**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**May 22, 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

Howard Edidin

Stephen Chu

Russ Leftwich

Jay Lyle

Igor Sirkovich

Emma Jones

David Hay

Michael Denny

Lloyd McKenzie

Lisa Nelson

1. Clinical Connectathon at Chicago WG meeting – follow-up discussion on scenarios - ALL
2. PSS for maintenance of current PC Resources and Profiles – Jay Lyle
3. Questionnaire Resource issues – Block Vote on changes – Lloyd McKenzie
4. Referral/Transfer of Care Resource Proposal Review – Stephen Chu
5. Agenda for next meeting – Thursday, May 29 at 5 PM EDT

**Connectathon:** Russ – no updates from HL7. Using use cases from the Care Plan DAM, but use an allergy use case from the Allergy DAM (allergy list). Russ wondered about using a matrix for severity and criticality using some mini-use cases for the connectathon.

Start with use cases and pick the best three (using existing storyboards) (Name in () will map to existing FHIR resources)

1. Immunization (?forecasting – when is individual due)(David)
2. Allergy and Intolerance(including patient reporting) (Elaine)
3. Acute Care (Laura)
4. Chronic Condition (make sure that medication management is included).(Stephen)
5. Home Care (Emma)

Plan to use existing resources – add more if needed. Map to existing resources – determine if more are needed. Some use cases will use multiple resources.

**PSS for FHIR Resource Maintenance – Jay Lyle**

Jay Lyle has drafted and the group reviewed. Will questionnaire be split into two?

Patient Care group should be responsible for clinical resources? Maintain the existing seven resources. Need to monitor the wiki and G-Forge, as well as more formal change requests in G-Forge. We would then vet the comments and vote as a WG. A FHIR member would update the specification on the FHIR website. All FHIR comments on G-Forge is considered to be a DSTU comment site so no need to file additional DSTU comments. Next milestone – January 2015 ballot. Only new resource or profile proposals need to be documented on the FHIR wiki.

**Referral Resource – Referral vs. Transfer of Care vs. Transition of Care**

Stephen has done an analysis of what data types fit clinical vs. administrative use cases.

Definitely need a referral. In US need transition of care for MU (includes referrals and hospital discharges), vs. elsewhere when transfer of care would be used.

The referral resources will not include all of the clinical information, just the elements related to the referral itself. In community and social services referral, the contents are usually much more extensive.

Can systems differentiate between a referral or transfer of care? If not, use one resource. If they can it is possible to split.

Can use the Order resource (a work flow resource) with other resources such as “Consult”. Does a referral function like an order? This is a request to another entity to address a specific problem or to transfer care. Is the referral the request and the transfer the actual event of accepting care. In practice the referral forms the structure for the transfer of care. A conclusion of the referral is a discharge of care. In both cases there has to be a request to hand over care. In a referral – the information is sent with a request. In a transfer the request occurs and is confirmed prior to sending the clinical data.

If both involve requests and events are they considered to be the same type of object or are they distinct “things”? Are these stored together? The data structures that need to exist are key to this decision. Are these new data structures or the same structures?? Do both sender and receiver receive a referral resource? Or does the receiver send something different back to the sender?

A profile can be developed for different scenarios. However, on the response side do we need a “I am going to deliver care like this…” in fulfillment of the referral. Is this distinct or the same resource with a different status? Is the response a recommendation (a separate new resource). Need to be able to document progress updates and ultimately a referral back to the original requestor. What is the wrapper for all of these things – an encounter? An episode of care? Episode of care is a new resource under development by Patient Administration. In a hospital setting an episode of care if driven by length of stay…

Encounter (acute care, ends) vs. episode (more extensive) – an episode can be broken down into smaller units. Are the same data elements for an episode for response to a referral? Would this be administrative purposes and/or clinical purposes? Should there be a clinical episode of care and an administrative episode of care?

Primary focus – the referral and transfer (transition) of care will comprise two aspects: (a) the request aspect of a referral/transfer, (b) the fulfillment aspect is less clear – encounter reports, procedures etc. The wrapper would be an episode of care.

The scope of fulfillment should cover the following:

* Request for more information (financial and/or clinical); Recommendations (e.g. for diagnostics, procedures and results)
* Acceptance
* Progress updates (including treatments, procedures updates and recommendations)
* Separation of care summary/discharge summary

Have a referral/transfer of care resource (one). The fulfillment aspect requires more analysis.

**AGENDA for May 29:**

1. Review connectathon mapping – use cases to FHIR resources (assignments)
2. Review final PSS for PC WG FHIR resources
3. Continue discussion on the Referral Resource Proposal
4. Block vote – questionnaire changes
5. Next meeting 29 at 5 PM EDT

Current Patient Care FHIR Resources:  <http://www.hl7.org/implement/standards/FHIR-Develop/?ref=learnmore>

The FHIR issue tracker in gForge:

<http://gforge.hl7.org/gf/project/fhir/tracker/?action=TrackerItemBrowse&tracker_id=677>

All resource proposals

<http://wiki.hl7.org/index.php?title=Category:FHIR_Resource_Proposal>

Referral skeleton

<http://wiki.hl7.org/index.php?title=Referral_FHIR_Resource_Proposal>

**Current Clinical FHIR Resources**

1. Adverse Reaction
2. Allergy Intolerance
3. Care Plan
4. Condition
5. Family History
6. Procedure
7. Questionnaire
8. Referral (NEW)
9. Transfer of care (NEW)

