

AGENDA

Zoom link: <https://iu.zoom.us/j/82475772937>

Time	Topic	Action	Lead(s)
2:00-2:05	Welcome <ul style="list-style-type: none"> • 2025-07-08 minutes • Next week - HL7 WGM next week • Next DO meeting <ul style="list-style-type: none"> ○ Oct 14 • Next DO Analysis sub group <ul style="list-style-type: none"> ○ Sept 22 • New LOINC codes for the next release 	Informational	Rob McClure
2:05-2:10	Review Open Action Items	Informational	Rob McClure
2:10-2:15	Update from SNOMED Integration subgroup and changes.	Informational	Rob McClure/ Eza Hafeza
2:15-2:30	Referral Note and Consultant Note definition. Need to clarify the difference between these two note types. Question focused on LP definitions that are then pushed into actual LOINC code. Also need to clarify which person is creating the note. Suggestions below LP97117-3 Referral (TOS) 57133-1 Referral Note Note is generated by the requestor. Original: A referral note is a note that is sent to a consultant for a consultation (e.g. opinion, testing, etc). This might often be initiated by a primary care provider seeking advice from a specialist while the overall care remains with the PCP.	Discussion and Decision	Rob McClure/ Felicia Owens

	<p>New definition for the LP: Is generated by the requestor that defines a formal transfer of a patient's care (partially or fully) from one provider to another, usually for specialized evaluation or treatment.</p> <p>LP72311-1 Consultation (TOS)</p> <p>11488-4 Consultation note</p> <p>Note is generated by the receiver.</p> <p>Original: A consultation note is generated by a provider upon request for an opinion or advice from another provider. Consultations may involve face-to-face time with the patient, telemedicine visits, or a second opinion on a diagnosis that does not involve interaction with a patient. A consultation note is typically sent to the referring provider when the consultation is completed.</p> <p>New definition for the LP: Summarizes the outcome of the work completed in response to a request for an expert opinion or advice on diagnosis, management, or treatment. In this context the primary responsibility for the patient's care remains with the requestor.</p>		
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<p>2:30-2:45</p>	<p> LP173003-7 Pharmacology LP220238-2 Clinical pharmacology LP268361-5 Pharmacogenomics </p> <p>New SMD Clinical pharmacy</p> <ul style="list-style-type: none"> ● New SMD: Clinical pharmacy is a health science discipline in which pharmacists provide patient care that optimizes medication therapy and promotes health, and disease prevention. The practice of clinical pharmacy embraces the philosophy of pharmaceutical care, blending a caring orientation with specialized therapeutic knowledge, experience, and judgment to ensure optimal patient outcomes. ● (Clinical Pharmacology SMD) Clinical pharmacologists are physicians, pharmacists, and scientists whose focus is developing and understanding new drug therapies. <ul style="list-style-type: none"> ○ 81196-8-Clinical pharmacology Consult note ○ 89826-2-Clinical pharmacology procedure note 	<p>Discussion and Decision</p>	<p>Rob McClure/ Felicia Owens</p>
<p>2:45-2:50</p>	<p>Quick overview of initial review done by Piper R and Lisa N of alignment with OMOP</p>	<p>Discussion</p>	<p>Piper Ranallo, Lisa Nelson</p>

2:50-2:55	Review of New Action Items Topics for Next Call	Informational	All
3:00	Adjourn		Rob McClure

NEW CODES	<ul style="list-style-type: none"> • 111479-2 Advanced explanation of benefits <ul style="list-style-type: none"> ◦ https://build.fhir.org/ig/HL7/davinci-pct/ • 111480-0 Good faith estimate <ul style="list-style-type: none"> ◦ https://build.fhir.org/ig/HL7/davinci-pct/ • 111482-6 Child health surveillance record <ul style="list-style-type: none"> ◦ https://www.elsevier.es/en-revista-atencion-primaria-27-resumen-medical-ontology-for-treatment-clinical-S021265671370026 X 	Discussion and Decision	Felicia
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OPEN ACTION ITEMS

1. Task: Inquiry to identify subsets of documents in VSAC
 - a. Lead: Rob McClure/Lisa Nelson
 - b. Date Identified / Reference meeting docs as needed:
 - c. Due date:
 - d. Status:
 - e.
2. Task: 80582-0 LOINC Document Ontology associated observations panel
 Review the use of the phrase “Clinical document” in each of 80582-0 LOINC Document Ontology associated observations panel used for axis observations -
 Remove that phrase completely. The axis are not clinical documents

REFERENCE MATERIALS

1. [Document Ontology Attributes Definitions Consolidated 2023-07-14.xlsx](#)
2. [LOINC Document Ontology: Current Axis Values](#)
3. [QA parts review](#)

Document Ontology Committee
Meeting Agenda
Date: 2025-09-09
Time: 14:00 – 15:00 pm ET
Chair(s): Rob McClure

4. [Parts with no LOINC codes](#)
5. [Parts in wrong axis](#)
6. [EPSOS](#)
7. [DOC.MISC List](#)
8. [Doc Ont_MeetingSummary_2025-07-08_FINAL.docx](#)
9. [LoincBasicSubmissionTemplate_ADI wFHIR 20250414 Rob Felicia.xls](#)

NEXT MEETING DATES

- 2025/14/10, 2:00 – 3:00 pm EST, Virtual

PARKED TOPICS

1. Potential “rules” for DO extension content boundaries:
 - a. We need to include all scale:Doc and not limit to the document ontology set
 - b. We should also include scale:Nar except the radiology and perhaps molpath
 - c. We need to review some of the scale:Nar and consider adding similar Doc (or just change to Doc)
 - d. We need to look at notes/documents/H&P that are scale:nom and consider changing to Doc