

HITSP Encounter Document Using IHE Medical Summary (XDS-MS) Component

HITSP/C48



Healthcare Information Technology Standards Panel

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1.0 INTRODUCTION

1.1 OVERVIEW

The HITSP Encounter Document Using IHE Medical Summary (XDS-MS) Component supports the process of sending summarized patient encounter data in a document sharing functional flow scenario. Patient encounter data are captured as part of the normal process of care performed by healthcare providers, such as hospitals, emergency departments and outpatient clinics.

1.2 COPYRIGHT PERMISSIONS

COPYRIGHT NOTICE

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1.3 REFERENCE DOCUMENTS

Table 1-1 Reference Documents

Reference Document	Document Description
HITSP Acronyms List	Lists and defines the acronyms used in this document
HITSP Glossary	Provides definitions for relevant terms used by HITSP documents
TN900 - Security and Privacy Technical Note	TN900 is a reference document that provides the overall context for use of the HITSP Security and Privacy constructs
TN901 - Technical Note for Clinical Documents	TN901 is a reference document to provide the overall context for use of the HITSP Care Management and Health Records constructs

1.4 CONFORMANCE

This section describes the conformance criteria, which are objective statements of requirements that can be used to determine if a specific behavior, function, interface, or code set has been implemented correctly.

1.1.1 CONFORMANCE CRITERIA

In order to claim conformance to this construct specification, an implementation must satisfy all the requirements and mandatory statements listed in this specification, the associated HITSP Interoperability Specification, its associated construct specifications, as well as conformance criteria from the selected base and composite standards. A conformant system must also implement all of the required interfaces within the scope, subset or implementation option that is selected from the associated Interoperability Specification.

Claims of conformance may only be made for the overall HITSP Interoperability Specification or Capability with which this construct is associated.

1.1.2 CONFORMANCE SCOPING, SUBSETTING AND OPTIONS

A HITSP Interoperability Specification must be implemented in its entirety for an implementation to claim conformance to the specification. HITSP may define the permissibility for interface scoping, subsetting or



implementation options by which the specification may be implemented in a limited manner. Such scoping, subsetting and options may extend to associated constructs, such as this construct. This construct must implement all requirements within the selected scope, subset or options as defined in the associated Interoperability Specification to claim conformance.



2.0 COMPONENT DEFINITION

2.1 CONTEXT OVERVIEW

As stated in IHE PCC-Technical Framework (TF):

The text for the IHE PCC-TF specification begins here:

Patient, clinician, industry and governmental demands for improved healthcare quality have created increased focus to make patient healthcare information interoperability across disparate systems a reality.

The challenge is to identify the clinically relevant documents (and data elements those documents contain) that are used in typical “transfer of care” scenarios and then to provide interoperability standards to promote ease in transmission of those documents (and data elements). The Cross-Enterprise Sharing of Medical Summary (XDS-MS) Integration Profile facilitates this by defining the appropriate standards for document transmission and a minimum set of “record entries” that should be forwarded or made available to subsequent care provider(s) during specific transfer of care scenarios. In addition, this Integration Profile needs to define the utilization requirements/options for the receiving entity in order to ensure that the “care context” of the sending entity is appropriately maintained following the information transfer.

The text for the IHE PCC-TF specification ends here.

2.1.1 COMPONENT CONSTRAINTS

Table 2-1 Component Constraints

Constraint	Constraint Section
No applicable constraints	

2.1.2 COMPONENT DEPENDENCIES

Table 2-2 Component Dependencies

Standard/HITSP Component	Depends On (Name of standard/HITSP Component that it depends on)	Dependency Type (Pre-condition, Post-condition, General)	Purpose (Reason for this dependency)
HITSP/C48 Encounter Document using IHE Medical Summary (XDS-MS)	HITSP/C83 CDA Content Modules	General	Defines the content modules

2.2 RULES FOR IMPLEMENTING

All process flows associated with this Component can be found in Section 3.2 of IHE PCC-TF, Volume 1.¹

¹ We have added template identifiers to the document specifications that follow. These template identifiers are recommended be used in exchanges, but are not required due to restrictions on major change. It is possible that these identifiers could be required in future editions of this specification.



2.2.1 DATA MAPPING

C48-[CT3-1] Implementations of this component **SHALL** support the Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC), Revision 4.0 or later of Cross-Enterprise Sharing of Medical Summaries (XDS-MS) Integration Profile as well as the HITSP constraints defined in Table 2-3 and Table 2-4.

2.2.1.1 REFERRAL SUMMARY

A referral summary is a type of medical summary. The following table defines the HITSP constraints for a referral summary. In no case are the HITSP constraints below less strict than those defined by IHE XDS-MS.

The template identifier for this 2.16.840.1.113883.3.88.11.48.1.

Table 2-3 Referral Summary Content Modules

Constraint ID	Content Module	HITSP Optional Entry ²	HITSP Repeatable Entry	Specification Reference
C48-[CT1-1]	Active Problems	R	N	See HITSP/C83 Section 2.2.1.3 Active Problems
C48-[CT1-2]	Advance Directives	R	N	See HITSP/C83 Section 2.2.1.16 Advance Directives
C48-[CT1-3]	Allergies	R	N	See HITSP/C83 Section 2.2.1.2 Allergy and Other Adverse Reactions
C48-[CT1-4]	Current Meds	R	N	See HITSP/C83 Section 2.2.1.12 Medications
C48-[CT1-5]	Family History	R2	N	See HITSP/C83 Section 2.2.1.25 Family History
C48-[CT1-6]	Functional Status	R2	N	See HITSP/C83 Section 2.2.1.9 Functional Status
C48-[CT1-7]	History of Present Illness	R	N	See HITSP/C83 Section 2.2.1.7 History of Present Illness
C48-[CT1-8]	Immunizations	R2	N	See HITSP/C83 Section 2.2.1.17 Immunizations
C48-[CT1-9]	List of Surgeries	R2	N	See HITSP/C83 Section 2.2.1.8 List of Surgeries
C48-[CT1-10]	Medical Equipment	R2	N	See HITSP/C83 Section 2.2.1.28 Medical Equipment
C48-[CT1-11]	Patient Administrative Identifiers	R	N	See HITSP/C83 section 2.2.2.1 Person Information
C48-[CT1-12]	Person Information	R	N	See HITSP/C83 section 2.2.2.1 Person Information
C48-[CT1-13]	Pertinent Insurance Information	R2	N	See HITSP/C83 Section 2.2.1.1 Payers
C48-[CT1-14]	Pertinent Review of Systems	O	N	See HITSP/C83 section 2.2.1.20 Review of Systems
C48-[CT1-15]	Physical Exam	R2	N	See HITSP/C83 Section 2.2.1.18 Physical Examination
C48-[CT1-16]	Plan of Care	R	N	See HITSP/C83 Section 2.2.1.24 Plan of Care
C48-[CT1-17]	Reason for Referral	R	N	See HITSP/C83 Section 2.2.1.6 Reason for Referral
C48-[CT1-18]	Relevant Diagnostic Surgical Procedures/Clinical Reports and Relevant Diagnostic Test and Reports	R2	N	See HITSP/C83 Section 2.2.1.22 Diagnostic Results
C48-[CT1-19]	Resolved Problems	R2	N	See HITSP/C83 Section 2.2.1.4 History of Past Illness
C48-[CT1-20]	Social History	R2	N	See HITSP/C83 Section 2.2.1.26 Social History
C48-[CT1-21]	Vital Signs	R2	N	See HITSP/C83 Section 2.2.1.19 Vital Signs

² Optionality = "R" for Required, "R2" for Required if Known or "O" for Optional, or "C" for Conditional. Conditional footnotes are further described below. Repeatable = "Y" for Yes, "N" for No.



2.2.1.2 DISCHARGE SUMMARY

A discharge summary is a type of medical summary. The following table defines the HITSP constraints for a discharge summary. In no case are the HITSP constraints below less strict than those defined by IHE XDS-MS.

The template identifier for this 2.16.840.1.113883.3.88.11.48.2.

Table 2-4 Discharge Summary Content Modules

Constraint ID	Content Module	HITSP Optional Entry ³	HITSP Repeatable Entry	Specification Reference
C48-[CT2—1]	Active Problems	R	N	See HITSP/C83 Section 2.2.1.3 Active Problems
C48-[CT2—2]	Admission Medications	R2	N	See HITSP/C83 Section 2.2.1.13 Admission Medications
C48-[CT2—3]	Admitting Diagnosis	R	N	See HITSP/C83 Section 2.2.1.10 Hospital Admission Diagnosis
C48-[CT2—4]	Advance Directives	O	N	See HITSP/C83 Section 2.2.1.16 Advance Directives
C48-[CT2—5]	Allergies	R	N	See HITSP/C83 Section 2.2.1.2 Allergies and Other Adverse Reactions
C48-[CT2—6]	Discharge Diagnosis	R	N	See HITSP/C83 Section 2.2.1.11 Discharge Diagnosis
C48-[CT2—7]	Discharge Diet	O	N	templateId 1.3.6.1.4.1.19376.1.5.3.1.3.33
C48-[CT2—8]	Discharge Meds	R	N	See HITSP/C83 Section 2.2.1.14 Hospital Discharge Medications
C48-[CT2—9]	Discharge Procedures, Tests, Reports	O	N	See HITSP/C83 Section 2.2.1.22 Diagnostic Results
C48-[CT2—10]	Functional Status	O	N	See HITSP/C83 Section 2.2.1.9 Functional Status
C48-[CT2—11]	History of Present Illness	R2	N	See HITSP/C83 Section 2.2.1.7 History of Present Illness
C48-[CT2—12]	Hospital Course	R	N	See HITSP/C83 Section 2.2.1.21 Hospital Course
C48-[CT2—13]	Medical Equipment	R2	N	See HITSP/C83 Section 2.2.1.28 Medical Equipment
C48-[CT2—14]	Person Information	R	N	See HITSP/C83 section 2.2.2.1 Person Information
C48-[CT2—15]	Physical Examination	O	N	See HITSP/C83 Section 2.2.1.18 Physical Examination
C48-[CT2—16]	Plan of Care	R	N	See HITSP/C83 Section 2.2.1.24 Plan of Care
C48-[CT2—17]	Resolved Problems	R	N	See HITSP/C83 Section 2.2.1.4 History of Past Illness
C48-[CT2—18]	Review of Systems	O	N	See HITSP/C83 Section 2.2.1.20 Review of Systems
C48-[CT2—19]	Selected Medications Administered	R2	N	See HITSP/C83 Section 2.2.1.15 Medications Administered
C48-[CT2—20]	Vital Signs	R2	N	See HITSP/C83 Section 2.2.1.19 Vital Signs

2.2.1.2.1 Guidelines and Examples

Guidelines

- Hospital Course is used to include course of treatment regardless of facility (e.g., hospital, long term care facility, etc.)

Examples of medical summaries may be found via the following links.

³ Optionality = “R” for Required, “R2” for Required if Known or “O” for Optional, or “C” for Conditional. Conditional footnotes are further described below. Repeatable = “Y” for Yes, “N” for No.



- Referral Summary: <http://wiki.ihe.net/index.php?title=1.3.6.1.4.1.19376.1.5.3.1.1.3>
- Discharge Summary: <http://wiki.ihe.net/index.php?title=1.3.6.1.4.1.19376.1.5.3.1.1.4>

2.3 STANDARDS

2.3.1 SELECTED STANDARDS

Table 2-5 Selected Standards

Standard	Description
Health Level Seven (HL7) HL7 Version 3 Standard: Clinical Document Architecture (CDA), Release 2	The HL7 Clinical Document Architecture is an XML-based document markup standard that specifies the structure and semantics of clinical documents for the purpose of exchange. CDA is one instantiation of HL7's Version 3.0 Reference Information Model (RIM) into a specific message format. Of particular focus for HITSP Interoperability Specifications are message formats for Laboratory Results and Continuity of Care (CCD) documents. Release 2 of the HL7 Clinical Document Architecture (CDA) is an extension to the original CDA document markup standard that specifies the structure and semantics of clinical documents for the purpose of exchange. CDA R2 includes a prose document in HTML, XML schemas, data dictionary, and sample CDA documents. CDA R2 further builds upon other HL7 standards beyond just the Version 3.0 Reference Information Model (RIM) and incorporates Version 3.0 Data Structures, Vocabulary, and the XML Implementation Technology Specifications for Data Types and Structures. For more information visit www.hl7.org
Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC), Revision 4.0, 2008 - 2009, Cross-Enterprise Sharing of Medical Summaries (XDS-MS) Integration Profile	The IHE Patient Care Coordination Technical Framework (PCC TF) defines specific implementations (called Integration Profiles) of established standards to deal with integration issues that cross providers, patient problems or time. The Cross Enterprise Document Sharing of Medical Summaries (XDS-MS) Integration Profile enables sharing of health information between enterprises of a regional health network, and further describes how to map content in a CDA medical document into registry metadata. In the registry, healthcare providers publish pointers to documents stored in distributed repositories. Other healthcare providers may search and retrieve these and other documents. For more information visit www.ihe.net

2.3.2 INFORMATIVE REFERENCE STANDARDS

Table 2-6 Informative Reference Standards

Standard	Description
Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC), Revision 4.0, 2008 - 2009, Emergency Department Referral Integration Profile	The IHE Patient Care Coordination Technical Framework (PCC TF) defines specific implementations (called Integration Profiles) of established standards to deal with integration issues that cross providers, patient problems or time. The Emergency Department Referral (EDR) Integration Profile enables the emergency department to provide information including the nature of the current problem, past medical history and medications with the person who will ultimately care for the patient. For more information visit www.ihe.net



3.0 APPENDIX

The following sections include relevant materials referenced throughout this document.

- A listing of all HITSP Constraints defined within this document.
- A listing of all HITSP Template identifiers defined within this document.

3.1 HITSP CONSTRAINTS DEFINED IN THIS DOCUMENT

C48-[CT1-1]	See HITSP/C83 Section 2.2.1.3 Active Problems
C48-[CT1-2]	See HITSP/C83 Section 2.2.1.16 Advance Directives
C48-[CT1-3]	See HITSP/C83 Section 2.2.1.2 Allergy and Other Adverse Reactions
C48-[CT1-4]	See HITSP/C83 Section 2.2.1.12 Medications
C48-[CT1-5]	See HITSP/C83 Section 2.2.1.25 Family History
C48-[CT1-6]	See HITSP/C83 Section 2.2.1.9 Functional Status
C48-[CT1-7]	See HITSP/C83 Section 2.2.1.7 History of Present Illness
C48-[CT1-8]	See HITSP/C83 Section 2.2.1.17 Immunizations
C48-[CT1-9]	See HITSP/C83 Section 2.2.1.8 List of Surgeries
C48-[CT1-10]	See HITSP/C83 Section 2.2.1.28 Medical Equipment
C48-[CT1-11]	See HITSP/C83 section 2.2.2.1 Person Information
C48-[CT1-12]	See HITSP/C83 section 2.2.2.1 Person Information
C48-[CT1-13]	See HITSP/C83 Section 2.2.1.1 Payers
C48-[CT1-14]	See HITSP/C83 section 2.2.1.20 Review of Systems
C48-[CT1-15]	See HITSP/C83 Section 2.2.1.18 Physical Examination
C48-[CT1-16]	See HITSP/C83 Section 2.2.1.24 Plan of Care
C48-[CT1-17]	See HITSP/C83 Section 2.2.1.6 Reason for Referral
C48-[CT1-18]	See HITSP/C83 Section 2.2.1.22 Diagnostic Results
C48-[CT1-19]	See HITSP/C83 Section 2.2.1.4 History of Past Illness
C48-[CT1-20]	See HITSP/C83 Section 2.2.1.26 Social History
C48-[CT1-21]	See HITSP/C83 Section 2.2.1.19 Vital Signs
C48-[CT2—1]	See HITSP/C83 Section 2.2.1.3 Active Problems
C48-[CT2—2]	See HITSP/C83 Section 2.2.1.13 Admission Medications
C48-[CT2—3]	See HITSP/C83 Section 2.2.1.10 Hospital Admission Diagnosis
C48-[CT2—4]	See HITSP/C83 Section 2.2.1.16 Advance Directives
C48-[CT2—5]	See HITSP/C83 Section 2.2.1.2 Allergies and Other Adverse Reactions
C48-[CT2—6]	See HITSP/C83 Section 2.2.1.11 Discharge Diagnosis
C48-[CT2—7]	templateId 1.3.6.1.4.1.19376.1.5.3.1.3.33
C48-[CT2—8]	See HITSP/C83 Section 2.2.1.14 Hospital Discharge Medications
C48-[CT2—9]	See HITSP/C83 Section 2.2.1.22 Diagnostic Results
C48-[CT2—10]	See HITSP/C83 Section 2.2.1.9 Functional Status
C48-[CT2—11]	See HITSP/C83 Section 2.2.1.7 History of Present Illness
C48-[CT2—12]	See HITSP/C83 Section 2.2.1.21 Hospital Course
C48-[CT2—13]	See HITSP/C83 Section 2.2.1.28 Medical Equipment
C48-[CT2—14]	See HITSP/C83 section 2.2.2.1 Person Information
C48-[CT2—15]	See HITSP/C83 Section 2.2.1.18 Physical Examination
C48-[CT2—16]	See HITSP/C83 Section 2.2.1.24 Plan of Care
C48-[CT2—17]	See HITSP/C83 Section 2.2.1.4 History of Past Illness



C48-[CT2—18]	See HITSP/C83 Section 2.2.1.20 Review of Systems
C48-[CT2—19]	See HITSP/C83 Section 2.2.1.15 Medications Administered
C48-[CT2—20]	See HITSP/C83 Section 2.2.1.19 Vital Signs
C48-[CT3-1]	Implementations of this component SHALL support the Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC), Revision 4.0 or later of Cross-Enterprise Sharing of Medical Summaries (XDS-MS) Integration Profile as well as the HITSP constraints defined in Table 2-3 and Table 2-4.

3.2 TEMPLATE IDENTIFIERS

See the relevant HL7 Implementation Guides and IHE Profiles for a complete listing of all other template identifiers that are required for declaring conformance to HITSP defined templates.

- [2.16.840.1.113883.3.88.11.48.1 HITSP/C48 Referral Summary](#)
- [2.16.840.1.113883.3.88.11.48.2 HITSP/C48 Discharge Summary](#)



4.0 DOCUMENT UPDATES

4.1 DECEMBER 13, 2007

Upon approval by the HITSP Panel on December 13, 2007, this document is now Released for Implementation.

4.2 MARCH 19, 2008

The following changes have been made to the construct:

- Updated Nursing Terminology references to reflect HITSP standards harmonization
- Replaced HL7 V3.0 reference with reference to HL7 V3.0 CDA/CDA R2
- Updated Figure 1.2-1
- Added ICD10 statement
- Removed the Clinical Care Classification (CCC) Version 2.0 standard because it is an example that satisfied the pre-conditions and therefore should not be in the list of standards

4.3 MARCH 27, 2008

Upon approval by the HITSP Panel on March 27, 2008, this document is now Released for Implementation.

The following changes have been made to this construct:

- Updated PCC Revision 3.0 standard to include XDS-MS
- Removed RxNorm and ITI-TF Rev. 4 from Table 2-5 due to the new HITSP standards referencing approach
- Added FIPS 5-2 to Table 2-5 to indicate State Code

4.4 AUGUST 20, 2008

This document has been modified to reflect the updated HITSP approach to categorizing standards as Regulatory Guidance, Selected Standards, and Informative References.

Deleted the following standards from the standards table:

- American Medical Association (AMA) Current Procedural Terminology (CPT®) Fourth Edition (CPT-4)
- Federal Information Processing Standards (FIPS) Codes for the Identification of the States, the District of Columbia and the Outlying Areas of the United States, and Associated Areas Publication # 5-2, May, 1987
- Healthcare Common Procedure Coding System (HCPCS) Level II Code Set

Moved the following standard from the Standards table to the Informative Reference table:

- International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) to informative

4.5 AUGUST 27, 2008

Upon approval by the HITSP Panel on August 27, 2008, this document is now Released for Implementation.



4.6 SEPTEMBER 26, 2008

- Specified HITSP constraints on Referral Summary and Discharge Summary
- Removed vocabulary constraints. These are now included in HITSP/C80 Clinical Document and Message Terminology
- Removed data constraints. These are now included in HITSP/C83 CDA Content Modules
- Removed all terminology standards from the selected standards list as these are now specified in HITSP/C80 Clinical Document and Message Terminology

4.7 DECEMBER 10, 2008

The changes in this construct address the following comments received during the Public Comment and Inspection Testing period (September 29 – October 24, 2008).

5111, 5085, 5425, 5614, 5615

The full text of the comments along with the Technical Committee's disposition can be reviewed on the [HITSP Public Web Site](#).

4.7.1 SECTION 2.2.1 DATA MAPPING

- Expanded the Note for Table 2-3 and Table 2-4 to define the values used in the Repeatable Entry column
- Added the IHE templateID for the Discharge Diet content module
- Added Medical Equipment content module to Table 2-3 and Table 2-4
- Removed content module for state and local referral forms from Table 2-3

4.7.2 SECTION 2.2.1.2.1 GUIDELINES AND EXAMPLES

- Specified that the Hospital Course content module is intended to provide treatment descriptions regardless of the facility (e.g., hospital, long term care facility, etc.)

4.7.3 SECTION 2.3.2 INFORMATIVE REFERENCE STANDARDS

- Added Integrating the Healthcare Enterprise (IHE) Patient Care Coordination (PCC), Revision 4.0, 2008 - 2009, Emergency Department Referral Integration Profile as an informative reference standard

Minor editorial changes were made to this document.

4.8 DECEMBER 18, 2008

Upon approval by the HITSP Panel on December 18, 2008, this document is now Released for Implementation.

4.9 JUNE 30, 2009

Revised the document based on TN903 HITSP Data Architecture

General Updates:

4.9.1 SECTION 1.1 OVERVIEW

- Clarified language

4.9.2 SECTION 2.2 RULES FOR IMPLEMENTING

- Added Note on usage of HITSP Constraints



4.9.3 SECTION 2.2.1 DATA MAPPING

- Added Template Identifiers to Referral Summary and Discharge Summary
- Added Constraint IDs to identify all HITSP Constraints

4.9.4 SECTION 3.0 APPENDIX

- Added links to all C48 Encounter Data Element and Constraint

4.9.5 CHANGES BASED UPON PUBLIC COMMENTS

- 7071, 7078

Minor editorial changes were made to this construct. Removed boilerplate text for simplification. The term “actor” was replaced with “interface”.

4.10 JULY 8, 2009

Upon approval by the HITSP Panel on July 8, 2009, this document is now Released for Implementation.

