**This document has been migrated to confluence:** [**https://confluence.hl7.org/display/SD/Criteria+For+Inclusion+In+C-CDA**](https://confluence.hl7.org/display/SD/Criteria+For+Inclusion+In+C-CDA)

Criteria For Inclusion In C-CDA

Abstracted from SDWG minutes from 2012 09 06 found here:

<http://www.hl7.org/documentcenter/public/wg/structure/minutes/Minutes%202012%2009%2006.rtf>

**<Motion>** Define the scope of Consolidation CDA: “CDA templates at entry, section and document level applied in primary clinical information records and for exchange supporting continuity of care.”

**Name of the Implementation Guide:**

* from: Implementation Guide for CDA Release 2.0, Consolidated CDA Templates (US Realm) [aka “Consolidated CDA”]
* to: Implementation Guide for CDA Release 2.0, Consolidated CDA Templates for Clinical Notes (US Realm) [aka “Consolidated CDA Clinical Notes”]

**Assumptions:**

* The full set of HL7 balloted templates can be/will be available in a template database/registry
* There are a variety of types of CDA documents; some should be in Consolidation, some shouldn’t
* Any given publication, like Consolidation, will be a set that is smaller than the full set of templates (Consolidation, HAI, …) that have been balloting
* Consolidation will grow over time
  + Existing document types will be versioned
  + New document types will be created: some will be added to Consolidation, some will not
* A publication will contain templates related through one or more use cases
* HL7 IP access policies should/should not be a consideration in defining the scope of Consolidation
* New material has passed ballot and is consistent in format and presentation

**Criteria for Inclusion:**

New material will be included based on evaluation of these criteria:

* Nine original implementation guides are grandfathered
* New material meets the following tests:
  + High reuse of Consolidation templates
  + Covers primary data (documents originate for delivery of care, becomes part of patient record, in contrast to secondary use; templates, of course, can be reused)
  + Used for provider/provider, provider/patient communication
  + High use of semantically interoperable templates (“model of meaning”, in contrast to “model of use” templates).

**</ Motion>**

Liora made the motion, Austin second

Discussion: Jenny had a discussion on the name of the implementation guide, wondering if it should be named clinical information. Others were wondering if it covers use cases. Keith asked about the motion. A question about Public Health reporting being or not being included in the scope. Would some reports generated need to be excluded.

Verify the difference between models of use vs. model of meaning.

The wording in model of meaning and use, resulted in a minor change to the last sentence in the criteria for inclusion.

Abstain: 0 Opposed: 0 For: unanimous – Motion passes