**HL7 Patient Care WG**

**FHIR Resources Management**

**Meeting Minutes**

**October 9, 2014**

Participation Information

Phone Number: +1 770-657-9270

Participant Passcode: 943377

Web Meeting Info

www.webex.com

Meeting number 198 139 396

**Attendees:**

Stephen Chu – Chair

Elaine Ayres - Scribe

Annie Alexander

Laura Heermann Langford

Michelle Salas

Emma Jones

Theo Stoker

Sharon Solomon

Lloyd MacKenzie

Matthew Graham

Pat

Graham Grieve

Rob Hausam

Janel Welch

Ray Simkus

Kevin Coonan

**Agenda:**

**Agenda for October 9, 2014**

1. Review agenda
2. Approve minutes of October 2 – Elaine/Russ – Abstain – 1, Oppose – 0 , Approve - 6
3. New resource - Resource AdverseReactionRisk – add to agenda for 10/15/14 – allergy and intolerance call. Graham will send results of OpenEHR comments.
	1. How is the Adverse Reaction Risk Resource different from the risk assessment resource?
	2. What are the next steps for resolving the need for one versus two allergy resources?
	3. Patient care members reiterated the needs to clearly separate the notion of an adverse reaction vs. a condition.
	4. It was noted that there be overlap with adverse event reporting (a resource that does not currently exist).
	5. Will send an e-mail to patient care community about allergy and intolerance discussion about this topic next week.
4. List-serv – observation vs. condition – any further discussion?
	1. CIMI models – clinical assertions – are these observations or conditions?
	2. A date of onset or a date of resolution – if ongoing is it a condition?
		1. Signs and symptoms are classic observations. These may or may not have end dates.
		2. An observation is discrete – with start and end dates (not the symptom itself). (in C-CDA r1.1 – has author time/documentation time).(Problem observation template).
		3. A clinical impression is leads to a condition.
		4. A resource should reflect real world behavior.
		5. Should we have a symptom resource?
		6. Did further discussion on this topic to discuss further.
			1. ? Next Monday 10/13 or Tuesday 10/14
5. Discuss assignments for QA and value sets for resources assignments
	1. Care Plan resource – use as a model (TABLED)
6. Discuss – Care Plan Activity Resource Proposal
	1. New resource or a profile of the Care Plan?
	2. Is the care plan the correct resource or are resources needed for Activities, Goals and Participants?
	3. The care plan is many different aspects – the meta data needs to follow them.
	4. A specific response is necessary to one part of the care plan .
	5. In the specific use case of a patient reporting activity levels against a goal, what is outbound to the patient (the entire care plan) and what is inbound (to report results against the goal)?
	6. Feedback from the patient – what am I going to do, vs documenting what is actually done against the plan.
	7. How do you map a response against the care plan?
	8. If a care plan has sections – specific parts can be updated.
	9. Mind map requirements – to determine need. Bring next week.
7. Clinical Assessment Profile – use cases
	1. Define clinical assessment –
		1. “Process to arrive at the status (including the clinical impression of health risk or prognosis) of a patient constrained by their health concerns”
		2. Includes prognostic and risk assessments
		3. Process includes an assessment protocol – prescribed set of observations.
		4. The “A” in the SOAP is the documentation of the clinical reasoning or thought process based on the observations of the patient’s status. The actual observations exist in the S and O documentation. The assessment reflects the conclusion of the thought process as well as how the conclusion was reached.
	2. Create use cases – Russ, Elaine, Stephen, Kevin
	3. Create wiki pages - Stephen
8. Change requests review
9. Agenda for October 16

**Agenda for October 16, 2014**

1. Review agenda
2. Approve minutes of October 9
3. Update on - Resource AdverseReactionRisk
4. Update on – observation vs. condition
5. Discuss – Care Plan Activity Resource Proposal
6. Clinical Assessment Profile – review definition and use cases
7. Discuss assignments for QA and value sets for resources assignments
	1. Care Plan resource – use as a model
8. Change requests review
9. Agenda for October 23