**Call Details:**

AN&D Nutrition CDA IG Stakeholder Meetings Mondays 5-6 ET.

From October 2 through December 11.

Please join my meeting from your computer, tablet or smartphone.   
<https://global.gotomeeting.com/join/790946677>

You can also dial in using your phone.   
United States: +1 (872) 240-3212

Access Code: 790-946-677

**Participants:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Organization** | **Present** |
| Lindsey Hoggle (LH) | AND | X |
| Tina Papoutsakis (TP) | AND |  |
| Eric Parapini (EP) | LCG | X |
| Sarah Gaunt (SG) | LCG | X |
| Zabrina Gonzaga (ZG) | LCG |  |
| Don Lloyd (DL) | LCG |  |
| Elaine Ayres (EA) | NIH | X |
| Kelly Danis (KD) | UPMC | X |
| James Allain (JA) |  | X |
| Jim Case (JC) | NLM/IHTSDO |  |
| Sue Kent (SK) |  | X |
| Leslye Rauth (LR) |  | X |
| Margaret Dittloff (MD) | AND | X |
| Oliver Lawless (OL) | Panacea Health |  |
| Lisa Nelson (LN) | Janie Appleseed | X |
| Karen Nocera (KN) | CBORD |  |
| Jennifer Harward (JH) |  |  |
| Amy Wootton (AW) |  | X |
| Matt Elrod (ME) |  | X |
| Susan Evanchak (SE) | UPMC | X |
| Mary George (MG) |  | X |
| Michael Padulu (MP) |  | X |
| Sharon Solomon |  | X |

**Agenda (Call #2 – 2017-10-09):**

* **Roll Call**
* **Updates**
  + Alignment of care plan models
  + Nutrition Screening
  + Template creation
* **Care Plan Relationship Diagram - Overlap with Nutrition Diagram**
* **Main Topic: Nutrition Assessment** 
  + Overall Structure and model
    - Food/Nutrition Related History
    - Anthropometric Measurements
    - Biochemical Data, Medical Tests, and Procedures
    - Nutrition Focused Physical Findings
    - Client History
* **Follow-Up: Terminology and Vocabulary Sets**

**Slides:**   
<http://wiki.hl7.org/images/c/c6/Stakeholder_Call_-_2017-10-09.pptx>

**Minutes:**

Roll Call/Intros:

Eric Parapini – Lantana Consulting Group

Sarah Gaunt – Lantana Consulting Group

Margaret Dittloff – AND

Lindsey Hoggle – AND

### Care Plan Modeling Alignment

* Update on call with Lisa Nelson and Matt Elrod re: alignment of Care Plan modeling
  + Important distinction between
    - Process flow and data model/relationships
  + Process vs Data Elements

### Nutrition Screening

* (EP) Nutrition screening vs assessment
  + Screening: risk of problem
  + Assessment: presence of a problem
    - Are the above correct assumptions?
  + Yes – this is correct
    - Screening is just a flag
    - Even if it is done by a nutrition professional
  + (SK) Generally have two base questions
  + Some add more questions
  + (LH) Small value set exists in VSAC for screening (search nutrition value sets for “screening”)
    - Risk, malnutrition screening

### Nutrition Assessment

* (EP) How long are nutrition assessments and how much information is collected?
  + There is no absolute standard
  + There are a certain number of elements that are required for it to be a valid assessment
  + (SK) Each category is a separate template and clinician picks from a list below
  + (EP) Can these templates be share?
    - (SK) Will find out about sharing some
  + (EA) The data could be both structured and semi-structured
  + (SG) What missing data would stop the process? What is the “must have” data?
    - TODO: Discovery of required data
* (EP) Are there different classes/types of assessment?
  + (AW) Long term care has 2-3 different assessments
    1. Initial full assessment – initial contact
    2. Mini assessment – quarterly
    3. Enteral – specific, high-risk - monthly
    - Data elements are interchangeable between the different types
    - In terms of government regulation/reimbursement they look for specific terminology (e.g. “quarterly”).
  + (LH) From a global perspective, reimbursement doesn’t happen as well as we’d like, need more consistent documentation to support
  + (EP) Will include types and classes in templates and utilize and standard forms/checklists provided to inform the modeling
* (EP) Is there an overall summary for nutrition assessment?
  + (KD) Acute care screens within 24 hours
    - Depends on the complexity of the patient
  + (SK) Malnutrition diagnosis – goes into the Problem List
    - Malnutrition is more complex
  + (LG) Malnutrition is one of the 4 quality measures on the NQH website
    - Malnutrition diagnosis hopefully gets added to the problem list
* (EP) Between assessment and diagnosis is there a summary where a decision is made about whether there needs to be a care plan or not?
  + There is always a summary that goes with the assessment
  + Even if there are no issues the patient will still have ongoing assessments
  + Important to maintain current nutritional status
  + (LN) C-CDA doesn’t have an assessment section. All C-CDA templates are open, so we could add an assessment section if needed
  + (SG) Would need to add 2 levels of templates
    - Generic C-CDA
    - Specific nutrition templates
  + (ME) Assessment is where all exams come together to impact what you do
  + Either you are going to act on it or you aren’t, either there is a problem or there isn’t (there is an existing nutrition code for no known)

### Vocabulary and Value Sets

* (LH) Will include a summary NCP terminology
  + Want to point toward a consensus on nutrition and nutrition terms
  + eNCPT subscription
  + Some value sets in VSAC
  + There is a mapping document between the nutrition terms and the “standard” terminologies which is important to use to ensure consistency