Attendees:

Karima Bourquard – GMSIH, user cochair of IHE France & IHE Europe karima.bourquard@gmsih.fr
Yoshimi Hirasawa - TechnoMedica   y.hirasawa@technomedica.co.jp
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Nobuyuki Chiba - A&T corporation, IHE Lab cochair chiban@alice.aandt.co.jp
François Macary - AGFA HealthCare, IHE Lab cochair francois.macary@agfa.com
Bruno Lacroix – Biomerieux bruno.lacroix@eu.biomerieux.com
Filip Migom – MIPS filip.migom@mips.be
Joost Van Averbeke – MIPS joost@mips.be
Martine Marchand – SFIL martine.marchand@rdb.aphp.fr

This meeting was convened by François Macary and all members of the meeting have actively participated for the success of this meeting.

Unfolding:

Wednesday June, 20 - 09:30- 17:00 at GMSIH
- Welcome
- Quick presentation of the laboratory profiles
- and roundtable :
    o Karima Bourquard (GMSIH) : user IHE-F cochair and User IHE-EUR cochair
    o Bruno Lacroix from BIOMERIEUX interested by LPOCT. Starting in the group on interoperability for in vitro devices in US
    o Filip Migom from MIPS, international company. Interest: understanding connection between lab system and other systems, general WKF, differences between countries, possible standardization. Presentation in the Netherlands of IHE.
    o Josst Van Averbeke : from MIPS, development of connectivity between LIS and other systems. Interested by standards Participation and help and share experiences
    o Shigeo Hasegawa. OLYMPUS. JAHIS : association of medical informations related to HL7.
    o Yoshimi Hirasawa: company Techno Medica (manufacturer, development of labeling system)
    o Nobuyuki Chiba : A&T , lab system, cochair of IHE Lab Committee
    o François Macary : AGFA HealthCare, head of R&D LIS. cochair of IHE Lab
    o Eric Poiseau : Technical Project manager of IHE-Europe
- Presentation of the Connectathon (Eric Poiseau)
    See the presentation
- Presentation of the situation of IHE in Japan.
    o Connectathon in Japan : Feb 2-9 36 vendors, 60 systems, 19 lab vendors, profile LSWF, LIR, LDA, for the first time test between LDA and analyzer, In HL7 v2.5
    o XDS activities in Japan : SWG's goal is definition of clinical statement for test result report. 2 cases : NIRS (national Institute of radiological sciences and Tokai medical information network
    o NIRS : radiotherapy facilities, 100 beds, 100 outpatients/day. Installed IHE profiles.
        ▪ Mini Connectathon in March 2007 for XDS and XDS-I with 3 vendors

- In October 2007 : advanced test . estimated vendors : 5-6
  o Tokai Medical Information Network :
    - XDS is adopted as a core system → 2008
    - Practical project, 2008 BOM(Beginning of mission)

- Status report of IHE-Europe: Development of IHE initiative in 11 countries including Israel. The connectathon gathers now 111 systems and 70 companies. The next connectathon will be held in Oxford (UK) in April 2008. IHE-Europe is working to finalize the concrete organization and build a certification process. Austria joined this year IHE-EUR.
- Other news in Europe :
  o The Netherlands: many people are working on HL7 standard but not a lot in Belgium (in lab, there are few competitors but lot of GP softwares). In germany LDT standard is implemented. In Belgium, 2 network to send lab messages retrieved by GP.
  o In France, the starting of lab profiles is very slow because of HPRIM. We need to educate users and consultants. HPRIM xml used to support activity reporting and we are working to replace these messages by a workflow in IHE. DMP is driving new regulations (confidentiality decree, which requires the implementation of high level of security with X509 certificates for encryption and signature). The profile XDS is chosen by GIP DMP for the DMP (national EHRs).
- News in the US
  o AACC : they want to go from ASTM to HL7. Event: July, 16th in San Diego. Attendance is not yet known but M. Lacroix will attend this meeting

- Review of Laboratory Barcode Labeling Integration Profile: Final discussion and issuance for trial implementation
  o see Public Comments received in April: one comment which is accepted
  o QAK segment was described, PV1 segment was added. Query conformance statement updated to reflect the new structure.
- Change Proposal for LDA profile and discussion :
  o CP35 : RSP has the same function than OML. CP accepted. Query conformance statement updated to reflect the new structure, QAK segment was described
  o Implementation of the LDA profile is weak; A few Japanese companies have implemented this profile.
- Validation of TF v2: Replacement of the LSWF and LIR profiles. Overview
  o Japanese national extension was done
  o New name : **Laboratory Testing Workflow (LTW)**

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Thursday June 21th - 09:00 - 18:00 at GMSIH
- Review of LPOCT :
  o Brief presentation of the profile and discussion
  o Biomérieux: interested in LPOCT for its cardiac markers.
- Questions from Japan on LDA and LPOCT:
  o LAB 32: why do we use ACK^R33? It is not a mistake: this ACK was created in the POCAT1-A because HL7 does not support "the use case of a response communicating an accession number if appropriate (by returning an accession number in the first field of the ACK message. IHE-lab will send a comment to

HL7 Patient devices SIG and to CLSI asking for the adding of an official reference to ACK^R33 in the HL7 v2.5.1 standard.

- o How the POCDM chooses between ORU ^R30 and ORU^R31? This is a global choice of the organization, configured in the POCDM system.
- o WOS_Query_statement : adding code + comments to OBX (TF page 17) →
  - Ex : OBX|1|NM|0001^Test name^L||20.1…
  - NTE|1|A|001~Rerun was performed|CC
  - NTE-4|"CC"stands for "coded comment"

The particular need has to be addressed in the national Japanese extension of LAB-TF. After intensive discussion. It is decided that the solution chosen by IHE-J is valid in the national extension of LAB-TF for Japan.

Question about the location of the barcodeID(s): The current definition in the LTF supports all the use cases of Japan. No need for extension.
The proper solution is to use SPM (specimen ID) and SAC (barcode container ID if it is different from specimen ID) and associating the assigning authority in the namespace subfield, with the assigned ID.
Example:

```
SPM|1|123456789&OP^5678&OFSTOCK_DIVISION_33||MSU^Mid Stream
Urine^L|||||||P||||||
SAC|||5678^OFSTOCK_DIVISION_33
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Work on the LSWF CPs:

EP presents the concept of Message profile as background information to the CP 013.

- CP 025 : Change the SPM-4 from RE to R. Accepted and done
- CP 026 : already done
- CP 037 : Discussion on combined ORT/OP : add an option or not. Result of the discussion is to suggest configuration in the case the OF is sending to a combined OP/ORT that does not wish to receive redundant messages.
- Deprecate OUL^R24 also in Lab-5. Without adding ORU message.
- CP 040 : ORC in prior result segment group is mandatory and ORC-1 is set to "PR" (Prior results). PR value added to the table 0119.

Question of the coherence between the column 1, 3 and 4 of the message profile tables in the TF Vol2 . Adopt PAM's convention: Get rid of the brackets and braces for HL7 message structure, which are not reflected by the columns "usage" and "cardinalities" of the message profile and mislead the reader.

Work on the XD-LAB (Sharing CDA lab report) CPs:
A t-conf with US representatives was managed during the work on CP.

- CP 39: content binding to xds metadata accepted for XDSDocumentEntry and XDSSubmissionSet metadata
- CP100: add typeId to the examples. Accepted
- CP 101: add templateId to the examples. Accepted
- CP 102: add ClinicalDocument/id to the examples. Accepted
- CP 103: concept of identity is not clear → Rewording accepted
- CP 104: Wording on author to be consistent with CDA. Accepted
- CP 105: VRF vs AUTHEN. The profile is consistent. Non persuasive

- CP 106: wording: replace EHR by document sharing resource. Accepted
- CP 107: Add references to HL7 v2.5 fields mapping. Accepted
- CP 108: Document CDA extensions with schema snippets. Accepted
- CP109: add the concept of subcontractor also in the <section> to be consistent with HISTP recommendations. Accepted
- CP110 : Replace ISLT by SPEC → Accepted.
- CP 111: Replace "DIR" telecom use code with "WP". Non persuasive.
- CP 112: Don't use originalText attribute in sections LOINC codes. Non persuasive.
- CP 113: Style for bold: Use <content styleCode="Bold">. Accepted
- CP 114: Enforce references to the narrative block in the entry. Non persuasive since there is exactly one <entry> below <text>.

Friday June 22 - 09:00 - 17:00 at GMSIH

- Some Questions from Japan about the profiles (continued). All the new comments are added in the technical framework.
- Presentation of LOINC : (Martine Marchand) → see ppt
    - 3000 test codes (roughly 10%) from LOINC (from Regenstrief institute) were selected by The SFIL (Martine Marchand) and translated to reduce redundancy in the lab reports.
    - A Technical committee selects the code based on the mapping with the actual code used in AP HP (Parisian Hospitals). This mapping is added in the referential data base.
    - AP HP added also some elements in the referential
    - Publication as soon as the SFIL gets the right from LOINC but Martine Marchand has the authorization to give the beta version
    - In Japan, the referential is national : JLAC10 (2636+materials+technicq+time unit+result identifier = 17000) but the government pushes to use it. www.jscp.org. Harmonization of the standards is very difficult in Japan
    - The HL7 v2.5.1 "Ambulatory lab to EHR" implementation guide has also selected LOINC codes
- Presentation of Gazelle tools and actual tools used at the connectathon
- Future and prospective :
    - Microbiology in results messages (ORU, OUL). See the HL7 2.5.1 implementation guide.
    - Outside of hospital workflow : private lab to GP, lab to lab, NL use case: decentralized specimen collection and distribution of specimens to hospitals and/or to private lab.
    - Images transaction in workflow.
    - Linking the image of a report to a result message.
    - Refining the use of common code set within IHE Lab

Planning:

- Laboratory Testing Workflow Integration Profile, in completely rearranged Laboratory Technical Framework revision 2.
    - For Public Comment   → July. 14th 2007
    - One month PC
    - Publication for trial implementation   →mid September

- Short proposal on microbiology (Joost) → end of August
- Short proposal on outside of hospital (Sanders) → September ?

The meeting was adjourned at 5.15 pm.

Next IHE Laboratory Committee face to face meeting end of this year