



HL7 Interface Specification: Clinical Document Architecture (CDA)

Table of Contents

Introduction	3
Methods of Receiving a CDA	4
Sending a CDA in a HL7 V2 Message	4
Sending a CDA as an XML File	4
Related Specifications	5
Example CDA	5

Introduction

This specification is designed to assist in the development of an interface between our partners and Health Gorilla for transmitting CDA documents.

This document explains the technical details of our HL7 standard support. Interface development between HG and our vendors is approved by our business development team, then scheduled and managed by our engineering and development organization. We work in conjunction with our vendor partners to spend time analyzing and planning our interface to ensure that both parties are using the same optional features.

Methods of Receiving a CDA

The following methods are used by Health Gorilla to receive CDA's.

Method
IHE XCA transactions ITI-38, ITI-39
IHE XDS transaction ITI-41
FHIR
SFTP

Sending a CDA Document in a HL7 V2.x Message

In a HL7 V2.x message, a CDA is exchanged in the OBX segment. Within the OBX segment, the CDA is sent as a MIME package and encoded as a V2.x encapsulated data type. The following fields and values should be used.

Component	Value
OBX 2	ED
OBX 5.2	multipart
OBX 5.3	x-hl7-cda-level-one
OBX 5.4	A
OBX 5.5	MIME package

Sending a CDA as an XML File

Health Gorilla can accept a CDA as an XML file. Health Gorilla can accept CDA's created to the specifications below. An example message can be found at the end of this document.

Related Specifications

Health Gorilla accepts CDA's created to the following specifications.

Specification	URL
HL7 CDA.R2	https://www.hl7.org/implement/standards/product_brief.cfm?product_id=7

Example CDA Document

```
<?xml version="1.0"?>
<!DOCTYPE levelone PUBLIC "-//HL7//DTD CDA Level One 1.0//EN" "levelone_1.0.dtd">
<levelone>
  <clinical_document_header>
    <id EX="a123" RT="2.16.840.1.113883.3.933"/>
    <document_type_cd V="11488-4" S="2.16.840.1.113883.6.1"
      DN="Consultation note"/>
    <origination_dttm V="2000-04-07"/>
    <patient_encounter>
      <id EX="KPENC1332" RT="2.16.840.1.113883.3.933"/>
      <practice_setting_cd V="GIM"
        S="2.16.840.1.113883.5.10588" DN="General internal medicine clinic"/>
      <encounter_tmr V="2000-04-07"/>
    </patient_encounter>
    <legal_authenticator>
      <legal_authenticator.type_cd V="SPV"/>
      <participation_tmr V="2000-04-08"/>
      <signature_cd V="S"/>
    <person>
      <id EX="KP00017" RT="2.16.840.1.113883.3.933"/>
      <person_name>
        <nm>
          <GIV V="Robert"/>
          <FAM V="Dolin"/>
          <SFX V="MD" QUAL="PT"/>
        </nm>
        <person_name.type_cd V="L" S="2.16.840.1.113883.5.200"/>
      </person_name>
    </person>
  </clinical_document_header>
  <originator>
    <originator.type_cd V="AUT"/>
    <participation_tmr V="2000-04-07"/>
    <person>
      <id EX="KP00017" RT="2.16.840.1.113883.3.933"/>
    </person>
  </originator>
  <originating_organization>
    <originating_organization.type_cd V="CST"/>
    <organization>
      <id EX="M345" RT="2.16.840.1.113883.3.933"/>
      <organization.nm V="Good Health Clinic"/>
    </organization>
  </originating_organization>
  <provider>
    <provider.type_cd V="CON"/>
    <participation_tmr V="2000-04-07"/>
    <person>
      <id EX="KP00017" RT="2.16.840.1.113883.3.933"/>
    </person>
  </provider>
</patient>
```

```

<patient.type_cd V="PATSBJ"/>
<person>
  <id EX="12345" RT="2.16.840.1.113883.3.933"/>
  <person_name>
    <nm>
      <GIV V="Henry"/>
      <FAM V="Levin"/>
      <SFX V="the 7th"/>
    </nm>
    <person_name.type_cd V="L" S="2.16.840.1.113883.5.200"/>
  </person_name>
</person>
<birth_dttm V="1932-09-24"/>
<administrative_gender_cd V="M" S="2.16.840.1.113883.5.1"/>
</patient>
</clinical_document_header>
<body>
  <section>
    <caption>History of Present Illness</caption>
    <paragraph>
      <content>
        Henry Levin, the 7th is a 67 year old male referred for further
        asthma management. Onset of asthma in his teens. He was hospitalized
        twice last year, and already twice this year. He has not been able to
        be weaned off steroids for the past several months.
      </content>
    </paragraph>
  </section>
  <section>
    <caption>Past Medical History</caption>
    <list>
      <item><content>Asthma</content></item>
      <item><content>Hypertension</content></item>
      <item><content>Osteoarthritis, right knee</content></item>
    </list>
  </section>
  <section>
    <caption>Medications</caption>
    <list>
      <item><content>Theodur 200mg BID</content></item>
      <item><content>Proventil inhaler 2puffs QID PRN</content></item>
      <item><content>Prednisone 20mg qd</content></item>
      <item><content>HCTZ 25mg qd</content></item>
    </list>
  </section>
  <section>
    <caption>Allergies</caption>
    <list>
      <item><content>Penicillin - Hives</content></item>
      <item><content>Aspirin - Wheezing</content></item>
    </list>
  </section>
  <section>
    <caption>Social History</caption>
    <list>
      <item>
        <content>
          Smoking :: 1 PPD between the ages of 20 and 55, and then he quit.
        </content>
      </item>
      <item><content>Alcohol :: rare</content></item>
    </list>
  </section>
  <section>
    <caption>Physical Examination</caption>
    <section>
      <caption>Vital Signs</caption>
      <list>
        <item><content>BP 118/78</content></item>
        <item><content>Resp 16 and unlabored</content></item>
        <item><content>T 98.6F</content></item>
        <item><content>HR 86 and regular</content></item>
      </list>
    </section>
    <section>
      <caption>Skin</caption>
      <paragraph>
        <content>Erythematous rash, palmar surface, left index finger.
        <observation_media>
          <observation_media.value MT="image/jpeg">
            <REF V="rash.jpeg"/>
          </observation_media.value>
        </observation_media>
      </paragraph>
    </section>
  </section>

```

```

        </content>
      </paragraph>
    </section>
    <section>
      <caption>Lungs</caption>
      <paragraph>
        <content>Clear with no wheeze. Good air flow.</content>
      </paragraph>
    </section>
    <section>
      <caption>Cardiac</caption>
      <paragraph>
        <content>RRR with no murmur, no S3, no S4.</content>
      </paragraph>
    </section>
  </section>
  <section>
    <caption>Labs</caption>
    <list>
      <item>
        <content>
          CXR 02/03/1999: Hyperinflated. Normal cardiac silhouette, clear lungs.
        </content>
      </item>
      <item><content>Peak Flow today: 260 l/m</content></item>
    </list>
  </section>
  <section>
    <caption>Assessment</caption>
    <list>
      <item>
        <content>
          Asthma, with prior smoking
          history. Difficulty weaning off steroids. Will try gradual taper.
          <coded_entry>
            <coded_entry.value V="D2-51000" S="2.16.840.1.113883.6.5"/>
          </coded_entry>
        </content>
      </item>
      <item><content>Hypertension, well-controlled.</content></item>
      <item><content>Contact dermatitis on finger.</content></item>
    </list>
  </section>
  <section>
    <caption>Plan</caption>
    <list>
      <item><content>Complete PFTs with lung volumes.</content></item>
      <item><content>Chem-7</content></item>
      <item>
        <content>
          Provide educational material on inhaler usage and peak flow self-monitoring.
        </content>
      </item>
      <item>
        <content>Decrease prednisone to 20qOD alternating with 18qOD.</content>
      </item>
      <item><content>Hydrocortisone cream to finger BID.</content></item>
      <item><content>RTC 1 week.</content></item>
    </list>
  </section>
</body>
</levelone>

```

