# 2023-09-05 Meeting notes

## Date

05 Sep 2023

## Attendees

### Attendees

| Attendee | Name | Affiliation |
|---|---|---|
| | Alex Kontur | ONC Public Health Analyst (COR) |
| | Brett Marquard | HL7 US Realm Senior Advisor |
| | Matthew Rahn | Acting Director, Standards Division |
| | Gay Dolin | HL7 US Realm PM |
| | Carmela Minicucci Couderc | ONC - Branch Chief, Terminology and Content Delivery |
| | Albert W. Taylor | ONC - Medical Informatics Officer |

## Goals

- Review and approve US Core current USCDI V4 Design for US Core V7 https://hackmd.io/e5qRCypiRPC5ws8iRSH03A
- Update on Lab Result Specimen Condition Acceptability and Lab Result Interpretation vocabulary discrepency issue

## Discussion items:

WGM Design Sessions:

- Wednesday   Q3/Q4 - US Core/C-CDA design!
- Thursday Q2- Roadmap to US Core in CGP

| Item | Notes | Acknowledgements of understanding of current design approach or public design approach discussion plans (attendee names) |
|---|---|---|
| Procedures - Performance Time | <ul><li>Brett reviewed current design and requested reaffirmation that we would not bring in Medication Administration</li><li>Carmela expressed some concern wrt that US Core does not have Medication Administration, but understand the community/stakeholder burden.<ul><li>Easy for us to create a profile</li><li>Hard and large LOE for the community/implementers</li></ul></li></ul> | <ul><li>Agreed on July 27th that NO NEW profiles would be brought into US Core. Please confirm this is acceptable.</li><li>09-05-2023 - NO NEW profiles will be brought in to capture Time and/or date a procedure is performed. Agreed to by: Carmela Minicucci Couderc and Albert W. Taylor</li></ul> |

| General Overview | <ul><li>The team could only stay on for 30 minutes so we provided an orieintation to the design approaches within HackMD and requested that the ONC Team members review the design approaches beore the WGM next week</li><li>Some key design issues to review:<ul><li>**Medication Adherance** - is an extension with Medication Adherence Observable Entity Code 418633004 at code and SNOMED finding codes at value, correspondingly in C-CDA will be an Observation with the "answer" value set at observation.value. We believe we may get pushback from pharmacy for not bringing in MedicationStatement</li><li>**Facility Location:** It looks like the approach in FHIR and C-CDA may be different given the historical use of SDLOC Location template within the document context and not historically always going through encounter first which is what US Core vendors are currently asking for<ul><li>Will discuss the C-CDA approach with the C-CDA to FHIR mapping folks and the SDWG, C-CDA vendors</li></ul></li><li>**Treatment Intervention Preference** and **Care Experience Preference** US Core will closely align with PACIO ADI Work, but will create a profile based on *US Core Simple Observation*, with compatible vocabulary bindings and emphasis on using Observation.value.string to capture the narrative text, as opposed to requiring the text element as PACIO currently does (US Core Vendors' request). We believe we may get some pushback from PACIO, but hoping we can work with them and that someday PACIO can derive from US Core. C-CDA will align with the C-CDA Advance directives work update about to be published and determine if simplification is needed for the USCDI data elements.</li></ul></li></ul> | |
| US Core and C-CDA alignment Heuristics | We reviewed the US Core and C-CDA alignment heursitics and asked for feed or concerns. None were expressed and Carmela agreed that this was a worthwhile effort.<br><br>The heuristics will be voted on this week on SDWG weekly call thursday<br><br><ul><li>Lab Result Specimen Condition Acceptability and Lab Result Interpretation vocabulary discrepency issue</li></ul> | |

## Action items

- [ ] Albert W. Taylor and Carmela Minicucci Couderc will get back to us as soon as possible about