

PDF Healthcare Core Team Meeting

Meeting Minutes

John Colang

April 30, 2007

Call Logistics:

Monday April 30, 2007

2:00 PM EST 11:00 AM PST

Phone Conference - 1-888-7428686 1-303-9282603

Conf ID# 5991077

Agenda for Monday April 30, 2007

Proposed Agenda:

- Roll Call – John Colang
- Agenda Review and Approval – All
- Meeting Minutes Approval – All
- Ballot Distribution, Comments and Response Process – Betsy Fanning/Steve Waldren
 - Technical – John Colang
 - Authoring – John Colang
 - Security and Privacy – John Calder
 - Marketing – Rick Benoit
- Old Business
 - TEPR Conference – Rick Benoit/Jim Kragh
 - Implementation Guide – John Colang/Anatole Matveief
 - HL7 Update
- New Business
- Announcements – All

Meeting Minutes

April 30, 2007

Committee Chairs:

Technical Team	John Colang/Steve Waldron
PM Group	Rick Benoit/Betsy Fanning/Mel Warfel
Security Team	John Calder
Marketing Team	Rick Benoit/David Kibbe
Authoring Team	John Colang

Attendees: Name	Email	Present
Will Abbott (CVS Pharmacy)	JWAbbott@cvs.com	
Ari Alpert (Mass Medical)	aalpert@mms.org	X
Dr. Ashwani Dhar (Next Gen)	adhar@nextgen.com	
Scott Barclay (CVS Pharmacy)	sabarclay@CVS.com	
Rick Benoit (Intel)	richard.d.benoit@intel.com	X
Edmond Billings (Voice of the Physician)	edmund@voiceofthephysician.com	
John Calder (Generator)	john@generatorllc.com	
Nainil Chheda (eClinicalWorks)	nainil.c@eclinicalworks.com	X
John Colang (Intel)	john.e.colang@intel.com	X
Ken P. Caskenette	kenc@medirexsys.com	X
Ebony Downtin (AIIM)	edowntin@aiim.org	X
Tom Eberle (Intel)	thomas.m.eberle@intel.com	X
Betsy Fanning (AIIM)	bfanning@aiim.org	X
Adrian Gropper (MedCommons)	agropper@medcommons.net	X
Juanita Hickman	juanitah@ascentpartners.biz	
Bryan Hobbs (Intel)	bryan.hobbs@intel.com	
Beth Hurter (CapMed)	bhurter@capmed.com	
Cari Jansen (SureScripts)	listmail@carijansen.com	
Aditi Jariwala (SureScripts)	Aditi.Jariwala@surescripts.com	
David Kibbe (AAFP)	kibbedavid@mac.com	X
Deborah Kohn (Dak Systems Consulting)	dkohn@daksystcons.com	X
Jim Kragh (Good Health Network)	Kragh@ghnet.us	
Mike Komadina (epocrates)	mkomadina@epocrates.com	
David Luce (Schering-Plough)	david.luce@spcorp.com	
David McCallie (Cerner)	Dmccaliie@cerner.com	X
Anatole Matveief (Adobe)	amatveie@adobe.com	X
Jeff Morrill (PointnClick)	Jmorrill@pointnclick.com	
Indu Subaiya	Indu.subaiya@gmail.com	
Joseph Schneider (AAP)	drjoes@pol.net	
Dmitry Shalimov (Capmed)	dshalimov@capmed.com	X
Dana Stone	danastone9@msn.com	X
Dr. Tom Sullivan (Mass Medical Society)	Sullivan@massmed.org	
David Tan (PointNClick)	dt@pointnclick.com	
Mike Toomey (MEDecisions)	michael.toomey@medecision.com	
Steve Waldren (AAFP)	swaldren@aafp.org	X
Bill Walton	bill.walton@charter.net	X
Melonie Warfel (Adobe)	mel@adobe.com	X
Lory Wood (Good Health Network)	Wood@ghnet.us	X
Terry Zagar (Northrop Grumman)	terry.zagar@ngc.com	X

Meeting Minutes and Agenda: Tom Eberle made a motion to approve the agenda as documented. Corrections to the minutes: Deborah Kohn and David Kibbe were present at April 16 meeting; joined late; John will add them in. Tom Eberle made a motion to approve the minutes as amended. Steve moved to second.

Rick Benoit suggested some changes to the agenda to focus on some key points (the ASTM ballot, TEPR, etc.) Bill Walton made a motion to proceed as directed by Rick. Adrian Gropper seconded. Bill Walton made a motion to amend the agenda to approve last meeting's minutes.

All of the ballots have gone to Ebony at AIIM (Standards Ballot). Ebony's computer is down today so Betsy Fanning could not provide the Working Group with an accurate count of the ballots. The BPG has been submitted to the Standards Ballot for approval. The ASTM balloting closes on the second of May. When this closes, the comments will be consolidated and Betsy Fanning from AIIM will distribute them to the PDF Healthcare Working Group. Each and every comment will need to be dispositioned (Accept, Reject, Discuss by committee) Once the comments have been dispositioned, the negative comments must be circulated among the balloters. Then the balloters have 15 business days to appeal or agree to the treatment of the ballot. If the ASTM Committee rules the negative votes as non-persuasive, the BPG can move forward with publishing. If the ASTM Committee rules the negative votes as persuasive, the BPG needs to go back to the PDF Healthcare Working Group for rework.

Two processes for negative balloters: 1) contact the balloter; 2) contact all of the balloters if the negative balloter does not withdraw the negative vote. At the end of the cycle the hope is that the negative balloters are willing to withdraw their ballots. There may be a possibility that the BPG will need to be re-balloted. David Kibbe mentioned that he knows of 2-3 negative ballots in the ASTM E-31 committee. (David Kibbe is the secretary of E-31.) Rick Benoit asked David Kibbe if he needed any help from the committee. David K. replied that the first step is to handle it through ASTM. At some point ASTM could come back and see if changes should be made.

There was a question about the timeline. Betsy Fanning sent an email to ASTM and asked for a copy of their procedures. Also, Betsy Fanning stated that she needs the resolution in the meeting minutes. Rick Benoit asked exactly what is needed from the committee. Again, when the ballot closes on Wednesday, May 2nd, Betsy Fanning will compile the comments and, by the end of this week, send them on to the PDF Healthcare Working Group. Because the comments are within the ASTM framework, there is no reason for the PDF Healthcare Working Group to try to resolve the comments at this point. David Kibbe mentioned there are usually a few ballots intended to generate noise in the balloting process. The ASTM group will need time to sort this out and they will approach this committee if they need clarification. No action can be taken by ASTM until the ballot is closed. The hope was to coordinate the completion of this process with TEPR. However, first, ASTM needs to look at the comments and then the individual who placed the negative comments has to be contacted. There could also be a notification requirement if this is a membership approval as opposed to an executive approval.

Rick Benoit recommended we begin discussing a PR. Betsy Fanning has started a strawman press release. Betsy Fanning will send this to Melonie Warfel from Adobe to begin to move this process. Betsy Fanning asked the membership on the call to send her a quote if they wish their quote to be included in the PR. However, she cannot guarantee all quotes will be included in the PR. Betsy Fanning assured the membership she will send the finalized Press Release to the Health Care Distribution list so it will reach members involved primarily in healthcare.

John Colang asked Betsy Fanning if changes could be made to the document. Betsy Fanning indicated that no content changes are allowed to this version of the document. If content changes are made, the document would need to be rebaloted. David Kibbe mentioned that as the Working Group moves forward we may want to invite more organizations to join the PDF Healthcare Working Group. Betsy Fanning reminded us that we don't want to add more complexity by encouraging more Standards Development Organizations from healthcare to join AIIM or ASTM.

Update: During the meeting, Betsy Fanning received a reply from Dan Smith (ASTM) regarding procedures. There is no expiration period for negative ballots; there is a minimum of a 30 day waiting period. This clarifies the timeline and TEPR concerns. Melonie Warfel suggested we work our booths and tell the public where we

are. For example, "There is great work being done by the PDF Healthcare Working Group." The two tracks are excellent and this alone will generate as much benefit as a press release. Because standards are conducted in a democratic forum, we have to allow for due process. Jim Kragh agreed.

Rick Benoit mentioned that the scheduled Marketing meeting will occur this Wednesday. Rick Peters and Edmund Billings will try to put together some groups to interact with the TEPR presentation. This will be discussed more thoroughly later in the week.

Lory Woods from GoodHealth Network reported that she is working on the technical portions of the script for the TEPR demo. She has met with the PDF Healthcare Marketing group to discuss content. She hopes to have some form of this ready either this week or next week. She is confident she can produce something within the next two weeks. Once they are close to final, Rick Benoit will distribute this to the group for approval. Perhaps during the May 14th meeting we can discuss the final preparations for TEPR.

A discussion between PDF Healthcare and HL7 occurred last week. The general consensus was that the HL7 representatives didn't understand how PDF could be used in healthcare. It seemed as if the representatives come from the vantage point of enterprise architecture and messaging. Adrian Gropper mentioned that the leadership of the HL7 committee may not be aligned with our goals. Instead, he suggested working with Liberty Alliance. Deborah Kohn again mentioned that we should educate the public and all these various committees / groups regarding the features of PDF Healthcare. She also suggested we include most of these key points into the BPG and the IG. Rick Benoit reminded the HL7 team that we are trying to proactively reach the 150,000 smaller physician practices as well as consumers.

David McCallie mentioned that we need to create a clear and compelling case to illustrate how PDF fits into the niche markets. Bill Walton reminded everyone that PDF for Healthcare serves as the container. The HL7 CDA is relevant for the large enterprise and not small environment. Many small practice environments think that the CDA may be too complicated. David McCallie stated that the distinction should be made between structured and non-structured data; not between large or small environments. He suggested we create a clear clinical use case which includes an integration of the document centric view. Adrian Gropper mentioned that the HL7 world is a messaging-oriented world and the PDF Healthcare world is a document-oriented world. He mentioned that "documents" really don't exist yet in the HL7 world (evident from the Connect-athons he and his company have attended) since their world is in messaging.

Deborah Kohn mentioned perhaps we reach out further in the community (Dr. Halamka) and HITSP and CCHIT. The call ended before we could complete the agenda items. We also experienced a bleed in of another private call so we decided to terminate our call.

Betsy mentioned that www.aiim.org/standards page has information regarding PDF for Healthcare and FAQs.

To more easily access the PDF Healthcare web page, please use www.aiim.org/pdfhealthcare.

[Here is some information regarding the TEPR workshop:](#)

The 23rd Annual TEPR - Towards the Electronic Patient Record -- Conference & Exhibition will take place May 19-23, 2007 in the Dallas Convention Center, Dallas, Texas. Dallas' slogan is "Live Large. Think Big," and planning is underway to make TEPR 2007 the biggest and best TEPR ever.

[Here is some information regarding the CCR workshop the day before the TEPR workshop:](#)

David Kibbe targeted the workshop for Sunday, May 20th from 8 to 4 pm, They are expecting up to 100 people. Entire day cost is \$395; participants will get a copy of all materials and the CCR standard.

<http://www.medrecinst.com/conference/tepr/index.asp>

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Summary and Next Steps:
High Level Milestones & Timelines Remaining
Outstanding Tasks

Jim Kragh, Bill Walton, and Rick Benoit are working on a demonstration for TEPR.		In Process
Continue editing the Implementation Guide add new section to mention CDA		End of May projected completion date.