PACIO Weekly Meeting

Time: Wednesday, November 11, 2020, 1:30 pm - 3:00 pm EST

Location: ZoomGov Meeting
Meeting ID: 161 771 8677

PACIO Project Website: www.PACIOproject.org
PACIO Project GitHub: https://confluence.hl7.org/display/PC/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.

Summary

1) **HL7 Balloting Update (Rob Samples, ESAC, Inc.)**
   – Rob stated there were no updates at this time and members should direct any questions to him.

2) **Advance Directive Use Case (Maria Moen, AD Vault, Inc.)**
   – Maria introduced a use case for "Angie", a sample patient who created a paper copy of an Advance Directive and uploaded it to a repository, e.g. an EHR. The workgroup discussed how to make the "flow" of information between systems clearer and who the actors in the use case are.
   – The workgroup requested the following clarification in the use case:
     - Use of arrows
     - Identification of activities
     - Interrelationships of the actors (including the names of the actors)
     - Strategic use of "share"
   – The use case diagram currently shows person centered care, however there may be a variety of use case options. Some environments store Advanced Directives in a repository, which the treating provider may access depending on the rules of the hospital. Also, the patient may create an Advance Directive and chose with whom to share it. The workgroup formulated the following questions:
     - What is the content and how should it be reflected in an IG?
     - How should necessary information be specified and defined?
   – Maria will revise the use case based on the workgroup's discussion prior to the next meeting.
   – Maria shared a second, draft use case for "Stephen", a sample patient with cystic fibrosis. The workgroup discussed how episodic patient instruction can be in conflict with the Advanced Directive, however, this is

an important use case to highlight because the timeline can change the intent of the Advanced Directive as the patient's goals and preferences may evolve.
- The workgroup will continue to evaluate the clinical and technical suitability of the two use cases during the next meeting. The workgroup noted that for both use cases, the patients are assumed to have cognitive status intact, and can make their own decisions.

3) **Restructuring FHIR resources for PAC (Chris Pugliese, Matrix Care)**
    - Chris shared an updated diagram of two structural problems:
        - The instance of multiple providers - The workgroup determined there is not an effective way to display the provision of care by multiple providers in one episode of care. This method appears limited to one provider and one episode.
        - The instance of reassessment time points - The workgroup focused their discussion on this diagram which reflected the lack of clarity about "windows of time" in which reassessments can take place. Assessments drive care, with the MDS or OASIS created at the beginning of admission. These assessments drive the value payment models and determine clinical necessity for the duration.
    - Chris explained that when a patient is discharged, an encounter ends, and when a patient returns, the next encounter beings. Information must be grouped in order to do quality reporting (i.e., a timeline of 30 days or 90 days, in which windows for certain assessments need to be done).
    - There are points in time when care is changing and these periods of time are already defined, however they could be the space between two of the same assessments or two different assessments. There are administrative points in time as well, but all clinical points in time have to be referenced.

4) **Next Meeting:**
    - Wednesday, Nov 18, 2020, 1:30 pm – 3:00 pm EST

5) **Adjourn**