**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**July 24, 2014**

Participation Information

Phone Number: +1 770-657-9270

Participant Passcode: 943377

Web Meeting Info

www.webex.com

Meeting number 193 627 347

**Attendees:**

Elaine Ayres

Stephen Chu

Laura Heermann Langford

Russ Leftwich

Rob Hausam

David Hay

Howard Edidin

Sharon Solomon

Lloyd McKenzie

**Agenda:**

1. Review Agenda
2. Connectathon topics.
	1. \*\*David Hay\*\* review of new scenarios:
		1. Allergy and Intolerance - <http://fhirblog.com/2014/07/17/clinical-scenarios-in-fhir-adverse-reaction/>
	2. Connectathon Evaluation Criteria
3. Continue to review the referral request and the supporting information – Stephen Chu
	1. Need Paul Knapp’s value set for referral types.
4. Next meeting July 31 at 5 PM EDT

**Review of Connectathon Use Case**: Allergy and Intolerance

**Review of Connectathon Use Case**: Allergy and Intolerance

David – review of use case on the blog:

Patient prescribed penicillin. Critical artifact – the allergy list using the list resource. List refers to other resources. Can provide a version of the list.

In diagram – a recorder can be a patient or a practitioner.

A transaction can bundle resources to the server.

Does an allergy change require a change to the resource?

Questions –

1. Updates should be to the primary source. The list is a secondary resource.
2. Provenance – common source of entry – in a summary exchanged from another system. May enter an allergy from another referral – you have no record, but creating a list from a summary. Refer back to the original document or use an extension? Is this a reconciliation? How to merge two primary sources onto the list. How do you know that the list has been reconciled. The list resource needs a new property to enable – provenance of the list – to enable the reconciliation. How was the list created? Need a codeable concept for a reconciled list. Each element may have a provenance.
3. Source material for the clinicians – do we need a more embellished story re reaction. More elaborate description of the reaction to require judgment about what they should enter. Will use the entire use case.
4. Sensitivity test – are they now called challenge tests?
5. Relationship of adverse reaction vs. allergy and intolerance. Can have either one be primary.
6. An allergy and intolerance can refer to multiple adverse reactions.

Now the FHIR team needs to look at the use cases, and move ahead with application.

**Requests of the Group:**

Group would like to see the UI prior to the connectathon.

Chuck Jaffe will contact all participants with formal invite.

Invite all connectathon participants to one of these calls. Aim for August 21 call for an orientation.

**Connectathon Evaluation**:

Objectives for this session:

- Clinically exercise a subset of resources (which ones isn't super important for this one, as it's the first round. In future rounds we'll probably be looking to exercise new/different ones.)

- Get feedback that may influence the specification of those resources

- Build confidence that the FHIR specification will work for clinical needs

- Ensure the event is seen as positive and useful by those participating

The evaluation will use a round-table methodology.

Key is clinical usefulness and adequacy of the resources. The UI should be less of a focus but does need a review for future connectathons.

**Clinical Assessment**: convene a sub-group to evaluate the need for such a resource.

**C-CDA on FHIR** – looking for profile instances that reflect specific entry templates in C-CDA.

Look for table on the FHIR wiki under Ballot Prep link:

|  |  |  |
| --- | --- | --- |
| Patient Care | Allergy Problem/Concern Act | AllergyIntolerance, List |
| Patient Care | Family History Organizer | FamilyHistory |
| Patient Care | Instruction(s) | Procedure? |
| Patient Care | Plan of Care Activity Act/Planned Act | CarePlan |
| Patient Care | Plan of Care Activity Encounter/Planned Encounter | CarePlan |
| Patient Care | Plan of Care Activity Observation/Planned Observation | CarePlan |
| Patient Care | Plan of Care Activity Procedure/Planned Procedure | CarePlan |
| Patient Care | Plan of Care Activity Substance Administration/Planned Medication Activity | CarePlan |
| Patient Care | Plan of Care Activity Supply/Planned Supply | CarePlan |
| Patient Care | Problem Concern Act (Condition) | Concern |
| Patient Care | Procedure Activity Act | Procedure |
| Patient Care | Procedure Activity Observation | Procedure |
| Patient Care | Procedure Activity Procedure | Procedure |
| Patient Care | Reaction Observation | AdverseReaction |

**Referral Resources**: Tabled pending input from Paul Knapp re referral type value set.

**Connectathon Logistics and Details as of July 24, 2014**

1. Review of questions
	1. Entry of information over 30 minutes/45 minutes
	2. Probably will not be able to handle payment information.
	3. Identify key points – is this a comfortable volume, what needs to be represented?
2. Draft the Flow of Day
	1. Clinicians enter data from use cases (10-15 clinicians)
	2. Enter the same data for each use case
	3. Define key data entry concepts
	4. Have optional data entry concepts
	5. Review and Evaluate what everyone is entered
	6. Data will be entered into a fake application
	7. Discuss the event
	8. Define success criteria
		1. Test the data representation using the FHIR standard
			1. Discrete data vs. text
			2. User variability in data representation
			3. Can this promote data interoperability?
		2. Evaluation criteria
	9. Agenda
		1. Set-up and orientation (9 AM) (30 Minutes)
		2. Data entry – 2 hours
		3. Data Review – 1 hour
		4. Lunch with informal discussion (12:30)
		5. Discuss – 1.5 hours (1:45)
		6. Event evaluation – 30 minutes (End – 4 PM)
3. FHIR team will take use cases
	1. Tool will provide the options detailed in the underlying resource
	2. Can capture data as discrete elements
	3. FHIR team needs storyboards by end of June.
4. Participants and recruitment – Friday September 19
	1. Approach FHIR, EC, EHR and PC WG participants. Plan on 10-15 by invitation.
	2. Approach physician and nursing group.
	3. Need to familiar with HL7.
	4. No registration, no fee.
	5. Russ will put together a guest list with a calling tree. Russ will contact.
		1. **Confirmed Attendees**
			1. Laura Herrmann Langford
			2. Stephen Chu
			3. Elaine Ayres
			4. Emma Jones
			5. Lindsey Hoggle
			6. Marc Janczewski
			7. Rob Hausam
			8. Pat Van Dyke
			9. Russ Leftwich
			10. Julia Skapik
			11. Jim McClay
			12. Chuck Jaffe
			13. Kevin Coonan
			14. Gaye Dolin