Minutes t-con-FHIRcast
DICOM WORKING GROUP TWENTY
(Imaging Integration Information Systems)
&
HL7 IMAGING INTEGRATION WORK GROUP
Calls to review FHIRCast Ballot Comments
June 23, 2020, 10:00-11:00AM ET

Presiding Officers: Jonathan Whitby, Vital/Canon
Christopher Lindop, GE Healthcare

DICOM Secretariat: Carolyn Hull, MITA

Voting Members Present
AAPM/Univ. Of Ark. Med. Sciences Lawrence Tarbox
Siemens Healthineers Eric Martin
Vital/Canon Jonathan Whitby, Co-Chair
MITA/DICOM Carolyn Hull
Agfa Bill Wallace
GE Healthcare Steve Nichols
GE Healthcare Chris Lindop, Co-Chair

Voting Members Not Present
ACR Jim Philbin*
ACR Brian Bialecki
Argentix Elliot Silver
Canon Medical Research Kevin O’Donnell *
Carl Zeiss Regis Deshayes*
Corista David Allen*
Laitek Fred Behlen*
Merge Ken Meyer*
NCI/CBIIT Ulrike Wagner*
NMPA Jia Zheng*
NVIDIA Brad Genereaux*
Philips Chris Melo
PixelMed David Clunie*
Sectra Niklas Svenzen*
Web3D Consortium Nicholas Polys*

Alternate Voting Members, Observers, Guests Present
Epic Isaac Vetter, Observer
Epic Will Maethner
Peter Muir (check on status) John Moore, Observer
Philips Bas van den Heuvel, Observer
Agenda Topics

1. Welcome and Intro—Ms. Hull welcomed everyone to the call.

2. Antitrust Statement—Ms. Hull read the antitrust statement per NEMA policy.

3. Agenda Approval—Agenda was approved.

5. Ballot review:

   https://jira.hl7.org/browse/FHIR-25874

Isaac updated proposed resolution to consider. Consider for future use: More complex representation of a multiple-tabbed applications context. Consider for future use, do so as validation of need and design for how we would communicated, and experience implementation, and feedback as part of that design. Expectation could be multi-tab with patient-less home space.

Need to get some implementation experience (Eric)- 2 big items. For now, suggesting to applications saying if going to patient neutral page, no point in sending an event, but from patient A to B should be an event. Send an open patient 2, for interrupted. Then when done, send Patient 2, send close, then send a patient open for 1, then all systems back into the same order.

Suggests calling out this work flow.

But Eric, when they get a patient open, they assume an implicit patient close. Does that actually matter? Also, what do you do if no one ever closes a particular patient open?

Will-if ever closed, would get a patient close. Doesn’t think assumption that a patient open=older patient closed necessarily works. If it accompanies, then say 2 events.

Jonathan-somewhat of a pause. If done, conclude it. But an application can put a pause. Have an interrupted work flow that way. Switch-implied close, park- expectation that it will be resumed.

Isaac-problem with park is assumes all applications has ability to have multiple patients open.

Jonathan-says treat it as a close if your application can’t support it.

William-doesn’t want to apply. Doesn’t think assuming event means another event.
Eric-if a happy path, am in agreement. Imagine one of the applications crashes, responsible for open. Then there’s never a close. Unless do something explicit in implementation like a time out, let it out. Would need to be able to handle that situation anyway. If someone doesn’t open and assume open is a close, won’t ever be that way.

Will-crash occurred, would be obvious to end user.

Have some application that supplies a work list. Have an EHR that supplies. EHR establishes the open. Application is responsible for the close. Image display- sometimes disable any close function.

Can have multiple patients/charts open at the same time, but what we ?? have only available. Cause a patient close, followed by an open to next patient. Each event would only represent one level of context. Results in being able to support multiple contexts.

Isaac- mostly not talking about actual issue not described, patient home work list. Might have a resolution to that.

Primarily talking about how to handle/treat case in which two multi-tabbed applications are talking to each other and how implementers should enable two or more multi-tabbed applications to talk to each other.

Added a modification: Topic-wants to make another topic.

11-0-0

6. Started going through other things- goal STU-2 published by Sept. connectathon. Jonathan-will reach out to work on spreadsheet for ballot reconciliation. All issues are in JIRA. Did not load them into GitHub issues.

7. Bas-adding in another one

8. Eric and George Custis have been playing with structured info inside the context. Discussion of STU-3, can reach out to George/Eric. Wanted to create a recurring FHIREcast-focused call under auspices of HL7. With targeted implementer focus on answering the question of how to exchange structured context. Would it be part of II or I&M?

Larry has a proposal: draft for supplement 219- simplified JSON representation of structured reports. Supp 219 states how encodes this in JSON and how to translate JSON into DICOM. IHE has been asking if could be a format in which one could store or retrieve data. Some ppl said this might be helpful in FHIR. Joint 20-27- can set it up.

Action: Can have Shayna set up.
9. Supplement 193 (Bill Wallace)—The group discussed Supp 193 and whether it was necessary to have two separate standards.


Next call: July 7, 11:00AM ET- other topics.

Submitted by: Carolyn Hull, 7/20/20 (FYI Peter-the format for WG-20 is different because we use an outside project management tool-Confluence—for these minutes that HL7 owns) (PT: okay, thanks)

Reviewed by Counsel Peter Tolsdorf on 7/22/20