

PACIO Project

Weekly Contributors Meeting

Time: Wednesday, May 29, 2019, 2:00 pm - 3:00 pm

Location: WebEx Meeting

Dial-in: 1-877-267-1577

Meeting ID: 994 361 173

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 Attendees

Invited Participant	Attendance (Yes/No)
1. Alex Bardakh (AMDA)	
2. Alan Swenson (Kno2)	
3. Amy Freeman (MatrixCare)	
4. Amy Shellhart (WellSky)	
5. Beth Connor (CMS)	Y
6. Brandt Welker (MedicaSoft)	
7. Cary Ussery (LivPact)	
8. Charlie Hehn (Collain)	
9. Chris Klesges (MITRE)	
10. Chris Pugliese (Brightree)	Y
11. Cindy Frakes (Cerner)	Y
12. Craig Mandeville (Forcura)	
13. Dave Hill (MITRE)	Y
14. Dave Lee (Leavitt Partners)	
15. David Hawthorne (GEHRIMED)	Y
16. Debi Willis (PatientLink [MyLinks])	
17. Dheeraj Mahajan (CIMPAR)	Y
18. Doc Devore (MatrixCare)	Y
19. Donna Doneski (NASL)	Y
20. Elaine Blechman (Prosocial Applications)	
21. Evelyn Gallego (EMI Advisors)	

Invited Participant	Attendance (Yes/No)
22. Floyd Eisenberg (iParsimony)	
23. Gary Schoettmer (NetRx)	
24. Gillian VanderVliet (Bay Path University)	
25. Hans Buitendijk (Cerner)	
26. Hibah Qudsi (MITRE)	Y
27. Jana Linthicum (Telligen)	Y
28. Jason Johanning (VA)	Y
29. Jayne L. Hammen (CMS)	
30. Jennifer Kennedy (CMS)	Y
31. Jennifer Ramona (Homewatch Caregivers)	Y
32. Jessica Skopac (MITRE)	Y
33. Joan Williams (Lower Cape Fear Hospice)	Y
34. John Derr	Y
35. Kimberly Barrett	Y
36. Liz Palena-Hall (ONC)	
37. Lorraine Wickiser (CMS)	
38. Majd Alwan (LeadingAge)	Y
39. Mark Pavlovich (Ethica Health & Retirement Communities)	Y
40. Mark Roberts (Leavitt Partners)	

Invited Participant	Attendance (Yes/No)
41. MaryAnne Schultz (CSUSB)	Y
42. Matt Elrod (APTA)	Y
43. Megan Lenthe (Matrix)	
44. Michelle Dougherty (RTI)	Y
45. Mitzi Christ	
46. Neal Reizer (Homecare Homebase)	Y
47. Nick Knowlton (Brightree)	
48. Rachel Lopez (NIC)	Y
49. Robert Samples (ESAC)	
50. Robert Schnell (CMS)	Y
51. Rod Baird (GEHRIMED)	Y
52. Rusty Yeager (Encompass Health)	Y
53. Ryan Howells (Leavitt Partners)	

Invited Participant	Attendance (Yes/No)
54. Shawn Hewitt (WellSky)	Y
55. Shira Fischer (RAND)	Y
56. Siama Rizvi (MITRE)	Y
57. Srinivas Velamuri (Telligen)	Y
58. Steve Guenther (The LEAP Group)	Y
59. Sue Mitchell (RTI)	Y
60. Sweta Ladwa (ESAC)	
61. Tara McMullen	
62. Terrance O'Malley (MGH)	Y
63. Tim Shaffer (MITRE)	
64. William Davis (Strategic Healthcare Programs)	
65. Yolanda Villanova (CMS)	Y
66. Zabrina Gonzaga (Lantana Group)	Y

Meeting Notes

- 1) **Welcome & Roll Call** (Hibah Qudsi, MITRE) 5 minutes
 - 36 attendees

- 2) **Functional Status Use Case Poll** (Hibah Qudsi, MITRE) 5 minutes
 - WG leadership reminded participants to cast their votes to proceed with the functional status use case
 - <https://www.surveymonkey.com/r/GYSQF5S>

3) Use Case Discussion (Siama Rizvi, MITRE)

30 minutes

Use Cases	Addressed by FHIR?	Notes
Functional Status	No - Not currently addressed by FHIR (C-CDA on FHIR referral note – old and incomplete)	<ul style="list-style-type: none"> – Currently being polled (15/16 respondents are in favor). – Interest from several members in leading the subgroup.High priority C-CDA transfer data element
Cognitive Status	Partially – Observation (FHIR), C-CDA on FHIR Referral Note	<ul style="list-style-type: none"> – USCDI – Proposed SPADE – Suggestion from poll
Problem Section	No - Not currently addressed by FHIR (C-CDA on FHIR referral note – old and incomplete)	<ul style="list-style-type: none"> – High priority C-CDA transfer data element
Special instructions for precautions for ongoing care	No - Only C-CDA-based Personal Advance Care Plan IG	<ul style="list-style-type: none"> – Suggestion from group member
Frailty Measure		<ul style="list-style-type: none"> – Suggestion from poll/ brought up in previous meetings
Goals of care (Hospital to SNF)	“individual goals of care” is not addressed by FHIR – Only CDA based Personal Advance Care Plan IG	<ul style="list-style-type: none"> – Suggestion from poll/ brought up in previous meetings
Social Determinants of Health	Yes – Gravity Project	<ul style="list-style-type: none"> – Suggestion from poll/ brought up in previous meetings
Personally Generated Health Data		<ul style="list-style-type: none"> – Suggestion from poll
Consent to Share		<ul style="list-style-type: none"> – Suggestion from poll

- The group discussed the prospective Frailty Measure use case at length
 - There is no standard of practice for a common tool to assess Frailty in LTPAC or for primary care physicians
 1. Some nursing homes use a proprietary model
 2. One participant referred the group to a recent [Journal of the American Medical Directors Association article](#) on this matter
 - Opportunities exist to identify routinely collected elements that can be leveraged to calculate frailty in the future

1. Participants generally agreed that a frailty measure use case would be “cutting edge”
2. There is a high degree of alignment between MDS & OASIS data elements at this point
- The WG discussed leveraging existing objective data sets that include risk factors pertaining to frailty
 1. One participant felt it may be more valuable to try to pass general information from setting to setting, rather than indicating each specific risk to each provider
 - This could result in a smorgasbord of frailty measures, depending on each specific provider’s preferences around what contributes to “frailty”
 2. Different care settings have different data elements
 - For example, acute care doesn’t capture the same information as PAC settings
 - Requiring all settings to report the same information could result in additional work/burden to some providers
 3. One participant suggested frailty could be a subcomponent of the Functional Status use case
 - Adding another element to the Functional Status use case is feasible, but the WG would need to focus on the original Functional Status use case for the purposes of the September Connectathon
 - Many of the use cases this WG has explored could build off the Functional Status use case and/or contribute to a potential Frailty Measure (i.e. Cognitive Function)
 4. The WG generally agreed that a Frailty Measure use case could be a long-term goal for the WG
- Much of the work to identify what data are captured across the various standards has already been done via the DEL
 - CMS is working with Regenstrief to obtain LOINC codes for data elements
 - MITRE is working to add a FHIR API for the DEL
- The WG agreed to proceed with Functional Status & potentially Cognitive Status as the two use cases the PACIO Project will address
 - The IMPACT Act requires standardization of functional status assessment across settings
 1. Functional status standardized patient assessment data elements (SPADES) have been finalized for all PAC settings;
 2. Cognitive status SPADES have been proposed in fiscal year rules and are expected to be finalized later this year.
 - One representative noted there is not much overlap between BIMS & PHQ-9
- The WG will continue investigating the cognitive status use case

4) Next Meeting:

- Wednesday, June 5, 2:00pm – 3:00pm

5) 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)
- Save the Date- August 21-22: [ONC Interoperability Forum](#)

6) Homework (Dave Hill, MITRE)

- WG leadership reminded participants to cast their votes to proceed with the functional status use case
- WG leadership encouraged participants to email interest in joining a Cognitive Status Use Case subgroup

7) Adjourn