**Attendees**:

**Lilly**: Hugh Dai

**NVS:**  Rajesh Modi

**MSK**: Matt Koch, Mike Buckley

**Partners HealthCare**: Chris Custer

**Forte**: James Wurdeman

**Washington University in St. Louis**: Sherry Lassa-Claxton, Michael Kriemelman

**Yale**: Tesheia Johnson

**Duke**: Denise Snyder

**Pfizer**: Brett Wilson

**Meeting Minutes**

* The technical group agreed to meet monthly.
* LOINC: Everyone agrees with the benefits of using LOINC to avoid ambiguity for test codes, specimens and units. All academic medical centers will be up and running end of this year, or Q1 2018 (MSK), or next summer 2018 (Wash. U.). Most implementations will start with the most common lab tests and eventually roll out to entire lab system.
* Most sites are using a version of Epic EHR systems, and the overall plan seems to be for those companies to leverage some of the FHIR capabilities that come with Epic. There was some mention of light customization around what Epic provides.
* MSK is the only organization using AllScripts. A custom implementation will control what sponsors see and don’t see, e.g. PHI, etc.
* Forte spoke about their OnCore implementation with Yale; hooking OnCore into Epic using FHIR resources. For lab data, they are utilizing an OnCore CRF to determine what specific lab results should be sent (instead of determining that using other methods). MySite resource with Forte/Oncore.
* Eli Lilly is ready to request data from publicly accessible FHIR servers, which we don’t think sites have ready at the moment. Partners Health has been working with Lilly to utilize Observation Resource but that needs customization to handle PHI data.
* Traditionally, sponsors just wait for sites to push data to them. This came up (e.g. the idea of “only sending what’s in the contract”) on the call when I brought up the idea of allowing sponsors to pull data as needed. Hugh came to the rescue and reiterated that using FHIR, pulling data is a lot more accessible and in many cases a totally different mechanism than what most people are used to. I think this may end up being one of the larger challenges we face.

**Institutional Breakdown: Status on FHIR and LOINC**

Duke Health

* Duke (uses Epic) will be enabling the standard FHIR resources that came along with the Epic 2015 and 2017 versions in the near future.
* The key remaining to-do item is to get organizational approval to expose these resources to the outside world and we are targeting December this year.
* As for LOINC adoption, we have mapped 500+ of the most common labs to LOINC internally in our Epic system. However, we would need to conduct more testing to ensure that the use case(s) eSource has in mind can be supported by the FHIR resources.

MSKCC

LOINC will be up in our Cerner LIS system in November. MSK is deciding to stand up a FHIR server.

Yale

Forte is middle piece interfacing with Epic and FHIR (demographics and medication). In IITs now. Would like to expand to industry-sponsored trials. They can pre-populate CRFs with this data.

Partners HealthCare

Epic-FHIR

Washington University at St. Louis

LOINC going live next summer

NVS

Not using LOINC as of now. Willing to do internal mapping. Don’t have exact date.

Pfizer

Brett Wilson can report on that at next meeting

Lilly

LOINC is supported

**Agenda**

**\*This week’s meeting was devoted to the eLab Data Working Group’s First Technical Call**

**\*Hugh Dai and Don Jennings from Eli Lilly lead the call**

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| **TOPIC** | **TOPIC** | **OWNER** |
| **Introductions** | * Roll call | All |
| **eLab Data Local Lab Working Group** | * Review of document,   “eLab Data Local Lab Working Group: Local Lab Data Exchange Specifications”   * Technical Discussion of where groups are in LOINC-FHIR implementation of local lab data   + Use of custom or off the shelf FHIR implementations   + Programming languages and frameworks * Implementation Road Map for group by organization | All |
| **Next Meeting** | * Meet monthly? * Leverage one of the existing bi-monthly eSource Consortium call for eLab Data Local Lab Working Group Technical call? | All |
| **Any other business** | * Walk In Items | All |