Clarify Advance Directive Information in C-CDA R2.1

Contents

[Update C-CDA Templates Associated with Advance Directive Information 2](#_Toc474323789)

[Revise Advance Directive Observation 2](#_Toc474323790)

[Initial Objectives 2](#_Toc474323791)

[Modify Template Purpose 2](#_Toc474323792)

[Modify binding for code element 3](#_Toc474323793)

[Modify binding for value element 4](#_Toc474323794)

[Modify Participant for Healthcare Agent 6](#_Toc474323795)

[Revise the Advance Directive Observation Example 7](#_Toc474323796)

[Revise Advance Directives Organizer 10](#_Toc474323797)

[Revise Advance Directives Section 11](#_Toc474323798)

# Update C-CDA Templates Associated with Advance Directive Information

As a result of discussions with certain SDWG members, on 1/30/2017, I/we have concluded that several improvements are needed to clarify the agreed functionality for the Advance Directives Observation in C-CDA R2.1.

## Revise Advance Directive Observation

### Initial Objectives

STU Comments to Advance Directives:

1. Clarify the description (last paragraph on page 418)
2. Revise the Figure 124 example, and also
3. Recommend a tighter conformance statement CONF:1198-30804 for the value attribute to be more restrictive
4. Maintain backward compatibility

### Modify Template Purpose

**Current Definition for the Advance Directives Observation (V3) 2015-08-01:**

This clinical statement represents Advance Directive Observation findings (e.g., “resuscitation status is Full Code”) rather than orders. It should not be considered a legal document or a substitute for the actual Advance Directive document. The related legal documents are referenced using the reference/externalReference element.

The Advance Directive Observation describes the patient’s directives, including but not limited to:

• Medications

• Transfer of Care to Hospital

• Treatment

• Procedures

• Intubation and Ventilation

• Diagnostic Tests

• Tests

The observation/value element contains the detailed patient directive which may be coded or text. For example, a category directive may be antibiotics, and the details would be intravenous antibiotics only.

**Modify the purpose to state**: Advance Directives Observation 2017-02-01:

This clinical statement represents Advance Directive Observation findings.

Informative directives: Findings describe the type of content determined to be present in a person’s advance directives, personal advance care plan or some other expression of goals, preferences and priorities established by the individual in advance of when decisions may need to be made and relevant only when the patient can’t speak for his or her self or lacks decision-making capacity.

Orders: content may be present in a portable medical order (e.g., a MOLST or POLST). For example, “resuscitation” is a kind of information that may be present in a personal advance care plan, or “resuscitation status is Full Code” is a finding that may be recorded about a Medical/Physician Order for Life-Sustaining Treatments (MOLST/POLST)). The related legal documents are referenced using the reference/externalReference element.

An Advance Directive Observation records the kind information available in a person’s advance directives, advance care plan, or a similar document.to the kinds of information could include treatment preferences as well as types of goals. The observation is not a declaration that the patient wants or does not want this type of procedure. It only indicates that the referenced document includes a declaration about this type of preference.

• Medication preferences

• Artificial nutrition and hydration preferences

• Procedure preferences

• Intubation and Ventilation preferences

• Resuscitation preferences

• Diagnostic Testing preferences

• Information about where a person wants to die

The observation/value element categorizes the detailed patient directive which may be described using coded or textual information. For example, a category recorded as an Advance Directives Observation might be “antibiotics,” and the detailed preference in the advance care plan may state the healthcare situations under which the person would prefer intravenous antibiotics only.

The Advance Directive Observation does not replace the information contained in the source documents. The information does not constitute a legal document or a substitute for the actual advance directive, advance care plan, a similar document, or a portable medical order.

## Modify binding for code element

Current binding for the code element of the Advance Directives Observation

**SHALL** contain exactly one [1..1] **code**, which **SHOULD** be selected from ValueSet **AdvanceDirectiveTypeCode** urn:oid:2.16.840.1.113883.1.11.20.2 **STATIC** 2006-10-17 (CONF:1198-8651).

a. This code **SHALL** contain exactly one [1..1] **translation** (CONF:1198-32842) such that it

i. **SHALL** contain exactly one [1..1] **@code**="75320-2" Advance directive (CONF:1198-32843).

ii. **SHALL** contain exactly one [1..1] **@codeSystem**="2.16.840.1.113883.6.1" (CodeSystem: LOINC urn:oid:2.16.840.1.113883.6.1) (CONF:1198-32844).

Modify to:

**SHALL** contain exactly one [1..1] **code**, which **SHALL** be selected from ValueSet **AdvanceDirectiveType-Grouping** urn:oid: **STATIC** YYYY-MM-DD (CONF:).

#### Modify Value Set Definition for value set used with code element

For backwards compatibility, the value set needs to contain the following values: (needs to be constructed as a Grouping Value Set)

Advance Directive Type-Grouping: New OID needed

Advance Directive Type-LOINC:

|  |  |  |  |
| --- | --- | --- | --- |
| Concept |  | Display Name | Status |
| 75320-2 | LOINC | Advance Directive | Active |
| 81352-7 | LOINC | MOLST/POLST | Active |

Advance Directive Type-SNOMED CT:

|  |  |  |  |
| --- | --- | --- | --- |
| Concept |  | Display Name | Status |
| 52765003  | SNOMED CT  | Intubation  | Deprecated |
| 61420007  | SNOMED CT  | Tube Feedings  | Deprecated |
| 71388002  | SNOMED CT  | Other Directive  | Deprecated |
| 78823007  | SNOMED CT  | Life Support  | Deprecated |
| 89666000  | SNOMED CT  | CPR  | Deprecated |
| 225204009  | SNOMED CT  | IV Fluid and Support  | Deprecated |
| 281789004  | SNOMED CT  | Antibiotics  | Deprecated |
| 304251008  | SNOMED CT  | Resuscitation  | Deprecated |

## Modify binding for value element

**Current** constraints on value**:**

**SHALL** contain exactly one [1..1] **value** (CONF:1198-30804) such that it

a. If type CD, then value will be SNOMED-CT 2.16.840.1.113883.6.96 (CONF:1198-32493).

**Modify** constraints on value to:

**SHALL** contain exactly one [1..1] **value** with @xsi:type="CD", where the code **SHOULD** be selected from ValueSet Advance Directive Findings Typeurn:oid: **DYNAMIC** (CONF:).

#### Modify Value Set Definition for value set used with value element

Advance Directive Content Type: Grouping VS

Advance Directive Content Type-SNOMED CT:

The kind of content documented in the person’s advance directive(s), advance care plan, or similar document.

|  |  |  |  |
| --- | --- | --- | --- |
| Concept |  | Display Name | Status |
| 52765003  | SNOMED CT  | Intubation  | Active |
| 61420007  | SNOMED CT  | Tube Feedings  | Active |
| 71388002  | SNOMED CT  | Other Directive  | Active |
| 78823007  | SNOMED CT  | Life Support  | Active |
| 89666000  | SNOMED CT  | CPR  | Active |
| 225204009  | SNOMED CT  | IV Fluid and Support  | Active |
| 281789004  | SNOMED CT  | Antibiotics  | Active |
| 304251008  | SNOMED CT  | Resuscitation  | Active |

Advance Directive Content Type-LOINC:

The kind of content documented in the person’s advance directive(s), advance care plan, or similar document

.

|  |  |  |  |
| --- | --- | --- | --- |
| Concept |  | Display Name | Status |

|  |  |  |
| --- | --- | --- |
| 81378-2 |  | Goals, preferences, and priorities under certain health conditions [Reported] |
|  |  |  |
| 81379-0 |  | Goals, preferences, and priorities upon death [Reported] |
| 81380-8 |  | Goals, preferences, and priorities for care experience [Reported] |
| 81335-2 |  | Healthcare Agent Appointment |
| 81339-4 |  | Witness and Notary |

### Modify Participant for Healthcare Agent

**Current** constraint on participant to hold healthcare agent information

This custodian (CST) participant identifies a legal representative for the patient's advance directive. Examples of such individuals are called health care agents, substitute decision makers and/or health care proxies. If there is more than one legal representative, a qualifier may be used to designate the legal representative as primary or secondary.

11. **SHOULD** contain zero or more [0..\*] **participant** (CONF:1198-8667) such that it

a. **SHALL** contain exactly one [1..1] **@typeCode**="CST" Custodian (CodeSystem: HL7ParticipationType urn:oid:2.16.840.1.113883.5.90 **STATIC**) (CONF:1198-8668).

b. **SHALL** contain exactly one [1..1] **participantRole** (CONF:1198-8669).

i. This participantRole **SHALL** contain exactly one [1..1] **@classCode**="AGNT" Agent (CodeSystem: RoleClass urn:oid:2.16.840.1.113883.5.110 **STATIC**) (CONF:1198-8670).

ii. This participantRole **SHOULD** contain zero or one [0..1] **code**, which **SHOULD** be selected from ValueSet **Personal And Legal Relationship Role Type** urn:oid:2.16.840.1.113883.11.20.12.1 **DYNAMIC** (CONF:1198-28440).

iii. This participantRole **SHOULD** contain zero or one [0..1] **US Realm Address (AD.US.FIELDED)** (identifier: urn:oid:2.16.840.1.113883.10.20.22.5.2) (CONF:1198-8671).

iv. This participantRole **SHOULD** contain zero or more [0..\*] **telecom** (CONF:1198-8672).

v. This participantRole **SHALL** contain exactly one [1..1] **playingEntity** (CONF:1198-8824).

1. This playingEntity **SHOULD** contain zero or one [0..1] **code**, which **SHOULD** be selected from ValueSet **Healthcare Agent Qualifier** urn:oid:2.16.840.1.113883.11.20.9.51 **DYNAMIC** (CONF:1198-28444).

**Modify** constraint on participant to hold healthcare agent information to:

This playingEntity **SHOULD** contain zero or one [0..1] **code**, which **SHOULD** be selected from ValueSet **HealthcareAgent – Grouping** urn:oid:2.16.840.1.113883.11.20.9.51 **DYNAMIC** (CONF:1198-28444).

#### Modify Value Set Definition for value set used with code element of participant

Turn this into a grouping value set

HealthcareAgent-Grouping

HealthcareAgent-LOINC Values

Use the HealthcareAgentOrProxyChoices value set.

|  |  |
| --- | --- |
| 75783-1 | Primary healthcare agent [Reported] |
| 75784-9 | First alternate healthcare agent [Reported] |
| 75785-6 | Second alternate healthcare agent [Reported] |
| 81335-2 | Patient Healthcare agent |

HealthcareAgent-SNOMED CT

Use this value set for the SNOMED CT Concepts and mark the codes as legacy codes and show them as deprecated.

|  |  |
| --- | --- |
| ***Table 224: Healthcare Agent Qualifier*** Value Set: Healthcare Agent Qualifier urn:oid:2.16.840.1.113883.11.20.9.51 A value set SNOMED-CT qualifier codes for representing principal and secondary. Value Set Source: **https://vsac.nlm.nih.gov**  |  |
| **Code**  | **Code System**  | **Code System OID**  | **Print Name**  |  |
| 63161005  | SNOMED CT  | urn:oid:2.16.840.1.113883.6.96  | Principal  | Deprecated |
| 2603003  | SNOMED CT  | urn:oid:2.16.840.1.113883.6.96  | Secondary  | Deprecated |

## Revise the Advance Directive Observation Example

Yellow text indicates areas where the xml will need to be fixed.

***Figure 124: Advance Directive Observation (V3) Example***

<entry>

<observation classCode="OBS" moodCode="EVN">

<!-- \*\* Advance Directive Observation\*\* -->

<templateId root="2.16.840.1.113883.10.20.22.4.48"

extension="2015-08-01" />

<id root="9b54c3c9-1673-49c7-aef9-b037ed72ed27" />

<code code="304251008" displayName="Resuscitation"

codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED CT">

<translation code="75320-2"

displayName="Advance Directive"

codeSystem="2.16.840.1.113883.6.1"

codeSystemName="LOINC"></translation>

</code>

<statusCode code="completed" />

<effectiveTime>

<low value="20110213" />

<high nullFlavor="NA" />

</effectiveTime>

<value xsi:type="CD"

code="304253006"

codeSystem="2.16.840.1.113883.6.96"

codeSystemName="SNOMED-CT"

displayName="Not for resuscitation">

<originalText>Do not resuscitate</originalText>

</value>

<author>

<templateId root="2.16.840.1.113883.10.20.22.4.119" />

<time value="201308011235-0800" />

<assignedAuthor>

<id root="20cf14fb-b65c-4c8c-a54d-b0cca834c18c" />

<code code="163W00000X"

displayName="Registered nurse"

codeSystem="2.16.840.1.113883.6.101"

codeSystemName="Health Care Provider Taxonomy (HIPAA)" />

<assignedPerson>

<name>

<given>Nurse</given>

<family>Nightingale</family>

<suffix>RN</suffix>

</name>

</assignedPerson>

<representedOrganization classCode="ORG">

<id root="2.16.840.1.113883.19.5" />

<name>Good Health Hospital</name>

</representedOrganization>

</assignedAuthor>

</author>

<participant typeCode="VRF">

<templateId root="2.16.840.1.113883.10.20.1.58" />

<time value="201302013" />

<participantRole>

<id root="20cf14fb-b65c-4c8c-a54d-b0cca834c18c" />

<code code="163W00000X"

codeSystem="2.16.840.1.113883.6.101"

codeSystemName="Health Care Provider Taxonomy (HIPAA)"

displayName="Registered nurse" />

<addr>

...

</addr>

<telecom value="tel:(995)555-1006" use="WP" />

<playingEntity>

<code code="63161005" codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED-CT" displayName="Principal" />

<name>

<given>Nurse</given>

<family>Florence</family>

<suffix>RN</suffix>

</name>

</playingEntity>

</participantRole>

</participant>

<participant typeCode="CST">

<participantRole classCode="AGNT">

<code code="MTH" codeSystem="2.16.840.1.113883.5.111" displayName="Mother" />

<addr>

...

</addr>

<telecom value="tel:(999)555-1212" use="WP" />

<playingEntity>

<code code="63161005" codeSystem="2.16.840.1.113883.6.96" codeSystemName="SNOMED-CT" displayName="Principal" />

<name>

<prefix>Mrs.</prefix>

<given>Martha</given>

<family>Jones</family>

</name>

</playingEntity>

</participantRole>

</participant>

<reference typeCode="REFR">

<externalDocument>

<id root="b50b7910-7ffb-4f4c-bbe4-177ed68cbbf3" />

<text mediaType="application/pdf">

<reference value="AdvanceDirective.b50b7910-7ffb-4f4c-bbe4-177ed68cbbf3.pdf" />

</text>

<versionNumber value="1" />

</externalDocument>

</reference>

</observation>

</entry>

# Revise Advance Directives Organizer

**Advance Directive Organizer (V2)**

[organizer: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.4.108:2015-08-01 (open)]

Current:

This clinical statement groups a set of advance directive observations documented by a particular author at a particular time.

Modify to:**Advance Directive Organizer 2017-02-01**

This clinical statement groups a set of advance directive observations documented by a particular author at a particular time.

# Revise Advance Directives Section

Advance Directives Section (V3) 2015-08-01 [note: there would be both an entries optional and an entries required flavor.]

**Current:**

This section contains data describing the patient’s advance directives and provides references to the supporting documentation, including all forms of advance care plan documents such as living wills, healthcare proxies, etc. and all forms of Medical or Physician Orders regarding life sustaining treatments.

The most recent directives are required, if known, and should be listed in as much detail as possible.

This section differentiates between "advance directives" and "advance directive documents". The former is the directions to be followed whereas the latter refers to a legal document containing those directions.

**Modify to**: Advance Directives Section (V4) [note: there would be both an entries optional and an entries required flavor.]

This section contains data describing the patient’s advance directives and provides references to the supporting documentation, including all forms of advance care plan documents, living wills, healthcare proxies, or other expressions of medical treatment goals, preferences and priorities, and all forms of Medical or Physician Orders regarding life-sustaining treatments.

This section differentiates between an "advance care plan document" and an “advance care plan order.” An advance care plan document contains patient-generated information about personal goals, preferences or priorities for care and treatment in specific circumstances which may or may not occur in the future. An advance care plan order is an active medical or physician order for the patient’s care and treatment and is currently in effect.

Information in this section should reflect the person’s current/relevant goals and preferences.