time slot. Next meeting 5 April 2022.
   iv. Yesterday’s 5 Apr 2022 meeting discussed starting to map the PHOR to FHIR “Condition” Resource. Ryan spent most of the session providing an overview of the FHIR Condition resource to the project team. This is key. We need to recognize that FHIR was not developed with POHR in mind so the group has a large task ahead to help FHIR evolve. POHR’s goal is to improve how the data on either side of an exchange are better rendered. There are various data elements within the Condition resource that may be challenging to map, such as “Rule Out” conditions (e.g. should that be excluded from the Problem List; not to be added until it has been confirmed as final diagnosis).
   v. Next step is mapping to FHIR resources starting after end of March 2022. One of the items is to take the existing FHIR “Condition” resource and show how that maps to the POHR FP CCs. See examples provided by MvdZ https://vdzel.home.xs4all.nl/pofp/ Was discussed with project leads on Tuesday 1 Mar 2022.

vi. Looking forward to development of an Informative White Paper.

h. Pediatric Care Health IT Functional Profile (PCHITFP) (Dr. Pele Yu)
   i. Request for Publication is forthcoming. Michael van der Zel working on compiling the FP into the EA tool.

i. FHIR Record Lifecycle Event Implementation Guide (RLE IG) (Gary Dickinson) - Deferred
   Will be converted to independent FHIR IG, separate from FHIR Core, as requested by FHIR Infrastructure Group. There is now a tool to allow developing a new independent IG. There are 27 Record Life-Cycle Events. Provenance and Auditing are the two major RLE events that make up the bulk of this content. PSS has been developed and approved by vote on 1 March 2022. Looking to update and publish a RLE FHIR IG mapped to FHIR R. 4 (and eventually R.5)

j. Mobile Health Work Group’s SHIFT (School Health Innovation Framework leveraging Technology) Project (John Ritter)
   i. SHIFT: Will continue after the EHR-S Usability FP is finished.
   ii. SHIFT: Gora and John met against last nweek and developed a one page “flyer”; upcoming Executive Summary to be about 5 pages long. The SHIFT White Paper will be about 80 pages. Executive Summary now being worked on; hope to complete soon.
   iii. SHIFT: Gora Datta and Matt Graham (from the Mobile Health Work Group) continue to meet from 11 pm to 12 midnight ET most Mondays to flesh out more of the Executive Summary and other document updates
   iv. John met with Scott Robertson and Matt Graham from 11:00 pm to midnight on 2022-03-21 and polished more of the Executive Summary document’s text. During our analysis of the list of Objectives and Goals we discovered that we had not yet (specifically) named Administration of Communications and Administration of Workflow (or Calendar/Scheduling) as key ingredients of a
fully functional school health information system (that fully supports school health services). So we added them to the Executive Summary.

- John asked the WG last week to think about the creation of a “School Functional Profile” or profiles that could include SDOH or other areas.
- John to try to get some HL7 and HIMSS experts to weigh in on the Pennsylvania Health IT Implementation Plan.

6. EHR-S FM R3
   a. The EHR WG intends to invest time brainstorming structure and content of the next release of the EHR-S FM (i.e., Release 3) during its weekly conference calls.
   b. During last HL7 WGM the EHR WG had a session devoted entirely to EHR-S FM R3. Approximately 8 people attended and Gary provided a history of the FM as well as noting development of FPs and nations versions.
   c. Need to examine interchange with other HL7 standards. We need to ensure that the EHR-S FM continues to be relevant!
      i. Data requirements. May need map to FHIR Resources? Terminologies? One concern is in mapping FHIR resources, should it be done at the Function or CC level?
      ii. May want to map to some workflows (if there are some standards)
      iii. Consider discrepancies between USCDI and other standards.
      iv. Could EHR-S FM R.3 be an “integration” standard?
   d. At this point we need to develop a plan for going forward:
      i. Goal - What final product do we want to have?
      ii. Mission - Evolve current EHR-S FM R2 to be integrated with other published HL7 standards (e.g. FHIR)
      iii. Scope
      iv. Major tasks
      v. Timeline
   e. Michael VdZ would prefer to continue mapping to FHIR. The list management section mapping is underway. Try to expand CP1.4 to get a more complete mapping.

7. EHR WG Event and Parking Lot Discussions (NOTE: Unless otherwise specified all conference calls use the same Zoom meeting link as listed at the top of this document.) -
   a. EHR WG PBS (Project / Ballot Status) metrics
      i. EHR WG is in “Yellow” status, but it is not clear why based on the spreadsheet from HL7 HQ. Awaiting update before WGM.
      ii. As noted previously, PHR-S FM R2 is awaiting ANSI approval for final publication. The EHR-S Usability FP should be ready soon for publication. Finalizing these two items will satisfy a longstanding deficit in EHR WG PBS metrics.
      iii. All other required items are “green” (up to date), noting that we do have some updates (specifically our governing documents) needed in 2022.
   b. Inactive Projects
      i. All inactive and complete projects where we are primary sponsor have been addressed. However there remain a number of projects that appear to be inactive and where EHR WG is a co-sponsor. We are working with designated project leads and/or the sponsoring WG to get these items properly status(ed).
   c. Collaboration with Human and Social Services WG (John Ritter):
      i. Tentative Incremental Activities
         1. Referrals - Need to get a Referrals expert
         2. Case Management - Mark J. can talk a bit about this
         3. Child Health Information concurrent with Social Information - Pele
         4. Child Health and Welfare
         5. Connecting ERs with Child Protective Services
         6. Lack of Universal CDS
         7. Challenges of Handoff from one Provider to Another
         8. Double entry/double duty challenges
         9. Working with EMI and Gravity Project
         10. Capture and project SDOH content into the Health Record
      ii. List of EHR WG artifacts, projects, and plans that may be of particular interest to the HSS WG
         1. Functional Models
            a. EHR System Functional Model R2.1
            b. PHR System Functional Model R2
         2. Functional Profiles
Pediatric HIT Functional Profile - Pele
b. Problem Oriented Health Record Functional Profile
c. Immunization Functional Profile

3. Special projects
   a. SHIFT - School Health Innovation Framework leveraging Technology

4. National and International stuff

5. MAY2022 HL7 WGM EHR-HSS WG Joint Meeting
   a. List of proposed HSS WG activities that may be of particular interest to the EHR WG

   d. Meetings – Unless otherwise specified these all use the GoToMeeting platform
      i. Podiatry FP meets most Fridays at 1200 ET US - will restart after Publication is finalized.
      ii. Reducing Clinician Burden: Every other Monday (1st and 3rd) at 1500 ET US (alternating with the
          POHR meetings). Next meeting is 28 Feb 2022.
      iii. Reducing Clinician Burden/Medication List Management and Reconciliation team meets most
           Thursdays at 1700 ET US (uses GoTo Meeting). Next meeting is 17 Feb 2022.
      iv. Problem-Oriented Health Record Focus Team meets every other Monday at 1500 ET US
          (alternating with the RCB meetings) (uses GTM)
      v. Dental Functional Profile; currently on HOLD until after Feb 2022 virtual Chicago meeting. Uses
         Zoom.

   e. Re-envisioning HL7 WGM EHR Mega Report-Out
      i. Discuss whether/how to conduct future EHR WG Mega Report-Out sessions at upcoming HL7
         WGMs. We will defer Mega report out to next F2F - Baltimore, Sep 2022.

Adjourned at: 4:10 PM ET

Next meeting: 2022-04-12

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