**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**May 15, 2014**

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

Stephen Chu

Emma Jones

Russ Leftwich

Jay Lyle

Paul Lomayesva

Becky Angeles

David Hay

Peter Bernhardt

Lloyd McKenzie

Thomas Lukasik

Iona Threan

Igor Sirkovich

Jim McClay

Laura Heerman Langford

1. Clinical Connectathon at Chicago WG meeting
2. PSS for Referral Resource
3. PSS for maintenance of current PC Resources and Profiles
4. Questionnaire Resource issues
5. Other topics
6. Agenda for next meeting – Thursday, May 22
7. Referral Resource – has a wiki page for the project.

The Referral resource was reviewed by IHE and the PSS was reviewed in Phoenix.

Group now reviewing the resource proposal. <http://wiki.hl7.org/index.php?title=Referral_FHIR_Resource_Proposal>

Note that if will use the concepts of referral and transfer of care – will need clear differences and if so, two resource proposals.

From a semantic and process perspective, referral and transfer of care (care giver gives up responsibility for care) are quite different.

In the US, transition of care includes a closed loop referral and a discharge. A transfer of care is between two organizations, and transition of care is within an organization. Russ will check MU documents for a definition. Stephen will split into two resources – referral and transfer of care.

From Resource Proposal:

In scope:

- Patients (especially those with complex health conditions) are care for by multi-disciplinary health care teams. They may also be transitioned between different health care settings (e.g. from acute care to rehabilitation or long term care/skilled nursing facilities). The referral and ~~transition of care~~ processes with appropriate supporting documents are required to initiate and complete these processes

- The referral and ~~transition of care~~ resources will be designed to enable exchange of crucial administrative and clinical information to support these processes

- Administrative data are likely to include: Patient details, provider and provider organisation details (and others to be identified)

- It is not uncommon for "care plan" or components of care plan to be included in a referral ~~or transition of care~~ information package

Out of scope:

- While it pathology and imaging studies requests are increasingly considered as a specialization of referral, until there is industry wide agreement on this thinking, such requests should use the Pathology and Imaging resources (Modify)

Will use PC DMIM’s and RMIM’s

For scenarios – what is used? A visio diagram will be placed in the wiki. Other representation such as use cases would be helpful in the resource proposal. Show linkage between referral and other related resources such as order, encounter, transfer of care etc.

Stephen will continue to work on these two resources and proposals.

The referral resource will have a request and a request response. Responses may be accept, reject, not sure etc, or may be a clinical response. The referrer may request updates. The process response should use the order and order response resource. Does a clinical response require a different resource? Inclusion of the status and description could be an encounter, care transition, an appointment, or a refusal.

1. Clinical Connectathon – Chicago WG

Russ – the workflow will be based on storyboards or use cases developed. Create five concepts with the selection of three for the actual event. Concept – have clinicians with a mock-up of a record for each of three use cases, input the data from the paper record into a system (test) and the data would be stored in repositories using FHIR resources. The same clinicians would examine the data input by other clinicians for completeness.

Would also recommend a post-review discussion re utility of FHIR resources as well as recommendations of how to improve them. If resources and extensions do not meet the need, especially in terms of patient safety, would help drive discussion. There will be a single system (not two) and everyone would use the same system.

How will the data be examined for completeness – what will be the view? Using a UI human readable with terminology look-up. This is not to represent work-flow, rather paper to electronic data entry. A shared repository will be viewed by multiple participants.

Key – enter the data into the UI and that it makes sense. Also experience the variation of users. Is there variation between users and the same resources? Is it not intuitive and users are selecting the incorrect resource?

Are they clinically adequate, clinically accurate and clinically valid?

Need participants that have some understanding of HL7 and FHIR to participate in a small group. Goal – 10-20 clinicians who are HL7 members to participate. Would need to tap a group from within HL7 WG’s to participate.

This event will be held on Friday, September 19th. Note the IHE event is the week prior.

Don’t let the resources drive the scenarios – rather bring true clinical scenarios. What is there not an appropriate resource to use?

Next steps – nominate five scenarios to use.

VA has a specific referral process with forms – can use as an example. Iona will provide.

Use the scenarios in the Care Plan DAM – has a variety of scenarios:

1. Acute Care (Includes Primary Care Provider Encounter, Second Outpatient Encounter, Emergency Medical Services and Pre-Hospital Care, and Emergency Department Encounter)
2. Chronic Conditions (Includes Primary Care Physician Initial Visit, Allied Health Care Provider, Hospital Admission, Primary Care Follow up Visit)
3. Home Care (Includes Hospital Discharge, Ambulatory Rehabilitation Clinic Visit, Home Health Care Visit, Primary Care Visit, Dietitian Visit)
4. Pediatric Allergy (Includes Primary Care Physician Initial Visit for Seasonal Allergy and Contact Dermatitis, Allied Health Care Provider Visit, Visit to Allergist (Specialist Physician 3 months later, Primary Care Follow up Visits)
5. Pediatric Immunization (Includes Annual Well Child Visit with Initial Vaccination, Return Visit for First booster injection, Return visit for second booster injection)
6. Perinatology (Includes First Pregnancy Visit, Post Ultrasound Visit, First Perinatologist Visit, Giving Birth)
7. Stay Healthy/Health Promotion (Includes Visit to Primary Care Physician, Dietician Visit, Follow up Dietician Visit, Primary Care follow up)

Once we have the scenarios, see what resources would be used. Look at the resources required during the next meeting. With Jim’s scenario, how much do we need to constrain to meet the needs, e.g. patient entering the data. Can look at a questionnaire and enter.

1. Questionnaire – proposed changes.
	1. Lloyd will circulate a list of proposed changes and the suggested fixes. Can block vote next week.

Current Patient Care FHIR Resources:  <http://www.hl7.org/implement/standards/FHIR-Develop/?ref=learnmore>

The FHIR issue tracker in gForge:

<http://gforge.hl7.org/gf/project/fhir/tracker/?action=TrackerItemBrowse&tracker_id=677>

All resource proposals

<http://wiki.hl7.org/index.php?title=Category:FHIR_Resource_Proposal>

Referral skeleton

<http://wiki.hl7.org/index.php?title=Referral_FHIR_Resource_Proposal>

**Current Clinical FHIR Resources**

1. Adverse Reaction
2. Allergy Intolerance
3. Care Plan
4. Condition
5. Family History
6. Procedure
7. Questionnaire
8. Referral (NEW)
9. Transfer of care (NEW)

