**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**June 4, 2015, 5-6 pm ET**

Participation Information

Phone Number: +1 770-657-9270

Participant Passcode: 943377

Web Meeting Info

[www.webex.com](http://www.webex.com)

198 139 396

**Attendees:**

Elaine Ayres

Emma Jones

Chris Brown

Russ Leftwich

Stephen Chu

Russell McDonell

Lloyd McKenzie

Michelle Miller

Rob Hausam

Cary Ussery

Eric Haas

1. Review agenda
2. Approve minutes of  May 21 and May 28, 2015 ::: <http://wiki.hl7.org/index.php?title=PCWG_FHIR_Conference_Calls_and_Meeting_Minutes#2015_PCWG-FHIR_Minutes>
3. Updates on maturity assessments of resources??
4. Fall ballot
5. GFORGE Review – ballot comments
	1. Discuss addition of clinician Connectathon comments
	2. Block votes – discuss process
6. Next call is June 11, 2015

2. Minutes for May 21 and May 28 – Move approval Russ/Stephen Abstain – 2, Negative – 0, Approve - 8

3. Maturity model – endorsed by FMG yesterday. Will reflect the stability of a resource. Criteria are now specified for maturity levels 1-5. WG’s will look at levels assigned by Graham. Criteria are now posted on the FHIR wiki.

4. Fall ballot timing re ballot reconciliation. FMG moved the timeline for final content e.g. until the end of August to complete ballot, and QA. Can also take new resources and leave them as draft – can disposition ballot comments as future consideration or not persuasive. Therefore, we need to focus on high priority resources first. Lloyd has been triaging ballot comments for block vote. Also engaging with in person commenters.

**List of what resources that PC owns (DSTU 2.1) – number equals priority**

**1 - AllergyIntolerance - \***

**1 - Condition - \***

**1 - Procedure - \***

**1 - CarePlan - \***

**1 - Goal - \***

**1 - Referral Request\***

**1 - Questionnaire - \***

**1 - Questionnaire Answer - \***

2 - FamilyMemberHistory (genomics group)(Jonathan Holt – Vanderbilt)- interested in contributing to this resource.

2 - Procedure Request - \* (more internal – less important to implementer

2 - Flag

3 - ClinicalImpression

3 - Communication

3 - CommunicationRequest

Contraindication-no (CDS)

Risk Assessment – no (CDS)

Ballot reconciliation of allergy and intolerance negative majors:

**8210** - Goal Resource – is patient based, and should also include groups. Would you have a goal without an associated individual? Have not developed a use case therefore, the cardinality would be 0..1. Goals for groups or organization – include or use an extension? Can make subject 0..1 which can refer to an individual or groups. What about a mother/baby goal? Tie to the individual subject. Disposition – rename goal.patient to goal subject with cardinality of 0..1. Care plan has an optional patient – e.g. an anonymized care plan. Rename careplan.patient to careplan.subject. There are use cases for anonymized care plan, therefore, need an anonymized goal. Look at other resources to ensure that others may be 0..1 as well for the patient. Add examples of group and team goals. Update search parameters as well.

Ballot comment: Not persuasive with mod. Move: Elaine/Russ Abstain – 0, Negatives – 0, Approve – 7

**8058 –** Procedure – add clarity on implantable devices. Procedure.device needs a more complete definition/usage notes. Change to a device that is implanted, removed or otherwise manipulated (e.g. batteries, fitting a prosthesis) as the focal portion of the procedure. Add usage notes to procedure.used – these are incidental to the procedure such as scalpels, gauze….

Move: Russ/Russell Abstain – 0, Negatives – 0, Approve - 8

**7620 –** Condition add stage, evidence, due to or occurred following . Do systems actually do this?? Reconsider on June 11 call.

**7127** – Procedure.relatedItem is too complicated. E.g. one procedure is caused by another procedure or because of another procedure. Then this references other resources. Could this be handled by an extension? Or broaden use of indication found already in the resource? Rename indication to reason as a codeable concept or as a reference to condition. Has caused by will become an extension entitled “caused by” and drop medication dispense, care plan, and condition.

MOVE Rob/Elaine Abstain – 0, Negatives – 0, Approve - 5

**Agenda for June 11, 2015**

1. Review agenda
2. Approve minutes of June 4.
3. Discuss 7620 – condition stage, evidence, due to or occurred following.
4. Maturity assessments
5. GFORGE Review – ballot comments
6. Next call is June 18, 2015