**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**August 7, 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

Iona Threan

Igor Sirkovich

Sharon Solomon

Russ Leftwich

Julia Chan

Paul Knapp

Rob Hausam

Jay Lyle

Lloyd MacKenzie

Emma Jones

David Hay

**Agenda:**

1. Review Agenda
2. Connectathon topics.
	1. Participant list
	2. Invitation from Chuck Jaffe
	3. Development of materials for the August 21 orientation call
	4. Status of UI
	5. Scripts for clinician use
3. Review and voting on change request proposals for DSTU FHIR resources
4. Continue to review the referral request and the supporting information – Stephen Chu
5. Clinical assessment resource – discussion
6. Draft resources
	1. Risk assessment
	2. Contraindications
7. C-CDA on FHIR
8. Next meeting August 14 at 5 PM EDT
	1. Note – August 21 is the orientation call for connectathon

**Connectathon**

1. Discussion about clinicians – adding another non-clinician request (Emma Jones)
	1. Focus of connectathon – not the system, rather the data structures. This particular application will not be appropriate for clinical use. The main FHIR connectathon looks more at the specifications for interoperability. Will we allow observers at the first connectathon? An evaluation criteria would be to determine if observers would be appropriate for future connectathons.
	2. Invite from Chuck Jaffe – Russ
	3. Packet for the 21st. – Elaine
	4. UI development – generating questionnaires for UI
		1. Capturing coding data -- some resources have value sets, and some don’t. If users would like to use a value set we need to provide.
		2. Query for current value sets vs. resources that do not have – provide 5-10 categories where needed. Constrain scripts to specific conditions. A value set can be large – searchable and can filter.

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

David Hay’s Blog on clinical examples: <http://fhirblog.com/2014/08/08/creating-examples-in-fhir/>

August 21 Orientation – in document, introduction, objectives, goals of the day, and links to wiki and blogs.

Need use case scripts with a dialog that is more information than need be captured.

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

Resource change requests – the group reviewed, discussed and voted on multiple change requests. These have been posted to GForge FHIR.

**3001** Three options - use same resources to include order "mood", use referral resource, or create a new resource for order procedure. Differences in "orders" for procedures vs.consults. Where do you routinely find procedure orders? Can refer to referral order.

DECISION: Motion create a new resources call procedure order. Elaine/Stephen -- Ab - 0, Neg - 0, Yes - 11 FMG timelines -- ballot in Jan - draft for comment, vs. DSTU. Want a draft however in December. Final for March 30. Will need resource proposal.

**3440** No - unless there are different use cases such as a device required to pull out answers from previously provided answers to questionnaires. This would be an auto-populate function. Software might populate the answers.

DECISION: already built, is draft. Motion to approve as built Elaine/Stephen -- Ab - 1, Neg - 0, Yes - 10

**3292** Agree with change as suggested. Change to 0…1. Allow for note and for codeable concept. Will need usage notes for how to use both fields to explain. Must have either a codeable concept or note. Constraint of at least one of the two. Can use the note for additional information.

DECISION: Add code, change cardinality of 0..1, add constraint of at least a code or a note, add guidance on code vs. original text vs. both. And provide examples. Lloyd/Elaine Ab - 1, Neg - 0, Yes - 10

**Clinical Assessment** – is different than an observation. It is a clinical evaluation – data can come from history, diagnostic information and observation along with a conclusion. It may be diagnostic or prognostic. From a prospective view point is a planned set of data elements for a specific reason. Routine exams are also assessments. There are a variety of patterns in the observation space. Need to define patterns and boundaries. FHIR group currently considering these issues. The current Risk Assessment if more predictive – prognosis and risk assessment (oncology, environmental, occupational health and safety and social risk). These risks must be considered for a risk assessment function.

Need a quarter in Chicago – Thursday Q4 or Wednesday lunch.

**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

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

**Connectathon Logistics and Details as of August 7, 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