**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>

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United States: +1 (872) 240-3212

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**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