**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**July 31, 2014**

Participation Information

Phone Number: +1 770-657-9270

Participant Passcode: 943377

Web Meeting Info

www.webex.com

Meeting number 198 139 396

**Attendees:**

Elaine Ayres

Stephen Chu

Paul Knapp

Russ Leftwich

Sharon Solomon

Julia Chan

Rob Hausam

Christian Vandersee

Laura Herrmann Langford

Kevin Coonan

**Agenda:**

1. Review Agenda
2. Connectathon topics.
	1. Discussion of Use Cases
	2. Development of materials for the August 21 orientation call
	3. Other logistics?
3. C-CDA on FHIR -
4. Continue to review the referral request and the supporting information – Stephen Chu
5. Clinical assessment resource - discussion
6. Next meeting August 7 at 5 PM EDT

**Connectathon**

1. Invitation has been sent. An official invite from Chuck Jaffe is forthcoming.

David Hay’s Blog re Connectathon Recap:  <http://fhirblog.com/2014/07/26/clinical-scenarios-in-fhir-2/>

August 21 Orientation – in document, introduction, objectives, goals of the day, and links to wiki and blogs. Write a script with a dialog that is more information than need be captured.

Russ suggests that we include additional details in the storyboards so that there are more choices. We need more than a data entry form. Need examples that allow for variation.

In this connectathon – wear many hats and do all of the data entry, vs. pass-offs. Group wishes to have different roles accommodated.

Scripts: Review on next call.

1. Acute Condition - Laura
2. Chronic Condition – Stephen (Kevin has some additional use case information)
3. Allergy and Intolerance – Russ and Elaine

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

Table below from the FHIR wiki under Ballot Prep link: shows C-CDA entry level templates mapped to FHIR resource.

FMG has noted that WG have a lot on their plates.

|  |  |  |
| --- | --- | --- |
| 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**: update from Stephen Chu

Paul sent the referral status types to Stephen.

Stephen is displaying the comments from Lloyd and changes resulting from the comments.

What is meant by alias? Populate column 11 with referral/care transfer

Add a binding name

Referral type -

Referral request reason –

Are referral type and reason request the same concept?

Consider the condition or the action I would like to occur from this?

Can’t mix condition and service

Recommend associating the referral type to service, and referral request reason to condition.

The ReferralRequest.Type element – use for second opinion, transfer of care

Use the Referral.Reason more for the condition

The type of practitioner – still not resolved. How do we capture various practitioners – service discipline. This element is critical for care coordination and care management.

The services component needs further description.

Does a referral go from a human to a human….often not. It goes from a human to a place (health care association).

Modeled against existing practices, not an existing model.

**Clinical Assessment**: <http://fhirblog.com/2014/07/30/fhir-clinical-scenarios-nutrition-assessment/>

Not discussed.

**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