HL7 PDDI CDS - Minutes for 5/15

In attendance: Tom, Howard, Rich

- Discussed the suggestion that came up at the HL7 meeting to have any DetectedIssue created from order-select reside at the CDS service an not be returned to the EHR client ([https://chat.fhir.org/#narrow/stream/179159-cds-hooks/topic/How.20is.20DetectedIssue.20different.20from.20a.20card.3F](https://chat.fhir.org/" \l "narrow/stream/179159-cds-hooks/topic/How.20is.20DetectedIssue.20different.20from.20a.20card.3F)).

- Also, looked briefly at the current proposal for overrides to be passed back in CDS cards as actions that the EHR would send to a CDS Analytics endpoint – see <https://github.com/cds-hooks/docs/wiki/Decision-Proposal>

- Lots of questions came up, especially about the CDS Service would relate the draft medication request sent in order-sign hook to a medication request from an order-select hook. The service needs to relate order-select and order-sign hooks to avoid alerting on something that is overriden. I am note sure if that implies that the override object would need to provide an additional field useful for such tracking (e.g., the HookInstance ID of the orderselect or the MedicationRequest id containing the trigger medication from the order-select). Would this be the job of the CDS Analytics endpoint? Since these are Hooks 1.1 proposals, do we have an alternative approach that would that work with Hooks 1.0?

- We decided to proceed with drafting the IG based on the design decisions we had reached over the past year so that we can present them clearly with the use cases diagrams and narrative at a CDS WG meeting in early June. However, we will be open to modifying the approach based on any consensus on the new features being discussed above.

- Discussed the new IG Outline (see below) and developed an authoring plan. Rich will work through the major revisions and show at the next sub-team call on 5/29

New IG Outline:

* Getting started
  + Brief intro
  + Intended audience
  + Context
    - Rationale, related work, etc
  + Scope
* Services specification (based on CDS Hooks)
  + Use Case
  + Architecture overview (include diagram)
  + EHR
    - FHIR server, communications,
  + CDS service
    - PlanDefinition
      * Brief
  + CDS as a Service (mentioned)
    - Brief
  + EHR to CDS service
    - CDSHooks
      * Context
      * Prefetch
  + Knowledge representation
    - ValueSets
    - MedicationKnowledge, Interaction resource, pharmacy knowledge, PDDI Min Info Model
    - CQL
  + Downloads
    - Look into enhancing the structure of it a bit if possible to make it more user friendly - e.g., users don’t know the context or what the downloaded items are. E.g., moving the artifacts “Resource, Type, Description” table to downloads for context.
  + Examples
    - warfarin-NSAIDs
    - Digoxin-cyclosporine