

Sunday 17th January

Evening

Meeting on Templates and Archetypes

Jane Currie, Mark Shaferman, Martin Kernberg, Russ Hamm, Duncan Cambell, joined later by Lloyd McKenzie, Stan Huff and others.

Jane expressed the need for information to be shared regardless of where it is initially captured and how it is moved.

Templates should be an HDF artefact. Current schema are initially in MIF format. Need to constrain cardinality, value sets and value sets based on another value. Sam suggested that it was more complex than this.

Mark stated that he wants to see HL7, CDA and CEN 13606 interoperate. We have the basic clinical semantics, then the organisational structure within the document. Another thing we could look at is the clinical things first, then how they are represented.

Martin – he would like to see a collaborative effort using the tools that do each bit the best.

Examples:

CBC

ECG

BP

Chief complaint, reason for encounter

Monday 18th January

Q1,2: Planning meeting with Linda Fischetti and Gary Dickinson (co-Chairs) for EHR SIG meeting. Discussions with Russ Hamm from Mayo about the role of OWL in archetypes.

Q3: Structured documents

I presented the archetype editor and parser to a joint meeting with Structured Documents and EHR SIG. The plan outlined at the Sunday evening meeting was presented by Mark Shaferman, to test different approaches to constraint definition. There was broad acceptance of the relevance of the approach and its fundamental contribution to interoperability.

Q4: Templates

Discussion with Peter Elkin and Gerard Freriks regarding the appropriate approach to dealing with terminology. After a long discussion it was felt that we needed to keep coherence between code phrase expression of information and explicit expression of the same information within archetyped data structures. There was also recognition of

the need to offer 'palettes' or archetypes that provided a consistent and widely used approach to terminology.

TSC Meeting – Monday evening

Under guidance from the chair I did not proceed with Ed Hammond's proposal to promote the EHR SIG activities to the level of a Technical Committee. I raised the issue of how centralising the activities of HL7 on the RIM, a good deal of participants are alienated and do not recover. I stated that the new EHR Functional Model offered a specification of the functions that we should be trying to achieve and could bring the committees together under a user based umbrella. This was strongly rejected by others – perhaps as I said that the committee should operate as a RIM free zone!

Tuesday 19th January

Q1 Templates

Meeting with Mark Shaferman, Peter Elkin, Martin Kernberg, Dipak Kalra and others.

This meeting was devoted to how v3 artefacts are going to be constrained in an effective manner. It is my opinion that this is very going to be very difficult – but Lloyd is going to have a go at using OCL and other things

Q2 Internet 2

I met with Mary Kratz to discuss high band width developments in the health field. She expressed the need to store information specific to telemedicine contacts in the EHR and was interested in the archetypes that might be required to do this.

Q3 Joint meeting EHR SIG & Vocabulary

This meeting was a head-to-head on the appropriate way to deal with terminology within archetypes – Stan Huff and many others were of the opinion that SNOMED terms should be the basis for archetypes – even though their own systems do not base anything on SNOMED!! When we tried to find terms for use in some of the simple archetypes it was very difficult and many were not present. The subsumption hierarchies were not available that suited the use we had in mind. I was approached by the Canadians after the meeting to say that they thought it essential that we did not base archetypes on SNOMED. I found the discussion interesting, and did not find any of the arguments vaguely persuasive, and neither did the members from the EHR SIG. We will be able to move on this with time if it becomes persuasive in the future.

Q4 Joint meeting EHR SIG & Decision support

At this meeting the EHR SIG presented the functional list in the Decision support area to the Decision support TC. They were generally happy with the list.

EHR SIG Meeting

Wednesday, Thursday and Friday 20th-22nd January

I was re-elected as the committee co-Chair.

There was a presentation by the board of the NHII request to HL7 to develop an EHR standard. This will involve reviewing the following work:

- GP2GP transfer
- Continuity of care record (ASTM)
- *OpenEHR*

The rest of the 3 days was taken up in the refinement and consolidation of the Functional model and standard – this will be available for review in a few days and will go to the Standards Australia meeting on the 17th Feb 2004 in Sydney as well as to the HL7 Australia list.

Sam Heard