

----- Original Message -----

Subject: strucdoc digest: December 29, 2012
From: Structured Documents digest <strucdoc@lists.hl7.org>
To: strucdoc digest recipients <strucdoc@lists.hl7.org>
CC:

STRUCDOC Digest for Saturday, December 29, 2012.

1. RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
2. Re: HITSP value set stewardship
3. RE: HITSP value set stewardship
4. RE: strucdoc digest: December 28, 2012

Subject: RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
From: "Brian Zvi Weiss" <brianzviweiss@gmail.com>
Date: Sat, 29 Dec 2012 22:11:31 +0200
X-Message-Number: 1

Bob and Lisa,

I was very encouraged to see this follow-through and what was expressed below by Lisa is very consistent with what I think needs to happen next.

In parallel to working on the foundational issues (like template versioning), the process/infrastructure issues (help desk, how to manage the disambiguation agenda, etc.), I would suggest that a good parallel step might be to start maintaining a list (on a suitable wiki page or whatever) of the specific topics that require disambiguation in C-CDA - where "disambiguation" means some combination of: more extensive examples (always needed), clarity on specific points, consideration of evolving a new template that adds constraints (and in extreme cases, changes the rules), updates to the explanatory text in the IG (that are not "errata"), etc. I think this parallelism will help us get to the desired results more quickly.

Scanning the threads of the last couple weeks, here are some starter items for the list:

- 1) Use of ASSERTION in observations
- 2) Use of "concern act" in problems - rules of the road on "appropriate/inappropriate usage" (e.g. not putting the whole problems list in one concern, possible best practice to limit to one observation per concern, how to represent historical evolution in concern, etc.)
- 3) Use of "concern act" in allergies

- 4) If we continue to advocate multiple observations in one concern in some cases, clarity on how status and effectiveTime works for those
- 5) Allergies to non-consumables (in general, much broader coverage in examples of common classes of allergies)
- 6) Meaning of effectiveTime in Smoking history
- 7) Reported inconsistency in use of "value" in Advanced Directive and whether to use a negationInd or a specific code for a request that something NOT be done
- 8) Whether an entry's referenced narrative text has to come from the same section as the entry or if it can be anywhere in the doc
- 9) Patient Education value sets
- 10) Reported inconsistency between Functional Status Problem Observation and Cognitive Status Problem Observation regarding use of nullFlavor for the problem observation value
- 11) Over-restrictive constraint on number of telecom elements to exactly one for procedure performer and organization
- 12) Use of observation code/value in Family History
- 13) Representation of maiden name
- 14) Medication effectiveTime for "single administration"
- 15) Use of value set for medication status observation
- 16) Expression of not having an address (validators requiring nullFlavor not only of addr, but also streetAddressLine and city)
- 17) Expression of provenance
- 18) Use of "SHOULD/SHALL contain zero or more."

To the above list I would look to add elements from various "best practice formulation" efforts undertaken by group (e.g. S&I Framework, EHR-HIE Interoperability Workgroup) or individuals (e.g. Josh's work on collecting best practices). I would also look to add to the above list by reviewing the "errata" list and transferring from there the items that were classified as "not errata" because they reflected a need for clarification/change of substance which is out-of-scope for errata.

I think having a list of 50 topics like this will also help shape the right decisions on the foundational/process/infrastructure discussions. Just like examples are the most powerful help us understand a C-CDA topic, "examples of issues" will be the most effective way to make sure the infrastructure being put in place is suitable-to-task.

For your consideration.

Brian

From: Lisa Nelson [<mailto:LisaRNelson@cox.net>]
Sent: Friday, December 28, 2012 18:20
To: 'Bob Dolin'; 'Brian Zvi Weiss'
Cc: 'Structured Documents WG'; 'Mead Walker'; 'Kumara Prathipati'; 'Josh Mandel'
Subject: RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts

Bob,

Sounds good. If it is decided that a Task Force is the right approach for concentrating some effort on this topic, I will volunteer to be involved. Hopefully others who have been participating in this thread would step forward too, if it goes that way. I'll also volunteer to work with Rob Hausam to make sure there is good connectivity with any needed update/discussion with the Terminfo group in Phoenix regarding the use of Assertion as the concept code in an observation.

Thanks to all for generating the energy to bring this into focus.

Lisa R. Nelson, MS, MBA | Consultant | Life Over Time Solutons | cell:
[401.219.1165](tel:401.219.1165) | Westerly, RI | LisaRNelson@cox.net

From: owner-strucdoc@lists.hl7.org [<mailto:owner-strucdoc@lists.hl7.org>] On Behalf Of Bob Dolin
Sent: Friday, December 28, 2012 10:31 AM
To: Lisa Nelson; 'Brian Zvi Weiss'
Cc: Structured Documents WG; 'Mead Walker'; 'Kumara Prathipati'; 'Josh Mandel'
Subject: RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts

Hi Lisa,

I've added it to our agenda [[http://wiki.hl7.org/index.php?title=SDWG Jan 2013 Phoenix Agenda](http://wiki.hl7.org/index.php?title=SDWG_Jan_2013_Phoenix_Agenda)] as a potential topic. We can look at potential time slots on our next teleconference.

Meanwhile, I'm thinking it might be good to form a Task Force here. There are many issues to be thought through. What do you think?

Thanks,

Bob

From: Lisa Nelson [<mailto:LisaRNelson@cox.net>]
Sent: Friday, December 28, 2012 6:08 AM
To: 'Brian Zvi Weiss'
Cc: Structured Documents WG; 'Mead Walker'; 'Kumara Prathipati'; 'Josh Mandel'; Bob Dolin
Subject: RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts

Brian,

It sounds like you won't be coming to Phoenix, sorry to hear that. Kumara, will you be there?

I agree with the sentiment that you have expressed. We need to find a way to work on this plane while we are flying it. I don't think that is an impossible mission, and I think we must put energy into figuring out how to do this successfully. This type of on-going commitment to what we have created is a basic cost of ownership issue that goes with developing a standard. As an industry, we own this type of continued investment in the technology we invent to address problems we have decided need to be solved. We have stated that we need these standards to achieve meaningful use of our healthcare information. We must therefore sustain them, in their immature state now, and over the full course of their life cycle. It is our responsibility to make these standards work to achieve their intended purpose.

I believe we can do it. We need to do the disambiguation, develop the examples, and then release clarified guidance (which could involve adding some additional constraints) in a way that doesn't break everything we have already put in place. I think that template versioning plays a key role in developing the ability to do this, which is why I'm focusing there first. Once we have clearly defined how to do versioning, then we will have the mechanism to release, for example, a new Problem Observation or Problem Concern Act template which is a new version of the existing template but includes the revisions which we determine will add the needed clarity without breaking our prior constraint assumptions. It is a tricky puzzle to solve, but I'm certain it can be done.

Bob, would it be appropriate to ask if is there a place in the SDWG agenda where we could discussion of starting an effort to disambiguate/clarify and provide examples? Maybe this could be rolled in with the larger topic you are considering about how to address processing errata and providing guidance. It sounds like all these issues belong together in an overall "sustainability plan" for CDA.

Lisa

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From: owner-strucdoc@lists.hl7.org [<mailto:owner-strucdoc@lists.hl7.org>] On Behalf Of Brian Zvi Weiss
Sent: Friday, December 28, 2012 5:05 AM
To: 'Lisa Nelson'
Cc: 'HL7 Structured Documents'; 'Mead Walker'; 'Kumara Prathipati'; 'Josh Mandel'; 'Bob Dolin'
Subject: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts

Thanks, Lisa. I would hope Kumara would be part of that group as not only is he the one who surfaced both issues (I'm just trying to follow-through on his questions), but I think he is consistently demonstrating a very practical implementation-friendly simplified approach, with clinical substance behind it. I'm happy to sit in on such a group, but I can only provide facilitation and summarization services focused on getting unambiguous clarity that I (as a litmus test) can understand. Not qualified to weigh in on the substance.

That said, I think we have to be very careful here when it comes to how we approach evolving the standard, now that it is baked into MU2 and the "train has left the station" on that.

In my thread yesterday with Bob re. my expectations for active "disambiguation" of the spec by HL7, my assumption was that we were looking to create additional constraints that would further refine the ones we already have in order to eliminate ambiguity in the implementation of those existing constraints - but without changing the existing constraints.

But here you are (as Kumara was earlier) referring to potentially substantively changing the spec. I'm not arguing the correctness of your recommendations - they make sense. But as in my earlier comments to Kumara, I think we need to be very careful to keep separate the issue of "how the spec should change/evolve" from "support infrastructure". Really there are three categories here:

1) Support infrastructure for answering questions that don't have implications for changes in the spec (I think this goes to the core of the "Help Desk" concept that Bob noted was on the agenda in Phoenix)

2) Resolution of ambiguities via additional constraints (what Josh terms "best practices") being added to the spec (initially as "best practice guidance" and then working their way into the next release of the spec)

3) Evolution of the spec itself to change how things are done (creating new constraints that contradict the previous ones)

Though all three are related and all would be part of a "complete infrastructure for maintaining a released spec" - they each have their own set of issues.

In #1, I think the key issue is to what level HL7 wants to be involved here, the business model for funding it (e.g. membership only), the resulting SLA and infrastructure, etc.

In #2, I think the key issues are:

A. What is the right way to handle the process in both an authoritative and timely way, given that the cycle for full revisions of a spec and all the associated process for attaining consensus via balloting, etc. is too slow and we can't leave so many fundamental ambiguities out there for the market to sort out one pairwise integration at a time.

B. What is the commitment level of HL7 to focusing on this agenda rather than just "moving on" to the next version of the spec, other standards, etc. and the infrastructure for making it work

In #3 I think the key issue is what the rules of the road are once the train has left the station, as I noted above. MU2 rules are working their way into certification testing infrastructure and are actively being worked on by vendors who have high levels of pressure and urgency to get their products "MU2 certified" quickly. The implications of changing up the rules on them midstream is worrying.

As Bob noted in his mail to me, potentially the concern in #3 also exists with #2. But in #2 I think it is OK (and a must) to provide timely "preview guidance" as to what the next planned level of constraints to address ambiguities will be, so people know the "right answer" even though the "wrong answer" is still officially conformant. But in #3 it's tougher.

Of course at the end of the day, as you noted, we shouldn't have to live forever with a significant mistake (from a practical implementation perspective) once we've identified it. Just saying it's tougher to navigate the whole issue of backwards compatibility when a particular release takes on a life of its own as part of something like MU. I think it would be a something of a nightmare if the latest C-CDA spec was not consistent with what was being tested (or planned to be tested soon) for the latest (or upcoming) MU certification round.

So I would caution us re. the "enemy of 'good enough' being 'perfect' ". As long as we disambiguate and provide enough examples, the market will manage through the stuff that has us now scratching our head and asking "how did we end up with this strange construct". Not ideal, but probably not tragic - as long as there is a clear, single, right way to create/interpret the information and it is possible to get in the data into the document. The time may have passed for "doing it better".

Good luck to all going to Phoenix, I look forward to hearing the outcomes of those meetings.

Brian

From: owner-strucdoc@lists.hl7.org [<mailto:owner-strucdoc@lists.hl7.org>] On Behalf Of Lisa Nelson
Sent: Friday, December 28, 2012 01:52
To: 'Brian Zvi Weiss'; 'Mead Walker'; 'Kumara Prathipati'; 'Josh Mandel'

Cc: 'HL7 Structured Documents'

Subject: RE: <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4"/>

Brian,

I thank you for bringing up both this issue about the use of "Assertion" in the code element of an observation and the syntactical issue of the outer Problem Concern Act that can group several Problem Observations into a single Problem Concern.

I have been very concerned about the use of "Assertion" in the observation templates you have identified and several others too. (Check out some of the Problem Observation examples on page 442 of the C-CDA IG. They show the use of "Assertion" as the observation/code/@code even though the value set established for the code element does not include "Assertion" as one of the value set codes.) Also, my experience testing CDA Documents for Connectathon has revealed that vendors do not adequately represent Problem Concerns in the narrative text of a Problem Section. They are revealing a "structured representation" of the machine readable entries which does not show, in a humanly readable way, the relationship of the outer Problem Concern which wraps the Problem Observations. Vendors just aren't getting this (in my opinion).

I think it is very important to examine the impact and rationale for using "Assertion" and further delve into the Problem Concern Act and what its use implies for implementations. Now that we are beginning to get some real implementation experience, I think we should step back and see if we truly understand the impact of our earlier design choices, in order to confirm if they all still make sense or not.

Would it be possible to get this topic onto the SDWG agenda in Phoenix? I think it is time we clearly understand what this decision implies for the practical use cases of the data. I would not be at all surprised if something that we thought made sense a couple of years ago, turns out not to be a good idea, now that we see the implications for implementation. I think this topic about the use of assertion and the other topic about the use of the outer Concern Act need to be carefully scrutinized to make sure our implementation guidance makes sense in light of what we are envisioning for quality measures which are highly dependent on being able to identify problems in a patient's record. Now that we have a clearer picture about how Quality Measures are specified (HQMF) and how patient-level quality documents are created (QRDA), I think we need to make sure that our implementation guidance for recording problems, lines up with the envisioned future uses of the information.

Please add my name to a list of people who would like to up the priority given to this topic, and would support working with a group interested in

really getting into Problems in deep detail (Conditions v. Symptoms v. Findings v. Complaint v. Functional Limitation v. Diagnosis v. Problem v. Assertion) and the issues of if the use of these various possible concept descriptors as an observation/code/@code. I believe this should be a top priority for further investigation/refinement.

Regards,

Lisa

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From: owner-strucdoc@lists.hl7.org [<mailto:owner-strucdoc@lists.hl7.org>] On
Behalf Of Brian Zvi Weiss
Sent: Thursday, December 27, 2012 4:44 PM
To: 'Mead Walker'; 'Kumara Prathipati'; 'Josh Mandel'
Cc: 'HL7 Structured Documents'
Subject: RE: <code code="ASSERTION" codeSystem="2.16.840.1.113883.5.4"/>

Note: I changed the subject back to what it was on this thread earlier, as Kumara's reply below was inadvertently made on a different thread about allergies.

Kumara,

If I understand you correctly, the case you are making for the code/value of an observation being a question/answer with "code" always being present (or nullflavor), is really more an argument about what SHOULD be the case in your view, rather than what IS the case. Correct?

The white paper from the Terminfo project talks to the role of code in the RIM as being "the action taken in making the observation". It jumps through a lot of hoops to even justify "Body Weight" being a "code":

This example is not in line with strict interpretation of the formal RIM definition in which the Observation.code is the action taken to make the observation. However, it is a more familiar form in real-world clinical statements about many observations. A possible bridge between these two views is to regard the name of the property observed (i.e. "body weight") as implying the action to measure or observe that property.

So, the definition of "code" becomes "action of observing or the property

observed" - and for situations where you don't have either of those, ASSERTION (not a nullflavor) is used for "code".

I'm not saying those were good decisions or arguing with you that we wouldn't be better off with what you recommended below.

But I do think it's important that we keep separate:

1. "support" questions about how the standard is to be implemented (resolving ambiguity, establishing best practice, need for more examples, etc.).
2. questions/challenges on the standard itself (that have to be addressed in future versions and other standards creation work)

I'm still not 100% clear if this listserv is the place for both of those agendas - I think it is. Either way, it has to be clear to all when we are involved in a discussion about #1 and when about #2.

So, if we limit ourselves to #1 for a moment on this topic, I don't think your explanation works because it doesn't seem aligned with what the C-CDA spec requires. The C-CDA spec is clear on where ASSERTION has to be used (setting aside my question about the two templates that have a SHOULD instead of a SHALL and I don't know why) and other guidance on what values or value sets are legitimate for "code" in other templates.

I do agree that having examples instead of descriptive text would be a big improvement in the kind of "Implementation Note" document I wrote. This is a bit of a challenge for me right now, personally, and something I will need help with, but it is definitely a direction I will try to take.

Thanks!

Brian

From: Mead Walker [<mailto:dmead@comcast.net>]
Sent: Thursday, December 27, 2012 19:36
To: 'Kumara Prathipati'; 'Brian Zvi Weiss'; 'Josh Mandel'
Cc: 'HL7 Structured Documents'
Subject: RE: ALLERGY SECTION QUESTION

Hello Kumara,

I think your suggestion of illustrating points of possible confusion with examples is a great one.

However, it does seem one of your examples sits on the minority side of a much earlier debate about the use of code and value/

Namely,

Observation/Code = heart murmur

Observation/value = absent

I think the more conventional approach would be:

Observation/Code = ASSERTION

Observation/value = heart murmur

Mead

By the way, I have always thought that one of the drivers behind this was the desire to identify preferred code systems for observation code (LOINC) and observation value (SNOMED and others (although hopefully only SNOMED to some))

From: owner-structdoc@lists.hl7.org [<mailto:owner-structdoc@lists.hl7.org>] On
Behalf Of Kumara Prathipati
Sent: Thursday, December 27, 2012 12:19 PM
To: Brian Zvi Weiss; Josh Mandel
Cc: HL7 Structured Documents
Subject: Re: ALLERGY SECTION QUESTION

Brian,

To help many many thousands of coders and business analysts working in EHR, HIE companies..

we have to make this simple, simple and more simple..

I will explain like this

Observation/Code = question

Observation/Value = answer

some times answer does not require a question (then u can use nullflavor).

This happens when answer is self explanatory

Examples

Observation/code = manifestation

Observation/value = skin rash

Observation/Code = Temperature

Observation/Value = 99.8

Every observation must have /code and /value

Observation/Code = wound depth

Observation/value = 2.2 cm

Observation/Code = heart murmur

Observation/value = absent

I can a 1,000 examples applicable in health care.

I see no need to explain in 10 sentences but need to give 20 examples.

Then no one has to attend courses to understand.

Any one can implement CCD/CDA.

For heavens sake, at least give lot of examples with various clinical situations.

EXISTING SYSTEM IS TOO COMPLEX, COMPLICATED, CONFUSING, FRUSTRATING.....

Kumara

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archives <http://lists.HL7.org/read/?forum=strucdoc> | Unsubscribe
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Subject: Re: HITSP value set stewardship
From: John Donnelly <jtdonnelly@intepro.biz>
Date: Sat, 29 Dec 2012 16:09:37 -0500
X-Message-Number: 2

John et al.

As Rob accurately highlights the distinction between stewardship vs hosting/distribution roles, using AHRQs USHIK resource could be a natural solution for at least the later role. USHIK has been capturing ONC content metadata since HITSP incl OID references and could possibly be utilized for the value sets themselves as well.

This would provide a single hosting resource for all value sets independent of steward.

Re the stewardship role, having the right set of stakeholders involved is critical as noted previously. In this regard, the VSAC appears to be the natural coordinator for clinical data elements but other orgs might be more appropriate for less clinical, aka general demographic or informational, value sets.

John

Sent from my iPhone

On Dec 28, 2012, at 4:22 PM, "Moehrke, John (GE Healthcare)" <John.Moehrke@med.ge.com> wrote:

> Are there not many different levels for this governance to take place? One wants to have governance take place as broad as possible. Yet the level that it takes place at must consist of the stakeholders so as to get the strongest agreement. HITSP was one of these places, it was at the USA-region level and contained participation from all the various stakeholders. It definitely lacked a mechanism to sustain, and thus was not a good location. Going up to NLM surely has many benefits but might be too broad, not contain the proper stakeholders?

>

> How about HealtheWay (now where NwHIN-Exchange and NwHIN-Direct are managed)? They own and manage many specifications and do have formal mechanisms for maintenance. <http://www.healthewayinc.org/> I know of discussions such as we are speaking about that happen inside this organization on a weekly basis.

>

> How about regional-domains for standards like HL7 or IHE? I know that neither HL7 nor IHE have historically had a strong USA base, but the IHE-USA is starting to take form. <http://iheusa.org/>

>

> The S&I Framework could also do some of the work, but it fails in the same way that HITSP failed. That is that it is an initiative that has no sustaining mechanism and only exists at the will of the current administration. Thus although S&I Framework is a useful body to have Stakeholder discussions, ultimately the concrete specifications must be moved to a sustaining organization.

>

> Many options, I just wanted to extend the list so that the "right" place can be found. I am not sure how a consensus is achieved and responsibility transferred. I do want the right place to be found, as otherwise we will keep reinventing.

>

> John

>

> From: owner-strucdoc@lists.hl7.org [<mailto:owner-strucdoc@lists.hl7.org>] On Behalf Of Robert McClure MD

> Sent: Friday, December 28, 2012 2:30 PM

> To: Case, James (NIH/NLM) [E]; W. Ted Klein; Jay Lyle
> Cc: Structured Documents WG; HL7 Vocabulary List; Wes Rishel; Floyd Eisenberg; Ivor D'Souza; Julia Skapik; Kevin Larsen
> Subject: Re: HITSP value set stewardship
>
> Jim (and others),
> I think the issue Ted, Wes, and Jay are discussing is what I would call "stewardship" - who is responsible for the activities of "governance" on an ongoing basis. The steward of a value set (or other artifacts) takes on responsibility for the original work plus the ongoing maintenance of the artifact. I would not include "hosting and distribution" as a required aspect of stewardship because in many cases the steward will not be able to provide that technical function. I would include the following elements as the function of a steward:
> Responsible for the content and intent. They may actually have another entity do the actual terminology work to "author" the content, but in doing so the steward still is the responsible entity for defining and approving the final product.
> Responsible for regular upkeep. This means review of the content against intended use, changes in clinical/administrative needs, and changes in the underlying base code system. Again, the steward may work with another entity (the actual author) to get the work done, but the steward is held responsible for the current content.
>
> Given the above, there are likely many value sets "in use" (by that I mean referenced in a "profile" or an IG) where the steward is unclear. And even among those where the steward seems to be known (perhaps we know the author and hope they are functioning as a steward), they may not have accepted the stewardship role. Finally, there will be (certainly are already) situations where a value set had a steward but that steward is not willing or able to continue to be a steward.
>
> So we need to clarify the stewardship situation for lots of important value sets. VSAC is focused, but is absolutely not limited to, Meaningful Use value sets at the moment. So for all the value sets (code systems also have the same function required) that will be in VSAC, we will:
> Determine if there is a steward identified.
> If an active steward is identified, that information will be available for users to review. One aspect of the VSAC is to provide support for stewardship activities.
> If there is no steward, we will need to determine if an active steward can be identified and provide support for ongoing maintenance (timing on this is TBD).
> If no steward can be found, then it is my hope (I am not speaking for the NLM here - only what I would like to see occur) that the NLM will work with interested organizations - particularly ONC, but others too - to create a process where a steward can be identified and supported so that updates and maintenance for the value set(s) can be assured.
> It may be that some value sets will be "orphaned" in that no steward can be found. In those cases it may be that the value set will note this situation and implementors will have to manage accordingly. Again, it is my hope that VSAC will provide a suite of tools that makes stewardship relatively easy, perhaps through the use of easy access and review of value sets such that we can have "crowd-source" commenting to help identify changes and improvements. Note, I'm not saying that we'd have a "social-steward", but we could have a better system to rapidly identify maintenance requirements so it's not "all on the steward." By such a method, perhaps we'll reduce the orphaned list to a small number.
>
> I agree with Floyd that one potential pathway forward is that once we have gone through the above identification process, we can bring this information to the ONC (the HIT-SC seems like a good starting point) and work with one of the working groups to determine a best course of action for "orphans".
> _____
> Consultant to ONC/NLM on terminology
> Robert McClure MD : [303.926.6771](tel:303.926.6771) : rmcclure@mdpartners.com
>
>
>
> On Dec 28, 2012, at 10:35 AM, "Case, James (NIH/NLM) [E]" <james.case@mail.nih.gov> wrote:
>
>
> Ted,
>
> As far as I am aware, all of the value sets that were identified for the approved eMeasures for MU stage 2 are

available from VSAC (<https://vsac.nlm.nih.gov>). You would be well advised to point those that have vocabulary questions to that site. The VSAC is the "source of truth" for all of these measure value sets.

>

> Jim

>

> James T. Case MS, DVM, PhD, FHL7, FACMI

> Health Program Specialist, SNOMED CT

> National Library of Medicine, National Institutes of Health

> James.case@mail.nih.gov

> Cell: [301-412-9287](tel:301-412-9287)

> Skype: drjtcase

>

> From: owner-vocab@lists.hl7.org [mailto:owner-vocab@lists.hl7.org] On Behalf Of W. Ted Klein

> Sent: Friday, December 28, 2012 8:54 AM

> To: Jay Lyle

> Cc: Structured Documents WG; HL7 Vocabulary List; Wes Rishel; Floyd Eisenberg; Robert McClure

> Subject: Re: HITSP value set stewardship

>

> I argued strenuously back when HITSP was active that value sets need governance. It could never be made to happen. I am hopeful that the new VSAC

> effort at NLM will begin to address this problem. HL7 is barely able to do a substandard job in maintaining the value sets it has authored for its own

> internal concepts; there is no funding or manpower to do a better job, or to take on any value set maintenance for anything else, regardless of what

> kind of regulations the value sets show up in.

>

> For a long time I have advocated that folks register the OIDs for the value sets they create, only to have one central place where folks can look up the OID

> and get some clue who is responsible for it, without having to engage in extended sleuthing to discover this. The CDC has been pretty good about registering

> many of these, but few others seem to do it much.

>

> I am concerned because questions about Quality Measures keep coming up around the vocabulary, and I don't know of any authoritative sources of truth

> for the sets of codes to be used, and in some cases even the identifier of the value set to be used. This whole thing resembles some kind of hot potato

> that no one wants to hold on to for very long.

>

> -Ted

>

> On Dec 28, 2012, at 11:23 AM, Jay Lyle wrote:

>

>

>

> Sharing Floyd's perspective. Sounds like we may need a general approach for "things HITSP" identified explicitly or implicitly by Meaningful Use, including

> 1. formal and explicit adoption of specific instances of artifacts

> 2. identifying owners

> 3. succession planning for any owners that are not going concerns

> 4. agreeing on who has the authority to do 1-3

>

> Jay

> ----- Forwarded message -----

> From: Floyd Eisenberg <FEisenberg@iparsimony.com>

> Date: Fri, Dec 28, 2012 at 9:56 AM

> Subject: Re: HITSP value set stewardship

> To: "Rishel,Wes" <Wes.Rishel@gartner.com>, Jay Lyle <jay@lyle.net>

>

>

>
> Wes and Jay,
>
> I suspect that these value sets are currently orphans and have not been adopted as yet. However, I think it makes sense for the HIT Standards Committee to recommend them to be maintained and updated by the NLM Value Set Authority Center (VSAC). That is the current and ongoing 'parent' for Meaningful Use value sets for quality measures and it has addressed payer, preferred language and other value sets. Each is generally owned by a sponsor (e.g., payer is 'owned' but the Public Health Data Standards Consortium). Now that the Vocabulary Task Force has been dissolved, I suppose the Operations Workgroup of the Standards Committee is the appropriate group to take on the issue and refer it to the NLM VSAC.

>
> Does that make sense?
>
> Thanks
> Floyd
>
> Floyd Eisenberg, MD, MPH, FACP
> iParsimony LLC
> Tel: [202 643-6350](tel:2026436350)
> email: FEisenberg@iParsimony.com
>
> From: "Rishel,Wes" <Wes.Rishel@gartner.com>
> Date: Wednesday, December 26, 2012 12:37 PM
> To: Jay Lyle <jay@lyle.net>
> Cc: Floyd Eisenberg <FEisenberg@iParsimony.com>
> Subject: Re: HITSP value set stewardship
>
> Jay, if you get a clear response on this and it only goes to Vocab would you forward it to the other list or to me? I have been trying to figure out the answer to this for awhile. Some people are also referring to HITSP for ownership of quality measure codes.

>
> From: Jay Lyle <jay@lyle.net>
> Reply-To: Jay Lyle <jay@lyle.net>
> Date: Wednesday, December 26, 2012 8:12 AM
> To: Structured Documents WG <strucdoc@lists.hl7.org>, HL7 Vocabulary List <vocab@lists.hl7.org>
> Subject: HITSP value set stewardship
>
> When I look at the Consolidated guide (1.1, 7/12), I see demographic value sets (presumably inherited from general header constraints) with OIDs like 2.16.840.1.113883.3.88.12.80.63 for countries.

>
> The HL7 OID registry shows 2.16.840.1.113883.3.88.12.80 registered to "HITSP Consumer Empowerment Technical Committee,HITSP Consumer Empowerment Technical Committee."

>
> I assume that, in this case, where USHIK lists a dozen different value sets containing the ISO country codes, that selection was made based on Meaningful Use direction to use HITSP-designated standards. But HITSP no longer exists. Who would inherit stewardship in this case?
>
> --
> Jay Lyle
> [404-217-2403](tel:4042172403)
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>
>
>
> --

> Jay Lyle
> [404-217-2403](tel:404-217-2403)

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> -----

> W. Ted Klein
> ted@tklein.com

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>

Subject: RE: HITSP value set stewardship
From: "Solomon, Harry (GE Healthcare)" <Harry.Solomon@med.ge.com>
Date: Sat, 29 Dec 2012 21:49:59 +0000
X-Message-Number: 3

Did I hear someone say "HL7 US Affiliate"?

- Harry Solomon
Interoperability Architect
GE Healthcare

Subject: RE: strucdoc digest: December 28, 2012
From: William Goossen <wgoossen@results4care.nl>
Date: Sat, 29 Dec 2012 23:32:55 +0100
X-Message-Number: 4

Brian,

The concern act would het a time for its creation. An observation of an onset would get its own time, which could be different from the concern, onset can be of earlier date.
It is well explained in the care provision domain care structures topic. Unfortunately you will have to go back for the details to Sept 2009 dstu ballot

Vriendelijke groet,

William Goossen

Verzonden met mijn Winphone Nokia Lumia 800

-----Oorspronkelijk bericht-----

Van: Structured Documents digest

Verzonden: 29-12-2012 7:25

Aan: strucdoc digest recipients

Onderwerp: strucdoc digest: December 28, 2012

STRUCDOC Digest for Friday, December 28, 2012.

1. effectiveTime in Problem Concern Act and nested Problem Observations (and effectiveTime in Allergy Concern Act)
2. Some Possible C-CDA IG Errata
3. statusCode in Problem Concern Act and nested Problem Observations (and Allergy Concern Act / Observation)
4. RE: Some Possible C-CDA IG Errata
5. Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
6. RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
7. RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
8. Re: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
9. RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
10. Fwd: HITSP value set stewardship
11. Re: HITSP value set stewardship
12. Re: HITSP value set stewardship
13. Re: HITSP value set stewardship
14. Re: HITSP value set stewardship
15. Re: HITSP value set stewardship
16. Re: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
17. RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
18. RE: HITSP value set stewardship
19. RE: Considering Changes in ASSERTION and nesting of Problem and Allergy Concern Acts
20. RE: HITSP value set stewardship
21. Re: HITSP value set stewardship

Subject: effectiveTime in Problem Concern Act and nested Problem Observations (and effectiveTime in Allergy Concern Act)

From: "Brian Zvi Weiss" <brianzviweiss@gmail.com>

Date: Fri, 28 Dec 2012 10:18:55 +0200

X-Message-Number: 1

Bob,

Where a concern has multiple observations - consider an EHR, where a clinician updates an item on the problem list, then updates that item again at a later date. Typically, the most recent observation would be displayed by the EHR, with the other observations retained for historic reference.

Can you explain how effectiveTime should be used in the problem concern act you described (item on the problem list updated several times and the other observations retained for historic reference)? Ideal would be an example C-CDA snippet demonstrating this.

>From what Josh and Gaby wrote there seems to be an understanding that the effectiveTime should be the same for all observations in the same act and for the act itself. I can't yet figure out where it says this in the C-CDA spec - I think Josh indicated this was implied by the guidance to use "onset date" for the lower bound of the effectiveTime and Gaby seemed to suggest it was an explicit requirement that the act and observation effectiveTime match. All I saw for Problems was the following in the Problem Act:

The effectiveTime element records the starting and ending times during which the concern was active on the Problem List.

And the following for the problem observation:

This field [low] represents the onset date. This field [high] represents the resolution date. If the problem is known to be resolved, but the date of resolution is not known, then the high element SHALL be present, and the nullFlavor attribute SHALL be set to 'UNK'. Therefore, the existence of an high element within a problem does indicate that the problem has been resolved.

But assuming Gaby and Josh are correct, those constraints they indicate don't seem consistent with the scenario you are describing whereby the whole point of having multiple observations in an act is to track the historical evolution of the concern as the observations change?

I'm trying to get to the bottom of this. a concrete example would help out a lot here!

Once that is clear, I'd also like to understand the difference in how effectiveTime works in Problems and in Allergies. The guidance on the Allergy Concern Act is:

If statusCode="active" Active, then effectiveTime SHALL contain [1..1] low.
If statusCode="completed" Completed, then effectiveTime SHALL contain [1..1] high

and there is no effectiveTime on the allergy problem observation(s) contained inside the allergy concern act.

Brian

From: Bob Dolin [<mailto:bob.dolin@lantanagroup.com>]
Sent: Thursday, December 27, 2012 23:26
To: Brian Zvi Weiss; 'Josh Mandel'
Cc: 'Kumara Prathipati'; Structured Documents WG
Subject: RE: ALLERGY SECTION QUESTION

Hi Brian,

Where a concern has multiple observations - consider an EHR, where a clinician updates an item on the problem list, then updates that item again at a later date. Typically, the most recent observation would be displayed by the EHR, with the other observations retained for historic reference.

As for "authoritative guidance" - this is tricky. Imagine for instance, we create a standard that has an ambiguity (I interpret it one way, you interpret it another way). We then issue "authoritative guidance" that says to do it the way you've interpreted it. Would you then find instances based on the way I interpret it to be non-conformant? Historically, Structured Documents has issued "internal working documents" [http://wiki.hl7.org/index.php?title=Structured_Documents_Internal_Working_Documents]. We also plan some discussion around a "help desk" at the HL7 Board meeting in Phoenix.

Take care,

Bob

From: Brian Zvi Weiss [<mailto:brianzviweiss@gmail.com>]
Sent: Thursday, December 27, 2012 1:06 PM
To: Bob Dolin; 'Josh Mandel'
Cc: 'Kumara Prathipati'; Structured Documents WG
Subject: RE: ALLERGY SECTION QUESTION

Thanks, Bob.

So, it sounds like there isn't consensus on the best practice here that Josh is recommending (limiting concern to a single observation). Various questions in my mind (like how the example you gave would work given the limitation Gaby and Josh noted on the effectiveTime in the concern and the observations - though also not sure where in the IG it says that) but I'm out of my depth here. My boundary ends with "understanding what is in the standard" (trying to do that) not discussing "what should be in the standard". So, I'll leave that to you, Josh, and others.

As always, I would just encourage us to not leave this hanging and try to come to some kind of authoritative guidance. This is another example of where the spec alone isn't enough (as "the whole problem list in a single concern" is syntactically valid, there is debate on the best practice recommendation, etc.). I'm happy to assist in writing up the conclusions. But can't help in deciding what that conclusion should be.

Brian

From: Bob Dolin [<mailto:bob.dolin@lantanagroup.com>]
Sent: Thursday, December 27, 2012 22:49
To: Brian Zvi Weiss; 'Josh Mandel'
Cc: 'Kumara Prathipati'; Structured Documents WG
Subject: RE: ALLERGY SECTION QUESTION

Hi Brian,

I've not been able to keep up with listserve traffic this week, but we do intentionally allow for multiple observations within a concern act.

Think of the concern act as corresponding to an item on a problem list. Pretty much every EHR I've seen allows you to make sequential updates to a problem - e.g. today you might call it "chest pain", next week, after further study, you might update it to "esophagitis". I acknowledge that more guidance would help.

To Josh's point, the rationale for multiple observations in a Concern wasn't to allow you to put the whole problem list in a single Concern, but rather to allow you to track the course of a problem over time.

Take care,

Bob

From: owner-strucdoc@lists.hl7.org [<mailto:owner-strucdoc@lists.hl7.org>] On Behalf Of Brian Zvi Weiss
Sent: Thursday, December 27, 2012 12:41 PM
To: 'Josh Mandel'
Cc: 'Kumara Prathipati'; Structured Documents WG

Subject: RE: ALLERGY SECTION QUESTION

Josh,

Thanks again for the clarifications and explanations.

Sounds pretty compelling - would be curious if anyone on this list wants to make the case for a counter-argument that multiple observations within a concern act (allergies and/or problems) should be used?

Does the best practice place any value on the concern act at all? As per Gaby's note, the effectiveTime data range in the concern act adds no value if C-CDA says it has to be the same as that in the observation (BTW, where does it say that? I tried to find that in the C-CDA IG but didn't see it?). The concern act status doesn't seem to add value, only confusion if it contradicts the observation status.

So, is the best practice just to consider the concern act "wrapper overhead" and create it to spec when creating the C-CDA and ignore it on interpretation of a received C-CDA?

Brian

From: jmandel@gmail.com [<mailto:jmandel@gmail.com>] On Behalf Of Josh Mandel
Sent: Thursday, December 27, 2012 20:17
To: Brian Zvi Weiss
Cc: Kumara Prathipati; HL7 Structured Documents
Subject: Re: ALLERGY SECTION QUESTION

My worry is that, without very strong guidance, we will see problems grouped with no predictability. For example, here's a "bad" way to do it:

Concern: ["concerns about Frankie's health" -- note Concern Acts don't actually have a place for a title]

problem 1: Asthma

problem 2: Diabetes

problem 3: Sciatica

...

This seems clearly wrong to me -- it crams a whole problem list into a single concern. (But it's not syntactically wrong -- and the meaning, too, isn't *wrong*: there are all, indeed, concerns about Frankie's health.)

I also wouldn't really want to see:

Concern: ["concerns about Frankie's heart"]

problem 1: Aortic valve stenosis

problem 2: Hypercholesterolemia

... I mean, hypercholesterolemia may be "a heart problem" in this respect, or it could be a liver problem, etc.

I expect the real reason Problem Concern acts are included in C-CDA is to generate concerns like:

Concern: ["Concerns about Frankie's asthma"]

problem 1: Asthma observed at 5/2010

problem 2: Asthma observed at 9/2011

problem 3: Asthma observed at 2/2012

...

Well, this would be okay -- although in a problem list I'd expect something like "Asthma since 2010" which can be captured in a single Problem Observation with a date range beginning in 2010. (And furthermore, even if I wanted to include three separate asthma problem observations in one concern, the C-CDA spec states clearly that they should all have the same effectiveTime, since that represents the "onset date" of the asthma. So I can't see the point.)

Ultimately, these C-CDA structures should be based on, and populated by, EHR data in consistent ways. For the (supposedly) simple use case of transmitting a problem list from one provider to another, disagreements

about how problems can, are, and should be grouped will cause confusion and misinterpretation (and ultimately grouping decisions are arbitrary).

On the flip side, imagine (shouldn't be too hard) that you're an implementer trying to receive one of these documents and parse out individual facts. How would you *know* that the "Concerns about Frakie's asthma" is in fact that? You won't, because only the individual problems have names: the concern doesn't. So all you can really do, anyway, is parse out individual problems and ignore the concerns. Or possibly overwrite problem statuses with statuses derived from their enclosing concerns? But that's a mess.

Which is why I'm recommending that implementers include exactly one problem per concern: it's the only consistent approach I know of.

-Josh

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Subject: Some Possible C-CDA IG Errata
From: "Brian Zvi Weiss" <brianzviweiss@gmail.com>
Date: Fri, 28 Dec 2012 11:18:19 +0200
X-Message-Number: 2

Here are some suspected errata items I found while reviewing the C-CDA IG (July 2012, 1.1). I didn't see these listed in the Errata Wiki (http://wiki.hl7.org/index.php?title=Consolidated_CDA_July_2012_Errata) - though they may already be on the internally managed list of errata candidates being reviewed.

1) On page 565, Appendix E - Value Sets in This Guide, the second row has the OID "2.16.840.1.113883.11.20.9.41" (Tobacco Use) with no context given.

2) In several places the Name of a template in the first row (and first column) of the constraints table is shown as "Green xxxxxxxx". Not clear if this is intentional or not. If intentional, there should be some explanation of what the word "Green" means in this context as it appears only in the tables and not anywhere else. Specifically, a search for the word "Green" finds it in the following tables (and only there):

- a. Page 35: "Table yyy" (part of Figure 1: Constraints format example)
- b. Page 343: "Table 159: Encounter Activities Constraints Overview" ("Green Encounter Activities")
- c. Page 351: "Table 168: Family History Observation Constraints Overview" ("Green Family History Observation")
- d. Page 356: "Table 170: Family History Organizer Constraints Overview" ("Green Family History Organizer")
- e. Page 376: "Table 188: Immunization Activity Constraints Overview" ("Green Immunization Activity")
- f. Page 382: "Table 190: Immunization Medication Information Constraints Overview" ("Green Immunization Medication Information")
- g. Page 390: "Table 201: Medication Activity Constraints Overview" ("Green Medication Activity")
- h. Page 400: "Table 208: Medication Dispense Constraints Overview" ("Green Medication Dispense")
- i. Page 403: "Table 211: Medication Information Constraints Overview" ("Green Medication Information")
- j. Page 405: "Table 213: Medication Supply Order Constraints Overview" ("Green Medication Supply Order")
- k. Page 420: "Table 234: Policy Activity Constraints Overview" ("Green Policy Activity")
- l. Page 432: "Table 243: Pregnancy Observation Constraints Overview" ("Green Pregnancy Observation")
- m. Page 446: "Table 254: Problem Observation Constraints Overview" ("Green Problem Observation")
- n. Page 454: "Table 258: Procedure Activity Act Constraints Overview" ("Green Procedure Activity Act")
- o. Page 460: "Table 262: Procedure Activity Observation Constraints Overview" ("Green Procedure Activity Observation")
- p. Page 466: "Table 264: Procedure Activity Procedure Constraints Overview" ("Green Procedure Activity Procedure")
- q. Page 480: "Table 277: Reaction Observation Constraints Overview" ("Green Reaction Observation")
- r. Page 485: "Table 280: Result Observation Constraints Overview" ("Green Result Observation")
- s. Page 495: "Table 290: Severity Observation Constraints Overview" ("Green Severity Observation")

3) At the bottom of page 35 there is a table border overlaid on the

text that I believe was supposed to wrap the top half of page 36

4) The constrain tables all have a column (the last column) titled "Fixed Value". The contents of this column contain a mix of "fixed values" and "value sets"

a. The name of the column should be changed to reflect this, something like "Value Requirements"

b. In section 1.8.1 Templates and Conformance Statements all it says about these constraint tables is that "Each entry template also includes a constraint overview table to summarize the constraints following the table." It probably should say a few words about what the columns mean and how they are used.

Brian

Subject: statusCode in Problem Concern Act and nested Problem Observations (and Allergy Concern Act / Observation)
From: "Brian Zvi Weiss" <brianzviweiss@gmail.com>
Date: Fri, 28 Dec 2012 11:26:56 +0200
X-Message-Number: 3

Bob,

In the earlier mail below, I asked about effectiveTime in the context of Problem (and Allergy) Concern Act and nested Problem (Allergy Intolerance) Observations. In this mail I want to focus on status values. Again, let's start with Problems and then we'll go to Allergies.

The Problem Concern Act has a status code where the value set is listed as 2.16.840.1.113883.11.20.9.19 (ProblemAct statusCode) - which means the following choice of values (as per Table 124: ProblemAct statusCode Value Set): active, suspended, aborted, completed.

Note: The errata wiki

The Problem Observation status code comes from the same code system as above (2.16.840.1.113883.5.14 HL7 ActStatus) and is set to a fixed value of "completed". Nested inside the Problem Observation is (optionally, 0..1) a single Problem Status, whose value attribute comes from the value set HITSPProblemStatus 2.16.840.1.113883.3.88.12.80.68 which is part of SNOMED. The values there are: active, inactive, resolved.

So.

- 1) What is the precise meaning of the status in the status code of the Concern Act?

- 2) What is the precise meaning of the status in the Problem Status value inside the Problem Observation(s) inside the Concern Act?

- 3) What rules, if any, govern the relationship between the status of the Act and that of the Observation it contains (in the case of a single Observation)?

- 4) What rules, if any, govern the relationship between the status in the Problem Status value inside the Problem Observations when there are multiple Observations inside a single Concern Act? Does the case of multiple Observations change the previous answer in #3 re. relationship of status in Concern Act and status in Observations (plural)?

- 5) How are status changes of an Observation managed within a Concern Act? Are you supposed to have multiple Observations indicating the evolution of the Observation within the Concern, or just replace status of the Observation with the new status?

In terms of Allergies, the status codes match up with Problems - the concern act uses a status from 2.16.840.1.113883.11.20.9.19 (ProblemAct statusCode) and the Allergy Intolerance Observation has nested in it (optionally, [0..1]) an Allergy Status Observation whose value attribute comes from 2.16.840.1.113883.3.88.12.80.68 (HITSPProblemStatus). So, hopefully the answers above are directly applicable to Allergy Concerns/Observations as well.

Brian

From: owner-strucdoc@lists.hl7.org [<mailto:owner-strucdoc@lists.hl7.org>] On Behalf Of Brian Zvi Weiss
Sent: Friday, December 28, 2012 10:19
To: 'Bob Dolin'
Cc: 'Kumara Prathipati'; 'Structured Documents WG'; 'Josh Mandel'; 'Jewell,Gaby'
Subject: effectiveTime in Problem Concern Act and nested Problem Observations (and effectiveTime in Allergy Concern Act)

Bob,

Where a concern has multiple observations - consider an EHR, where a clinician updates an item on the problem list, then updates that item again at a later date. Typically, the most recent observation would be displayed by the EHR, with the other observations retained for historic reference.

Can you explain how effectiveTime should be used in the problem concern act you described (item on the problem list updated several times and the other observations retained for historic reference)? Ideal would be an example C-CDA snippet demonstrating this.

>From what Josh and Gaby wrote there seems to be an understanding that the effectiveTime should be the same for all observations in the same act and for the act itself. I can't yet figure out where it says this in the C-CDA spec - I think Josh indicated this was implied by the guidance to use "onset date" for the lower bound of the effectiveTime and Gaby seemed to suggest it was an explicit r

[Het originele bericht is niet volledig opgenomen.]

END OF DIGEST