IHE Work Item Proposal (Detailed)

# Proposed Work Item: Patient View Visit Summary

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Date: 10/11/13

Version: 1.0

Domain: Patient Care Coordination

**Summary**

Summary information shared with the patient is typically a summary of the entire clinical history, not a summary of a specific visit. One document cannot easily be used to satisfy patient viewing needs as well as provider needs.

CDA document text may be tagged with styleCode attribute values to enable rendering behavior. This profile will propose categories and behaviors that will allow one document to serve multiple audiences, with a specific focus on the patient visit summary view.

The IHE Patient Care Coordination technical framework provides a natural fit for this content profiling.

# 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

**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

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.

Relevant Standards: XSLT, XML, HTML, CSS

# Technical Approach

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?)

**New actors**

None.

**Existing actors**

Content Creator, Content Consumer

**New transactions (standards used)**

None.

**Impact on existing integration profiles**

None.

**New integration profiles needed**

None.

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

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

Categorize items in the list (started)

Identify user 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? Yes: XSL is Extensible Stylesheet Language, and always uses one word, whereas CSS is Cascading Style Sheets and uses two words) 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

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

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) |
| Item | Details | Show/hide | Patients do not want to see ICD codes assigned to problems. |