Topics to Cover in October:

* Focus on Family Member History….
  + Should FMH be able to reference condition as a resource?
  + Condition: ~~As in family member history – not a resource, not bound to a value set at this time~~. David checking the resource, but probably not ready for this yet.
* Condition Resource
  + As in problem list
  + Addressing “ruled out”
  + “Risk for”
* Continue- Care Plan
* Continue- Allergy
* Focus on Medications – 8/18 Pharmacy is interested in and planning this section. Invite to 9/1
  + How do you document a response to the medication?
  + How do you document the response being an allergic reaction? And a worsening allergic reaction?
  + What about reconciliation?
  + Medication resource also used for Medication order and what are the implications of these two uses? The uses may be different for this same resource.
* Negation?
  + Family History – there is no family history of…
  + Rule out (condition)….
  + Allergy – no history of allergy to a specified value…
  + Is it possible to have a negation track to work on multiple tracks of negation? And is there a uniform way to represent negation across different resources?
  + Should this be done structurally or by vocabulary
    - Vocabulary – what needs to be included and where for each of the resources discussed that day? Where in the structure of the resources should it be included.
    - Post-coordination of aggregation
    - What are the merits of each approach?
    - Pros and Cons of both.
  + (Negation does not mean NO INFORMATION AVAILABLE or NOT ASKED)
  + Could we have a friendlier term for this. Such as “Just say No”.

Collaborations – Future (past 10/15 ClinonFHIR)

Plans

* + Have some asynchronous exercises that can be done on these suggested resources worked on between calls to prepare for the October exercise.
    - For attendees to have a good idea of the tooling capabilities prior to the F2F event in October
    - David could suggest some items for these exercises. (A basic primer to run the tool)
    - Allow and expect attendees to have run through primer before arrival.
  + Create something similar to what is done for the FHIR connectathons. Simple steps.
  + Have a poll for attendees to indicate their interest in each track/resource prior to arrival
  + Have a sign up similar to the FHIR Connectathon sign up.
    - David Hay will set up the sign up page
    - Laura will send to the group the notes from today
    - David and Russ will connect about what needs to be included on the sign up page.
    - There is content on the Clinician on FHIR wiki page that could be helpful for the sign up page.
      * On the bottom of the PCWG landing page…there is a link
* Russ will follow up with HQ regarding a list serve for the Clinicians on FHIR interested folks.
* David Hay will share his powerpoints for review and feedback.
* All: Go to ClinFHIR.com and follow David’s blog.

Room request: Atlanta – set up request for small group tables, for 30 total.

List serv – 8/18 Russ has requested from HQ. Have not heard from them yet.

Next Meeting:

Provide feedback on the David’s “primer”. David will provide links to the primer and we will read through it and provide feedback at next meeting (8/25).

Future: Formalize the agenda for October…

Hold webinar before the Atlanta meeting for level setting attendees of the Clinicians on FHIR

Add to the program – required to do the FHIR tutorial before attending a Friday clinicians on FHIR. (Same as in the HL7 fundamentals course)

**Plans for Harmonization of Resources with other tools in the pipeline.**

Care Plan – next call August 18. Need to determine a plan on “how” to do this type of harmonization for resources over all.

Anesthesiology- perianesthetic information flow – those components and how they map to FHIR resources. (any resources missing?)

List of the other resources of Patient Care responsibility list