**Integrating the Healthcare Enterprise**



**IHE Patient Care Coordination**

**Technical Framework Supplement**

**Dynamic Care Team Management   
DCTM**

**Draft in preparation for Public Comment**

<The IHE Documentation Specialist will change the title to just “Draft for Public Comment” upon publication for public comment; leave “as is” until then.>

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<Instructions to authors are encapsulated in angled brackets as “< … >” and denoted with italicized text. These instructions are to be deleted in their entirety prior to publication.>

<Use of capitalization: Please follow standard English grammar rules-only proper nouns and names are upper case. For example, “Modality Actor” is upper case, but “an actor which fulfills the role of a modality” is lower case. Do not use upper case to emphasize a word/topic.>

<Note: There are editing conventions, such as diagram numbering and how to use Microsoft Word tools, etc., at <http://wiki.ihe.net/index.php?title=Writing_Technical_Frameworks_and_Supplements>. Please review this prior to beginning a new Supplement. This is especially useful for first time authors.>

<This Supplement Template is intended for the development of new Profiles or for making significant changes to Profiles, such as adding formal Options. Simple changes to existing Supplements or Profiles should be made using the Change Proposal (CP) process. See the Technical Framework Development section at <http://wiki.ihe.net/index.php?title=Process#Technical_Framework_Development> for more guidance on Supplements vs. CPs.>

<All of the sections in this document are required. Sections may not be deleted. The outline numbering is intended to be consistent across Profiles and across Domains, so do not adjust the outline numbering. If there is no relevant content for a section, simply state “Section not applicable”, but leave the numbering intact. Sub-sections may be added for clarity.>

*<This Supplement Template includes templates for Volumes 1 (Profiles), 2 (Transactions), 3 (Content Modules), and 4 (National Extensions).>*

*<Volumes 1, 2, and/or 3 are developed together for Public Comment and Trial Implementation submission. Volume 4, National Extensions, is typically developed at a later point in time, usually at Trial Implementation or later. Templates for all four volumes are included in this document for the sake of completeness. If you are beginning a new profile, you are strongly discouraged from using National Extensions and should instead focus on optional data sets or other alternatives. For more information, see* [*http://wiki.ihe.net/index.php?title=National\_Extensions\_Process*](http://wiki.ihe.net/index.php?title=National_Extensions_Process)*.>*

**Foreword**

This is a supplement to the IHE <Domain Name> Technical Framework <VX.X>. Each supplement undergoes a process of public comment and trial implementation before being incorporated into the volumes of the Technical Frameworks.

*<For Public Comment:>* This supplement is published on <Month XX, 201x> for Public Comment. Comments are invited and may be submitted at [http://www.ihe.net/<domain>/<domain>comments.cfm](http://www.ihe.net/Technical_Framework/public_comment.cfm). In order to be considered in development of the Trial Implementation version of the supplement, comments must be received by <Month XX, 201X>.

*<For Trial Implementation:>* This supplement is published on <Month XX, 201X> for Trial Implementation and may be available for testing at subsequent IHE Connectathons. The supplement may be amended based on the results of testing. Following successful testing it will be incorporated into the <Domain Name> Technical Framework. Comments are invited and may be submitted at [http://www.ihe.net/<domain>/<domain>comments.cfm](http://www.ihe.net/%3cdomain%3e/%3cdomain%3ecomments.cfm).

This supplement describes changes to the existing technical framework documents.

“Boxed” instructions like the sample below indicate to the Volume Editor how to integrate the relevant section(s) into the relevant Technical Framework volume.

Amend section X.X by the following:

Where the amendment adds text, make the added text bold underline. Where the amendment removes text, make the removed text bold strikethrough. When entire new sections are added, introduce with editor’s instructions to “add new text” or similar, which for readability are not bolded or underlined.

General information about IHE can be found at: [www.ihe.net](http://www.ihe.net).

Information about the IHE <Domain Name> domain can be found at: <http://www.ihe.net/Domains/index.cfm>.

Information about the organization of IHE Technical Frameworks and Supplements and the process used to create them can be found at: <http://www.ihe.net/About/process.cfm> and <http://www.ihe.net/profiles/index.cfm>.

The current version of the IHE <Domain name>Technical Framework can be found at: <http://www.ihe.net/Technical_Framework/index.cfm>.

*<Comments may be submitted on IHE Technical Framework templates any time at* [*http://ihe.net/ihetemplates.cfm*](http://ihe.net/ihetemplates.cfm)*. Please enter comments/issues as soon as they are found. Do not wait until a future review cycle is announced.*

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# Introduction to this Supplement

<Provide a brief overview of the volumes/sections of the Technical Framework that get changed/ added by this supplement. Provide 200 words or less describing this supplement.>

The Dynamic Care Team Management (DCTM) Profile will provide a mechanism to facilitate system interactions to support care team membership such as:

* Discovering Care Teams
* Creating/updating Care Teams
* Listing Care Teams

DCTM Profile provides the structures and transactions for care team management and sharing information about Care Teams that meet the needs of many, such as providers, patients and payers. Care Teams can be dynamically updated as the patient interacts with the healthcare system. HL7 FHIR®*[[1]](#footnote-1)* resources and transactions are used by this profile. This profile does not define, nor assume, a single Care Team for a patient.

## Open Issues and Questions

1. Need to determine the FHIR version that will be used and what do about future updates and HL7 work groups plans for addressing resource updates.
   1. STU3 will be used (will update links when available)
   2. Future updates of FHIR resources will be handled via IHE Change Proposals.

## Closed Issues

1. [Closed March 13, 2017] Need to examine HPD for care team functionality and determine if we should include in this profile.
   1. Response: Care teams are not supported by IHE HPD profile. Per HPD Profile, “Provider Information Directory- Supports a directory of healthcare providers. The directory can include:

• Only Individual Providers

• Only Organizational Providers

• Organizational Providers and Individual Providers” [[2]](#footnote-2)

1. [Closed March 13, 2017] How are care team members removed from the care team?
   1. Response: See 3.Y1 Update Care Team [PCC-Y1]
2. [Closed March 13, 2017]How will Care Team updates occur? If doing this real time need a way to keep the updates.
   1. Response: See 3.Y1 Update Care Team [PCC-Y1]
3. [Closed March 13, 2017]Who’s the entity that is responsible for the updates to the care team – what actor? Who is responsible for adding folks to the care team? Concerns about data compete …
   1. Response: See X.1.1.1 Care Team Contributor Actor
4. [Closed March 13, 2017]Continuation of care – who is actively involved with the patient and need to be the one that is contacted – who to call?
   1. Response: This is handled by care team resource participant - CareTeam.participant.role
5. [Closed March 13, 2017]Is this profile meant to capture the ability to have real- time communication with care team members (like IM)?
   1. Response: Care Team communication capability as intended by the Coordination of Care Services (CCS) functional model is not supported by this profile at this time.
6. [Closed March 13, 2017]If you subscribed and have provided an update, do you receive provide care team transaction?
   1. Response: Yes because you’ve subscribed, you will get all updates. See 3.Y4.4.1 Subscribe to Care Team Updates

# General Introduction

Update the following Appendices to the General Introduction as indicated below. Note that these are not appendices to Volume 1.

Appendix A - Actor Summary Definitions

Add the following actors to the IHE Technical Frameworks General Introduction list of Actors:

<Add any actor definitions for new actors defined specifically for this profile. These will be added to the IHE TF General Introduction list of Actors namespace.>

|  |  |
| --- | --- |
| Actor | Definition |
| Care Team Contributor | This Actor reads, creates and updates Care Teams hosted by a Care Team Service. |
| Care Team Service | This actor manages Care Teams received from Care Team Contributors, and provide notification of updates and access to updated Care Teams to subscribers. |

Appendix B - Transaction Summary Definitions

Add the following transactions to the IHE Technical Frameworks General Introduction list of Transactions:

<Add any transaction definitions for new transactions defined specifically for this profile. These will be added to the IHE TF General Introduction list of Transactions namespace.>

|  |  |
| --- | --- |
| Transaction | Definition |
|  |  |
|  |  |

Glossary

Add the following glossary terms to the IHE Technical Frameworks General Introduction Glossary:

<Any glossary additions associated with the profile draft go here.>

|  |  |
| --- | --- |
| Glossary Term | Definition |
| Clinical Care Team | A clinical care team for a given patient consists of the health professionals—physicians, advanced practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals—with the training and skills needed to provide high-quality, coordinated care specific to the patient's clinical needs and circumstances*[[3]](#footnote-3)*. |
| Care Team Management | Parties who manage and/or provide care or service as specified and agreed to in the Care Plan, including: clinicians (including providers), other paid and informal caregivers, and the patient. Care Team Members may include individuals who do not provide direct care such as a Care Manager[[4]](#footnote-4). |
| Coordination of Care Services Functional Model: Care Team Capability | A working care team is the foundation of effective communication, interaction channels and maintenance of current clinical context awareness. Care team, communication and interactions are the heart of collaborative coordination of care[[5]](#footnote-5). |
| Encounter-focused Care Team | This type of team focuses on one specific encounter. The encounter is determined by the context of use[[6]](#footnote-6). |
| Episode-focused Care Team | This type of team focuses on one specific episode of care. The episode of care is determined by the context of use[[7]](#footnote-7). |
| Condition-focused Care Team | This type of team focuses on one specific condition. The condition is determined by the context of use[[8]](#footnote-8). |
| Care-coordination focused Care Team | This type of team focuses on overall care coordination. The members of the team are determined or selected by an individual or organization. When determined by an organization, the team may be assigned or based on the person’s enrollment in a particular program[[9]](#footnote-9). |
| Research-focused Care Team | Patients enrolled in a clinical trial may have a team that is part of that clinical trial. In many cases that team may be involved in interventions that are part of the protocol for that clinical trial and often related to a primary diagnosis of the patient, such as a chemotherapy trial for a cancer patient. That research team may include a provider whom the patient was already engaged with or the patient may have been referred to the clinical trial or enrolled on their own volition. Team members might include a principal investigator, sub-investigator, research coordinator site coordinator, research nurse, or others involved in conducting the trial.[[10]](#footnote-10) |
| Utilization Review | A critical evaluation (as by a physician or nurse) of health-care services provided to patients that is made especially for the purpose of controlling costs and monitoring quality of care[[11]](#footnote-11). |

Volume 1 – Profiles

## Copyright Licenses

NA

Add the following to the IHE Technical Frameworks General Introduction Copyright section:

## Domain-specific additions

NA

Add to Section …

# X Dynamic Care Team Management (DCTM) Profile

The Dynamic Care Team Management (DCTM) profile provides the structures and transactions for sharing Care Team information dynamically as the patient interacts with the healthcare system. FHIR®*[[12]](#footnote-12)* resources and transactions are used by this profile. This profile does not define, nor assume, a single Care Team for a patient. The care team functionalities are derived from the HL7 Care Coordination Service (CCS) Functional Model[[13]](#footnote-13) care team membership sub-capabilities. This profile utilizes the following sub-capabilities used in CCS Care Team Membership Capability:

* Add Care Team Member - Supports the ability to directly add members to the care team.
* List my Care Teams - Supports the ability of an individual to list all care teams for which they (or the patient) have an active membership.
* Remove Care Team Member - Supports the ability to either permanently remove or inactivate an individual from the care team
* Discover Care Team - Supports the ability to determine who the other members of the care team are in order to engage them in communication, negotiation, harmonization and coordinated execution of the plan (via other CCS capabilities not utilized in this profile)

The DCTM Profile provides the means for sharing care team information about a patient’s care team that meet the needs of many users, such as providers, patients and payers. A patient and providers may be associated with multiple types of care teams at any given time. Patients are suffering from an increasing number of complex or chronic health conditions which require frequent episodes of care involving multiple care providers. With this complexity, it is difficult to identify and coordinate care amongst providers and caregivers. The ability to inform providers and patients with care team information and the functions to support improving care provision is needed.

The World Health Organization (WHO) stipulates approximately 63% of all annual deaths are due to non-communicable or chronic diseases. The US Medicare and Medicaid Services (CMS) department’s claims data show that $17.4 billion dollars was spent on re-admissions to hospital within 30 days of discharge in 2004.[[14]](#footnote-14)

Effective collaboration and communication is needed to support the provision of patient-centered care. DCTM would enable the efficient provision of health information that is needed for effective care planning and collaboration between applicable providers, participants and the patient.

## X.1 DCTM Actors, Transactions, and Content Modules

This section defines the actors, transactions, and/or content modules in this profile. General definitions of actors are given in the Technical Frameworks General Introduction Appendix A at <http://www.ihe.net/Technical_Framework/index.cfm>.

Figure X.1-1 shows the actors directly involved in the DCTM Profile and the relevant transactions between them. If needed for context, other actors that may be indirectly involved due to their participation in other related profiles are shown in dotted lines. Actors that have a mandatory grouping are shown in conjoined boxes.

Update Care Team [PCC-Y1] ↓

Transaction 1 [1] ↓

Care Team Service

Actor F

Care Team Contributor

Actor A

↓ Search for Care Team [PCC-Y2]

↓ Retrieve Care Team [PCC-Y3]

↓ Subscribe to Care Team Updates [PCC-Y4]

↑ Provide Care Team [PCC-Y5]

Figure X.1-1: DCTM Actor Diagram

Table X.1-1: DCTM Profile - Actors and Transactions

| Actors | Transactions | Optionality | Reference |
| --- | --- | --- | --- |
| Care Team Contributor | Update Care Team | R | PCC TF-2: 3.Y1 |
| Search for Care Team | R | PCC TF-2: 3.Y2 |
| Retrieve Care Team | R | PCC TF-2: 3.Y3 |
| Subscribe to Care Team Updates | O note 1 | PCC TF-2: 3.Y4 |
| Provide Care Team | C | PCC TF-2: 3.Y5 |
| Care Team Service | Search for Care Team | R | PCC TF-2: 3.Y2 |
| Retrieve Care Team | R | PCC TF-2: 3.Y3 |
| Update Care Team | R | PCC TF-2: 3.Y1 |
| Subscribe to Care Team Updates | R | PCC TF-2: 3.Y4 |
| Provide Care Team | R (as initiator) | PCC TF-2: 3.Y5 |

Note 1: If Subscribe to Care Team Updates is supported, will have to support Provide Care Team

Table X.1-1 lists the transactions for each actor directly involved in the DCTM Profile. To claim compliance with this Profile, an actor shall support all required transactions (labeled “R”) and may support the optional transactions (labeled “O”).

### X.1.1 Actor Descriptions and Actor Profile Requirements

Most requirements are documented in Transactions (Volume 2) and Content Modules (Volume 3). This section documents any additional requirements on profile’s actors.

#### X.1.1.1 Care Team Contributor

This Actor reads, creates and updates Care Teams hosted by a Care Team Service. Updates include removal of care team participants. Care team participant.period can be used to determine historical plus forward-looking aspects for members of the care team.

In order to ensure data integrity, as is necessary when multiple Care Team Contributors are attempting to update to the same Care Team, the Care Team Contributor SHALL use the following pattern, (from <http://hl7.org/fhir/http.html#transactional-integrity> )

* Before updating, the Care Team Contributor SHALL read the latest version of the Care Team;
* The Care Team Contributor SHALL apply the changes (additions, updates, deletions) it wants to the Care Team, leaving all other information intact;
* The Care Team Contributor SHALL write the Care Team back as an update interaction, and is able to handle a failure response, commonly due to other Contributor Updates (usually by trying again).

If a Care Team Contributor follows this pattern, then information from other systems that they do not manage will be maintained through the update.

#### X.1.1.2 Care Team Service

This actor manages Care Teams updates received from Care Team Contributors, and provide notification of updates and access to Care Teams subscribers.

As described above under the Care Team Contributor, the Care Team Service receives a Care Team and manages versions of the Care Team as a whole. Note – the Care Team Service SHALL support versioning of the CareTeam resource.

The Care Team Service SHALL support the delete interaction for the Subscription resource. See: <http://hl7.org/fhir/???/http.html#delete> This enables a Care Team Contributor to unsubscribe from updates for a care team. **[Emma: Need link to FHIR STU3 html#delete]**

## X.2 DCTM Actor Options

Options that may be selected for each actor in this profile, if any, are listed in the table X.2-1. Dependencies between options when applicable are specified in notes.

Table X.2-1: DCTM - Actors and Options

| Actor | Option Name | Reference |
| --- | --- | --- |
| Care Team Contributor | Subscribe to Care Team Updates | 3.Y4 |
| Care Team Service | No options defined | -- |

### X.2.1 Subscribe to Care Team Updates

Support for this Subscribe to Care Team Updates means that the optional Subscribe to Care Team Updates [PCC-Y4] and the optional Provide Care Team [PCC-Y5] are both supported.

The alternative to subscribing to care team updates is a polling process, where a Care Team Contributor would periodically query for a CareTeam resource history and determine that a Retrieve Care Team was necessary.

## X.3 DCTM Required Actor Groupings

Table X.3-1: DCTM - Required Actor Groupings

| **DCTM Actor** | **Actor to be grouped with** | **Reference** | **Content Bindings Reference** |
| --- | --- | --- | --- |
| Care Team Contributor | none |  |  |
| Care Team Service | none |  |  |

## X.4 DCTM Overview

Patient centered collaborative focused care teams are needed for effective care planning to occur. Care planning is needed to manage medically complex and/or functionally impaired individuals as they interact with the health care system. Often, these individuals require real time coordination of the care as they receive care from multiple care providers and care settings. These care providers make up patient centered collaborative focused care teams. Effective care planning and care coordination amongst care teams for patient with complex health problems and needs are needed throughout the world. Both the European Union and the United States are currently working to encourage more effective use of information and communication technology to support the delivery of health services. This has led to the promotion of interoperability of health information and communication technology products and services.[[15]](#footnote-15)

In the United States, providers and payers are interested in ensuring that patients are receiving effective and efficient care. The CMS EHR incentive programs provide financial incentives to care providers for the meaningful use of certified EHR technology that supports care coordination[[16]](#footnote-16). According to the United States Office of the National Coordinator for Health Information Technology’s Connecting Health and Care for the Nation Shared Nationwide Interoperability Roadmap, “Providers also play a critical role in coordinating care with other providers in support of patients. However, coordinating care and engaging with multi-disciplinary, cross-organization care, support and service teams has been incredibly difficult with the tools available today. Technology that does not facilitate the sharing and use of electronic health information that providers need, when they need it, which often creates additional challenges to care coordination. Additionally, care coordination via electronic means requires workflow changes for providers and their staff, particularly to close referral loops and ensure all of an individual’s health information is available to the entire care, support and services team. These workflow changes are not insignificant and must be overcome in order to enable interoperability.”[[17]](#footnote-17)

This profile depicts how information about multiple care teams can be shared and used to coordinate care.

### X.4.1 Concepts

The care team concepts described in this profile are patient centered with the overarching goal to support collaborative care. Care teams have many different meanings to many different people. Each discipline has its own definition of what a care team is and what it contains. The concept of care team is also often jurisdictional and can be defined in many different ways.

Care teams can be made up of a single individual, a single group of individuals or multiple groups of individuals providing various types of services.

Care teams made up of a group or groups of individuals are often found in situations that utilizes multi-disciplinary teams. The services provided by these teams can be clinical and non-clinical.

An example of a care team made up of a single individual is a patient who provides self-care and may consider his caregiver team a team of one, himself. He provides his clinical care by self-administering his medications, checking his own blood glucose levels etc. He provides his non-clinical care by taking care of his own administrative or financial needs such as scheduling his own appointments and paying for his own care services. Another example is a physical therapist who may have his own physical therapy business in which he functions independently providing physical therapy services to patients in an out-patient setting. He provides non-clinical services such as billing, appointment scheduling, etc.

Care teams can be discipline and or condition specific. Examples of discipline specific care teams include, but not limited to, cardiology care team, nursing care team, respiratory care team, etc. Conditions specific care team examples include, but not limited to, diabetes care team, oncology care team, wound care team, etc. These care teams are often clinical in nature because of the types of services provided to the patient. Some care teams can be non-clinical in nature providing services that may be administrative, personal care, social or community based. Other care teams can provide both clinical and non-clinical services.

The HL7 Care Team Definition project[[18]](#footnote-18)has defined the following classification of types of care team: Encounter-focused Care Team, Episode-focused Care Team, Condition-focused Care Team, Care-coordination focused Care Team and Research-focused Care Team. This classification is used to include care team members specific to a particular care plan, an episode of care, an encounter or to reflect all team members across these perspectives.

A patient may be associated with multiple types of care teams at any given time. For example, a patient may be provided care by his or her PCP and/or specialist based on the encounter-focused care team paradigm. Consequently, the patient may have an inpatient stay involving episode-focused care team. During the inpatient stay, the patient care may be coordinated utilizing a care coordination-focused care team. The care provided for the patient may be for a condition that requires the need for a condition-focused care team. The patient’s situation may provide the opportunity for him or her to participate in a research-focused care team. Similarly, participants can be associated with multiple care teams at any given time as well. For example, the patient’s PCP may participate in an event-focused team and in the episode-focused team by continuing to provide care if the patient gets admitted to an inpatient setting. The PCP also participates in the condition-focused team while managing the patient’s condition. The PCP or a specialist who is involved in the patient’s care may be participating in a research-focused team in which he oversees the care of his patients participating in a research study. A care team member could fill more than one role from more than one organization on the same care team. The PCP could function in a role as part of one organization (e.g. primary care provider for the medical clinic) while at the same time function in another role as part of another organization (e.g. primary investigator on the National Institute of Health research team). Both organizations could be part of the same care team.

The point here is to reiterate that the concept of care team is often jurisdictional and can be defined in many different ways.

### X.4.2 Use Cases

This profile reuses the HL7 Care Plan Domain Analysis Model specification storyboard 2: Chronic Conditions[[19]](#footnote-19) with permission from HL7 Patient Care Work Group. Slight modifications have been made to the storyboard in order to depict care team management needed for chronic disease management as well as transition of care episodes.

For the purpose of IHE profiling, the storyboard is being referred to as a use case.

#### X.4.2.1 Use Case: Chronic Conditions

The use case provides narrative description of clinical scenarios where the need for a care team is identified, created or updated during care provision. For a process flow diagram of this entire use case, see the diagram at: **[Add Link to visio diagram at the ftp site]** **– to do (Emma)**

##### X.4.2.1.1 DCTM Use Case Description

The purpose of the HL7 chronic conditions storyboard (use case) is to illustrate the purpose and interaction of types of care teams for a patient involved in the care and treatment of a case of Type II Diabetes Mellitus with complications.

The use case is sub-divided to reflect HL7 Care Team Definition Project’s classification of types of care teams:

Encounter-focused Care Team

* Primary Care Physician (PCP)
* Patient

Condition-focused Care Team (e.g. Diabetes)

* PCP
* Specialists
* Allied Health Care Providers
* Patient

Episode-focused Care Team

* Emergency Department (ED)
  + Care Providers
  + Patient
* Hospital (In-patient stay)
  + Care Providers
  + Discharge Planner
  + Patient

Care-coordination focused Care Team

* PCP
* Home Health
  + Case manager
  + Care providers
* Patient
* Research-focused team
  + Primary Investigator
  + Sub-investigator
  + Research coordinator
  + Site coordinator
  + Research nurse
  + Patient

The use case contains the following actors and roles.

* Primary Care Physician: Dr. Patricia Primary
* Patient: Mr. Bob Anyman
* Diabetic Educator: Ms. Edith Teaching
* Dietitian/Nutritionist: Ms. Debbie Nutrition
* Physical Therapist: Mr. Ed Active
* Pharmacist: Ms. Susan Script
* Optometrist: Dr. Victor Vision
* Podiatrist: Dr. Barry Bunion
* Psychologist: Dr. Larry Listener
* Emergency Department Physician: Dr. Eddie Emergent
* Hospital Attending Physician: Dr. Allen Attend
* Discharge Planner: Debra Discharge
* Case Manager: Nurse Nancy Case
* Home Health Nurse: Nurse Angie Able
* Home Health Physical Therapist: Peter Physical
* Primary Investigator: Dr Rick Research
* Sub-investigator: Nurse Mary Reese

###### X.4.2.1.1.1 Encounter-focused Care Team: Primary Care Physician; Patient

**Pre-conditions:** Patient Mr. Bob Anyman relocated to a new city a year ago and has identified a new primary care physician (PCP). He attends his primary care physician clinic because he has been feeling generally unwell in the past 7-8 months. His recent blood test results reveal abnormal glucose challenge test profile.

**Description of Care:** Dr. Patricia Primary reviews Mr. Anyman’s medical history, presenting complaints and the oral glucose tolerance test results and concludes the patient suffers from Type II Diabetes Mellitus (Type II DM). Dr. Primary accesses Mr. Anyman’s medical record, and records the clinical assessment findings and the diagnosis. Dr. Primary discusses with Mr. Anyman the identified problems, potential risks, goals, management strategies and intended outcomes. Dr, Primary identifies Bob as a potential candidate for a nationwide Type II DM research study. She informs Bob of the study purpose and criteria for participation. Bob consents to participate in the study. Dr. Primary also makes Bob aware of her practice contact information and who to call in cases of emergency. Dr. Primary is aware that although Bob is married, he is his own primary caregiver.

**Post Condition:** Dr. Primary draws up a customized chronic condition (Type II DM) care plan identifying the need for a condition-focused care team.

PCP EHR  
as Care Team Contributor

Actor D/

Actor E

Care Team Management System as Care Team Service

Actor A /

Actor B

Patient Portal as Care Team Contributor

Update Care Team

Transaction-B [B]

Provide Care Team

Transaction-B [B]

Subscribe to Care Team Updates

Transaction-B [B]

Search for Care Team

Transaction-B [B]

Retrieve Care Team

Transaction-B [B]

Retrieve Care Team

Transaction-B [B]

Encounter-Focused Care Team(s)

Transaction\_1 [1]

Figure X.4.2.1.1.1-1: Encounter-focused Care Team: Basic Process Flow in DCTM Profile

###### X.4.2.1.1.2 Condition-focused Care Team: Primary Care Physician; Allied Health Care Providers; Specialists; Patient

**Pre-conditions:** Dr. Primary generates a set of referrals to these allied health care providers and specialists needed to treat Mr. Anyman’s diabetic condition. Scheduling of consultations with diabetic educator, dietitian, physical therapist, community pharmacist, optometrist, and podiatrist (allied health care providers) is discussed and agreed to by the patient. The frequency of visit to allied health care providers is scheduled according to the national professional recommendation for collaborative diabetes care. Dr. Primary also notices signs and symptoms of mood changes in the patient after the diagnosis is made. She recommends that the patient may benefit from seeing a clinical psychologist to which the patient also agrees.

The allied health care providers and specialists accepts the referral and schedules a first visit with the patient – Mr. Bob Anyman.

The case is assigned to the following individual allied health care providers and referrals made to the applicable specialists for provision of applicable services:

1. Diabetic Education Services: Ms. Edith Teaching (Diabetic Educator) for development and implementation of comprehensive diabetic education program and plan to ensure that the patient understands the nature of the disease, the problem, potential complications and how best to manage the condition and prevention of potential complications.
2. Dietary/Nutrition Services: Ms. Debbie Nutrition (Dietitian/Nutritionist) for development and implementation of a nutrition care plan for diabetes to ensure effective stabilization of the blood glucose level with the help of effective diet control.
3. Physical Therapy Services: Mr. Ed Active (Physical Therapist) for development and implementation of an exercise regime.
4. Pharmacy Services: In certain countries (e.g., Australia), the community pharmacist (Ms. Susan Script) provides patient with education on diabetic medications prescribed for the patient by Dr. Primary, and development and implementation of an effective and safe medication management program. The objectives are to gain and maintain effective control of the condition and to prevent hypo- and hyper- glycemic episodes.
5. Clinical Psychology Services: Dr. Larry Listener (clinical psychologist) for counseling and to develop and implement an emotional support program; this includes a plan to reduce the impact of emotional stress brought about by the newly diagnosed condition and to improve the patient’s psychological well-being. The plan may include enrolling patient in diabetic support group.
6. Optometry Services: Dr. Victor Vision (Optometrist) for regular (e.g., 6 monthly) visual and retinal screening and to educate patient on the eye care and how best to prevent/minimize the risks of ocular complications.
7. Podiatry Services: Dr. Barry Bunion (Podiatrist) for education on the risks of foot complications and to develop and implement an effective foot care program including regular self-assessment, care of the feet and follow-up visits.

**Description of Care:** The patient is registered in the health care record system operated by the allied health provider clinics. Any additional or new information provided by the patient is recorded in the health care record system. The allied health care provider and specialists updates the clinical notes and the care plan with the assessment details, and any changes to the management plan including new advice to the patient. The date of next visit is also determined. Each care providers makes Bob aware of their practice contact information and who to call in cases of emergency. Each care provider is aware that although Bob is married, he is his own primary caregiver.

**Post Condition:** Any updates or changes to the various care teams are recorded in their health care record system.

Providers EHRs (e.g., PCP, specialists and Allied Care Providers) as Care Team Contributor

Actor D/

Actor E

Care Team Management System as Care Team Service

Patient Portal as Care Team Contributor

Update Care Team

Transaction-B [B]

Provide Care Team

Transaction-B [B]

Subscribe to Care Team Updates

Transaction-B [B]

Retrieve Care Team

Transaction-B [B]

Retrieve Care Team

Transaction-B [B]

Subscribe to Care Team Updates

Transaction-B [B]

Condition-Focused Care Team(s)

Transaction\_1 [1]

Figure X.4.2.1.1.2-1: Condition-focused Care Team: Basic Process Flow in DCTM Profile

###### X.4.2.1.1.3 Episode-focused Care Team: ED Visit and Hospital Admission

**Pre-Condition:** Mr. Bob Anyman took a 3-month holiday in Australia during the southern hemisphere spring season, missed the influenza immunization window in his northern hemisphere home country, and forgot about the immunization after he returned home. He develops a severe episode of influenza with broncho-pneumonia and very high blood glucose level (spot BSL = 23 mM) as complications. He suffers from increasing shortness of breath and suffers a fall on a Saturday afternoon.

Mr. Anyman presents himself at the emergency department of his local hospital as Dr. Primary’s clinic is closed over the weekend.

**Description of Care:** Mr. Anyman is initially seen in the emergency department (ED) by Dr. Eddie Emergent and is later admitted to the hospital. Upon arrival in the ED, the patient is registered and all care provided is documented in the ED health care record system. Bob is subsequently admitted to the hospital and placed under the care of physicians from the general medicine clinical unit. During the hospitalization, Bob is provided care services by various clinical care teams which include medical services, nursing services, nutrition and dietary services, physical therapy services, and respiratory services. Non-clinical services are also provided by ancillary care teams.

Bob’s medical care includes a course of IV antibiotics, insulin injections to stabilize the blood glucose level. Bob also suffered a joint injury as a result of the fall he had. Nursing services includes administration of Bob’s medications and educating Bob about his condition and treatment. Bob is provided physical therapy services to improve his recovery from his joint injury. Bob is assessed by the hospital attending physician, Dr. Allen Attend, as medically fit for discharge. All care provided is documented in the hospital health care record system.

Planning for discharge is initiated soon after admission as per hospital discharge planning protocol. Discharge planning is done by the **in-patient** **case management team** in collaboration with Bob’s care providers. The case management team also provides non-clinical services such as utilization review to ensure that provided health services is appropriate for billing purposes. All case management activities are documented in the hospital health care record system.

**Post Condition:** The discharge plan is finalized on the day of discharge by the discharge planner, Debra Discharge. Discharge plans include continuation of Bob’s care after he leaves the hospital with care teams at the next level of care. Bob will need medical, nursing, and physical therapy services post discharge. Debra Discharge confirms that the applicable teams that will provide these services post discharge are made aware when Bob is discharged.

Note: The process flow pattern for this episode-focused care team is the same as encounter-focused care team. See Figure X.4.2.1.1.1-1.

###### X.4.2.1.1.4 Care Coordination Focused Care Team: Primary Care, Nursing and Physical Therapy Follow-up Visits

**Pre-Condition:** Patient Mr. Bob Anyman is scheduled for a post-hospital discharge consultation with his primary care provider, Dr. Primary. Bob is also scheduled to receive nursing and physical therapy services at his home post discharge.

**Description of Care:** Home health case manager, Nurse Nancy Case reviews patient Mr. Anyman’s hospital discharge summary and discharge orders. She discusses Bob’s care plan with him and makes it available for Bob’s PCP, Dr. Primary to review. Bob’s care plan includes orders for home health nursing and physical therapy services. Nurse Nancy Case arranges nursing services with the home health nursing team and physical therapy services with the home health physical therapy team. Bob is seen by Nurse Angie Able for his nursing care and by PT Peter Physical for his physical therapy.

A week after discharge, Bob is seen and evaluated by his PCP, Dr. Primary.

Bob needs assistance with activities of daily living (ADLs). He hires a personal care assistant to provide needed services. This information is documented in the home health care record system.

Post Condition: Dr. Primary is the physician of record for the care provided by the home health nurse and the physical therapist. She updates Bob’s Diabetes care team providers of the change in Bob’s condition and the services he is currently receiving. The home health providers are made aware of Bob’s diabetes care team providers and will contact them if needed. All home care services are documented in the home health care record system.

Note: The process flow pattern for this care coordination care team is the same as condition-focused care team. See Figure X.4.2.1.1.2-1.

###### X.4.2.1.1.5 Research Focused Care Team: Diabetes Research Participation

**Pre-Condition:** Bob has consented to participate a diabetes research relating to medication adherence. Bob is accepted in the study and is enrolled

**Description of Care:** The purpose of the research study is to measure Bob’s adherence to his diabetes care. Dr. Rick Researcher is the primary investigator of the research study. His team gathers and evaluates data on the diabetes care Bob receives and the type of care providers providing Bob’s diabetes care.Bob is seen by a nurse who is a sub-investigator for the study in Bob’s city. The nurse conducts an enrollment interview and administers a survey questionnaire about Bob’s knowledge of his DM and his self-management. She also obtains Bob’s consent to access his records related to his care in the other facilities where he is seen. He will return every 6 months for a follow-up visit with the study nurse for a period of 3 years.

**Post Condition:** Any updates or changes to Bob’s care and the various care teams are shared.

Note: The process flow pattern for this care coordination care team is the same as condition-focused care team. See Figure X.4.2.1.1.2-1.

## X.5 DCTM Security Considerations

In many other uses of the HTTP/REST pattern, applications are accessing far less sensitive information than patient identifiers and protected health information. When the mobile environment comes into use, the challenges of security and privacy controls are unique, simply because the devices are harder to physically control. The DCTM Profile provides access to the patient identifiers and other protected health information managed in healthcare. These factors present a unique and difficult challenge for the security model. It is recommended that application developers utilize a Risk Assessment in the design of the applications, and that the operational environment utilize a Risk Assessment in the design and deployment of the operational environment. See FHIR STU3 Security [**http://hl7.org/fhir/???/security.html. [Emma**](http://hl7.org/fhir/???/security.html.%20%5bEmma)**: Add updated FHIR STU url]**

There are many reasonable methods of security for interoperability transactions, which can be implemented without modifying the characteristics of the DCTM Profile transactions. The use of TLS is encouraged, as is the use of the ATNA Profile (see ITI TF-1:9).

User authentication on mobile devices and browsers is typically handled by more lightweight authentication schemes such as HTTP Authentication, OAuth, or OpenID Connect. IHE has a set of profiles for user authentication including: Enterprise User Authentication (EUA) on devices using HTTP and Internet User Authorization (IUA) for REST-based authentication. In all of these cases, the network communication security, and user authentication are layered in the HTTP transport layer and do not modify the interoperability characteristics defined in the DCTM Profile. The use of strong trust keys is encouraged.

Actors in the DCTM Profile should make use of the audit logging (ATNA) Profile. However, support for ATNA-based audit logging on mobile devices and lightweight browser applications may be beyond their ability. The operational environment must choose how to mitigate the risk of relying only on the service-side audit logging on the Care Team Service. It is recommended that DCTM Actors implement the Internet User Authentication (IUA) Profile, incorporating the subject of the IUA token in audit messages.

The Resource URL pattern defined in this profile means many requests may include Patient ID, names, or other demographic data as parameters for query. The advantage of this pattern is ease of implementation and clear distinction of a patient’s identity. The URL pattern does present a risk when using typical web server audit logging of URL requests and browser history. In both of these cases the URL with the Patient ID or Name query parameters is clearly visible.

## X.6 DCTM Cross Profile Considerations

A Content Consumer in Patient Care Coordination might be grouped with a Care Team Contributor to enable the filtering and display of Care Team content. A Content Creator might be grouped with a Care Team Contributor to enable the creation or update of clinical content. A Reconciliation Agent might be grouped with a Care Team Contributor and also with a Care Team Service to facilitate the reconciliation processes. As mentioned in the security considerations section, a Secure Node in the ATNA Profile might be grouped with any and all of the actors in this profile. Note that Care team may be referenced from zero or more care plans.

Appendices

<Add Appendices to this Profile here. Examples of an appendix include HITSP mapping to IHE Use Cases or long use case definitions.>

<Volume 1 Appendices are informational only. No “SHALL” language is allowed in a Volume 1 appendix.>

Appendix A – <Appendix A Title>

Appendix A text goes here.

* 1. <Add Title>

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Appendix B – <Appendix B Title>

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* 1. <Add Title>

Appendix B.1 text goes here.

Volume 2 – Transactions

Add section 3.Y

## 3.Y1 Update Care Team [PCC-Y1]

*<The “Y” in the heading should be the same as the # in the [Domain Acronym -#] title>*

### 3.Y1.1 Scope

This transaction is used to update or to create a care team. A CareTeam resource is submitted to a Care Team Service where the update or creation is handled.

### 3.Y1.2 Actor Roles

Care Team Contributor

Actor ABC

Care Team Service

Actor DEF

Figure 3.Y.2-1: Use Case Diagram

Table 3.Y.2-1: Actor Roles

|  |  |
| --- | --- |
| **Actor:** | Care Team Contributor |
| **Role:** | The Care Team Contributor submits a care team that is updated, or needs to be created. |
| **Actor:** | Care Team Service |
| **Role:** | The Care Team Service receives submitted care teams for management as per FHIR Resource Integrity management. |

### 3.Y1.3 Referenced Standards

HL7® FHIR® standard STU ??

### 3.Y1.4 Interaction Diagram

Care Team Contributor

Actor A

Update Care Team

Message 1

Care Team Service

Actor D

Create Care Team

Message 2

#### 3.Y1.4.1 Update Care Team

The Care Team Contributor submits a care team that has been edited to a Care Team Service. The Care Team Service handles the FHIR CareTeam Resource according to FHIR Resource integrity.

##### 3.Y1.4.1.1 Trigger Events

An existing care team has been edited, and the set of attributes for the care team are to be committed to a Care Team Service.

##### 3.Y1.4.1.2 Message Semantics

This is an HTTP or HTTPS PUT of a CareTeam resource, as constrained by this profile.

The base URL for this is: [base]/CareTeam/[id]

Where the body of the transaction contains the CareTeam resource.

See http://hl7.org/fhir/http.html#update

##### 3.Y1.4.1.3 Expected Actions

When updating an existing care team, the Care Team Contributor shall merge changes into a recently received CareTeam, leaving unchanged content unaltered.

When a care team is updated, a new version of the care team resource is created with the care team members that are participating. If there is a need for a historical list of care team member, update the care team.participant.period

If the Care Team Service returns an error to the Update Care Team transaction, as would happen if the version of the CareTeam is old, then the Care Team Contributor should perform the steps of Retrieve Care Team, merge changes, and then attempt Update Care Team again. For example, two providers retrieved copies of a care team, one after another, and then attempt to update the care team later.

Since the Care Team Service SHALL support versioning of the CareTeam resources, the response SHALL contain meta.versionId. See: http://hl7.org/fhir/http.html#create on the response from the Care Team Service.

#### 3.Y1.4.2 Create Care Team

The Care Team Contributor submits a newly created care team to a Care Team Service.

##### 3.Y1.4.2.1 Trigger Events

Newly created care team content is ready to be saved to a Care Team Service.

##### 3.Y1.4.2.2 Message Semantics

This is an HTTP or HTTPS POST of a CareTeam resource, as constrained by this profile.

The base URL for this is: [base]/CareTeam

Where the body of the transaction contains the CareTeam resource.

See: http://hl7.org/fhir/http.html#create

##### 3.Y1.4.2.3 Expected Actions

The Care Team Service responds, with success or error, as defined by the FHIR RESTful create interaction. See: http://hl7.org/fhir/http.html#create

### 3.Y1.5 Security Considerations

See X.5 DCTM Security Considerations

## 3.Y2 Search for Care Team [PCC-Y2]

### 3.Y2.1 Scope

This transaction is used to find a care team. The Care Team Contributor searches for a care team of interest. A care team located by search may then be retrieved for viewing or updating.

### 3.Y2.2 Actor Roles

Care Team Contributor

Actor ABC

Care Team Service

Actor DEF

Figure 3.Y2.2-1: Use Case Diagram

Table 3.Y2.2-1: Actor Roles

|  |  |
| --- | --- |
| **Actor:** | Care Team Contributor |
| **Role:** | The Care Team Contributor initiates Search for Care Team in order to locate a care team of interest. |
| **Actor:** | Care Team Service |
| **Role:** | The Care Team Service responds to the Search for Care Team according to the search parameters and values provided in the transaction. |

### 3.Y2.3 Referenced Standards

HL7® FHIR® standard STU??

### 3.Y2.4 Interaction Diagram

Search for Care Team

Message 1

Care Team Contributor

Actor A

Care Team Service

Actor D

#### 3.Y2.4.1 Search for Care Team

The Search for Care Team is implemented through the FHIR search operation using the REST platform constrained to the HTTP or HTTPS GET.

##### 3.Y2.4.1.1 Trigger Events

The Search for Care Team may be initiated for a number of different reasons:

1. need to view a care team;
2. need to update a portion of a care team
3. need to subscribe to updates for a care team

##### 3.Y2.4.1.2 Message Semantics

This is a standard FHIR search operation on the CareTeam resource. It SHALL use the HTTP or HTTPS GET protocol

The URL for this operation is: [base]/CareTeam/\_search

See the FHIR CareTeam resource Search Parameters at http://build.fhir.org/careteam.html#search

##### 3.Y2.4.1.3 Expected Actions

The Care Team Contributor initiates the search using HTTP or HTTPS GET, and the Care Team Service responds according to the [FHIR Search specification](http://hl7.org/fhir/search.html) with zero or more care teams that match the search parameter values supplied with the search message. Specifically, the Care Team Service returns a [bundle](http://hl7.org/fhir/bundle.html) as the HTTP Response, where the bundle includes the resources that are the results of the search.

### 3.Y2.5 Security Considerations

See X.5 DCTM Security Considerations.

## 3.Y3 Retrieve Care Team [PCC-Y3]

### 3.Y3.1 Scope

This transaction is used to retrieve a specific care team using a known FHIR CareTeam resource id.

### 3.Y3.2 Actor Roles

Care Team Service

Actor DEF

Care Team Contributor

Actor ABC

Figure 3.Y3.2-1: Use Case Diagram

Table 3.Y3.2-1: Actor Roles

|  |  |
| --- | --- |
| **Actor:** | Care Team Contributor |
| **Role:** | The Care Team Contributor requests a specific care team using the CareTeam id |
| **Actor:** | Care Team Service |
| **Role:** | The Care Team Service returns the requested CareTeam resource, or an error if the requested id does not exist. |

### 3.Y3.3 Referenced Standards

HL7® FHIR® standard STU ??

### 3.Y3.4 Interaction Diagram

Care Team Contributor

Actor A

Care Team Service

Actor D

Retrieve Care Team

Message 1

#### 3.Y3.4.1 Retrieve Care Team

The Care Team Contributor retrieves a specific care team from the Care Team Service.

##### 3.Y3.4.1.1 Trigger Events

Any time a specific care team needs to be retrieved, for the purposes of viewing or in conjunction with the preparation for an update to a care team.

##### 3.Y3.4.1.2 Message Semantics

The message is a FHIR HTTP or HTTPS GET of a CareTeam resources where the parameter provided is the CareTeam.id with an option to ask for a specific version of the given CareTeam

The URL for this operation is: [base]/CareTeam/[id]

or, if this is an historical, version specific retrieval: [base]/CareTeam/[id]/\_history/[vid]

##### 3.Y3.4.1.3 Expected Actions

The Care Team Contributor initiates the retrieve request using HTTP or HTTPS GET, and the Care Team Service responds according to the FHIR GET specification with the requested care team or an error message. See: <http://hl7.org/fhir/http.html#read>

### 3.Y3.5 Security Considerations

See X.5 DCTM Security Considerations.

## 3.Y4 Subscribe to Care Team Updates [PCC-Y4]

### 3.Y4.1 Scope

This transaction is used to subscribe to updates made to a Care Team. As noted in TF-1:X-1.1.2, the Care Team Service SHALL support RESTful delete, as well as the following messages for creating and updating a Subscription.

### 3.Y4.2 Actor Roles

Care Team Service

Actor DEF

Care Team Contributor

Actor ABC

Figure 3.Y4.2-1: Use Case Diagram

Table 3.Y4.2-1: Actor Roles

|  |  |
| --- | --- |
| **Actor:** | Care Team Contributor |
| **Role:** | The Care Team Contributor subscribes to updates based upon changes to a CareTeam resource. |
| **Actor:** | Care Team Service |
| **Role:** | The Care Team Service evaluates the involved resources of the Subscription and uses the defined channel to notify a Care Team Contributor about changes. |

### 3.Y4.3 Referenced Standards

HL7® FHIR® standard STU ??

### 3.Y4.4 Interaction Diagram

Care Team Service

Actor D

Subscribe to Care Team Updates

Message 1

Care Team Contributor

Actor A

#### 3.Y4.4.1 Subscribe to Care Team Updates

A Care Team Contributor may choose to receive updates as CareTeam resources are changed by using the Subscribe to Care Team Updates transaction.

When the criteria of a subscription request are satisfied, the Care Team Service sends the entire Care Team resource, using the Provide Care Team [PCC-Y5] transaction to the subscribing Care Team Contributor.

##### 3.Y4.4.1.1 Trigger Events

Subscribing to Care Team Updates is a business and workflow decision, and the use of this is optional in the DCP Profile.

The Subscription criteria, used to trigger updates, may be simple or complex.

A simple Subscription criteria includes only query parameters about a CareTeam resource, such as the id. A simple Subscription criteria results in notifications of changes to the CareTeam resource itself, but the subscription update would not be triggered by changes to a resource referenced by the care team.

A complex Subscription criteria contains chained parameters, such as parameters about resources that are referenced within the CareTeam. For example, chaining parameters about a practitioner referenced from a CareTeam results in notifications of changes to either the CareTeam or to the referenced practitioner.

##### 3.Y4.4.1.2 Message Semantics

This is an HTTP or HTTPS POST of a Subscription resource, as constrained by this profile.

The base URL for this is: [base]/Subscription

Where the body of the transaction contains the Subscription resource.

See: <http://hl7.org/fhir/subscription.html>

##### 3.Y4.4.1.3 Expected Actions

The Care Team Contributor shall check the response from the Care Team Service. See <http://hl7.org/fhir/http.html#create> for details.

The Care Team Service shall check that the Subscription resource meets the constraints defined by this profile, in PCC TF-3: 6.x.x.

When a Subscription resource is accepted, the Care Team Service sets the status to “requested” and returns in the Location header the Subscription’s logical id for use in future operations. This logical id shall be saved by the Care Team Contributor.

A Subscription may be rejected by the Care Team Service for a number of reasons, such as if the Subscription is incomplete or does not meet the requirements of this profile as in PCC TF-3: 6.x.x

As per FHIR POST protocol, a rejected transaction results in the return of a 406 – rejected HTTP response.

#### 3.Y4.4.2 Update Subscription to Care Team Updates

An existing subscription may be updated by a Care Team Contributor, for example to refine the search criteria.

##### 3.Y4.4.2.1 Trigger Events

An existing subscription needs to be updated.

##### 3.Y4.4.2.2 Message Semantics

This is an HTTP or HTTPS PUT of a Subscription resource, as constrained by this profile.

The base URL for this is: [base]/Subscription/[id]

Where the body of the transaction contains the Subscription resource.

See: <http://hl7.org/fhir/http.html#update>

##### 3.Y4.4.2.3 Expected Actions

See <http://hl7.org/fhir/http.html#update>

### 3.Y4.5 Security Considerations

See X.5 DCTM Security Considerations

## 3.Y5 Provide Care Team [PCC-Y5]

### 3.Y5.1 Scope

This transaction is used to provide an updated CareTeam resource to a Care Team Contributor that has subscribed to updates.

### 3.Y5.2 Actor Roles

Care Team Contributor

Actor DEF

Care Team Service

Actor ABC

Figure 3.Y5.2-1: Use Case Diagram

Table 3.Y5.2-1: Actor Roles

|  |  |
| --- | --- |
| **Actor:** | Care Team Service |
| **Role:** | The Care Team Service provides updated CareTeam resources to subscribed Care Team Contributors. |
| **Actor:** | Care Team Contributor |
| **Role:** | The Care Team Contributor that has subscribed to care team updates receives updates of changed CareTeam resources. |

### 3.Y5.3 Referenced Standards

HL7® FHIR® standard STU ??

### 3.Y5.4 Interaction Diagram

Care Team Service

Actor A

Provide Care Team

Message 1

Care Team Contributor

Actor D

#### 3.Y5.4.1 Provide Care Team

The Care Team Service sends a CareTeam resource to the endpoint specified in the Subscription resource.

##### 3.Y5.4.1.1 Trigger Events

A change to a resource causes a Subscription Criteria to evaluate as true, so the Care Team Service sends the updated CareTeam resource to the designated endpoint.

##### 3.Y5.4.1.2 Message Semantics

This is an HTTP or HTTPS POST of a CareTeam resource, as constrained by this profile.

The base URL for this is specified in the registered Subscription resource.

Where the body of the transaction contains the CareTeam resource.

See: http://hl7.org/fhir/subscription.html

##### 3.Y5.4.1.3 Expected Actions

The Care Team Contributor receives the CareTeam resource in the body of the POST.

### 3.Y5.5 Security Considerations

See X.5 DCTM Security Considerations

Appendices

<Detailed cross transaction relationships or mapping details are described in an appendix in Volume 2x. Volume 2 appendices may be informational or normative. Immediately after the title of a Volume 2 appendix, provide a very explicit statement defining whether this new appendix is informative or normative.>

Appendix A – <Appendix A Title>

Appendix A text goes here.

* 1. <Add Title>

Appendix A.1 text goes here

Appendix B – <Appendix B Title>

Appendix B text goes here.

* 1. <Add Title>

Appendix B.1 text goes here.

Volume 2 Namespace Additions

Add the following terms to the IHE General Introduction Appendix G:

<Please explicitly identify all new OIDs, UIDs, URNs, etc., defined specifically for this profile. These will be added to the IHE TF General Introduction namespace appendix when it becomes available. These items should be collected from the sections above, and listed here as additions when this document is published for Trial Implementation. This section will be deleted prior to inclusion into the Technical Framework as Final Text, but should be present for publication of Public Comment and Trial Implementation.>

Volume 3 – Content Modules

<The current version of the supplement template only addresses HL7 v3 CDA Content Modules. All CDA Content Modules will go in Section 6 of Volume 3 of each domain’s Technical Framework document. In the future, this supplement template may have additional sections for DICOM Content Modules (section 7 of Volume 3) and other types of Content Modules (section 8, etc., of Volume 3).

<Please note that prior to the release of the new template set, some domains may have defined CDA Content Modules in Volume 2 (e.g., PCC); however, going forward CDA Content Modules will be defined in Volume 3.>

# 5. Namespaces and Vocabularies

Add to section 5 Namespaces and Vocabularies

<Note that the code systems already defined in the Technical Framework of this domain may (but not required) be replicated here just to aid in the supplement review as a standalone document. Also note that the Section 5 table numbers and names are already defined in the TF Volume 3.>

| codeSystem | codeSystemName | Description |
| --- | --- | --- |
| <oid or uid> | <code system name> | <short description or pointer to more detailed description> |
| <oid or uid> | <code system name> | <short description or pointer to more detailed description> |
| <oid or uid> | <code system name> | <short description or pointer to more detailed description> |

Add to section 5.1.1 IHE Format Codes

| Profile | Format Code | Media Type | Template ID |
| --- | --- | --- | --- |
| <Profile name (profile acronym)> | <urn:ihe: > |  | <oids> |
|  |  |  |  |
|  |  |  |  |

Add to section 5.1.2 IHE ActCode Vocabulary

|  |  |
| --- | --- |
| Code | Description |
| <Code name> | <short one sentence description or reference to longer description (not preferred)> |
| <Code name> | <short one sentence description or reference to longer description (not preferred)> |
| <Code name> | <short one sentence description or reference to longer description (not preferred)> |

Add to section 5.1.3 IHE RoleCode Vocabulary

| Code | Description |
| --- | --- |
| <name of role> | <Short, one sentence description of role or reference to more info.> |
| <name of role> | <Short, one sentence description of role or reference to more info.> |
| <name of role> | <Short, one sentence description of role or reference to more info.> |

# 6. Content Modules

<Authors’ notes: This section of the supplement template is only for HL7 v3 CDA Content Module definitions. Please delete the entire section 6.3.1 if the Content Module is based on DICOM or another standard.

Please note that the template for DICOM or other types of content modules (other than CDA) has not yet been defined, although DICOM modules will eventually go into Volume 3 Section 7; yet another type of content module will go into Volume 3 Section 8, etc.>

## 6.3.1 CDA Document Content Modules

<Authors’ instructions: The understanding of content module grouping, options, and bindings are critical to CDA content modules. It is strongly recommended that the author review the IHE Technical Frameworks General Introduction section 10.3 and the Patient Care Coordination (PCC) Technical Framework Volume 2 sections 3 and 4 (PCC TF-2:3 and 4) prior to continuing. A critical understanding of CDA definitions for cardinality, optionality, coded terminology values, and CDA content module structure, as well as IHE CDA formatting conventions is also necessary. It is strongly recommended that the author is also conversant with the IHE Technical Frameworks General Introduction Appendix E “Conventions”.>

<This CDA Content Module template is divided into four parts:

D – Document –“D” will be replaced with a sub-section number when added to the Technical Framework

H – Header - “H” will be replaced with a sub-section number when added to the Technical Framework

S – Section - “S” will be replaced with a sub-section number when added to the Technical Framework

E – Entry - “E” will be replaced with a sub-section number when added to the Technical Framework

It is expected that the author will replicate each of these four parts as necessary within a supplement.>

All examples should be deleted after the example has been read and understood.>

Add to section 6.3.1.D Document Content Modules

<Authors’ note: replicate section 6.3.1.D for every CDA Document defined in this profile.>

#### 6.3.1.D <Content Module Name (Acronym)> Document Content Module

##### 6.3.1.D.1 Format Code

The XDSDocumentEntry format code for this content is **urn:ihe:xxx:xxx:year** <*e.g., urn:ihe:card:imaging:2011>*

##### 6.3.1.D.2 Parent Template

<The following text is common, so it is left here for consistency. If it is not relevant, then change the text to the accurate information, but retain the formatting convention. Be sure to include all parent templates.>

<e.g., This document is a specialization of the IHE PCC Medical Document template (OID = 1.3.6.1.4.1.19376.1.5.3.1.1.1).>

<e.g., Note: The Medical Document includes requirements for various header elements; name, addr and telecom elements for identified persons and organizations; and basic participations record target, author, and legal authenticator.>

<e.g., This document is a specialization of the HL7 Procedure Note template (OID = 2.16.840.1.113883.10.20.18.1).>

<e.g., Note: This document is not a specialization of the HL7 Basic Diagnostic Imaging Report template due to conflicts with two Procedure Note requirements (format of serviceEvent/effectiveTime, and title on DICOM Catalogue section). When and if these are resolved, an instance may also comply to the Diagnostic Imaging Report.>

##### 6.3.1.D.3 Referenced Standards

<Identify ALL standards referenced by THIS content module.>

All standards which are reference in this document are listed below with their common abbreviation, full title, and link to the standard.

Table 6.3.1.D.3-1: <Document Name> - Referenced Standards

| Abbreviation | Title | URL |
| --- | --- | --- |
| <abbreviated name of standard> | <full name of standard> | <link to standard> |
| <abbreviated name of standard> | <full name of standard> | <link to standard> |
| <e.g., CDA-PN> | <e.g., HL7 Implementation Guide for CDA Release 2: Procedure Note (Universal Realm) (DSTU)> | <e.g., http://www.hl7.org/documentcenter/public/standards/dstu/CDAR2\_IG\_PROCNOTE\_DSTU\_R1\_2010JUL.zip> |

##### 6.3.1.D.4 Data Element Requirement Mappings to CDA

This section identifies the mapping of data between referenced standards into the CDA implementation guide.

<Any required data mappings should be listed in this section (mark NA if not needed). Delete SAMPLE table before publishing.>

*<To complete Table 6.3.1.D.4-1, the author should add the referenced standards abbreviations in the first row/title bar. Add or delete columns and sub-rows as necessary. If this table is more than 8 to 10 rows long, consider putting this table into an appendix of this supplement. A brief sample follows.>*

SAMPLE

| ACC Key Data Element (KDECI) | CDA-DIR |
| --- | --- |
|  | DICOM Object Catalog (5) |
| Administrative  Facility (5)  Data Source (1)  Priority (1)  Accreditation (2)  Insurance (1) | CDA Header  General (10)  Document (19)  Participants (20)  Order (1)  Service Event (12)  Encounter (10) |
| Study Referral Data (2) | Request |
| History and Risk Factors  Vital Signs (4)  Labs (2)  Problems (14)  Chest Pain (5)  Family History (1)  Tobacco Use (1)  Risk Estimates (6) | History |

*>*

Table 6.3.1.D.4-1: < Document Name Acronym> - Data Element Requirement Mappings to CDA

| Clinical Data Element <source> | < this document acronym> |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

<**Very important note:** From this point forward, the author may select one of two formats to represent the same data. The first format is a tabular format as was implemented in the Cardiology CIRC profile. The advantages to this format include that large amounts of data may be represented more concisely and that it is sometimes visually easier to determine if any information is missing. The second format is more similar to the current Consolidated CDA (C-CDA format). This format may be more verbose but may also be more recognizable to implementers familiar with other HL7 CDA Implementation Guides and may be easier for implementers to design and test with discrete conformance assertions.

The format that you select must be consistent through this supplement (do not mix and match formats). The format changes are identified by ###Begin Tabular format ###End CDA Tabular format and ###Begin Discrete Conformance format ###End Discrete Conformance format. Delete all references to the format which was not selected between the hash marks. Also, a domain may decide on a single format for all new supplements within that domain.>

##### 6.3.1.D.5 <Content Module Name (Acronym, if applicable)> Document Content Module Specification

This section specifies the header, section, and entry content modules which comprise the <Content Module Name (Acronym)> Document Content Module, using the Template ID as the key identifier.

Sections that are used according to the definitions in other specifications are identified with the relevant specification document. Additional constraints on vocabulary value sets, not specifically constrained within the section template, are also identified.

<Authors’ note: A critical understanding of CDA definitions for cardinality, optionality, coded terminology values, and CDA content module structure, as well as IHE CDA formatting conventions is necessary. It is strongly recommended that the author is also conversant with the IHE Technical Frameworks General Introduction Appendix E “Conventions”. >

###Begin Tabular format - Document

**Table 6.3.1.D.5-1 <Content Module Name (Acronym)> Document Content Module Specification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Template Name | | <Template Name (Acronym, if applicable)> | | | |
| Template ID | | <oid/uid> | | | |
| Parent Template | | <Parent Template Name oid/uid [Domain Reference]>  <Parent Template Name oid/uid [Domain Reference]> <delete 2nd/additional parent templates if not applicable> | | | |
| General Description | | <short textual description> | | | |
| Document Code | | <MAY or SHALL> be < code/oid/uid, Code System, “Value Set name”> | | | |
| Opt and Card | Condition | Header Element or Section Name | Template ID | Specification Document | Vocabulary Constraint |
| **Header Elements** | | | | | |
| x [?..?] |  | <Header Element name> | <oid> | <reference to section of TF or supplement document for details> | <reference to section of TF or supplement document for explanation, if applicable> |
| <e.g., R [0..1] |  | Order | 1.3.6.1.4.1.19376.1.4.1.3.2 | CARD TF-3 6.3.2.H> |  |
| <e.g., M [1..1] |  | Patient Demographics | 1.3.6.1.4.1.19376.1.4.1.3.3 | CARD TF-3 6.3.2.H | CARD TF-3 6.3.1.D.5.1> |
| Sections | | | | | |
| x [?..?] |  | <Section name> | <oid> | <reference to section of TF or supplement document for details> | <reference to section of TF or supplement document for explanation, if applicable> |
| <e.g., M [1..1] |  | Medications | 1.3.6.1.4.1.19376.1.5.3.1.3.19 | PCC TF-2 | CARD TF-3 6.3.1.D.5.2> |
| <e.g., R [1..1] |  | Coded Social History | 1.3.6.1.4.1.19376.1.5.3.1.3.16.1 | CARD TF-3 6.3.3.S | CARD TF-3 6.3.1.D.5.3> |
| <e.g., O [0..1] |  | Physical Examination | 2.16.840.1.113883.10.20.2.10 | CDA-PN> |  |
| <e.g., C [1..1] | CARD TF-3 6.3.1.D.5.4 | DICOM Object Catalog | 1.3.6.1.4.1.19376.1.4.1.2.15 | CDA-PN> |  |

<For each (1:1 correspondence) Vocabulary Constraint or Condition listed in the table above, create an additional section/reference below. Add the Header Element or Section Name and then select either “Vocabulary Constraint” or “Condition” and delete the other word.>

<Note that every Conditional element MUST have an explanatory paragraph referenced below.>

<It is required to use SHALL, SHOULD, or MAY in each definition as defined in Appendix E of the Technical Frameworks General Introduction.>

###### 6.3.1.D.5.1 <Header Element or Section Name> <Vocabulary Constraint or Condition>

<add vocabulary constraint or condition definition>

<remove example below prior to public comment:>

<e.g., The value for serviceEvent / code SHOULD be drawn from value set 1.3.6.1.4.1.19376.1.4.1.5.2 Cardiac Imaging Procedures.>

###### 6.3.1.D.5.2 <Header Element or Section Name> <Vocabulary Constraint or Condition>

<add vocabulary constraint or condition definition>

<remove example below prior to public comment:>

<e.g., Within the Medications section the Content Creator SHALL be able to create a Medications entry (templateID 1.3.6.1.4.1.19376.1.5.3.1.4.7 [PCC TF-2]) for each of the cardiac relevant medications identified in Value Set 1.3.6.1.4.1.19376.1.4.1.5.14 Cardiac Drug Classes, encoding the value in substanceAdministration/consumable/ManufacturedProduct/Material/code.>

###### 6.3.1.D.5.3 <Header Element or Section Name> <Vocabulary Constraint or Condition>

<add vocabulary constraint or condition definition>

<remove example below prior to public comment:>

<e.g., Within the Allergies and Other Adverse Reactions section the Content Creator SHALL be able to create an Allergies and Intolerances Concern Entry (templateID 1.3.6.1.4.1.19376.1.5.3.1.4.5.3 [PCC TF-2]) for each of the cardiac imaging agent classes identified in Value Set 1.3.6.1.4.1.19376.1.4.1.5.10 Contrast Agents Classes for Adverse Reactions, encoding the value in observation/participant/participantRole/playingEntity/code.>

###### 6.3.1.D.5.4 <Header Element or Section Name> <Vocabulary Constraint or Condition>

<add vocabulary constraint or condition definition>

<remove example below prior to public comment:>

<e.g., A DICOM Object Catalog Section SHALL be present if other document sections contain references to DICOM SOP Instances (images, structured report measurements, or other information objects), and MAY be present otherwise.>

###End Tabular Format - Document

###Begin Discrete Conformance Format - Document

*<Delete the example information contained in the material below (from Cardiology CRC)>*

<e.g., The complete set of body constraints, including those from C-CDA section/entry definitions are:

1. **SHALL** contain exactly one [1..1] **component** (CONF:9588).
   1. A Cath Report Content SHALL have a structuredBody (CONF:9589-CRC).
      1. A Cath Report Content SHALL conform to CDA Level 3 (structuredBody containing sections that contain a narrative block and coded entries). In this template (templateId 2.16.840.1.113883.10.20.22.1.6), coded entries are optional. (CONF:9590-CRC).
   2. The component/structuredBody SHALL conform to the section constraints below (CONF:9595-CRC).
      1. Each **section** SHALL have a **title** and the **title** SHALL not be empty (CONF:9937).>

<The following table shows relationships among the templates in the body of a Cath Report Content document.>

Table 6.3.1.D.5-1 <Content Module Name (Acronym)> Document Content Module Specification

| Template Title | Opt and Card | Condition | Template Type | templateId | Vocabulary  Constraints |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Delete this row and the example information in the rows below. | | | | | |
| <e.g., Cath Report Content | R[1..1] |  | document | 1.3.6.1.4.1.19376.1.4.1.1.2 | 6.3.1.D.5.1 |
| Document Summary-Cardiac Section | O[0..1] |  | section | 1.3.6.1.4.1.19376.1.4.1.2.16 |  |
| Medical History - Cardiac Section | R[1..1] |  | section | 1.3.6.1.4.1.19376.1.4.1.2.17 |  |
| Procedure Activity Observation | O[0..\*] |  | entry | 2.16.840.1.113883.10.20.22.4.13 |  |
| Procedure Activity Procedure | O[0..\*] |  | entry | 2.16.840.1.113883.10.20.22.4.14 |  |
| Problem Observation - Cardiac | O[0..\*] |  | entry | 2.16.840.1.113883.10.20.22.4.4 |  |
| Age Observation | O[0..1] |  | entry | 2.16.840.1.113883.10.20.22.4.31 |  |
| Health Status Observation | O[0..1] | 6.3.1.D.5.2 | entry | 2.16.840.1.113883.10.20.22.4.5 |  |
| Problem Status | O[0..1] |  | entry | 2.16.840.1.113883.10.20.22.4.6 |  |
| Severity Observation | O[0..1] |  | entry | 2.16.840.1.113883.10.20.22.4.8 |  |
| Allergies Section | R[1..1] |  | section | 2.16.840.1.113883.10.20.22.2.6 |  |
| Allergy Problem Act | O[0..\*] |  | entry | 2.16.840.1.113883.10.20.22.4.30 |  |
| Allergy Observation | R[1..\*] |  | entry | 2.16.840.1.113883.10.20.22.4.7 |  |
| Allergy Status Observation | O[0..1] |  | entry | 2.16.840.1.113883.10.20.22.4.28 |  |
| Reaction Observation | O[0..1] |  | entry | 2.16.840.1.113883.10.20.22.4.9 |  |
| Severity Observation | O[0..1] |  | entry | 2.16.840.1.113883.10.20.22.4.8 |  |
| Family History – Cardiac Section | O[0..1] |  | section | 1.3.6.1.4.1.19376.1.4.1.2.18 |  |
| Problem Observation - Cardiac | O[0..\*] |  | entry | 2.16.840.1.113883.10.20.22.4.4 |  |
| Social History Section | O[0..1] |  | section | 2.16.840.1.113883.10.20.22.2.17 |  |
| Physical Exam Section | R[1..1] |  | section | 2.16.840.1.113883.10.20.2.10 |  |
| Vital Signs | R[1..1] |  | section | 2.16.840.1.113883.10.20.22.2.4.1 |  |
| Vital Signs Organizer | R[1..\*] |  | entry | 2.16.840.1.113883.10.20.22.4.26 |  |
| Vital Sign Observation | R[2..\*] |  | entry | 2.16.840.1.113883.10.20.22.4.27> |  |

<For each (1:1 correspondence) Vocabulary Constraint or Condition listed in the table above, create an additional section/reference below. Add the Header Element or Section Name and then select either “Vocabulary Constraint” or “Condition” and delete the other word.>

<Note that every Conditional element MUST have an explanatory paragraph referenced below.>

<It is required to use SHALL, SHOULD, or MAY in each definition as defined in Appendix E of the Technical Frameworks General Introduction.>

###### 6.3.1.D.5.1 <Template Title name> <Vocabulary Constraint or Condition>

<add vocabulary constraint or condition definition>

<remove example below prior to public comment:>

<e.g., The value for serviceEvent / code SHOULD be drawn from value set 1.3.6.1.4.1.19376.1.4.1.5.2 Cardiac Imaging Procedures.>

###### 6.3.1.D.5.2 <Template Title name> <Vocabulary Constraint or Condition>

<add vocabulary constraint or condition definition>

<remove example below prior to public comment:>

<e.g., Within the Medications section the Content Creator SHALL be able to create a Medications entry (templateID 1.3.6.1.4.1.19376.1.5.3.1.4.7 [PCC TF-2]) for each of the cardiac relevant medications identified in Value Set 1.3.6.1.4.1.19376.1.4.1.5.14 Cardiac Drug Classes, encoding the value in substanceAdministration/consumable/ManufacturedProduct/Material/code.>

###End Discrete Conformance Format - Document

##### 6.3.1.D.6 <Document and Acronym Name> Conformance and Example

<This section is the same, independent of whether the tabular or discrete conformance formats were chosen.>

<Describe the conformance of this Document in terms of inheritance from other template(s). Use the OIDs of those templates for clarity. A complete example of this document MUST be placed on the IHE ftp server as part of the Public Comment process of a Content Module supplement. WHERE ON THE FTP SERVER? The file naming convention for these files should be <Domain Acronym>\_<Profile Acronym>\_CDA-sample\_<version number>.xml>.

CDA Release 2.0 documents that conform to the requirements of this document content module shall indicate their conformance by the inclusion of the <templateId> XML elements in the header of the document.

A CDA Document may conform to more than one template. This content module inherits from the *<template name(s) and template ID(s)>* <e.g., CDA-PN, 2.16.840.1.113883.10.20.18.1, and the PCC TF Medical Document, 1.3.6.1.4.1.19376.1.5.3.1.1.1, content modules> and so must conform to the requirements of those templates as well this document specification, *<templateName and templateID>* <e.g., Cardiac Imaging Report template, 1.3.6.1.4.1.19376.1.4.1.1.1>.

A complete example of the <Content Module Name and Acronym> Document Content Module is available on the IHE ftp server at: <indicate location here>.

Note that this is an example and is meant to be informative and not normative. This example shows the <templateId (OIDs)> elements for all of the specified templates.

Add to section 6.3.2 Header Content Modules

## 6.3.2 CDA Header Content Modules

#### 6.3.2.H <Header Element Module Name> Header Content Module

<Replicate this section/table for as many new Header Elements are added in this supplement.>

###Begin Tabular Format - Header

<Either the Parent Template OR the Header Element may constrain this Header Element, not both. One should be “N/A”.>

<The values in the column “Participations and Act Relationships” must come from the defined terms in the CDA schema. See the IHE Technical Frameworks General Introduction, Appendix E, CDA Conventions.>

**Table 6.3.2.H-1 <Content Module Name (Acronym)> Header**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Template Name | | <Template Name> | | | | |
| Template ID | | <oid> | | | | |
| Parent Template | | <Name and oid of parent template or N/A> | | | | |
| Header Element | | <CDA Header Elements participant or componentOf or N/A>  e.g., componentOf / encompassingEncounter | | | | |
| General Description | | <short textual description. Short paragraph at most.> | | | | |
| Opt and Card | Participation/ Act Relationship | Description | Template | Specification Document | Vocabulary Con-straint |
| x [?..?] | <select from defined part /act relationship terms; App E> | <Header Content description name> | <oid> | <document reference, if applicable> | <Vocab constraint, if applicable> |
|  |  |  |  |  |  |
| <e.g., R [1..1] | RESP | Responsible Party |  | CARD TF-3: 6.3.2.H.1> |  |
| <e.g., R [1..1] | LOC | Health Care Facility |  | CARD TF-3: 6.3.2.H.2> |  |
| <e.g., O [0..1] | REF | Referring Provider |  | CARD TF-3: 6.3.2.H.3> |  |
| <e.g., C [0..1] | ATND | Physician of Record | 2.16.840.1.113883.10.20.6.2.2 | CDA-DIR | CARD TF-3: 6.3.2.H.4> |

*<For each Vocabulary Constraint or Specification Document listed in the table above, create an additional section/reference below. Add the Description Name and then select either “Vocabulary Constraint” or “Spec Document” and delete the other word.>*

*<It is required to use SHALL, SHOULD, or MAY in each definition as defined in Appendix E of the Technical Frameworks General Introduction.>*

*<Also note that the Spec Document link can be a link to an outside document/reference. Do not replicate (cut and paste) sections of other documents into this document since they could become out of sync.>*

##### 6.3.2.H.1 <Description Name> <e.g., Responsible Party> <Specification Document *or* Vocabulary Constraint>

<Describe constraints or other info. This specification may include more information on conditions or cardinality, additions elements, data mappings, or data types, or other information.>

<Delete the example below prior to publishing for Public Comment.>

<e.g., The responsible party element represents only the party responsible for the encounter, not necessarily the entire episode of care.>

<e.g., The responsibleParty element MAY be present. If present, responsibleParty/ assignedEntity SHALL have at least one assignedPerson or representedOrganization element present.>

<e.g., Note: This is identical to CDA-DIR CONF-DIR-67>

<e.g., responsibleParty assignedEntity id SHALL be present with the responsible physician’s identifier.>

<e.g., assignedEntity code SHOULD be present with the responsible physician’s specialty.>

<e.g., assignedEntity MAY include an accreditation element from the **urn:ihe:card** namespace to provide physician accreditation status.>

<e.g., The accreditation element SHALL use the character string (ST) data type.

The accreditation element SHALL appear after the defined elements of the Role class, and before any scoper or player entity elements.>

<e.g., assignedEntity assignedPerson name SHALL be present with the responsible physician’s name.>

##### 6.3.2.H.2 <Description Name> <Specification Document OR Vocabulary Constraint>

##### 6.3.2.H.3 <Description Name> <Specification Document OR Vocabulary Constraint>

###End Tabular Format – Header

###Begin Discrete Conformance Format – Header

The header for the <*Document Name*> document shall support the following header constraints as noted in this section. Note that this content profile is realm agnostic. These header constraints are based on the C-CDA header constraints but all references to US Realm specific types have been removed.

<An example is provided to demonstrate the desired consistent use and format. Delete this example prior to publication for Public Comment. The statement must be numbered, begin with SHALL/SHOULD/MAY, identify the cardinality using [n..n], the name of the element, and a subitem which describes the value or source of the information.>

<e.g.,

1. **SHALL** contain exactly one [1..1] **typeId** (CONF:5361).
   1. This typeId **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.1.3" (CONF:5250).
   2. This typeId **SHALL** contain exactly one [1..1] **@extension**="POCD\_HD000040" (CONF:5251).
2. **SHALL** contain exactly one [1..1] **templateId** (CONF:5252) such that it
   1. **SHALL** contain exactly one [1..1] **@root**="1.3.6.1.4.1.19376.1.4.1.1.2" for the Cath Report Content document template (CONF:CRC-xxx).
3. **SHALL** contain exactly one [1..1] **id** (CONF:5363).
   1. This id SHALL be a globally unique identifier for the document (CONF:9991).
4. **SHALL** contain exactly one or two [1..2] **code** (CONF:5253-CRC).
   1. **SHALL** be selected from ValueSet ProcedureNoteDocumentTypeCodes 2.16.840.1.113883.11.20.6.1 DYNAMIC (CONF:8497). Either or both of the following codes should be included:

|  |  |  |  |
| --- | --- | --- | --- |
| Value Set: ProcedureNoteDocumentTypeCodes 2.16.840.1.113883.11.20.6.1 DYNAMIC  Code System: LOINC 2.16.840.1.113883.6.1 | | | |
| LOINC Code | Type of Service ‘Component’ | Setting ‘System’ | Specialty/Training/Professional Level ‘Method\_Type’ |
| 18745-0 | Study report | Heart | Cardiac catheterization |
| 34896-1 | Interventional procedure note | {Setting} | Cardiology |

1. **SHALL** contain exactly one [1..1] **title** (CONF:5254).
   1. Can either be a locally defined name or the display name corresponding to clinicalDocument/code (CONF:5255).>

###End Discrete Conformance Format – Header

## 6.3.3 CDA Section Content Modules

Add to section 6.3.3.10 Section Content Modules

<Replicate this section/table for as many new Sections as are added in this supplement.>

<Authors’ notes: Section naming instructions: If a Section is a specialization of an existing Section, begin the name with the original section name. For example, if Cardiology is creating a specialization of the “Medical History Section”, the new section should be named “Medical History Section – Cardiac” and not “Cardiac Medical History Section”.>

###Begin Tabular Format - Section

<Delete examples in rows of table below prior to Public Comment.>

#### 6.3.3.10.S <Section Module Name> - Section Content Module

Table 6.3.3.10.S-1 <Section Module Name> Section

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Template Name | | <exact same Section Module name listed above> | | | |
| Template ID | | <oid> | | | |
| Parent Template | | <Parent Template Name oid/uid [Domain - Reference]> | | | |
| General Description | | <brief textual description, one paragraph> | | | |
| Section Code | | <Code, Code Scheme, “Section Code Name”> | | | |
| Author | | <If inherited from encompassing content module use “current recordTarget”, unless otherwise specified. Role and entity must be specified if not inherited. > | | | |
| Informant | | <If inherited from encompassing content module use “current recordTarget”, unless otherwise specified.> | | | |
| Subject | | <If inherited from encompassing content module use “current recordTarget”, unless otherwise specified.> | | | |
| Opt and Card | Condition | Data Element or  Section Name | Template ID | Specification Document | Vocabulary  Constraint |
| Subsections | | | | | |
| x [?..?] | <ref or link to cond section below, if applicable> | <name of subsection> | <oid> | <reference or link to specification document location, if applicable> | <reference or link to vocab constraint, if applicable> |
| <e.g., O [0..1] |  | Active Problems | 1.3.6.1.4.1.19376.1.5.3.1.3.6 | PCC TF-3> |  |
| <e.g., O [0..1] |  | History of Present Illness | 1.3.6.1.4.1.19376.1.5.3.1.3.4 | PCC TF-3> |  |
| <e.g., O [0..1] |  | History of Past Illness | 2.16.840.1.113883.10.20.2.9 | CDA-PN> |  |
| Entries | | | | | |
| x [?..?] | <ref or link to cond section below, if applicable> | <name of entry> | <oid> | <reference or link to specification document location, if applicable> | <reference or link to vocab constraint, if applicable> |
| <e.g., C [1..\*] | CARD TF-3 6.3.3.x.S.1 | Problem Concern Entry | 1.3.6.1.4.1.19376.1.5.3.1.4.5.2 | PCC TF-3> |  |
| <e.g., C [1..1] |  | Diabetes Problem Entry | 1.3.6.1.4.1.19376.1.4.1.4.1 | CARD TF-3 6.3.3.1> |  |
| <e.g., C [1..1] |  | Angina Problem Entry | 1.3.6.1.4.1.19376.1.4.1.4.2 | CARD TF-3 6.3.3.1> |  |
| <e.g., C [1..\*] | CARD TF-3 6.3.3.x.S.1 | Simple Observation | 1.3.6.1.4.1.19376.1.5.3.1.4.13 | PCC TF-3 | CARD TF-3 6.3.3.x.S.2> |

##### 6.3.3.10.S.1 <Data Element or Section Name> <Condition, Specification Document, or Vocabulary Constraint>

<Describe constraints; refer to other Specification Document, condition, or other info. This specification may include more information on conditions or cardinality, additions elements, data mappings, or data types, or other information.>

<Delete the example below prior to publishing for Public Comment.>

<e.g., The Medical History Section SHALL contain at least one Problem Concern Entry or at least one Simple Observation.

Note: Problems MAY be recorded directly in the Medical History Section, or in one or more subsections such as Active Problems, History of Present Illness, or History of Past Illness.>

##### 6.3.3.10.S.2 <Data Element or Section Name> <Condition, Specification Document, or Vocabulary Constraint>

<Describe constraints, refer to other Specification Document, condition, or other info. This specification may include more information on conditions or cardinality, additions elements, data mappings, or data types, or other information.>

<Delete the example below prior to publishing for Public Comment.>

<e.g., A Content Creator SHALL be able to include a Problem Concern Entry for each of the conditions identified in Value Set [1.3.6.1.4.1.19376.1.4.1.5.4 Cardiac Problems/Concerns](#_1.3.6.1.4.1.19376.1.4.1.5.4__Cardia), encoding the value in act/entryRelationship/observation/code.

A Problem Concern Entry for {73211009, SNOMED CT, diabetes} SHALL use the specialized Diabetes Problem Entry (OID = 1.3.6.1.4.1.19376.1.4.1.4.1).

A Problem Concern Entry for {194828000, SNOMED CT, angina} SHALL use the specialized Angina Problem Entry (OID = 1.3.6.1.4.1.19376.1.4.1.4.2).>

##### 6.3.3.10.S.3 <Data Element or Section Name> <Condition, Specification Document, or Vocabulary Constraint>

###End Tabular Format – Section

###Begin Discrete Conformance Format – Section

<An example is provided to demonstrate the desired consistent use and format. Delete this example prior to publication for Public Comment. The statements must be numbered, begin with SHALL/SHOULD/MAY identify the cardinality using [n..n], the name of the element, and a subitem which described the value or source of the information.>

<e.g.,

#### 6.3.3.10.S Medical History - Cardiac Section 11329-0

[section: templateId 1.3.6.1.4.1.19376.1.4.1.2.17(open)]

[section: templateId 2.16.840.1.113883.10.20.22.2.39(open)]

The Medical History section describes all aspects of the medical history of the patient even if not pertinent to the current procedure, and may include chief complaint, past medical history, social history, family history, surgical or procedure history, medication history, and other history information. The history may be limited to information pertinent to the current procedure or may be more comprehensive. The history may be reported as a collection of random clinical statements or it may be reported categorically. Entries for History of Past Illness and History of Present Illness have been consolidated into this section. Social and Family History are discussed in their own sections. For this Cath Report Content profile, this section may also contain history about specific relevant problems as problem observations.

In the event that the patient was transferred from another facility where there was a problem indication that the patient was determined to need a cath procedure, this will be noted as a problem observation in this medical history section as text in the narrative for now until there is a code representing this.

1. SHALL contain exactly two [2..2] templateId (CONF:8160) such that it
   1. SHALL contain exactly one [1..1] @root="1.3.6.1.4.1.19376.1.4.1.2.17" (CONF:10403-CRC).
   2. SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.22.2.39" (CONF:10403).
2. SHALL contain exactly one [1..1] code/@code="11329-0" Medical (General) History (CodeSystem: LOINC 2.16.840.1.113883.6.1) (CONF:8161).
3. SHALL contain exactly one [1..1] title (CONF:8162).
4. SHALL contain exactly one [1..1] text (CONF:8163).
5. MAY contain zero or more [0..\*] entry (CONF:CRC-xxx) such that it
   1. SHALL contain exactly one [1..1] Problem Observation - Cardiac (1.3.6.1.4.1.19376.1.4.1.4.9) (CONF:CRC-xxx).
6. **MAY** contain zero or more [0..\*] **entry** (CONF:CRC-xxx) such that it
   1. **SHALL** contain exactly one [1..1] **Procedure Activity Observation** (2.16.840.1.113883.10.20.22.4.13) (CONF:CRC-xxx).
7. MAY contain zero or more [0..\*] entry (CONF:CRC-xxx) such that it
   1. SHALL contain exactly one [1..1] Procedure Activity Procedure (2.16.840.1.113883.10.20.22.4.14) (CONF:CRC-xxx).

<section>

<templateId root="1.3.6.1.4.1.19376.1.4.1.2.17"/>

<templateId root="2.16.840.1.113883.10.20.22.2.39"/>

<code code="11329-0" codeSystem="2.16.840.1.113883.6.1"

codeSystemName="LOINC"

displayName="MEDICAL (GENERAL) HISTORY"/>

<title>MEDICAL (GENERAL) HISTORY</title>

<text>

<list listType="ordered">

<item>Patient has had a recent issue with chest pain that does not seem to be related to any particular cause.</item>

<item>Previous concerns of heart disease were actually related to other causes.</item>

<item>Patient had recent weight gain due to sedentary lifestyle and

new job.</item>

</list>

</text>

<entry>

<observation classCode=”OBS” moodCode=”EVN”>

<templateId root=”1.3.6.1.4.1.19376.1.4.1.9”/>

<id root=”xyz”/>

…

</observation>

</entry>

</entry>

<observation classCode="PROC" moodCode="EVN">

<templateId root="2.16.840.1.113883.10.20.22.4.14"/>

<!-- Procedure Activity Procedure template -->

...

</observation>

</entry>

</entry>

<observation classCode="OBS" moodCode="EVN">

<templateId root="2.16.840.1.113883.10.20.22.4.13"/>

<!-- Procedure Activity Observation template -->

...

</observation>

</entry>

</section>

Figure Example: Example Section example>

###End Discrete Conformance Format - Section

## 6.3.4 CDA Entry Content Modules

Add to section 6.3.4.E Entry Content Modules

#### 6.3.4.E <Entry Content Module Name> Entry Content Module

<Replicate the Entry Content Module as many times as needed for this supplement.>

<If this entry has subsidiary/child entries, these entries are referenced in the table below. Create one row for each subsidiary/child entry.>

### Begin Tabular Format - Entry

Table 6.3.4.E-1 <Entry Module Name> Entry

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Template Name | | | | <Template name> | | | | | | |
| Template ID | | | | <oid> | | | | | | |
| Parent Template | | | | <Parent Template Name oid/uid [Domain - Reference]> | | | | | | |
| General Description | | | | <brief textual description, one paragraph> | | | | | | |
| Class/Mood | | Code | | | | Data Type | Value | | | |
| <use one of defined Class/Mood see General Intro App E> | | <Code, code system, code meaning e.g., 18118-0, LOINC, “LV Wall Motion Segmental Findings”> | | | | <Applies only if the Class/ Mood is OBS/EVN. Enumerated in HL7 V3 Data Types R1.> | <If the Class/Mood is OBS/EVN, then this Value field is the constraint on Observation Value. Otherwise, this field should be “N/A”.> | | | |
| Opt and Card | entryRelationship | | Description | | Template ID | | | Specification Document | Vocabulary Constraint |
| <e.g., x [?..?]> |  | | Simple Observation | | oid | | | reference to document e.g., PCC-TF-3 | <reference/link to definition of constraint, often in next paragraph/ subsection e.g., CARD TF-3 6.3.3.4.9.10> |
| <e.g., C [1..\*] | COMP | | Simple Observation | | 1.3.6.1.4.1.19376.1.5.3.1.4.13 | | | PCC TF-2 | CARD TF-3 6.3.4.E.1 (Wall morphology)> |
| <e.g., O [0..1] | COMP | | Simple Observation | | 1.3.6.1.4.1.19376.1.5.3.1.4.13 | | | PCC TF-2 | CARD TF-3 6.3.4.E.2 (Viability)> |
| <e.g., O [0..1] | COMP | | observationMedia Entry | | 1.3.6.1.4.1.19376.1.4.1.4.7 | | | CARD TF-3 6.3.1.6> |  |

##### 6.3.4.E.1 Simple Observation (wall motion) Vocabulary Constraints

<Describe constraints, refer to other Specification Document, condition, or other info. This specification may include more information on conditions or cardinality, additions elements, data mappings, or data types, or other information.>

<Can be in a tabular format or textual description.>

<Delete the example below prior to publishing for Public Comment.>

<e.g., The conditional entries specified in this table SHALL be present based on the exam type as specified in the CDA Header in the documentationOf / serviceEvent / code element.>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Opt and Card | Condition | observation/code | Data Type | Unit of Measure | Value Set |
| <e.g., C [1..\*] | <Identifies the predicate and the if the predicate evaluates as true, then indicate whether mandatory, required or optional  e.g., Required if “exam type” is “LVG” (left ventriculogram)>  R: LVG | 60797005, SNOMED CT, “Cardiac Wall Motion”  <”+” = May be post-coordinated with priorityCode, methodCode, targetSiteCode . See HL7 V3. Include a value directly or include a link to a value set, if applicable.>  e.g., + targetSiteCode from 1.2.840.10008.6.1.219 DICOM CID 3718 Myocardial Wall Segments in Projection | CD | n/a unless the Data Type is PQ or IVL<PQ> | <include link to value set, e.g., 1.3.6.1.4.1.19376.1.4.1.5.20 Wall motion  OR, include value directly as e.g.,  <The Observation Value may also have a post-coordinated interpretation such as:>  +interpretationCode  +negationInd > |
| <e.g., C [1..\*] | R: SPECT, TTE, TEE, CMR  O:CCTA | 60797005, SNOMED CT, “Cardiac Wall Motion”  + targetSiteCode from 1.2.840.10008.6.1.218 DICOM CID 3717 Myocardial Wall Segments | CD | n/a | 1.3.6.1.4.1.19376.1.4.1.5.20 Wall motion > |

##### 6.3.4.E.2 Simple Observation (wall morphology) Constraints

<Describe constraints; refer to other Specification Document, condition, or other info. This specification may include more information on conditions or cardinality, additions elements, data mappings, or data types, or other information.>

<Can be in a tabular format or textual description.>

<Delete the example below prior to publishing for Public Comment.>

<e.g., The conditional entries specified in this table SHALL be present based on the exam type as specified in the CDA Header in the documentationOf / serviceEvent / code element.>

| Opt and Card | Condition | observation/code | Data Type | Unit of Measure | Value Set |
| --- | --- | --- | --- | --- | --- |
| <e.g., C [1..\*] | R: Cath with LVG | 72724002, SNOMED CT, “Morphology findings”  + targetSiteCode from 1.2.840.10008.6.1.219 DICOM CID 3718 Myocardial Wall Segments in Projection | CD | n/a | 1.3.6.1.4.1.19376.1.4.1.5.19 Myocardium Assessments> |
| <e.g., C [1..\*] | R: SPECT, echo, CMR  O:CCTA | 72724002, SNOMED CT, “Morphology findings”  + targetSiteCode from 1.2.840.10008.6.1.218 DICOM CID 3717 Myocardial Wall Segments | CD | n/a | 1.3.6.1.4.1.19376.1.4.1.5.19 Myocardium Assessments> |

<e.g., The observation/value MAY be a null flavor.>

<e.g., morphological assessment observation MAY have a subsidiary Severity observation (templateID 1.3.6.1.4.1.19376.1.5.3.1.4.1 [PCC TF-2]).>

### End Tabular Format - Entry

### Begin Discrete Conformance Format – Entry

<An example is provided to demonstrate the desired consistent use and format. Delete this example prior to publication for Public Comment. The statements must be numbered, begin with SHALL/SHOULD/MAY identify the cardinality using [n..n], the name of the element, and a subitem which described the value or source of the information.>

##### <e.g.,6.3.4.E Result Observation - Cardiac

[observation: templateId 1.3.6.1.4.1.19376.1.4.1.4.16 (open)]

A result observation is a clinical statement that a clinician has noted during the Cath Lab procedure. This entry is used to describe the specific procedure findings that were observed during the specific Cath Lab procedure.

The specific result observations are defined in 1.3.6.1.4.1.19376.1.4.1.5.38 Procedure Findings Constraints/ValueSet.

1. SHALL contain exactly one [1..1] @classCode="OBS" Observation (CodeSystem: HL7ActClass 2.16.840.1.113883.5.6) (CONF:7130).
2. SHALL contain exactly one [1..1] @moodCode="EVN" Event (CodeSystem: ActMood 2.16.840.1.113883.5.1001) (CONF:7131).
3. SHALL contain exactly one [1..1] templateId (CONF:7136) such that it
   1. SHALL contain exactly one [1..1] @root="2.16.840.1.113883.10.20.22.4.2" (CONF:9138).
4. SHALL contain at least one [1..\*] id (CONF:7137).
   1. The first id represents this specific globally unique result observation.
   2. The second id represents the lesion ID which should be an assigned numeric code that identifies lesions within a specific targetSiteCode.This lesion ID is used to link lesion specific data in this Result Observation – Cardiac with Procedure Activity Procedure - Cardiac.
5. SHALL contain exactly one [1..1] code (CONF:7133).
   1. SHOULD be from LOINC (CodeSystem: 2.16.840.1.113883.6.1) or SNOMED CT (Value Set: 1.3.6.1.4.1.19376.1.4.1.5.38) (CONF:7166-CRC).
6. SHOULD contain zero or one [0..1] text (CONF:7138).
   1. The text, if present, SHOULD contain zero or one [0..1] reference/@value (CONF:7139).
      1. This reference/@value SHALL begin with a '#' and SHALL point to its corresponding narrative (using the approach defined in CDA Release 2, section 4.3.5.1) (CONF:9119).
7. SHALL contain exactly one [1..1] statusCode="completed" Completed (CodeSystem: ActStatus 2.16.840.1.113883.5.14) (CONF:7134).
8. SHALL contain exactly one [1..1] effectiveTime (CONF:7140).
   1. represents clinically effective time of the measurement, which may be when the measurement was performed (e.g., a BP measurement), or may be when sample was taken (and measured some time afterwards) (CONF:7141).
9. SHALL contain exactly one [1..1] value with @xsi:type="ANY" (CONF:7143).
10. SHOULD contain zero or more [0..\*] interpretationCode (CONF:7147).
11. MAY contain zero or one [0..1] methodCode (CONF:7148).
12. MAY contain zero or one [0..1] targetSiteCode (CONF:7153).
    1. The targetSiteCode, if present, SHALL contain exactly one [1..1] code where the @code SHALL be selected from ValueSet Body Site 1.3.6.1.4.1.19376.1.4.1.5.32 STATIC (CONF:CRC).
13. MAY contain zero or one [0..1] author (CONF:7149).
14. SHOULD contain zero or more [0..\*] referenceRange (CONF:7150).
    1. The referenceRange, if present, SHALL contain exactly one [1..1] observationRange (CONF:7151).
       1. This observationRange SHALL NOT contain [0..0] code (CONF:7152).
15. SHOULD contain zero or one [0..1] entryRelationship (CONF:CRC-xxx) such that it
    1. SHALL contain exactly one [1..1] @typeCode="SUBJ" Has subject (CodeSystem: HL7ActRelationshipType 2.16.840.1.113883.5.1002) (CONF:CRC-xxx).
    2. SHALL contain exactly one [1..1] @inversionInd="true" TRUE (CONF:CRC-xxx).
    3. SHALL contain exactly one [1..1] Severity Observation (2.16.840.1.113883.10.20.22.4.8) (CONF:CRC-xxx).

<observation classCode="OBS" moodCode="EVN">

<templateId root="1.3.6.1.4.1.19376.1.4.1.4.16"/>

<!-- Result Observation template -->

<id root="c6f88321-67ad-11db-bd13-0800200c9a66"/>

<!-- This second ID represents the lesion ID -->

<id root="107c2dc0-67a5-11db-bd13-0800200c9a66" extension="1"/>

<code code="233970002"

codeSystem="2.16.840.1.113883.6.96"

codeSystemName="SNOMED CT"

displayName="Post procedure stenosis"/>

<text><reference value="1"/></text>

<statusCode code="completed"/>

<effectiveTime value="19991114"/>

<targetSiteCode code="41879009" codeSystem="1.3.6.1.4.1.19376.1.4.1.5.32"

displayName="Distal RCA"/>

<value xsi:type="PQ" value="0" unit="%"/>

<interpretationCode code="N" codeSystem="2.16.840.1.113883.5.83"/>

</observation>

e.g., Figure 6.3.4.E-1: Result observation example >

### End Discrete Conformance Format - Entry

Add to sections 6.4 and 6.5 Value Sets

## Section not applicable

This heading is not currently used in a CDA document.

## <Domain Acronym> Value Sets

<Replicate the Value Set 6.5.x section as many times as needed for this supplement.>

<It is preferable to use tabular format. Add notes as needed. Be aware of potential national licensing issues of coding schemes.>

### 6.5.x <Value Set Name> <oid>

<Add description or clarifications here if necessary.>

|  |  |
| --- | --- |
| Coding Scheme  Concept | <Coding Scheme Name> |
|  |  |
|  |  |
|  |  |
|  |  |

Note: <as necessary, applicable>

<Delete the example below prior to publication for Public Comment.>

### <e.g.,6.5.1 Drug Classes Used in Cardiac Procedure 1.3.6.1.4.1.19376.1.4.1.5.15

|  |  |  |
| --- | --- | --- |
| Coding Scheme  Concept | SNOMED CT | NDF-RT |
| Calcium channel blockers | 48698004 | N0000029119 |
| Beta-blockers | 33252009 | N0000029118 |
| Nitrates | 31970009 | N0000007647 |
| Aminophylline | 55867006 | N0000146397 |

Note: As described in Section 6.1.2.4, the selection of the appropriate coding system for use may be based on local policy or national regulation.>

Appendices

*<Add any applicable appendices below; NA if none.>*

Appendix A – <Appendix A Title>

Appendix A text goes here.

* 1. <Add Title>

Appendix A.1 text goes here

Appendix B – <Appendix B Title>

Appendix B text goes here.

* 1. <Add Title>

Appendix B.1 text goes here.

Volume 3 Namespace Additions

Add the following terms to the IHE Namespace:

<Please explicitly identify all new OIDs, UIDs, URNs, etc., defined specifically for this profile. These will be added to the IHE TF General Introduction namespace appendix when it becomes available. These items should be collected from the sections above by the author, and listed here as additions when this document is published for Trial Implementation. This section will be deleted prior to inclusion into the Technical Framework as Final Text, but should be present for publication of Public Comment and Trial Implementation.>

Volume 4 – National Extensions

Add appropriate Country section

4 National Extensions

4.I National Extensions for <Country Name or IHE Organization>

<A template for Volume 4 is included in this document for completeness; however, National Extensions are typically developed after a profile has been published for Trial Implementation. If you are developing a new profile for Public Comment, it is recommended that this section be marked “Not Applicable”.>

<Avoid using this section if you can, this is “only if absolutely necessary”. Differences add cost to implementation and testing and can reduce interoperability. Review carefully to determine if the national use case truly requires a difference in the profile mechanisms rather than just differences in system configuration.>

< National Extensions can add requirements above and beyond IHE, but NOT relax requirements. This would prevent Connectathon results based on national testing being recognized elsewhere. For more information, see <http://wiki.ihe.net/index.php?title=National_Extensions_Process>.>

The format of this section is not strongly specified due to the varying nature of national extensions. For an example of National Extensions, see Radiology TF Volume 4.>

4.I.1 Comment Submission

This national extension document was authored under the sponsorship and supervision of <sponsor name>, who welcome comments on this document and the IHE <country> initiative. Comments should be directed to:

<Name, organization, title, email address>

4.I.2 <Profile Name> <(Profile Acronym)>

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#### 4.I.2.1<Profile Acronym> <Type of Change>

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# 4.I+1.1 National Extensions for <Country Name or IHE Organization>

*<Repeat (and increment) the section above as needed for additional National Extensions>*

1. FHIR is a registered trademark of Health Level Seven International. [↑](#footnote-ref-1)
2. Retrieved March 13, 2017 from <http://ihe.net/uploadedFiles/Documents/ITI/IHE_ITI_Suppl_HPD.pdf> [↑](#footnote-ref-2)
3. Retrieved 12/05/2016 from http://annals.org/aim/article/1737233/principles-supporting-dynamic-clinical-care-teams-american-college-physicians-position [↑](#footnote-ref-3)
4. Retrieved 12/05/2016 from http://wiki.siframework.org/file/view/LCC%20Care%20Plan%20Exchange%20Use%20Case%20Final.pdf/442230840/LCC%20Care%20Plan%20Exchange%20Use%20Case%20Final.pdf [↑](#footnote-ref-4)
5. Retrieved 12/05/2016 from http://www.hl7.org/Special/committees/patientcare/index.cfm [↑](#footnote-ref-5)
6. Need to add footnote http://wiki.hl7.org/index.php?title=Care\_Plan\_Project\_-\_PCWG#Care\_Team\_Definition\_Project [↑](#footnote-ref-6)
7. Need to add footnote http://wiki.hl7.org/index.php?title=Care\_Plan\_Project\_-\_PCWG#Care\_Team\_Definition\_Project [↑](#footnote-ref-7)
8. Need to add footNotehttp://wiki.hl7.org/index.php?title=Care\_Plan\_Project\_-\_PCWG#Care\_Team\_Definition\_Project [↑](#footnote-ref-8)
9. Need to add footnote http://wiki.hl7.org/index.php?title=Care\_Plan\_Project\_-\_PCWG#Care\_Team\_Definition\_Project [↑](#footnote-ref-9)
10. Retrieved 03/01/2017 from http://wiki.hl7.org/index.php?title=Care\_Plan\_Project\_-\_PCWG#Care\_Team\_Definition\_Project [↑](#footnote-ref-10)
11. Retrieved 12/15/2016 from https://www.merriam-webster.com/dictionary/utilization%20review [↑](#footnote-ref-11)
12. FHIR is the registered trademark of Health Level Seven International. [↑](#footnote-ref-12)
13. Retrieved February 8, 2017 from http://www.hl7.org/Special/committees/patientcare/index.cfm [↑](#footnote-ref-13)
14. Coleman, MD. MPH, Eric A. "Preparing Patients and Caregivers to Participate in Care Delivered Across Settings: The Care Transitions Intervention." *Journal of the American Geriatric Society* 52, (2004): 1817-1825. [↑](#footnote-ref-14)
15. Transatlantic eHealth/health IT Cooperation Roadmap. (2015, November). Retrieved February 12, 2016, from https://www.healthit.gov/sites/default/files/eu-us-roadmap\_final\_nov2015\_consultationversion.pdf [↑](#footnote-ref-15)
16. Health IT Regulations: Meaningful Use Regulations. (2015, March 20). Retrieved February 12, 2016, from <https://www.healthit.gov/policy-researchers-implementers/meaningful-use-regulations> [↑](#footnote-ref-16)
17. Connecting Health and Care for the Nation A Shared Nationwide Interoperability Roadmap. (2015, December 22). Retrieved February 12, 2016, from <https://www.healthit.gov/sites/default/files/hie-interoperability/nationwide-interoperability-roadmap-final-version-1.0.pdf> [↑](#footnote-ref-17)
18. Need to add [↑](#footnote-ref-18)
19. HL7 Care Plan Domain Analysis Model specification retrieved from http://www.hl7.org/implement/standards/product\_brief.cfm?product\_id=435 [↑](#footnote-ref-19)