



## PACIO Weekly Meeting

Time: Wednesday, March 24, 2021, 1:30 pm - 3:00 pm EST

Location: ZoomGov Meeting

Meeting ID: 160 985 6747

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

PACIO Project HL7 Confluence: <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) Leadership Update (Siama Rizvi)

- The registration is open for the May 17-19 HL7 virtual Connectathon.  
<http://www.hl7.org/events/fhir/connectathon/2021/05/>
  - The PACIO Project will test the Advance Directive Interoperability (ADI) Implementation Guide (IG) at this Connectathon.  
<https://paciowg.github.io/advance-directives-ig/>
  - A Track Description is available at:  
<https://confluence.hl7.org/display/FHIR/2021-05+PACIO+Advance+Directive+Interoperability>
  - Other Connectathon Tracks are available on Confluence.  
<https://confluence.hl7.org/display/FHIR/2021+-+05+Connectathon+27>
- PACIO Leadership highlighted new changes for this Connectathon:
  - Everyone must register in advance before April 30 (by the Early Bird April 23 deadline gives the best price).
  - **FREE** FHIR Training for Beginners (April 26, 2-5 pm ET) is required for all first-time Connectathon attendees and optional for others. Register at:  
<https://www.hl7.org/events/da-vinci/2021/04/training.cfm>
  - Track Kickoff (formerly called orientation) will take place on the Whova platform, most likely during the May 12 regularly scheduled PACIO weekly call.
  - HL7 Connectathon Track leads are Corey Spears and Tina Wilkins. Please send any questions to Tina Wilkins at [twilkins@mitre.org](mailto:twilkins@mitre.org).

### 2) Reassessment Timepoint Use Case Update (Chris Pugliese)

- Encounter Resource: **Reason Code**



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- Chris facilitated a discussion on the broader concept of the reason code to help the group understand the field and options for application within PACIO.
- FHIR definition: “Coded reason the encounter takes place.”
- What “could or should” go into the Reason Code (RC) field?
  1. The code set (value) needs to indicate the type of period being measured. The FHIR base value set (SNOMED) is not relevant.
  2. The concept could be approached by 1) care setting (e.g., home health); 2) measurement or instrument in question (e.g., MDS, OASIS, or recommended list); or 3) primary diagnosis for a given time point.
  3. The subgroup was leaning towards the entity or body structuring the timepoint (example: a payor may have a certain reassessment time requirement such as an OASIS every 60 days).
  4. There could be multiple timepoints for a single admission following different time tracks.
- How might how clinicians perceive this concept?
  1. Chris reminded the group this is an administrative structure for time and not a clinical structure. The reference to clinical data captured in this time period would be based on the “container” of the Reason Code (Clinical Impression Resource could be a container for the documentation content).
  2. Chris provided examples of some potential reason codes (RC) during an admission: therapy reassessment (RC=provider), home health non-skilled supervisory visit (RC=regulatory), OASIS (RC=payor),
- Who would be responsible for defining the Reason Code during admissions (i.e., after implementation)?
  1. This process should ideally be automatic and the technology solution structuring the data should define the RC based on the activity (i.e., system generated vs. person generated RC). Note: this specific FHIR term is different from the Medicare billing use of the term “reason code”.
  2. A clinician would not need to document these FHIR Reason Codes, rather they serve as a “field that identifies what is structuring a given period of time”.
- Recommended new PACIO definition: A code list to define entities that structure a given assessment (examples: Payor, Provider, Regulatory-federal, regulatory-state, Accrediting Body).
  1. Reason Code has infinite cardinality to allow for multiple values to be used.
  2. The list could be extensible by the implementer.
- Encounter Resource: **Type and Service Type**
  - Chris explained to the group the relationship between the Episode of Care, Encounter, and Encounter Resource.



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1. FHIR Episode of Care Resource is used to create an association between a given care event, patient, and an organization (Example: patient moves from hospital admission to surgery to ICU - three encounters all tied together under a single episode of care).
  2. Encounter refers to the entirety of the PAC admission (example: 6 months).
  3. FHIR Encounter Resource refers to the window of time within the admission that is being measured.
- **Type field**
    1. “Specific type of encounter” is a codable concept field in FHIR. The current Type code sets are not applicable. PACIO has the ability to define a PAC specific code set.
    2. Infinite Cardinality allows for multiple values to be used.
    3. The Subgroup previously discussed possible options for “Type”: 1. specific assessments; 2. a clinical definition; or 3. not used at all.
      - a) Note: “Care setting” would be defined at the encounter/admission level and so is not necessary to be defined at the Readmission Timepoint Encounter Resource level.
  - **Service Type field**
    1. “Specific type of service” is a codable concept field in FHIR.
    2. Cardinality of 1 allows for single value only.
    3. The Subgroup previously discussed a possible option to use the discipline triggering and/or responsible for the encounter resource for this field (example: PT, OT, etc.).
- Chris invited attendees to join the next Re-Assessment Timepoint Subgroup bi-weekly meeting where further discussions will occur on Wednesday March 31, 2021 from 9-10 am ET and is accessible at:  
<https://matrixcare.zoom.us/j/93844081730?pwd=T0ZRL3dQSGVzSEdGK1F6NGpkUnVkZz09>
  - Future Subgroup updates at the PACIO weekly meeting will include the field “Based On” and the relationship to Clinical Impression.
- 3) Speech, Language, Swallowing, Cognitive Communication, and Hearing Use Case Update** (Jamila Harley)
- The use case lead submitted the project proposal in HL7’s JIRA (PSS-1788).
  - The next steps include recruiting sponsors/co-sponsors and completion of the Project Scope Statement (PSS).
  - The subgroup agreed on the acronym “SPLASCH” (pronounced “splash”) for ease in speech and writing when describing the newer and broader title of this group.
- 4) Ballot Reconciliation Update** (Caleb Wan)



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- The group discussed four additional items for Block 3 vote, as detailed in the following slides:
- <https://confluence.hl7.org/download/attachments/86977192/PACIO-Ballot-Reconciliation-BLOCK-VOTE-3-new-items.pptx?version=3&modificationDate=1617029877603&api=v2>
  - Figure 2 has been updated to include Registered Dietician Nutritionist (RDN) and show three care settings.
  - Section 2.1 and 2.2 revisions provided additional details on the IG intent: 1) cognitive and mental status observations could be collected using different types of structured resources; and 2) broad FHIR-based data exchange would be facilitated even beyond the initial Post-Acute Care Use Case.
  - Revisions were made replacing the term “assessment” with “assessment instrument” or “mental observation” to avoid misinterpretation, since the word “assessment” by itself can be interpreted in several ways.
  - The base resource will be changed back to FHIR Observation and examples will be updated to use “survey” instead of “laboratory” for the Category field.
  - The prior observation status will be changed to Observation.value (with type ‘string’) for consistency and to avoid confusion. It had been Observation.text (with type ‘Narrative’).
- Caleb Wan made a motion to accept and add these four items to Block Vote 3. Ashleigh Sheffield seconded, and the motion passed 29-0 with 1 abstention.

## 5) Advance Directive Information Use Case Update (Maria Moen)

- Maria Moen ([mmoen@advault.com](mailto:mmoen@advault.com)) invited the PACIO Community to review and provide any feedback on the draft IG available at <https://paciowg.github.io/advance-directives-ig/>
- The ADI with FHIR Subgroup Weekly Meetings (Wednesday 12pm – 1pm ET) will temporarily have a revised meeting structure to focus on adjudication of the advanced directive environmental scan documents.
  1. There will be a short Tech Team meeting update/housekeeping followed by discussion and approval of the adjudication recommendations.
  2. The adjudication tasks will occur asynchronously outside of the meeting and will be dispersed among attendees who agreed to assist.
- The ADI meeting information can be found at: <https://confluence.hl7.org/display/PC/PACIO+Project+Advance+Directive+Interoperability+%28ADI%29+in+FHIR>

## 6) Walk-On Topics

## 7) Documentation of Decisions and Action Items



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- Decisions:
  - Four items were approved to be added to Block Vote 3.
  - The group accepted the acronym SPLASCH as an abbreviation for the Speech, Language, Swallowing, Cognitive Communication, and Hearing Use Case.

## 8) Adjourn