IHE Work Item Proposal (Detailed)

# Proposed Work Item: Patient View Visit Summary

Proposal Editor: George Cole

Work Item Editor: George Cole; george.cole@allscripts.com

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Version: 1.0

Domain: Patient Care Coordination

**Summary**

<Many people find it easier to write this section last. Use simple declarative sentences. Avoid going into background. If it's more than a dozen lines, it's not a summary.>

<Summarize in one or two lines the existing problem. E.g. "It is difficult to monitor radiation dose for individual patients and almost impossible to assemble and compare such statistics for a site or a population.">

<Demonstrate in a line or two that the key integration features are available in existing standards. E.g. "DICOM has an SR format for radiation dose events and a protocol for exchanging them.">

<Summarize in a few lines how the problem could be solved. E.g. "A Radiation Dose profile could require compliant radiating devices to produce such reports and could define transactions to actors that collect, analyze and present such information.">

<Summarize in a line or two market interest & available resources. E.g. "Euratom and ACR have published guidelines requiring/encouraging dose tracking. Individuals from SFR are willing to participate in Profile development.">

<Summarize in a line or two why IHE would be a good venue to solve the problem. E.g. "The main challenges are dealing with the chicken-and-egg problem and avoiding inconsistent implementations.">

# The Problem

Exported documents contain data according to profiles but the representation of this data changes based upon different needs and audiences.

* Patients
  + Often request (require?) simple views of visit summaries
  + Want to know information addressed during the visit:
    - Problems assessed
    - Interventions (medications renewed and prescribed, results, etc.)
    - Plans/goals
  + Do Not necessarily want to see: non-pertinent “nulls”, e.g., No Known…,
* Providers
  + Want to provide safe care
  + Want to satisfy patient requests
  + While providing all required content
  + MU 3: SGRP205 The clinical summary should be pertinent to the office visit, not just an abstract from the medical record
* Systems
  + Working towards goal of one output / many views
  + Today, some systems construct patient-specific output

Profiling how text might be tagged with categories, and defining behaviors that might be associated with the categories, allows the ability to present different views. One XML document will be able to serve multiple purposes.

This proposal is limited in scope to the Patient View Visit Summary.

# Use Cases

<Describe a short use case scenario from the user perspective. The use case should demonstrate the current integration/workflow problem. Consider a chronological bullet list of "A does X with Y".>

<Feel free to add a second use case scenario demonstrating how it “should” work. Try to show the people/systems involved, the tasks they are doing, the information they need, and hopefully where the information should come from.>

<Focus on the end user requirements, and not just the solution mechanism. Give concrete examples to help people trying to understand the problem and the nature of the solution required. Remember that other committee members reviewing the proposal may or may not have a detailed familiarity with this problem. Where appropriate, define terms.>

**Current Use Case**

At the end of a patient visit, Dr X wants to send a Visit Summary to patient Y, consisting of a summary of, for example, the list of problems assessed, medications reviewed and updated, plans and goals. However, Dr. X has to send the patient a list of medications, problems, plans and goals. There is not an easy way to indicate the ones reviewed and updated associated with the visit. Dr. X also has to send the patient a document with sections that were not addressed during the visit because the existing document type specifications require that certain sections be present even when there is absence of data. Filling these sections with No Known, or other placeholder text and entries is not useful, and often confusing, to patients.

**Proposed Use Case**

At the end of a patient visit, Dr X wants to send a Visit Summary to patient Y, consisting of content that is tagged in some manner to support multiple views (possibly from multiple style sheet processing instructions).The same document should be able to be rendered with a different view for providers or those wanting to see more detail.

# Standards & Systems

<List existing systems that are or could be involved in the problem/solution.>

This will be a content profile for the use of both Content Creator and Content Consumer actors.

For a Content Creator, we expect to profile the categorization and tagging of content. For a Content Consumer, we expect to profile how multiple style sheet processing instructions should be handled.

<List relevant standards, where possible giving current version numbers, level of support by system vendors, and references for obtaining detailed information.>

Relevant Standards: XSLT, XML, HTML, CSS

# Technical Approach

<This section can be very short. Feel free to include as much or as little detail as you like. The Technical Committee will flesh it out when doing the effort estimation.>

Produce a Vol 1 with Use Case and examples of the user experience capabilities we intend to enable. Part of this work will involve solicitation to update and extend [the set of Patient View Visit Summary request examples](#_Patient_View_Visit).

Potentially, update some of Vol II, e.g., View Option and Stylesheet discussion (see task list)

In Vol III, identify ways to classify text to enable the different user experiences. Provide possible examples of the use of XSLT to generate HTML illustrating how behaviors and user experiences may be implemented. (???open issue – do we actually do this?)

<Outline how the standards could be used and refined to solve the problems in the Use Cases. The Technical Committee will be responsible for the full design and may choose to take a different approach, but a sample design is a good indication of feasibility.>

**New actors**

None.

**Existing actors**

<Indicate what existing actors might be affected by the profile.>

Content Creator, Content Consumer

**New transactions (standards used)**

None.

**Impact on existing integration profiles**

<Indicate how existing profiles might need to be modified.>

None.

**New integration profiles needed**

<Indicate how existing profiles might need to be modified.>

None.

**Breakdown of tasks that need to be accomplished**

<A list of tasks would be helpful for the technical committee who will have to estimate the effort required to design, review and implement the profile.>

Gather additional [examples of Patient View Visit Summary Requests](#_Patient_View_Visit) (started)

Categorize items in the list (started)

Identify used experience behaviors requested (started)

Vol 1 – some new material (identify where this would go)

Describe purpose

Provide use cases (with examples from above)

Identify what is currently supported in CDA (?open issue: what to do about gaps (why did I write this?))

Vol 1 - Review sections for potential text updates (and usage of style sheet vs stylesheet (is there one correct usage? If so, should we clean up existing framework?))

3.4.1.1 Content Consumer View Option

3.9.2 XDS-MS Content Consumer

4.8.2 XPHR Content Consumer

5.2.1.1 EDR View Option

5.7.2 EDR Content Consumer

6.3.1 IC View Option

Vol 2 – review sections for potential text updates

3.1.1 View Option

6.3.1.1.4 Style Sheets

Vol 3 – some new material

Describe what to do with material, with examples of styleCode attribute, to enable the identified behaviors. (and, see question above on: provide XSLT examples?)

# Risks

<List technical or political risks that will need to be considered to successfully field the profile.>

There are currently many different attempts to solve the problem of views, including a proliferation of vendor-specific versions of Document Content Profiles. Expect this to continue unless there is profiling for the ability for general support towards the goal of one document to support many uses.

Scope creep – really need to stay focused on Patient View Visit Summary

# Open Issues

(depending upon some discussion on parenthetical questions above)

# Effort Estimates

<The technical committee will use this area to record details of the effort estimation.>

Current estimate is a medium level of effort.

# Patient View Visit Summary Requests

This section contains a categorized list of some of the requests that have been expressed by patients and providers wanting to provide a patient view of a visit summary.

|  |  |  |  |
| --- | --- | --- | --- |
| **cda level** | **Category** | **behavior** | **example** |
| document | Branding | show/hide | Show Organizational Logo / Custom Header and Footer |
| document | patient demographics | show/hide | Do not show patient address (we’ve heard them say: I know where I live) |
| document | patient demographics | show/hide | Show demographic only if changed since X |
| document | patient contacts | show/hide | Do not show patient contacts |
| document | participants | show/hide | Do not show authors/performers |
| document | Sections | ordering | Document Section Ordering Preference often differs for patients than for providers |
| section | Sections | show/hide | Omit Sections that are empty |
| section | Sections | alternative label | Clear display of Future Appointments (as a section label for example) |
| item | assessed content this visit | show/hide | Do not want historical content (such as family, social, smoking history) not addressed during the visit |
| item | assessed content this visit | show/hide | Show only the problems assessed this visit (linked to any orders and meds) |
| item | assessed content this visit | show/hide | Show only the medications renewed or prescribed or changed this visit |
| item | assessed content this visit | show/hide | Show only the vital signs taken at this visit or related to other vitals (e.g., trends) |