**Notes as of 9/22/15**

Topics to Cover in October:

Post tracks to wiki areas of focus – include scenario and process

Tracks post to wiki: completed (8/19/2015)

(<http://wiki.hl7.org/index.php?title=Clinicians_on_FHIR_2015_-_October:_Atlanta>)

**Notes from 9/22/15**

1. Stephen will send out a reminder to complete use cases on the wiki

2. Discuss the list of attendees (clinician vs. non-clinicians)

* 38 on the list – 17 are clinicians , 4 are FHIR marshalls and 17 are non-clinicians
* E-mail to list – this is a working event requiring clinical background. This is not a didactic event. Send during meeting.
* Invite all to Wednesday lunch – context of event. Note that this event is primarily for clinicians. If questions, contact Russ.
* Accommodate non-clinicians on Friday if needed

3. Invite participants to the lunch on Wednesday

4. Discuss changing day of Clinicians on FHIR to Sunday. Question propose Sunday Q3 and Q4

**Notes from 9/17/15**

Awaiting the availability of the Clinicians on FHIR list-serv list.

Apprise attendees of topics as well as the orientation lunch on Wednesday, October 7 in the Georgia 2 conference room. Grab your lunch.

Test resources in ClinFhir.com

Pairings of resources:

Family Hx and Condition

Allergy and Intolerance with Medication

Care Plan and Procedure (along with Care Team, Intervention and Goals)

All groups will look at Negation.

Schedule another call for Tuesday, September 22 (done)

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* Focus on Family Member History….
	+ Should FMH be able to reference condition as a resource?
	+ Condition: ~~As in family member history – not a resource, not bound to a value set at this time~~. David checking the resource, but probably not ready for this yet.
* Condition Resource
	+ As in problem list
	+ Addressing “ruled out”
	+ “Risk for”
* Continue- Care Plan
* Continue- Allergy (include in Medication discussion?)
* Focus on Medications – 8/18 Pharmacy is interested in and planning this section. Invite to 9/1
	+ How do you document a response to the medication?
	+ How do you document the response being an allergic reaction? And a worsening allergic reaction?
	+ What about reconciliation?
	+ Medication resource also used for Medication order and what are the implications of these two uses? The uses may be different for this same resource.
	+ ACTION (arising from 9/1 conference call) – reach out to John Hatem, Julie James, Melva Peters – Russ will reach out
* Negation? Keep as a group discussion at the end of the day and to include in each stream as well as a point of discussion with report out (Rob to lead this discussion) – want clinician take on negation
	+ Family History – there is no family history of…
	+ Rule out (condition)….
	+ Allergy – no history of allergy to a specified value…
	+ Is it possible to have a negation track to work on multiple tracks of negation? And is there a uniform way to represent negation across different resources?
	+ Should this be done structurally or by vocabulary
		- Vocabulary – what needs to be included and where for each of the resources discussed that day? Where in the structure of the resources should it be included.
		- Post-coordination of aggregation
		- What are the merits of each approach?
		- Pros and Cons of both.
	+ (Negation does not mean NO INFORMATION AVAILABLE or NOT ASKED)
	+ Could we have a friendlier term for this. Such as “Just say No”.
	+ What happens when there a composite of “things” – e.g. these drugs but not on those drugs
* **Clinical Impression -** ? focus on in? (low priority)
* **Procedure –** has not yet been a focus for clinicians on FHIR

Collaborations – Future (past 10/15 ClinFHIR)

Clinician on FHIR day – Plans

* + Have Russ/Rob introduce the concept of negation at the beginning as a thread for the day.
	+ Have some asynchronous exercises that can be done on these suggested resources worked on between calls to prepare for the October exercise.
		- For attendees to have a good idea of the tooling capabilities prior to the F2F event in October
		- David could suggest some items for these exercises. (A basic primer to run the tool)
		- Allow and expect attendees to have run through primer before arrival.
	+ Create something similar to what is done for the FHIR connectathons. Simple steps.
	+ Have a poll for attendees to indicate their interest in each track/resource prior to arrival
	+ Have a sign up similar to the FHIR Connectathon sign up.
		- David Hay will set up the sign up page
		- Laura will send to the group the notes from today
		- David and Russ will connect about what needs to be included on the sign up page.
		- There is content on the Clinician on FHIR wiki page that could be helpful for the sign up page.
			* On the bottom of the PCWG landing page…there is a link
* Russ will follow up with HQ regarding a list serve for the Clinicians on FHIR interested folks.
* David Hay will share his powerpoints for review and feedback.
* All: Go to ClinFHIR.com and follow David’s blog.
* Preparation for each track:
	+ Agree that short clinical stories will be sufficient to start the conversation for each group
	+ Update wiki before call on 9/15 – complete short bullets prior to Monday September 7.
	+ Suggest 3-4 Tables with a Clinical leader and a FHIR marshall
		- Pharmacy/Allergy and intolerance
		- Family History and Condition
		- Procedure and Care Plan
		- ?Clinical Impression
		- Negation – apply to all discussions

Room request: Atlanta – set up request for small group tables, for 30 total.

Wednesday Lunch – orientation session with FHIR marshalls and ClinFHIR demo

List serv – 8/18 Russ has requested from HQ. Have not heard from them yet.

Next Meeting:

 Provide feedback on the David’s “primer”. David will provide links to the primer and we will read through it and provide feedback at next meeting (8/25).

Future: Formalize the agenda for October…

Hold webinar before the Atlanta meeting for level setting attendees of the Clinicians on FHIR

Add to the program – required to do the FHIR tutorial before attending a Friday clinicians on FHIR. (Same as in the HL7 fundamentals course)

**Plans for Harmonization of Resources with other tools in the pipeline.**

 Care Plan – next call August 18. Need to determine a plan on “how” to do this type of harmonization for resources over all.

 Anesthesiology- perianesthetic information flow – those components and how they map to FHIR resources. (any resources missing?)

 List of the other resources of Patient Care responsibility list