**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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**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) |  |  |
| Matt Elrod (ME) | APTA | x |
| Susan Evanchak (SE) | UPMC | x |
| Mary George (MG) |  | x |
| Michael Padulu (MP) |  |  |
| Sharon Solomon |  |  |

**Agenda (Call #3 – 2017-10-16):**

* **Roll Call**
* **Updates**
	+ IG Template Creation
	+ Assessment template collection
* **Main Topic: Nutrition Diagnosis**
	+ Overall Structure and model
		- Problem
		- Etiology
		- Signs + Symptoms

**Slides:**
<http://wiki.hl7.org/images/4/47/Stakeholder_Call_-_2017-10-16.pptx>

**Minutes:**

### Nutrition Diagnosis Structure

* (EP) Do symptoms and signs cross over etiologies? i.e. are the same signs and symptoms used for different etiologies.
	+ Yes they could be.
* (LN) Can a sign or symptom point to multiple diagnoses?
	+ Problem, etiology, signs/symptoms are the 3 parts of the diagnosis (PES). The whole thing including all 3 parts is a diagnosis.
	+ Patient can have multiple diagnoses
		- at most 3 would be worked on at a time typically
		- diagnoses are prioritized
* (SG) Difference between a diagnosis and a problem?
	+ (MD) The difference will be clarified in the next version of the NCP.
	+ eg.
		- Problem: excessive carb intake
		- Etiology: knowledge deficit, metabolic issue
		- Signs: intake of x amount
* (MD) When a diagnosis gets moved to the Problem List would you pull all 3 parts of the diagnosis (PES) into the Problem List?
	+ (KD) Ideal state would be to have everything moved to the Problem List
	+ (MD) Only the coded part of a Malnutrition diagnosis would currently be moved to the Problem List
* (LN) The concern act wrapper would be a perfect fit for the use case of representing all 3 parts of the Nutrition Diagnosis
* (EP) How is diagnosis linked back to assessment. Do they need to be linked?
	+ Yes, they need to be linked.
	+ All the supporting data needs to be in their note so that they can go back and find supporting data and evidence for decisions, reasons to charge more for services etc.
	+ (MD) Signs and symptoms come from the assessment – “as evidenced by”
* (ME) Is the etiology always related to diagnosis?
	+ Yes, every piece is related and linked
	+ Etiology is criteria needed to make diagnosis.
* (ME) Could there be signs and symptoms that aren’t related?
	+ (MD) Etiology linkage to interventions. If the symptom isn’t related to something then that isn’t able to be treated by nutritionist.
	+ In a diabetes referral the nutrition problem isn’t diabetes. Eating habits, excess carbohydrates would be the problem that is addressed by the nutritionist.
	+ Appropriate to list because gives clarity.
* Medical diagnosis vs Nutritional diagnosis
	+ Nutrition complications from diabetes
* (LN) Health Concern contains Problem Concern, recursive. Problem List is contextually located. Would Medical Diagnosis be in the Care Plan templates? Nutrition vs Medical Diagnosis in Health Concern Section?
	+ (EP/SG) Pharmacy Care Plan did something similar. Different templates for the different diagnoses.
* (LH) Is it possible for Health Concern Act connected to other Health Concern Acts
	+ Yes, this is possible
* (EP) Is it possible for patients to have multiple nutritionists?
	+ Yes, could have one or multiple
* (EP) Are different steps of the care plan completed by different people? How often are partial assessments done?
	+ All assessments should be linked unless key info is missing.
	+ Specific note – most likely the same person but multiple can happen.
	+ In the case of Nutrition Support Teams (typically someone receiving enteral, parenteral nutrition), each nutrition support person would have their own note. Authorship would be the person writing the note.
* (LN) Would a plan be versioned or would it be a new document?
	+ (EP) Sounds like a new document is created for each new person or team.
	+ Notes are not linked.
	+ Not linked but there is continuity with each step of the care.
	+ (SG) Reference other documents but not the same version of the document
	+ Look for authorship, link by authorship. RD, Diet tech – important
	+ (LN) use functionCode on participant to identify
* (Sue) Is NCP best way to move into EHR?
	+ (LH) Goal of project is to end up with something that is the most implementable from the NCP. It might be somewhat different. Use the 80/20 rule. The goal is to improve nutrition care.