



PACIO Weekly Meeting

Time: Wednesday, May 12, 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 (Lynda Hoeksema and Dave Hill)

- Reviewed information for the HL7 May 17-19, 2021 Connectathon:
 - **Participant Check List:** <https://confluence.hl7.org/display/FHIR/2021+-+05+Connectathon+27>
 - **PACIO Advance Directive Interoperability (ADI) Connectathon Track:** <https://confluence.hl7.org/display/FHIR/2021-05+PACIO+Advance+Directive+Interoperability>
- Updated community on Reassessment Time Point Use Case:
 - The HL7 Technical Steering Committee (TSC) approved the Reassessment Timepoint Project Scope Statement (PSS) on April 26.
 - Subgroup leadership continues active work on the Implementation Guide (IG) proposal.
 - PACIO will focus on this Use Case for the CMS July 20-22, 2021 Connectathon.
- PACIO Leadership Transitions:
 - PACIO Leadership recognized the impactful role of Siama Rizvi on the PACIO Community since its inception as she leaves this project later this month.
 - Siama will be transitioning her project role at MITRE to continue to advance her career. She expressed her appreciation for PACIO community member's past collaborative assistance in Connectathon preparations, especially in sample data generation.
 - Lynda Hoeksema and Tina Wilkins will serve the PACIO Community fulfilling Siama's previous roles.



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- PACIO Leadership polled the community members on whether to hold the May 26 PACIO meeting due to conflicting HL7 Work Group Meetings. The community supported (83%) cancelation of the May 26 meeting in addition to the May 19 meeting (HL7 Connectathon conflict).

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

- The Patient Care Work Group agreed to sponsor SPLASCH; Community Based Care and Privacy agreed to co-sponsor. Conversations with additional interested parties are continuing.
- PACIO Leadership invites everyone to join the SPLASCH Use Case subgroup meetings to develop use case content.
 - Biweekly starting Tuesday, June 1 from 3-4 pm (ET).
 - 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.
 - Members may review the SPLASCH Project Scope Statement (PSS) at <https://confluence.hl7.org/x/ta97BQ>

3) **Advance Directive Interoperability (ADI) Use Case Update** (Maria Moen)

- Currently addressing:
 - Potential need for an advance directive goals outside of the end-of-life section.
 - Health Care Agent (HCA) authority and scope.
 1. PACIO Leadership will be discussing with the Consent Resource owners (Community Based Care and Privacy) at the upcoming HL7 Work Group meeting ways to convey acceptance of the HCA role.
 2. The ADI Community continues discussion on documenting a patient's desires around the permissions and limitations (restraints) for the HCA.
- The FHIR Management Group (FMG) approved the ADI Implementation Guide (IG) Proposal on May 5, 2021.

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

- Summary slides:
<https://confluence.hl7.org/display/PC/Meeting+Index?preview=/86977192/11125766/PACIO-Ballot-Reconciliation-BLOCK-VOTE-6.pptx>
- The Patient Care Work Group approved Block Vote 5 on May 10.
- Block Vote 6:



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- **FHIR-29414** (Persuasive with Modification)
 1. The ballot commentor had concerns with how the IG describes the security and authentication used in information exchange between settings.
 2. The underlying standards used will depend on the architecture used in the deployment, so are not described in Section 2.2 of the IG.
 3. The PACIO Tech Team will update the IG with language referring the reader to the FHIR Security Standards:
<https://www.hl7.org/fhir/security.html>

- **FHIR-21416** (Persuasive)
 1. The ballot commentor requested clarification on using the “.effective[x]” field (currently required), especially around the term “clinically relevant”.
 2. “Clinically relevant” refers to the time the clinician obtains the answers documented in the tool.
 - a) Most observations are expected to use “DateTime” since the actual observation is a point in time, even if the assessment occurred over a period of time.
 - b) The IG provides workflow flexibility for implementers to use “Period”. Retrieval of information should return the relevant information if “DateTime” is requested, even if the original observation was recorded as a “Period”.
 - c) A member clarified “Date/Time” will return the end time of a “Period”. Clinical Quality Language (CQL) could be used if additional information is required (example: colonoscopy in past 10 years).
 3. The PACIO Tech Team will update the IG with a paragraph explaining the above concepts.

- **FHIR-29982** (Persuasive)
 1. The ballot commentor recommended removing reference to a LOINC Part (LP2877-1) under the values for the highest level of education completed (Section 4.4 “Not Codified Assessments” table).
 2. The PACIO Tech Team will remove since it had been placed in error.

- **FHIR-29413** (Not Persuasive)
 1. The ballot commentor recommended aligning the value set codes for level of education with the vital records common profile library IG for “Parent Education Level”.
 2. PACIO leadership pointed out the Cognitive Status IG represents the patient’s highest education level (not the parents).
 3. PACIO has and will continue to coordinate efforts with the Gravity Project’s work on social determinants of health and collaborate with other workgroups defining and aligning value sets.



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- **FHIR-29990, FHIR-29996, and FHIR-29997** (Persuasive with Modification)
 1. Three ballot comments focused on the “PACIO Cognition Questionnaire Response Profile” and its constraint of the answer “value[x]” to the single “Reference (Observation)” in the “Questionnaire.Response” field. Commentors recommended consideration of the Structured Data Capture (SDC) IG.
 2. PACIO Leadership acknowledged use of bidirectional references in profiles is not desirable and this circular pattern should be avoided.
 3. The PACIO Tech Team will remove the Cognition Questionnaire Response Profile and update the IG with guidance for use of the SDC Questionnaire Response Profile.

- **FHIR-29977** (Considered for Future Use)
 1. The ballot commentor questioned the need for distinct IGs for both Cognitive and Functional Status. They proposed merging the IG into a common IG core for functioning data with subsections as necessary for domain specific profile needs.
 2. PACIO and Gravity Project Leadership are working together to address the issue where the only difference between related profiles for two different use cases is the code system/value sets.
 - a) A solution identified for the future would benefit multiple communities and prevent potential “explosion” of profiles developed for each distinct use case. (Example: Gravity Project could require hundreds of profiles if this is not addressed.)
 - b) PACIO Leadership described mutual investigation into a mechanism to determine the correct value set/code system at “run time” from a single profile.
 - c) Any potential solution will take time to develop and build consensus within HL7, so would need to be considered for later versions (STU 2), and not current plans (STU 1).
 - d) PACIO Community members offered to assist the Technical Team with this work for future versions.
 - e) SPLASCH Subgroup leads asked how this might affect their use case timing. PACIO Leadership clarified solution efforts will occur in parallel with ongoing work, and the use cases should not delay any efforts while waiting for a more permanent issue resolution.

- **FHIR-29978** (Considered for Future Use)
 1. The ballot commentor requested clarification for the IG definition of “Cognitive Status” and recommended anchoring labels and concept domains to the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF). The commentor expressed concerns over using “Status” in the IG title



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feeling the word implies a singular axis of assessment and does not capture the breadth of functional dimensions.

2. PACIO added a definition for cognitive status and added statements in the IG emphasizing the intent to include more broadly clinical domains in mental functioning observations.
 3. The PACIO Community uses the ICF conceptual framework and plans for IG expansions aligning with this framework in the future.
 4. PACIO will address use of “Status” in the IG title and potential merging of the Cognitive and Functional profiles (FHIR-29977) in the future (after STU-1 publication).
- **FHIR-29979 (Considered for Future Use)**
 1. The ballot commentor recommended providing a future roadmap of “what’s coming” for implementers’ understanding of concepts that are related to Post Acute Care and functioning but not included.
 2. PACIO Leadership described how future planned efforts (e.g., “roadmap) intersects with the issue of the potential “re-use” of profiles (FHIR-29977). Additional considerations include timing of the FHIR release versions (R4B and R5) and whether a FHIR solution to the issue would be ready for R5 versus R6. FHIR R5 is expected to go to ballot in September 2021, so potentially could be published in 2022 after all comments are addressed.
 3. PACIO Community could discuss a potential roadmap in a separate document, but it should not be in an IG.
 - **Block Vote 6 approval of FHIR-29414, FHIR-21416, FHIR-29982, FHIR-29413, FHIR-29990, FHIR-29996, FHIR-29997, FHIR-29977, FHIR-29978, and FHIR-29979**
 1. Rob Samples moved to approve, and Ken Harwood seconded.
 2. The motion passed 24-0.

5) Walk-On Topics

6) Documentation of Decisions and Action Items

- Block Vote 6 approval of FHIR-29414, FHIR-21416, FHIR-29982, FHIR-29413, FHIR-29990, FHIR-29996, FHIR-29997, FHIR-29977, FHIR-29978, and FHIR-29979.

7) Adjourn