**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**October 23, 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

Michelle Salas

Russ Leftwich

Matthew Graham

Viet Nguyen

David Hay

Rob Hausam

Simon Sum

Emma Jones

Graham Grieve

Eric Haas

**Agenda:**

1. Review agenda
2. Approve minutes of October 16
3. Clinical Connectathon for San Antonio
4. Update on - Resource AdverseReactionRisk - comments
5. Discuss – Care Plan Activity Resource Proposal – mindmap – Theo Stalker
6. Clinical Assessment – continue discussion
7. Discuss assignments for QA and value sets for resources assignments
   1. Care Plan resource – use as a model
8. Change requests review
9. Agenda for October 30

Meeting Minutes for October 16: Stephen/Elaine Abstain – 2 , Oppose – 0 , In Favor – 6

**Clinical Connectathon** – invite pharmacy clinician. Fee for participation for this upcoming round – Russ will explore with HL7 HQ. Will need to connect with developers to ensure systems are prepared. Will need to be able to articulate the value to participants – technical connectathons – have useable code. What will be the return be for participants?

Have noted issues with value sets. This connectathon will be open.

**Adverse Reaction Risk** – Jay Lyle has compared two existing resources with new proposed Adverse Reaction Risk resource as well as the V3 RMIMS. PC has identified issues with merged concepts of condition and adverse reaction. The name per se is also not intuitive to clinical practice. Additional attributes need to be examined more carefully. Will upload analysis to the PC topical wiki.

How would an allergy list be constructed? Use list resource? How do you document the condition per se?

Re issue of one resource – there is an outstanding issue of adverse event reporting and general event reporting. Does the current event structure support the reporting of risk. How do you know if an event is an adverse reaction, vs. some other cause – how would a system differentiate? Adverse event is well described in regulation. Will need to evaluate how adverse event and adverse reaction relate in the future.

Propose development of requirements for adverse event resource.

Note OpenEHR review of the adverse reaction risk topic. Due November 5th.

**Observation vs. Condition**: Monday, October 27 at 5-6:30 PM Eastern – call to discuss with PC/OO/FHIR. There is wiki page here: <http://wiki.hl7.org/index.php?title=Observation_vs_Condition>

Send Stephen Chu any additional use cases or information that should be included in the discussion.

**Care Plan Activity Resource Proposal –**

**Clinical Assessment –** Presentation of several use cases (see PC wiki). Implementers have an issue with the temporal role of the documentation process based on steps in the workflow. E.G. the provisional diagnosis, then order tests, then re-evaluate with a “justification statement”. The document needs to include “why” you developed a diagnostic statement based on clinical reasoning. Documentation should link a diagnosis or cause to a health concern assessment of status relative to their previous status and progress to goal. Represent now, before and comparison. How is this relationship represented using resources? Must be able to related statements to consequences – this is most difficult for implementers.

Continued discussion on assessment – clinical assessment using use case of rheumatoid arthritis. These are a set of observations you assemble into a story – reasoning with a clinical impression that lead to a diagnosis or prognosis. Must represent a clinical impression and narrative. Will lead to a diagnosticreport type resource. Link to other resources and tie to other data. Can also develop an assessment tool resource.

Viet – use case, Elaine and others – nutrition.

**Resource Ownership:**

Care Plan – Laura and Stephen – waiting for Care Plan Dam.

Allergies – Elaine, Russ and Jay – next week. IHTSDO – next week. Will report on allergy work.

Questionnaire and Questionnaire Answer – Russ and Laura

Condition – Elaine, Laura and Rob – will discussion next Monday

Procedure – Emma and Stephen (scope is an issue) -

Referral – Stephen, David and Emma – needs value sets. Five elements with codeable concepts. CC Graham on these discussions.

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6. Clinical Assessment – continue discussion with new use cases.
7. Discuss assignments for QA and value sets for resources assignments
   1. Care Plan resource – use as a model
8. Change requests review
9. Agenda for November