**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**October 2, 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

Kevin Coonan

Jim McClay

Jay Lyle

Laura Heermann Langford

Emma Jones

Lloyd McKenzie

David Hay

Sharon Solomon

Russ Leftwich

Viet Nguyen

Matthew Graham

**Agenda:**

1. Review Agenda
2. Clinical Connectathon - review
   1. Continued review of the Chronic Care Use Case
   2. Continued development of value sets for resources
3. Review of Clinical Assessment Profile Proposal
4. Orderable/care plan resource status values – issue of dates for entire plan vs. goals and/or participants? Laura
5. Review and voting on change request proposals for DSTU FHIR resources
   1. Review list and discuss
6. C-CDA on FHIR
7. Next meeting October 9 at 5 PM EDT

Value sets – require development for all Patient Care resources. For QA for DSTU 2 – looking for all value sets to be drawn from external code systems. We need recommended value sets – not example value sets. Some value set may not be universal e.g. billing.

Challenge – some are large and we may not have the terminology expertise. Scrolling through long value sets will be resolved through tooling. A terminology service may be needed to manage. The look-up functionality is hosted by Graham.

Value set tool – to explore value sets and add new codes in a repository. Can develop value sets via UI. Consider using other terminology services as an alternative. Helps with classification. Key is the development of proper content for value sets.

PC Co-chairs will assign resources to PC WG members to actively develop pertinent value sets.

Clinical Assessment FHIR Profile Proposal – A proposal for a Clinical Assessment FHIR Profile was reviewed by the group.

1. A profile should have a parent resource – the group agreed that this would be the observation resource. Other resources were discussed – questionnaire and condition as well as referral. The group asked if an assessment asks a question, provides the answer or both as a way of determining related resources. It was noted that the clinical assessment is a planned set of observations but begins with a series of questions. The intention to conduct an assessment would be through the order/order response resource.

The questionnaire resource may be reference but may be too broad to be a root resource. It is not clear if condition and/or questionnaire should be referenced or might require a separate profile. This will be worked out as the profile is developed.

1. David Hay will facilitate the development of the profile.
2. The group voted to accept the Clinical Assessment FHIR Profile with the understanding that the proposal did not lock in the use of specific resources nor limit the application to various scenarios.
3. VOTE: Stephen proposed Abstain – 0, Object – 0, Concur - 11

Review of Chronic Care Use Case – Stephen will review with Graham in preparation for a clinical connectathon in Australia in November.

C-CDA on FHIR – will be looking for alignment.

**Agenda for October 9, 2014**

1. Review agenda
2. Approve minutes of October 2
3. Discuss assignments for QA and value sets for resources assignments
   1. Care Plan resource – use as a model
4. Clinical Assessment Profile – current status
5. Change requests review
6. Agenda for October 16