PACIO Weekly Meeting

Time: Wednesday, April 28, 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 (Leah Allen)**

   - Reviewed information for the HL7 May 17-19, 2021 Connectathon:
     - **Registration:** https://www.hl7.org/events/fhir/connectathon/2021/05/
       1. Registration Deadline 4/30/2021
       2. PACIO leadership reminded registered attendees to complete the Pre-Connecathon Survey (to be sent 4/29/21). PACIO leadership will send invitations to survey respondents who indicate interest in the Advance Directive Interoperability (ADI) track to the kick-off meeting (May 5, 1:30pm).
     - **Participant Check List:** https://confluence.hl7.org/display/FHIR/2021+-+05+Connectathon+27
     - **PACIO Advance Directive Interoperability (ADI) Connecathon Track:** https://confluence.hl7.org/display/FHIR/2021-05+PACIO+Advance+Directive+Interoperability

2) **Sp**eech**, La**nguage**, S**wallowing, Cognitive **C**ommunication**,** and **H**earing **(SPLASCH) Use Case Update** (Jamila Harley)

   - The Patient Care Work Group agreed on April 26 to sponsor SPLASCH. The SPLASCH use case lead still is identifying potential additional co-sponsors.

   - PACIO Leadership invites you to join the SPLASCH Use Case subgroup meetings to develop use case content. Please email Jamila Harley (jharley@asha.org) or Leah Allen (lallen@mitre.org) to be added to the distribution list and to receive future meeting invites (exact timing TBD).

- Members may review the SPLASCH Project Scope Statement (PSS) at https://confluence.hl7.org/x/ta97BQ

3) **Ballot Reconciliation Update** (Caleb Wan)
   - Summary slides: https://confluence.hl7.org/display/PC/Meeting+Index?preview=/86977192/111119337/PACIO-Ballot-Reconciliation-BLOCK-VOTE-5-new-items.pptx

   - The Patient Care Work Group approved Block Vote 4 on April 26.

   - Block Vote 5 Additional Items
     - **FHIR-29772** (Persuasive with Modification)
       1. The PACIO Tech Team and PACIO Community previously assessed this ballot comment and reached consensus to adopt the proposed new code "Functioning" for PACIO IGs within the "Observation.category" field.
       2. The Observation Resource is the base for the "Bundled Cognitive Status" (which has been renamed "Cognitive Status Collection"), "Cognitive Status", and "Prior Level of Functioning" profiles. The "Observation.category" field currently is confined to codeable concept values and this new "functioning" code would be added to the available options.
       3. A member of the Ballot Reconciliation Subgroup presented a proposed "Functioning" description for this new Observation class based on definitions from multiple sources including the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF).
       4. The group made suggestions for revision and reached consensus on this definition:
          "Functioning is an umbrella term for body function, body structures, activities, and participation in societal roles. An individual's functioning represents a dynamic interaction between their health condition, environmental factors, and personal factors. Taking the broad view of health that encompasses physical, mental, and social well-being, includes optimizing functioning as a component of optimizing their health. Characterizing an individual's functioning includes both understanding the severity of an individual's signs, symptoms, impairments and limitations and how they correspond with day-to-day activities. Functioning also serves as a key health outcome within health care."
       5. Caleb reviewed the full disposition statement for this comment as documented in the slide deck noted above.

     - **FHIR-21419** (Persuasive)

      1. The team will provide additional text to describe use of the Cognitive Status and Bundled Cognitive Status profiles and their interaction.

- **FHIR-29974** (Not related)
  1. The PACIO Implementation Guides (IGs) define FHIR resources to standardize data exchange and per FHIR Security it is the IG implementers who are responsible to meet regulatory requirements such as HIPAA (https://www.hl7.org/fhir/security.html).

- **Block Vote 5 approval of FHIR-29772, FHIR-21419, and FHIR-29974**
  1. Siama Rizvi moved to approve, and Joy Doll seconded.
  2. The motion passed 29-0.

4) **Reassessment Timepoint Update** (Chris Pugliese)

- All necessary HL7 committees have approved the Reassessment Timepoint PSS. The HL7 Technical Steering Committee approved on April 26.

- Chris reviewed the Tech Team's decision to use "Encounter" and not "Clinical Impressions" as the Resource. Supporting reasons include:

  - Reassessment Timepoint aligns closer with the administrative concepts in "Encounter" (allowing for sub-encounters for timepoints for reassessments). "Clinical Impressions" is more clinically focused.

  - The team anticipates fewer extensions will be needed with the "Encounter" resource.

  - "Encounter" has a higher FHIR maturity level (FMM2) and frequency of its use is likely to increase with the USCDI.

- Chris showed a graphic reminding members that Reassessment Timepoint is a sub-component of an Encounter (e.g., Post-Acute Care Admission), which is a component of an Episode of Care.

- The community discussed several field definitions:

  - "**Type**": the entity structuring the timepoint: Payer, Regulatory-Federal, Regulatory-State, Provider, or Accrediting Agency.

  - "**Service Type**": This field is not mandatory; however, "assessment" is in the existing broad category code system list for this field. Chris posed two questions for group discussion:

    1. Does it make sense to put our assessment types in the service type field based on the example list values already defined in the FHIR resource? The group agreed but wondered how extensive the additions would be and recommended parameters placed around this to provide guidance (example list).

2. How specific or broad should this field be? The group discussed options for categorization including specific assessment instruments (such as OASIS), profession/discipline specific lists, system lists, or broad categories based on the administrative ways a record is structured.

3. The group reached consensus to create a list focused on: 1) [insert discipline] assessment; and 2) entity required assessment.

- **"Based On":** The Tech Team recommended to reference "Clinical Impression" instead of "Service Request" which is more commonly referenced for referrals. Clinical Impressions referenced in the "Based On" field would provide access to all the clinical data that could be associated with a given time point. The PACIO Community supported this decision.

- **"Reason Code":** Previously this was defined as the ICD-10 code that is the focus of the given timepoint. The Tech Team recommends updating the definition to include additional codes such as SNOMED. Supporting reasons include:

  1. The Encounter Resource already has a SNOMED code list associated with it.

  2. The field cardinality (1..*) allows for expansion of code systems.

  3. The Post-Acute Care community and electronic health records (EHRs) currently are not as familiar with using SNOMED codes. Chris reminded the members there is no harm in providing additional code system options. This definition change could be beneficial as SNOMED code use expands into more care settings.

5) **Advance Directive Interoperability (ADI) Use Case Update** (Maria Moen)
   - The ADI subgroup reported on the data adjudication process of Advanced Directive forms from the environmental scan.

     - The ADI adjudication teams will begin review of three additional forms.

     - PACIO members interested in assisting with data adjudication should contact Maria (mmoen@advaultinc.com) or Tina Wilkins (twilkins@mitre.org).

   - Six to eight new people recently joined the ADI subgroup meetings.

   - The ADI FHIR IG mapping is about 85% complete.

   - Maria will share the FHIR IG Proposal with the Patient Empowerment Work Group on April 29.

6) **Walk-On Topics**

7) Documentation of Decisions and Action Items
  - Block Vote 5 approval of FHIR-29772, FHIR-21419, and FHIR-29974.

8) Adjourn