**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**December 4, 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

Simon Sum

Rob Hausam

Claude Nanjo

Russ Leftwich

Sarah Maulden

Aziz Boxwala

Darrell Waelk

Emma Jones

David Hay

Russell McDonell

Sharon Solomon

Laura Heermann Langford

Michelle Salas

**Agenda for December 4, 2014**

1. Review agenda
2. Approve minutes of November 20
3. Clinical Connectathon
4. CQI Resource Proposal review requests – follow up items with Aziz Boxwala
5. Update on combining current allergy and intolerance resources
6. Update on development of a clinical assessment resource
7. Referral Value sets
8. Change requests review – time box ½ hour
9. Agenda for December 10

Meeting Minutes for November 20: Stephen/Russ Abstain - 1 , Oppose – 0 , In Favor – 10

**Clinician Connectathon** –

1. One storyboard – see wiki for long and short version. Will add previous storyboards as well. <http://wiki.hl7.org/index.php?title=FHIR_Clinician_Connetathon_-_January_2015:_San_Antonio>
2. Non-clinical participants? Stick with clinicians.
3. Need to promote with clinical community.
4. Chronic condition use case – care plan and referral
5. Implementer Connectathon – patient string, conformance resources, blue button functionality (entire patient record)
6. Proposed pre-connectathon webinar to expose to resources. Will use application developed for Melbourne connectathon.
7. Russ, David, Elaine, Stephen – logistics of webinar.

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**CQI Resource Proposal Requests – Aziz Boxwala, Claude Nanjo**

Four new resources = procedure request, device request, communication request and device statement.

Device Use Request -- need to define the scope – lower priority (has planned, proposed and ordered). How do these overlap with supply? Will move forward for comment.

Device Use Statement – need to define the scope – priority.

ProcedureRequest – move ahead. Scope – is the scheduling or other purpose? Is needed but requires better definition. They are in the nightly build. Three modes – planned, proposed or ordered. Note that the sequence should be proposed, planned and then ordered. Will relate to care plan as a proposed request. Will revisit the care plan resource to make sure changes make sense.

In V3 state model – e.g. Normal, completed, held, suspended, new, active, aborted, cancelled……what matches with proposed terms in resource. Mood code plus act status – New (PRP) = proposed, active (INT) = planned, active (ARQ) = appointment request, active (RQO) = ordered, active (APT) = scheduled. These do not require harmonization, rather will be included on the ballot.

CommunicationRequest – move ahead.

Communication – new request. Represents the communication that has occurred.

**Care Plan – Russell McDonell**

Appears to have a forced internal reference which is unlike other resources.

Have a goal, but may not succeed. Needs to be repeated in other care plans.

A goal is tied to a care plan. However, if the care plan is stopped, can the goal persist?

There is a goal associated with the Care Plan and each activity has a goal. Does a system have separate goals, or are they associated with a care plan?

Should goal be outside of care plan? Would work if there are independent care plans.

Current care plan has no means of representing progress. Care plan does need additional work. Goal in Activity idref is broken.

There are three kinds of goals in the DAM – computable goal (lab test), other goals – activity levels, or overarching goals – dance at daughter’s wedding.

Using goal as a separate resource – use case for CDS. Can it be possible to have both representation? Or the care plan is actually a profile of a goal resource, activity resource, health concern and evaluation. Would outcome be better? Is it the evaluation of the goal, or the activity? In C-CDA is status assessment and outcome evaluation.

The status should be against the goal, as well as the entire care plan. Some goals end, others persist over time. Comparing the outcome against the goal – is that the evaluation? Use an observation of the outcome of the intervention – use as a milestone evaluation.

Next steps: propose four major resources. Start with goal as the first new resource. Will need evaluation either within the goal or linked to evaluation resource. Russell McDonell will propose a new goal resource.

**Allergy and Intolerance – One or two resources, criticality concepts**

**In updated resources:**

|  |  |  |
| --- | --- | --- |
| **Code** | **Display** | **Definition** |
| low | Low Risk | The potential clinical impact of a future reaction is estimated as low risk. Future exposure to the Substance is considered a relative contra-indication. |
| high | High Risk | The potential clinical impact of a future reaction is estimated as high risk. Future exposure to the Substance may be considered an absolute contra-indication. |

Proposed by Patient Care:

a)      Code for HIGH -   Definition:   Exposure to substance may result in a life threatening or organ system threatening outcome.

b)      Code for LOW –   Definition:   Exposure to substance unlikely to result in a life threatening or organ system threatening outcome.

c)      Unable to Determine – Definition: Unable to assess with information available.

d)     ~~Unknown – Definition:  A proper value is applicable but it is not known~~.

Note – unknown – vs. to leave blank. With no information – what is the appropriate action? What is the provenance of the information – provided long ago. No way to determine the criticality. Conversion of paper list – lists the substance. Transcription may leave this blank and there unknown (e.g. not determined). Field is optional. Comment re missing and unknown are the same thing. Graham will merge the PC WG proposed definitions for low and high criticality and add unable to determine.

**Clinical Assessment Resource –**

Graham will draft a build for review.

**Referral Value Sets:**

**Review of GFORGE Change Requests**:

**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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