



PACIO

PACIO Weekly Meeting

Time: Wednesday, March 31, 2021, 1:30 pm - 3:00 pm EST

Location: ZoomGov Meeting

Meeting ID: 160 985 6747

PACIO Project Website: 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 and Dave Hill)

- Introduced the new acronym SPLASCH for the **S**peech, **L**anguage, **S**wallowing, **C**ognitive **C**ommunication, and **H**earing Use Case.
- Welcomed Brenda Akinngbe from the Office of the National Coordinator for Health Information Technology (ONC), a supportive sponsor of PACIO. Brenda is new to ONC and will oversee the Post-Acute Care (PAC) portfolio. In our PACIO meetings she replaces Liz Palena-Hall who has moved on to a different ONC role. Many attendees voiced positive feedback to Liz about the ONC Annual Meeting held March 29 and 30, 2021.
- Invited attendees to join the 4/1/21 Tech Team call to discuss preparations for the May HL7 Connectathon. The Advance Directive Interoperability (ADI) Track Description is available for review at: <https://confluence.hl7.org/display/FHIR/2021-05+PACIO+Advance+Directive+Interoperability>.

2) Speech, Language, Swallowing, Cognitive Communication, and Hearing Use Case Update (Jamila Harley)

- The comments on the project proposal in HL7's JIRA (PSS-1788) are primarily from groups not seeing a need to engage. Thus far, no groups have posted negative comments.
- Jamila is working on recruiting potential sponsors and co-sponsors for this Use Case.



3) **Advance Directive Interoperability (ADI) Use Case Update** (Tina Wilkins stepped in for Maria Moen)

- The ADI Technical Team provided an overview of the ADI use case and the overall timeline necessary for HL7 September Ballot.
- Maria Moen reviewed details of the process and method for those participating in the adjudication of the advanced directive documents gathered during the environmental scan.
- The ADI Subgroup leadership will provide specific instructions and tasks to those who volunteered for this adjudication work. The breakout team volunteers will confirm the accuracy of the target form information and equivalence types and bring the information back to the larger ADI community next week.

4) **Ballot Reconciliation Update** (Caleb Wan)

- Block 3 Vote
 - PACIO Leadership submitted to the Patient Care Work Group twelve items for Block Vote 3 consideration/approval at their April 12 meeting.
- Use of Observation Resource for Cognitive Status/Functional Status IGs
 - Caleb opened a JIRA Tracker (3/22/21, FHIR-31590) for approval of Cognitive Status/Functional Status IG profiles to be based on the Observation resource instead of the US Core Observation Lab Profile.
 1. The profile was originally selected to meet US Realm criteria but requires a category code of 'laboratory' which is not appropriate in these Use Cases.
 2. The Cross-Group Projects Work Group approved this US Core Variance request on 3/25/21.
 3. The approval to use the Observation resource facilitates resolution of several ballot comments concerns.
- "Bundled Cognitive Status" Profile Name
 - One ballot commenter (FHIR-29989) expressed concern about potential confusion with the profile name "Bundled Cognitive Status" since it is an observation and not a FHIR bundle.
 - PACIO leadership felt the argument was persuasive and proposed a new profile name of "Cognitive Status Instrument".
 1. The profile is used to store cognitive status observations. The "has member" field is used to store individual information for a set of questions.
 2. The group wanted to ensure all pertinent patient information could be transmitted. For example, the BIMS (Brief Interview for Mental Status) is a piece of the overall instrument (e.g., OASIS, MDS, IRF-PAI). All three levels of information are important from the larger grouping of the instrument to the screening components within them down to the specific data elements.



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3. The group discussed the appropriate terms used to specify the three levels of profiles and how each is a subset of the other. The IG should convey appropriate meaning and support the technical implementer to extract the correct information to be presented to the clinician. The community discussed numerous potential terms including: parent/child, component, item, module, schema, group, and collection.
 - The group reached consensus for the new profile name to be “Cognitive Status Collection”.
- “Prior Level of Cognitive Function” Profile Name
 - One ballot commenter (FHIR-29980) expressed concern with the temporal word “prior” in the name of this Cognitive Status IG profile.
 - The group discussed the proposed new profile name “Cognitive Summary”.
 - The group noted the clinician/implementation community needs to understand the historical context of a patient’s cognitive function. The group discussed whether a word conveying temporality was necessary in the title and potential misunderstanding of the meaning if “multiple priors” exist for a patient.
 - The group did not reach consensus by the end of the meeting; discussion will continue in future weeks.

5) Reassessment Timepoint Use Case Update (Chris Pugliese)

- Patient Care Work Group suggested the PACIO Community consider the Clinical Impression Resource as a profile option (versus the Encounter Resource). <https://www.hl7.org/fhir/clinicalimpression.html>
 - The Clinical Impression Resource is used to capture clinician workflow and the completion of assessments, driving the process of care. It is currently in trial use status (STU1).
 - Supporting reasons to consider the Clinical Impression Resource for this Use Case include:
 1. Need to reference many other profiles.
 2. Support for any reference needed such as subject (patient), problem (condition), and item (Observation | QuestionnaireResponse).
 3. Offers flexibility for The Reassessment Timepoint IG to use the generic “supporting-info” field that has the ability to reference “Any”. This would replace the need for special requests, which could be more likely if the Encounter Resource is used.
 4. Allows reference to previous clinician impressions, which assists with “looking back”.
 - Chris presented a spreadsheet showing how the necessary PACIO concepts (and definitions) could be aligned in the Encounter Resource or the Clinical Impression Resource. The group has not yet made a decision regarding which resource to use.



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- The Subgroup team is learning towards using the Clinical Impression Resource due to its increased flexibility. Attendees are invited to join those further discussions during the Subgroup call.

6) Walk-On Topics

7) Documentation of Decisions and Action Items

- The Cross-Group Projects Work Group approved (3/25/21) the request for Cognitive Status/Functional Status IG profiles to be based on the Observation resource instead of the US Core Observation Lab Profile (FHIR-31590).
- Attendees today agreed to change the name of the profile “BundledCognitiveStatus” to “CognitiveStatusCollection” (FHIR-29989).

8) Adjourn