Meeting Notes

1) Interoperability Showcase Update (Hibah Qudsi, MITRE) 5 minutes
   - HIMSS20 Demonstration Topics revealed this week
     • Anticipate aligning PACIO’s work with the “Care Continuity Across the Care Spectrum” use case
2) **Continued Use Case Discussion** (Chris Pugliese, Brightree) 25 minutes
   - Subgroup leadership provided a recap of the previous week’s discussion around the observation resource and defining PAC scenarios with FHIR
   - There is a great deal of flexibility with the observation resource
   - There is a possibility that certain questions may need an extension/additional field.
   - The group discussed what should be considered within the realm of functional status, beyond the physical components (i.e. toileting)
   - The Minimum Data Set (MDS) has clear completion instructions and could be considered as a potential source to determine which extensions would be needed.

3) **Leveraging the DEL as a Clinician** (Matt Elrod, APTA) 20 minutes
   - See “Functional Data Elements_Cross-Setting Mapping_PACIO GG.xlsx”
   - International Classification of Functioning, disability and health
     - Recognizes areas such as cognition, personal factors and environmental factors that can impact a patient’s function
   - When looking at functional status (mobility and self-care) the group should understand the purpose/reason this information is being exchanged.
     - Initial thoughts addressed safety and regulatory requirements (each healthcare setting will document this differently to meet requirements, or there are concerns about “gaming the system”)
     - Hand off in care is the primary reason and driver for the purpose of exchanging data
   - MDS contains specific qualifications and description requirements for documenting a patient’s mobility over the last three days; this regulatory requirement may be different from provider or organization-specific practices
     - The group discussed the aspects of this assessment that would be clinically useful to providers and staff
   - Section GG in SNFs is collected over a 3-day period (first 3 days of the SNF stay and last 3 days of the SNF stay)
   - From a development perspective, this can establish a gateway to the highest level of information on a particular patient at the time of discharge, to ensure complete information exchange
   - These data elements are not used in the same way in acute settings as they are in PAC settings, however this can set a standard for the way data can be communicated so acute settings can learn to read that standard during care transitions between PAC and acute care settings
   - Subgroup leadership to review acute care requirements per [CEHRT Care Requirements through Transitions of Care](#)

4) **Open Discussion** 10 minutes
   - VOLUNTEERS NEEDED:
     - Technical Developers to develop Functional Status & Cognitive Status IGs
• EHR Vendors to test reference implementations for the Functional Status & Cognitive Status IGs, as well as the DEL IG that the MITRE team has currently developed
• Clinical SMEs to serve on the Interdisciplinary Clinical Advisory Group

5) Next Meeting:
   - Wednesday, July 31, 2019, 2:00 pm - 3:00 pm

6) Upcoming Convening Opportunities:
   - August 21-22: ONC Interoperability Forum
     • DEL/PACIO Session 8/21 @ 3 PM
   - September 14-20: HL7 33rd Annual Plenary & Working Group Meeting
   - October 13-15: NASL 30th Annual Meeting

7) Homework
   - Subgroup leadership to review acute care requirements per CEHRT Care Requirements through Transitions of Care

8) Adjourn