

PACIO Project

Monthly Meeting

Time: Wednesday, May 15, 2019, 10:00 am - 11:00 am

Location: WebEx Meeting

Dial-in: 1-877-267-1577

Meeting ID: 996 471 003

PACIO Project GitHub: <https://github.com/paciowg/PACIO-Project>

This meeting is being recorded. In all discussions, members should be aware that meetings are recorded and include representatives of companies that compete with one another in the marketplace. This working group is a public forum and therefore all information shared will be publicly available.

Meeting Notes

- 1) Welcome** (Hibah Qudsi, MITRE) 5 minutes
 - 57 attendees

- 2) Branding** (Hibah Qudsi, MITRE) 5 minutes
 - New name: PACIO Project
 - Aligns with other projects like Da Vinci & Argonaut
 - GitHub repository is live and linked above
 - WG leadership is developing website content & a logo
 - WG leadership encouraged participants to share any logo design ideas via email
 - Final logo designs will be put to a vote via SurveyMonkey

- 3) FHIR Landscape Analysis** (Dave Hill, MITRE) 10 minutes
 - See "FHIR Landscape 04-19-2019"
 - Overview of current FHIR initiatives across various organizations to demonstrate the large number of initiatives currently underway
 - Document includes stakeholders, pertinence to CMS Interoperability Rule, FHIR IGs, FHIR release version, FHIR reference implementations, percent completion, balloting process/status, adoption/pilot status, and testing information
 - As this is a living document, WG leadership encouraged participants to provide feedback about current efforts listed in the document, as well as other efforts that may not be in the document
 - WG leadership stressed the importance of collaboration to ensure prevention of "FHIR silos"
 - One participant expressed interest in Project Gravity's emphasis on social determinants of health

- Enormous challenges exist with regard to workflow and interoperability in this space
- One participant inquired about the ease of accessing the technical artifacts produced by these initiatives
 - Publicly available artifacts have been hyperlinked, where possible
 - Some artifacts may not be open source, so there may not be anything to point to
- There has been a “big push” across most initiatives to move to FHIR Release 4 (R4)
 - ONC’s 21st Century Cures Act Proposed Rule is inviting comments around whether to keep R3 or move to R4
- One participant inquired about what the industry needs in order for FHIR to move “full steam ahead”
 - Collaboration among various FHIR initiatives
- WG leadership will share this document and the process used to generate it with the WG, but asked participants not to distribute it without permission from WG leadership/CMS

4) Use Case Update (Siama Rizvi, MITRE) 30 minutes

- WG is still exploring use case options
 - Many use cases previously considered already are being addressed by other initiatives
 - Moving towards transfer of care/care coordination focus
 - Taking into consideration the USCDI, DEL
 - Patient should be central to the use case
- Anticipate more details at next monthly meeting
- The WG is still aiming to validate at the September Connectathon
- With 40+ Contributors, it may be possible to tackle more than one use case
- CMS looking at content in DEL
 - CMS IRF/LTCH/SNF Rules recently released
 - Office of Minority Health has been working across HHS to propose data for inclusion in PAC areas

5) Open Discussion (All) 10 minutes

- One participant inquired about potential considerations for defining workgroup protocols
 - Several new initiatives by Carin Alliance & Da Vinci Project with regard to notifications & FHIR versions of ADT
 - EMDI initiative is working to address this, but process is still one-directional
 1. Referral comes to provider, and provider must send plan of care back to the PCP
 2. No agreed upon protocol/infrastructure/EHR provisions to allow PCP to approve/reply within the EHR

3. Often data arrives to PCP without any workflow to use that data, which is why PCPs may not see value in this data
 - Due to frequency of messaging in nursing homes/PAC settings, there needs to be some form of standardized PAC messaging
 - Every hospital discharge should be sent electronically to both the PCP and the PAC setting, in a way that allows the PCP to be engaged bidirectionally with practitioners across all these settings, as well as pharmacy
 - Currently, there is a lack of coordination of this information for quick/easy use

6) Next Meeting:

- Wednesday, June 19, 10:00 am - 11:00 am

7) Upcoming Convening Opportunities:

- June 10-12: [HL7 FHIR DevDays](#) (Redmond, WA)
- June 23-25: [Collaborative Care & Health IT Innovations Summit](#) (Baltimore, MD)
- July 9-10: [OSEHRA Open Source Summit](#) (Bethesda, MD)

8) Homework (Dave Hill, MITRE)

9) Adjourn