



Functional & Cognitive Status Combined Subgroup Meeting

Time: Wednesday, June 10, 2020, 1:30 pm - 3:00 pm EST

Location: ZoomGov Meeting

Meeting ID: 161 771 8677

Meeting Password: 021942

PACIO Project Website: 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.

Summary

- 1) **Functional Status** (Sean M., MITRE) (30 mins)
 - MITRE provided an overview of the Functional Status Implementation Guide (IG).
 - Prior Level of Function Profile
 - The profile is based on an observation updated to include the narrative and performer. Additionally, PACIO has included several “must support” items, including event location and effective time point.
 - The Community Based Care and Privacy Work Group (CBCP) and the Patient Care Work Group recommended Prior Level of Function LOINC code LP74248-3be tightly bound to the Prior Level of Function.
 - PACIO has identified a LOINC code for Prior Level of Function.
 - Functional Status Profile
 - PACIO developed a two-column scenario in the IG, to allow multiple answers for the same question. The Tech Team adjusted the mapping to the “component” field, as a single solution when multiple values are required.
 - PACIO reviewed the 2 columns: Admission Performance (Observation 1/Functional Status 1) and Discharge Goal (Observation 2/Functional Status 2) in Section GG of the Minimum Data Set (MDS), and explained the importance of indicating how the items are related and displaying them side-by-side within the IG.



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- The group raised concerns about the Discharge Goal being included as part of the observation resource. To accurately represent the MDS form, some members suggested utilizing the goal resource to capture discharge goal.
- If the goals are part of the observation, it may confuse the individuals receiving the information.
- The goal resource also provides great level of detail for tracking progress toward goals. From a clinical perspective, it is important to provide an accurate representation of the patient's goals.
- The group discussed the challenges of potentially separating the goals from a bundled functional status; utilizing the goal resource would require repeating identical questions/responses in each resource, creating potential misalignment and complicating ability to query.
- The group decided not a separate the Discharge Goal from the observation is in the IG, to prevent clinicians from having to querying twice for both admission performance and discharge goal information.
- The group agreed PACIO should not change any clinical requirements to match FHIR standards. FHIR should be used to facilitate data exchange, therefore the Discharge Goal should remain an observation resource, rather than a goal resource.

2) Cognitive Status (Rob S., ESAC) (30 mins)

- The group reviewed guidance that would be helpful to supplement the Cognitive Status IG.
- Rob presented 3 guidance options:
 - i. Limited and/or note to commenters for feedback
 - ii. Example guidance for each assessment type
 - Fully codified (ex. Brief Interview for Mental Status (BIMS), Confusion Assessment Method (CAM), etc.)
 - Partially codified (ex. Montreal-Cognitive Assessment (MoCA))
 - Not Codified (ex. Brief Cognitive Assessment Tool (BCAT))
 - iii. Guidance for all assessments included in model/publish separate guidance document
- The group agreed to move forward with including option # 2 for Standard for Trial Use 1 (STU1). PACIO may consider option #3 in the future, if vendors are making poor decisions based on the information provided in option #2.
- The group discussed providing mapping to a supplemental guide for a description of the fields contained in the assessment instrument to identify how the fields map to the resources within the Cognitive Status IG.
- The group further discussed whether to include the field: Patient's Highest Level of Education. This field is currently not represented in an existing IG and it may be challenging for PACIO to model this.



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- The group agreed the Patient's Highest Level of Education would be beneficial, as this can affect where the patient falls on the dementia scale.
- The group recommended reaching out to The Social Determinants of Health Work Group, to identify how they are representing the Patient's Highest Level of Education in their IG. It is important for PACIO to be consistent with how this information is being captured in existing IGs.
- The group discussed the differences in Logical Observation Identifiers Names and Codes (LOINC) across assessments (MDS vs. Local Coverage Determinations (LCDS)). LOINC will often require a different code if the time point (3 days vs. 5 days) to observe a condition is different. PACIO will provide additional guidance in the IG for the various LOINC codes.
- One PACIO member recommended using a workaround, the element link ID, so all the codes appear the same across assessments.
- At next week's meeting, the group will continue to discuss what guidance to provide vendors on how to incorporate questionnaire IDs in EHRs.

3) CMS Updates

- The Electronic Clinical Quality Measure (eCQM) Team is working on similar efforts as the PACIO Project. PACIO will plan to meet with the eCQM team, to determine how to integrate their work with PACIO for the September 2020 Connectathon.

4) Upcoming Convening Opportunities

- HL7 virtual FHIR Dev Days will be held June 16-18, 2020. PACIO will be presenting Tuesday, June 16, 2020 from 4:00-4:15 PM EST.
 - <http://www.hl7.org/events/fhir-devdays.cfm>
- Leading Age Summit will be held on September 13-15, 2020
 - https://www.leadingage.org/Collaborative_Care_HIT_Summit

5) Adjourn