**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**October 30, 2014**

Participation Information

Phone Number: +1 770-657-9270

Participant Passcode: 943377

Web Meeting Info

www.webex.com

Meeting number 198 139 396

**Attendees:**

Stephen Chu – Chair

Elaine Ayres – Scribe

Emma Jones

Simon Sum

Lloyd McKenzie

David Hay

Kevin Coonan

Matthew Graham

Russ Leftwich

Theo Stalker

Jay Lyle

Graham Grieve

Sharon Solomon

Darrell Woelk

**Agenda for October 30, 2014**

1. Review agenda
2. Approve minutes of October 23
3. Clinical Connectathon
4. Update on - Resource AdverseReactionRisk - comments
5. Discuss – Care Plan Activity Resource Proposal – mindmap – Theo Stalker
6. Clinical Assessment – continue discussion with new use cases. See wiki page for use cases here: <http://wiki.hl7.org/index.php?title=Clinical_Assessment>
7. Discuss assignments for QA and value sets for resources assignments
   1. Care Plan resource – use as a model
8. Change requests review
9. Agenda for November 6 – meeting will need to be cancelled….

Meeting Minutes for October 23: Stephen/Lloyd Abstain -1 , Oppose – 0, In Favor – 11

**Change from Subject to Patient**

For resources pointing to patient – rename “patient”. Also, define a search criterion for patients. Helps for searching through all resources related to patient. However, if a resource should remain subject (or anything else), we should voice this opinion. If a device, can be subject. In Canada may call patients clients. Can we have various criteria for search with alias terms with some definitions. ACTION ITEM.

**Clinical Connectathon** – invite pharmacy clinician (Stephen will ask Julie James, or Melva Peters. Fee for participation for this upcoming round – Russ will explore with HL7 HQ (pending). Open connectathon.

FHIR must serve a clinical purpose – will share data with other systems. Impact on daily practice. Pay to play – will need a value/purpose vs. a Friday attendee meeting.

Clinical Connectathon in Australia – first week in November.

**CarePlanActivity Resource discussion –**

Presentation by Theo Stalker – Netherlands. Requirement to send and receive specific activities that help to meet certain goals. Currently message sends entire care plan and requires that a return message includes status for each care plan activity for all even if not changed. After discussion of the requirements Graham will review this as a messaging issue. Also, the Care Plan CCS group will evaluate the requirements.

**Adverse Reaction Risk** – Jay Lyle has compared two existing resources with new proposed Adverse Reaction Risk resource as well as the V3 RMIMS. PC has identified issues with merged concepts of condition and adverse reaction. The group reviewed the comparative analysis. It was noted that the Adverse Event resource is under development (Kevin Coonan) and will be needed to inform the adverse reaction event. Two changes were made to the proposed combined resource – rename adverse reaction risk to AllergyIntolerance, and the Event to Adverse Reaction Event. Graham will take the spreadsheet and ensure inclusion of all data elements contained in the original two resources.

Note OpenEHR review of the adverse reaction risk topic. Due November 5th.

**Observation vs. Condition**: Did not discuss.

**Clinical Assessment –** Presentation of nutrition use case. Outcome of discussion – Graham Grieve will build a clinical assessment resource for review based on the existing use cases.

**Resource Ownership:**

Care Plan – Laura and Stephen – waiting for Care Plan Dam.

Allergies – Elaine, Russ and Jay – next week. IHTSDO – next week. Will report on allergy work.

Questionnaire and Questionnaire Answer – Russ and Laura

Condition – Elaine, Laura and Rob – will discussion next Monday

Procedure – Emma and Stephen (scope is an issue) -

Referral – Stephen, David and Emma – needs value sets. Five elements with codeable concepts. CC Graham on these discussions.

**Agenda for November 13, 2014**

1. Review agenda
2. Approve minutes of October 23
3. Clinical Connectathon
4. Update on combining current allergy and intolerance resources
5. Update on development of a clinical assessment resource
6. Referral Value sets
7. Change requests review – time box ½ hour
8. Agenda for November 20