**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**February 5, 2015**

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

Ken Chen

Russ Leftwich

Lloyd McKenzie

Stephen Chu

Chethan M

Rob Hausam

Russell McDonnell

Emma Jones

Matthew Graham

Susan Campbell

**Agenda for February 5, 2015**

1. Review agenda
2. Approve minutes of January 29, 2015
3. Discuss Clinician Connectathon for Paris WGM
4. FHIR Whitepaper on FHIR for Clinical Users – update
5. QA activities prior to ballot – assignments review and update
6. Change requests review – GFORGE
7. Next meeting – Thursday, February 12 at 5 PM EST

Meeting Minutes for 1/29/15 : Move: Russ/Lloyd Abstain - 1 , Oppose - 0 , In Favor – 4

**Clinician Connectathon** – Russ/Viet/Lloyd – postpone until after FHIR preparation of content.

**Paris WGM Clinician Connectathon –** room scheduled for Friday May 15.

**FHIR Clinical Whitepaper** - Needs a skeleton outline. Russ and Viet have worked on a clinician webinar on FHIR. This could serve as the outline. Postponed.

**Referral Value Sets:**  Rob and Emma Jones have worked on. This is a work in progress.

**FHIR Resource QA** – (Technical – Lloyd plus one other).

|  |  |  |
| --- | --- | --- |
| **Resource** | **Clinical Lead** | **Technical Lead** |
| AllergyIntolerance | Russ Leftwich and Rob Hausam |  |
| Clinical Assessment | Stephen Chu and Emma Jones and Rob Hausam |  |
| Condition |  |  |
| Referral Request | Stephen Chu and Emma Jones |  |
| Procedure |  |  |
| Procedure Request |  |  |
| Questionnaire | Elaine Ayres |  |
| Questionnaire Answer | Elaine Ayres |  |
| Family History | Russ Leftwich |  |
| Care Plan |  |  |
| Care Plan 2 and Goal (preferred option) | Stephen Chu and Emma Jones |  |
| Alert |  |  |
| List | Stephen Chu and Emma Jones |  |

Care Plan and Care Plan 2 – should both go into the DSTU or just one? Care plan 2 is the same but goal is split out. Which reflects how system deals with Care plan? In Care Plan 2 – goals can be shared between care plans. In current systems may not even see a goal, rather the plan with activities. A care plan is a living document that links to other resources where the activities are represented by an encounter, a procedure etc.

In care plan 1 there are issues with the request class. These may to order types or activities that are proposed or planned. Care Plan 2 needs the activity structure added back – it was inadvertently removed.

Use of goals across care plans – should these be linked to all care plans? Or is a goal an independent concept? Goals do need to be referenced by other care plans but it needs a infrastructure for reconciliation/negotiation.

Care Plan 2 and Goal link is a URI – but if adopted would change the reference. With Care Plan 2 can replicate Care Plan 1 with contained resources.

If the goal is behavioral change – nutrition (nutrition order), exercise (procedure), monitor (diagnostic request) with performer by patient. Can link certain activities to request and the resulting observations. Most orders have this direct linkage to the observations, or if not, can use an extension.

Care Plan 2 is the preferred option. Lloyd will put out to the larger community for discussion. Care Plan 2 will become Care Plan using activity and goal as contained resources. Assignments due for next week.

**Review of GFORGE Change Requests**: Reviewed three changes requests.

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