**Publication Request of HL7 Standards Material**



Please use this form to submit the request to the TSC.

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| Standards Material/Document - check one: | | | |
|  | DSTU |  | Normative |
| X | Informative |  | Errata |

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| Date of this request: | 2014-03-XX |
| HL7 Work Group making this request and date /URL of approval minutes: | Clinical Decision Support WG  2014-03-XX  URL Pending |
| Balloted Name of the standard for which request is being made: | HL7 Domain Analysis Model: Harmonization of Health Quality Artifact Reasoning and Expression Logic |
| Publication Name requested: | HL7 Health Quality Artifact Reasoning and Expression Logic [TBD – pending TSC input] |
| If CMET, list IDs balloted: | N/A |

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| --- | --- |
| URL of Project Scope Statement or Project Insight Number: | 1049 |

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| Document Realm: | US Realm | |
| Ballot cycle in which the document was successfully balloted: | | 2014-JAN |

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| Results of that ballot (following reconciliation activities): *(not needed for errata or unballoted DSTU update)* | | | |
| Vote | Number | Vote | Number |
|  |  |  |  |
| Affirmative | 47 | Not Returned | 30 |
| Negative | 14 | Total in ballot pool | 172 |
| Abstentions | 81 | Needed for Passage | 37 |

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| If DSTU Update: What review process was followed and when was it approved by WG? (peer review, wiki, comment ballot) | | N/A |
| Date on which final document/standards material was supplied to HQ | | 2014-20-03 |
| URL of publication material/ SVN repository and publishing facilitator: | URL Pending (HL7 upload site for members only) | |
| Special Publication Instructions: | Please make formatting edits (e.g., to cover page) as appropriate and provide an opportunity for Bryn Rhodes ([bryn@veracitysolutions.com](mailto:bryn@veracitysolutions.com)) to review edits prior to publication. | |

*(not needed for errata)*

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| URL of ballot reconciliation document: |  |

*(not needed for errata)*

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| Has the Work Group posted its consideration of all comments received in its reconciliation | | | | |
| document on the ballot desktop? | X | Yes |  | No |
| Substantive Changes Since Last Ballot? |  | Yes | X | No |

*(not needed for errata)*

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| Cross Artifact Consistency - for RIM-Based Standards (not Implementation Guides), check all that apply: | |
|  | Standard uses CMETs from HL7-managed CMETs in COCT, POCP (Common Product) and other domains |
|  | Standard uses harmonized design patterns (as defined through RIM Pattern harmonization process) |
|  | Standard is consistent with common Domain Models including but not limited to Clinical Statement, Common Product Model and "TermInfo" |

For DSTU:

Number of months the Work Group wishes to have the document published as a DSTU:  
\_\_\_12 months \_\_\_18 months \_\_\_24 months

Notes: Once approved by the TSC, the document will be posted to: <http://www.hl7.org/dstucomments/index.cfm>. There is a database here for early adopters to enter comments/corrections/suggestions.

In accordance with §13.02.05 of the Governance and Operations Manual—Draft Standard for Trial Use (DSTU)— Upon approval the proposed draft standard, with the concurrence of the TSC, shall be released for publication as a DSTU.

For Informative:

Does the Work Group or TSC wish to register this document with ANSI as a Technical Report?

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| --- | --- | --- | --- |
|  | Yes | X | No |
| Justification for registration with ANSI: | | | | | |  |

**Note:** While registering the document with ANSI does not infer any status on the document, it does ensure notification of the availability of the informative documents to a broad audience.

In accordance with §13.01.05 of the GOM, informative documents, once approved, require the concurrence of the TSC to be released for publication.

Please provide the following information for the publication of the product brief:

**Family**: (select one)

* Arden
* CCOW
* CDA
* Education
* EHR
* V2
* V3

**Section**: (select those that are applicable:)

* Clinical and Administrative Domains
* EHR Profiles
* Implementation Guides
* Rules and References
* Education and Awareness

**Category**: (select those that are applicable:)

| *e.g. briefs under Clinical and Administrative Domains* | *e.g. briefs under Rules and References* |
| --- | --- |
| Cardiology | CCOW |
| Care Provision | Data Types |
| Clinical Genomics | Decision Support |
| Clinical Statement | Encoding Syntax |
| Community-Based Health | Methodology Specifications |
| Decision Support | Security and Privacy |
| Domain Analysis Model | Services |
| Financial Management | Specification Errata |
| Functional Profile | Standard Reference Materials |
| HHSFR | Structures |
| Laboratory | Terminology |
| Materials Management | Transport Specifications |
| Medical Records |  |
| Patient Administration |  |
| Patient Care |  |
| Patient Referral |  |
| Personnel Management |  |
| Pharmacy |  |
| Public Health |  |
| Regulated Products |  |
| Regulated Studies |  |
| Scheduling |  |
| Services |  |
| SPL |  |
| Other: (Please describe) | Other: (Please describe) |

**Parent standard**: (e.g. the standard to which an implementation guide applies)

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**Update/replace standard**: (e.g. is this a DSTU update, or is there an R1 specification which an R2 publication updates or replaces) – Please specify if this publication has a replacement, supplemental or addendum relationship to a prior standard or DSTU:

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**Common name/search keyword**: Please specify if the publication is known by a common name internally to the Work Group or a specific search term/acronym should be provided to help users find the product.

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| Common Names/Aliases: Expression Logic Harmonization |
| Search Keywords: Logic HQMF HeD Harmonization Expression Language |

**Description**: This is typically a short paragraph summarizing the use and intent of the standard, such as would be found in an overview paragraph in the published specification.

This document seeks to define the common concepts and semantics involved in modeling reasoning within the various aspects of the health quality domain, with the goal of providing a common conceptual foundation that other specifications can use whenever the need to express and communicate expression logic arises.

**Targets**: These are categories of potential users, implementers, or other interested parties such as those that are indicated on the Project Scope Statement under “Stakeholders/Vendors/Providers”. Select those that are applicable, or suggest others:

| **Stakeholders** | **Vendors** | **Providers** |
| --- | --- | --- |
| Clinical and Public Health Laboratories | Pharmaceutical | Clinical and Public Health Laboratories |
| Immunization Registries | EHR, PHR | Emergency Services |
| Quality Reporting Agencies | Equipment | Local and State Departments of Health |
| Regulatory Agency | Health Care IT | Medical Imaging Service |
| Standards Development Organizations (SDOs) | Clinical Decision Support Systems | Healthcare Institutions (hospitals, long term care, home care, mental health) |
| Payors | Lab | Other (specify in text box below) |
| Other (specify in text box below) | HIS | N/A |
| N/A | Other (specify below) |  |
|  | N/A |  |

**Benefits**: This section will describe the benefits the standard or its implementation provides to healthcare, information technology, interoperability and the like. This section is often difficult to compose and will require careful editing by the review group(s). Please create phrases such as

* Defines common conceptual requirements for the representation of reasoning within quality measures and decision support artifacts.
* Enables harmonization of the different standards currently in use to represent that reasoning.

**Implementations/Case Studies**: This section would identify the known implementers of the standard, production or DSTU implementers, or any known adopters of the specification. Agencies or other organizations that sponsored the development of the specification could be listed here.

* ONC
* MITRE

**Development Background**: This section may be used for additional important information beyond the short summary in the Description, such as would be found in an Introduction section, in the published specification.

The ability to unambiguously represent and share reasoning is a critical component of many different aspects of Health Quality, including measurement, management, and improvement. For example, quality measures require the description and communication of various population criteria, as well as the computations that must be performed to evaluate the measure overall. Similarly, decision support artifacts must capture criteria describing whether a patient should be the recipient of a particular intervention. These and many other motivating examples make clear that the ability to express and unambiguously share expression logic should be a central component of an overall health quality approach.

Although standards exist for this purpose, the domains of quality measurement and clinical decision support use different standards to do so. Harmonization of these different approaches would enable broader sharing of computable clinical knowledge, as well as reduce the burden on authors and implementers responsible for producing and consuming that knowledge. To enable that harmonization, this document describes the underlying concepts and behavior necessary to enable the expression and accurate communication of health quality reasoning across both quality domains.

**Reviewed By, and Date**: (i.e. the group or individuals endorsing this product brief information and the date the endorsement was approved)

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| CDS Workgroup, 2014-03-20 [Scheduled] |

Email this Request to [lynn@hl7.org](mailto:lynn@hl7.org).