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| **eHealth Exchange Testing Workgroup Meeting**  | Agenda: | X | Minutes: |  |
| Facilitator: | Didi Davis | Date:  | 2016/02/09 |
| Note taker: | Matt Blackmon | Time:  | 3-4:00PM (EST) |
| Co-Chairs  |
| Bouhaddou, Ph.D., Omar | X | Southerland, Tone | X |
| Attendees |
| Bannister, Larry |  | Kopecky, Mike |  |
| Baus, John |  | Lamy, Joe | X |
| Blackmon, Matt | X | Leighty, Steve |  |
| Berkley, Patty |  | Leftwich M.D., Russ | X |
| Botts, Ph.D., Nathan |  | Lyle, Jay |  |
| Buckner, Joelle |  | Mangus, Chris |  |
| Chinault, Sheila |  | McCaffrey, Andrew |  |
| Clark, Darren  |  | Nadella, Srikanth |  |
| Cole, George |  | Odom, Kati |  |
| Cook, Ruth | X | Prahl, Marty |  |
| Davis, Didi |  | Ramage, Jason | X |
| D’Amore, John |  | Roberts, John |  |
| Donnelly, John |  | Rodrigues, Deepthi |  |
| Green, Tim |  | Schramm, David |  |
| Heflin, Eric |  | Seaver Leale, Amy |  |
| Hossain, Ummey |  | Seitz, David |  |
| Hudson, Gretchen |  | Soat, Elaine |  |
| Huynh, Sovann | X | Sterling, Leigh |  |
| Hyland, Mario |  | Stewart, Ryan |  |
| John, Virginia |  | Swall, Marie |  |
| Joseph, Kevin | X | Tyburksi, Michael |  |
|  |  | Weaver, Melissa | X |

**Published Agenda with Meeting Notes**

* Welcome & Attendance (Omar B., Tone S., Didi D.)
* Approval of [02/02/2016 Minutes](http://ehealth-exchange-testing.wikispaces.com/file/view/2016_01_19_Testing_Workgroup_Meeting_FINAL.docx/572376035/2016_02_02_Testing_Workgroup_Meeting_FINAL.docx) (Tone S.: M: Ruth Cook/S: Melissa Weaver)
* Matt provided an update on the configuration of the Google group: <https://groups.google.com/forum/#!forum/ehealth-exchange-testing>
* Didi provided an update on Testing Workgroup Tiger Team including an invitation for any interested parties to participate: [https://ehealth-exchange-testing.wikispaces.com/Resources+and+Samples](https://ehealth-exchange-testing.wikispaces.com/Resources%2Band%2BSamples)
* Didi provided an update related to The Sequoia Project at HIMSS16: <http://sequoiaproject.org/himss-2016/>
* Omar lead a robust continued discussion related to the Implementation FAQ/pain points particularly related to Clinical Notes. Please note the quotations and remarks are recorded from the written notes of Matt Blackmon, and are not intended to represent a transcript or obligation from the speakers, but rather to capture the spirit of the conversation.

Marty Prahl posed the question “Where do I place a clinical note?” with the observation that there are multiple possible locations: a discrete note, or encounters section, or results section, or procedures section within a CCD document. HL7 allows for any of these and that leads to the problem of flexibility.

Dr. Russ Leftwich noted that creating a separate document would require an extraordinary workflow and perhaps more so than including it in the CCD which is possible. The question is "What is a clinical note?" It could be so many different things. Most clinicians would like to see the narrative--but that may not necessarily be the most informed comment. There has been a recent discussion on the HL7© FHIR® list that is concerning as well. There is in HL7 work being conducted on a companion guide to C-CDA 2.1.

ACTION: Sequoia Staff will coordinate with ONC and HL7 to determine how to facilitate sharing lessons learned from our Testing Workgroup to the ongoing discussions within HL7 and other events such as Implementathon-A-Thons.

Marty: SSA has seen our partners provide this in several different ways including separate documents and summary of care documents. The issue is trying to develop consistency.

The SSA thinks of documents around three axises:

1. Type of Document

2. Format: is it txt, pdf, C-CDA

3. Version: Is is a CDA 1.1, 2.1, pdf 1.6, 1.7

Marty remarks that “I have to handle all of those because patients have a lifetime of records.”

Omar notes the two approaches of the VA:

1. The VA has the encounters, then encounter notes below.

2. Epic, etc... lists the encounters, and then requires another query to retrieve the encounter notes.

3. Send any encounter inside the same progress note (regardless of inpatient, outpatient, etc... )

Melissa Weaver remarked: “Most of what I can be found are in physician notes so perhaps the notes should be weighted in some way.”

Russ Leftwich also noted: “The problem is higher level. The issue is to the use the Discharge Summary for various purposes and what does that include or mean. Admission Meds/In-hospital Meds/Discharge Meds and CCDs not designed for three different meds lists. There are probably other issues there as well. The issue is using the template for something it was not intended to be used for.”

Due to time, the conversation was continued to the next meeting.

* The next regularly scheduled meeting of The Testing Workgroup will be Tuesday, February 16, 2015 at 3 pm EST.
* The meeting was adjourned. The recording is [available](https://recordings.join.me/4y57l0pit02Llr4F3CTO6A).