



## Functional Status Use Case Subgroup Meeting

**Time:** Wednesday, August 14, 2019, 2:00 pm - 3:00 pm

**Location:** WebEx Meeting

**Dial-in:** 1-877-267-1577

**Meeting ID:** 994 361 173

**PACIO Project Website:** [www.PACIOproject.org](http://www.PACIOproject.org)

**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 may 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) HL7 Connectathon Track Webinar Debrief (Dave Hill, MITRE) 10 minutes**

- Dave Hill presented the reference implementation on the webinar yesterday, which was received well
- Sean Mahoney will be the track lead

**2) Functional Status Mapping (Matt Elrod, APTA) 20 minutes**

Refer to Functional Data Elements\_Cross-Setting Mapping\_PACIO\_GG\_07302019.xlsx

- When talking about functional status, the group should consider the data elements that are important to include across all settings (acute and post-acute)
- The group discussed each functional item being inserted into one of three “buckets”, which included “required”, “required if known” and “optional” in the context of care continuity.
- One member discussed if swallowing is a clinical assessment that should be included in the functional profile
  - Eating – required
    - Group discussed if having this information is critical to functional status. One member explained that the availability of information may vary by setting type.
  - Oral hygiene – required if known
  - Toileting – required



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- Shower/ bathing – required if known
- Upper body dressing – required if known
- Lower body dressing – required if known
- Putting on/ taking off footwear – required if known
- There was discussion of how to deal with “required” vs “optional” vs “not known” values. There were multiple opinions and no final consensus was reached
- The group discussed if the focus should be on data standards rather than if the data is captured (compliance). The EHRs have the responsibility to capture the information and PACIO should not be driving compliance
- From a technical perspective, if something is “required” but it’s not complete, the rest of the information would be dropped by the receiving system. The policy aspect (e.g. interoperability rule), would be the driving force on whether an item would be “required”. If it is not “required” and the information has not been collected, the exchange would be dropped.
- The group was asked if it would be appropriate to look at “required if known” and “optional”, but keep items required by policy to be coded as “required”.
- CDA templates contain required sections.

**3) Continued Use Case Discussion** (Chris Pugliese, Brightree) 20 minutes  
- Not discussed on the call

**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, August 21, 2019
  - Monthly Meeting, 10 am – 11pm
  - Functional Status Subgroup Meeting, 2 pm – 3 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 30<sup>th</sup> Annual Meeting](#)

**7) Homework**



## 8) Adjoin