

# **Cardiology: Electrophysiology (EP) Harmonize and Integrate Member KNARTs White Paper**

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**Knowledge Based Systems (KBS)  
Office of Informatics and Information Governance (OIIG)  
Clinical Decision Support (CDS)**

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by Knowledge Based Systems (KBS), Office of Informatics and Information Governance (OIIG), and Clinical Decision Support (CDS)

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# Chapter 1. General Process

In integrating and harmonizing the individual components of a composite knowledge artifact (KNART) the general process has been to rely on the inherent encapsulation properties envisioned in the new composite structure. Each individual knowledge artifact is presumed to be able to run in a standalone and independent manner. The composite artifact acts as a central orchestration agent, activating individual knowledge artifacts using an event driven model. Intercommunication between artifacts is handled solely through global shared state external to the composite and through the process of event payloads. Individual knowledge artifacts only communicate with the composite container.

During the creation of the individual knowledge artifacts used in the formation of the composite their design and implementation explicitly envisioned their further integration into a composite structure. As such, minimal harmonization or communication is generally required. All composite KNARTs use references to the individual component knowledge artifacts rather than direct inclusion. The general design principles used should ensure that the overall composite does not alter the essential information contained in the components.

The emerging composite KNART standard envisions that the parent composite will not restate the metadata included in its component parts unless there is a clinical or technical need to override or supplement the information contained in the components. This includes such elements such as supporting evidence, intended use, etc. Analysis of the components of this KNART did not find the need to make any overrides or supplements to the essential metadata.

In developing the Version 2.0 KNART standard the work group has updated the essential file structure to support composites. The design approach of the workgroup was to define the composite mechanism to support composition the includes both literal inclusion and references to other knowledge artifact. The emerging standard explicitly envisions that composites may be of a heterogeneous nature and supports artifacts authoring in other forms. The creation of the version 2 schema explicitly maintains backward compatibility. The version 1.0 knowledge document schema was structured such that the introduction of composite feature could not be made without breaking backward compatibility. As a result, internal organization of the schema was refactored to isolate out the concept of a knowledge document and create two potential root references which could be used depending on if the KNART was a singleton or a composite. The version 2 schema superset of the prior schema - Which is to say that singletons follow the older schema (reorganized structurally) and the new composite document type supports the composite structures, references, and direct inclusion of multiple knowledge documents. All the elements of the original document type are still supported without breaking anything.

## Overview of Integration Scenario

This composite uses a simple integration scenario whereby the documentation template is first projected and based upon applicability information captured in that template, the order set is selectively activated. All orchestration is accomplished through embedded Event Condition Action (ECA) Rules in the composite.

**General Limitations**  
The Composite KNART is a machine-readable artifact comprised of independently validated components. The goal of the composition is not to add additional content but rather to orchestrate the individual components. The composite is not expected to be machine executable. The schema and functional environment in which the composite is created is based on an emerging standard and is not guaranteed to be compatible with the final balloted standard.

## Format Limitation

The proposed Health Level 7 (HL7) KNART format for composites is based on the original Knowledge Artifact Specification (KAS) schema. The composite extension is specifically developed to allow the composition of these singleton KAS artifacts into an organizing structure to provide greater meaning. The composite KNART format is an emerging standard at HL7 that allows heterogeneous artifacts to be grouped into one common organizing document. In creating the composite knowledge artifacts, the individual components of the composite have been limited to the existing KAS derived artifact types. As such the abstraction of more advanced orchestration behavior has been limited to the capabilities of that model.

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# Chapter 2. Process of Harmonization

## General Process

- Detailed review of composite components
- Map components to Conceptual white paper

## Organization

At an organizational level this composite is comprised of eight major entities. The first of these entities is the documentation template named CDSK\_KRprt\_CRDTB36EP.xml. The other seven entities are the order sets that are selected based on the consult request type. For the purposes of orchestration, the composite initially triggers an event causing the documentation template to be activated. Upon the completion of the documentation template the completion event is analyzed to determine which order set knowledge artifact is activated.

## Data

### Special Bindings

The consult request documentation template did not specify a specific response binding for the reason for consult. For the purposes of making the composite it is assumed that a default binding scenario is used. The standard binding is to use the explicitly defined binding if present, if such a binding is not present then a default scheme is assumed. In the default scheme, if an DocumentationConcept.identifier id is present then this will become the binding symbol. Should there be no DocumentationConcept.identifier then the binding is based on the prompt used. The Name used for the binding is the prompt stripped of all punctuation and white space. For example, in the case the Documentation template used the prompt “Reason for consult:” which results in a symbolic name on “Reasonforconsult”. If in creating a default symbol name there is a conflict in generated names, then that name will contain an array of the responses in the order they appear in the template. It should be noted that scheme is not expected to make it in to the standard, but rather the response binding is expected to become a required element of a Collect Information Action.

### Orchestration Data Elements

All orchestration for this composite is handled by the examination and assertion of named events. The following table lists the events are used to drive the key behavior in this composite.

Event Name	Event Type	Relevant Payload
FireDocTemplate	Named event	none
DocumentationCompleteEvent	Named event	Responses.Reasonforconsult
FireFandFOrderSet	Named event	Documentation
FireSVTOrderSet	Named event	Documentation
FireSynBradOrderSet	Named event	Documentation
FirePrimaryPreventionICDImplantOrderSet	Named event	Documentation
FirePacemakerFollowUpOrderSet	Named event	Documentation
FirePacemakerGenChangeOrderSet	Named event	Documentation
FireOtherOrderSet	Named event	Documentation

### Consult Request Coding and Order Set Mappings

Code	Order Set
[1221000205105  Cardiology consultation and report (procedure)]->(363702006  Has focus (attribute))->[49436004  Atrial fibrillation (disorder)]	Atrial Fibrillation and Flutter

Code	Order Set
[1221000205105  Cardiology consultation and report (procedure)]->(363702006  Has focus (attribute))->[5370000  Atrial flutter (disorder)]	Atrial Fibrillation and Flutter
[1221000205105  Cardiology consultation and report (procedure)]->(363702006  Has focus (attribute))->[6456007  Supraventricular tachycardia (disorder)]	Supraventricular Tachycardia
[1221000205105  Cardiology consultation and report (procedure)]->(363702006  Has focus (attribute))->[271594007  Syncope (disorder)]	Syncope Bradycardia
[1221000205105  Cardiology consultation and report (procedure)]	Pacemaker ICD Follow Up
[1221000205105  Cardiology consultation and report (procedure)]->(363702006  Has focus (attribute))->[3515001  Replacement of electronic heart device, pulse generator (procedure)]	Pacemaker ICD Generator Change
[1221000205105  Cardiology consultation and report (procedure)]->(363702006  Has focus (attribute))->[395218007  Implantation of internal cardiac defibrillator (procedure)]	Pacemaker ICD Generator Change
[1221000205105  Cardiology consultation and report (procedure)]->(363702006  Has focus (attribute))->[307280005  Implantation of cardiac pacemaker (procedure)]	Primary Prevention ICD Implant
[1221000205105  Cardiology consultation and report (procedure)]->(363702006  Has focus (attribute))->[395218007  Implantation of internal cardiac defibrillator (procedure)]	Primary Prevention ICD Implant
<Null>	Other

Review of the mappings indicates that exact match testing should work for routing to the correct order set. Many of the cases resolve to order sets designed to handle multiple reasons. The coding is looser then would be strictly preferred with the “Pacemaker ICD Follow Up” not specified as clearly as the other cases. Another coding exception is the “Other” case which results in the reason code being null, it would be clearer if a specific coding could be used.

#### Data Model Issues

In reviewing the content of the individual components of the composite it has been observed that multiple data models are in use. The semantics of encapsulated execution should ensure this is not an issue, but orchestration components must be aware that multiple models are present. The following table lists the observed models in the composite. The asset list notes the observed ANF data model version.

#### Redundant Data Elements

None.

#### Near-Duplicates Within KNARTs

None.

#### Redundant References, Supporting Evidence, and Expressions

None due to execution and encapsulation model of the contained artifact.

#### Data Elements That Are to be Hidden From the User

Not applicable.

## Questions Being Asked of the Documenter

### General

All questions being asked of the documenter are delegated to the specific component parts. Readers are asked to refer to the details of the composite parts. No additional questions are asked by the composite itself.

### Specific to the Composite

None.

### Organization of Order sets

The seven order sets are exclusive and only one will be used based on the responses in the documentation template.

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# Chapter 3. Integration

## Process

The general process integration is based upon the detailed reading of the composite clinical White paper and the individual constituent components. Functional analysis of the expected data flow and event flow between the created entities was used to construct this composite.

## Concerns

In reviewing the structure and questions asked of the documentation template it is not clear that all the elements required to fully create a referral are being asked. It is suggested that either a standardized referral documentation template be created and used for composites or that a detailed review of the documentation template for the additional required information be conducted prior to proceeding to an implementation phase. In addition, as noted earlier in the document, there are no meaningful response bindings in the documentation template. Analysis of the Documentation template indicates that while it checks for Clinical Stability it will does not gate any behavior based on it, hence the composite does not either.

## Assets

The following table lists the assets that make up this composite.

Asset filename	Description	ANF version
CDSK_KRprt_CRCK_B57EP.xml	The main composite controller	0.9,1.0
CDSK_KRprt_CRDT_B36EP.xml	The documentation template	1.0
CDSK_KRprt_OS_B6EPAF.xml	The Atrial Fibrillation Atrial Flutter order set	1.0
CDSK_KRprt_OS_B7EPSVT.xml	The Supraventricular Tachycardia order set	1.0
CDSK_KRprt_OS_B8SynBrad.xml	The Syncope Bradycardia order set	0.9
CDSK_KRprt_OS_B9EPICDImpl.xml	The Primary Prevention ICD Implant order set	0.9
CDSK_KRprt_OS_B10EPICDFu.xml	The Pacemaker ICD Follow Up order set	1.0
CDSK_KRprt_OS_B11EPICDCh.xml	The Pacemaker ICD Generator Change order set	1.0
CDSK_KRprt_OSB12EPOther.xml	The Electrophysiology Other order set	1.0