**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**June 11, 2015, 5-6 pm ET**

Participation Information

Phone Number: +1 770-657-9270

Participant Passcode: 943377

Web Meeting Info

[www.webex.com](http://www.webex.com)

198 139 396

**Attendees:**

Elaine Ayres

Christopher Brown

Russ Leftwich

Simon Sum

Lloyd McKenzie

Laura Heermann

Rob Hausam

Stephen Chu

Emma Jones

1. Review agenda
2. Approve minutes of  June 4 ::: <http://wiki.hl7.org/index.php?title=PCWG_FHIR_Conference_Calls_and_Meeting_Minutes#2015_PCWG-FHIR_Minutes>
3. Updates on maturity assessments of resources??
4. Fall ballot
5. GFORGE Review – ballot comments
   1. Discuss addition of clinician Connectathon comments
   2. Block votes – discuss process
6. Next call is June 18, 2015

2. Minutes for June 4 – Move Russ/Emma Abstain –2, Negative –0, Approve - 5

3. Maturity model – applied. Most at 0. Need to clean up warnings.

4. Ballot comment triaging with a total of 183 items – 30 items waiting for input. 110 items slotted for block vote – will send out list with two weeks to review (Lloyd). 39 items slated for discussion (25 high, 14 low). Some low deal with communication requests – CDS has offered to take on disposition of communication and communication request. PC asks that they have a chance to review these items via list, and also be apprised of when CDS will review.

Motion: Transfer responsibility of disposition of communication and communication request ballot requests to CDS for this ballot. Post ahead on PC list and apprise of CDS review date and time.

Move: Laura/Russ Abstain – 1, Negative – 0, Approve - 6

**List of what resources that PC owns (DSTU 2.1) – number equals priority**

**1 - AllergyIntolerance - \***

**1 - Condition - \***

**1 - Procedure - \***

**1 - CarePlan - \***

**1 - Goal - \***

**1 - Referral Request\***

**1 - Questionnaire - \***

**1 - Questionnaire Answer - \***

2 - FamilyMemberHistory (genomics group)(Jonathan Holt – Vanderbilt)- interested in contributing to this resource.

2 - Procedure Request - \* (more internal – less important to implementer

2 - Flag

3 - ClinicalImpression

3 - Communication

3 - CommunicationRequest

Contraindication-no (CDS)

Risk Assessment – no (CDS)

Ballot reconciliation of allergy and intolerance negative majors:

**#6319** – rename allergyintolerance. type – currently is immune and non-immune. Non-immune can be equally as serious and can be life-threatening. Immune was used as a proxy for an allergy, non-immune was used as a proxy for intolerance.

Can we use the terms suggested for C-CDA?

1. Allergy and non-allergy Intolerance to a substance (propensity to adverse reaction to a substance (SCT 418038007) (Synonym)
2. Allergy to substance (Existing)
3. Intolerance (non-allergic) to a substance (NEW TERMCan we remove the type, can we rename it, what is the value set and should it be core? (vs. and extension)???

Need to settle on a value set and a name? Use allergyintolerance.type, use C-CDA value set.

Move: Non persuasive – retain allergyintolerance.type Russ/Rob Abstain – 0, Negatives – 0, Approve - 8

Request use of C-CDA value set as a separate request.

**#8313** – Adopt new value set for allergyintolerance.type – Move Rob/Russ Abstain – 0, Negatives – 0, Approve – 8

Elaine will add to request to HTA for FHIR terms.

**#6868** – re term unassessable for criticality value set. Cardinality is 0..1. Leaving blank is ambiguous. Therefore the term unassessable is necessary for medico-legal purposes.

This is a code – if populated must use codes in the list. Could use an extension for the unable to assess.

Recommendation – retain unable to assess. Use suggest SNOMED CT term. Indicates that a clinician has been unable to determine criticality..

Move: Stephen/Russ Abstain – 0, Negatives – 0, Approve – 8

Low criticality/high criticality and unable to assess will be value set.

**#7894** Allergy Intolerance Event – should this be an extension? Would you capture the reaction and retain? Can you point from allergy intolerance to condition to point to specific episodes.

Move rename as Reaction Russ/Elaine Abstain – 0, Negative – 0, Approve – 8

Event duration to an extension.

**#8140** – DAF ballot comments re substance vs. non-substance triggers for adverse reactions e.g. sunlight. Sunlight should not be captured as an allergy/intolerance – should be noted as a problem (sensitivity to sunlight) in condition. Moved back to DAF to update value set.

**#6334** – Condition onset vs. condition abatement. Onset has date/time and abatement only has date. Should these be the same??? Change abatement to use date time instead of date.

Move: Rob/Russ Abstain – 0, Negatives – 0, Approve – 7

**#7296** – Duplicate

**#7617** – Condition - Working diagnosis, provisional, confirmed. Do we need working diagnosis in the 80%? May capture in the notes, but not necessary to have both working or provisional.

Motion – Keep provision and confirmed. Drop working. Move Elaine/Russ Abstain – 0, Negatives – 0, Approved – 7

**#7620 –** Condition stage elements – stage, evidence, due to, following

Consider specific use cases via listserv.

READ **# 5546** – Condition vs. Concern

Block votes - 110 to review.

**Agenda for June 18, 2015**

1. Review agenda
2. Approve minutes of June 4.
3. Begin with 7620 and 5546
4. Maturity assessments
5. GFORGE Review – ballot comments
6. Next call is June 18, 2015
7. Note – Lloyd not available. Will try to ask someone for core team to join.