



PACIO Weekly Meeting

Time: Wednesday, December 15, 2021, 1:30 pm – 2:30 pm ET

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 (Dave Hill and Tina Wilkins)

The Leadership Update slide deck is available on Confluence:

<https://confluence.hl7.org/display/PC/Meeting+Index?preview=%2F86977192%2F81020253%2F2021-12-15+PACIO+Leadership+Update.pptx>

- HL7 Connectathon-29 (January 10-12, 2022)
 - Connectathon will be virtual, based in Central Standard Time (CST).
 - PACIO SPLASCH use case track page:
<https://confluence.hl7.org/display/FHIR/2022-01+PACIO+SPLASCH>
 - Contact Brian Meshell at bmeshell@mitre.org if interested in participation.
 - Participant Checklist and list of all Connectathon tracks:
<https://confluence.hl7.org/display/FHIR/2022+-+01+Connectathon+29>
 - HL7 FHIR newcomer educational video:
<https://vimeo.com/542197402/8fb80fea04>
- HL7 Work Group Meetings (January 18-21, 2022)
 - Meetings will be virtual, based in Central Standard Time (CST).
 - Early bird registration deadline is January 4th
https://www.hl7.org/events/working_group_meeting/2022/01/
- Upcoming PACIO presentations:
 - January 18, 2022: HL7 Work Group Meeting “Birds of a Feather” Session
https://www.hl7.org/events/working_group_meeting/2022/01/
 - January 20, 2022: Forcura Connect Summit “Interoperability Playbook”
<https://www.forcura.com/connect-summit>



- March 16, 2022: HIMSS “Advance Care Planning Hits the 21st Century with FHIR” <https://www.himss.org/global-conference/session-advance-care-planning-hits-21st-century-fhir>
- Re-assessment Timepoints
 - The Implementation Guide (IG) for the January 2022 ballot is available at <http://hl7.org/fhir/us/pacio-rt/2022Jan/>
 - Ballot voting opened December 10 and closes January 10, 2022.
 - 100 people registered in the voting pool.
 - PACIO leadership encourages those without voting rights to still review and have someone in the ballot pool vote on your behalf or file a JIRA comment yourself (non-voting) at <https://jira.hl7.org/projects/FHIR>
- PACIO Dashboards
 - New PACIO dashboard (master) to track balloting on projects: <https://jira.hl7.org/secure/Dashboard.jspa?selectPagelId=14008>
 - Advance Directive Interoperability (ADI dashboard): <https://jira.hl7.org/secure/Dashboard.jspa?selectPagelId=14006>
 - Re-assessment Timepoints dashboard: <https://jira.hl7.org/secure/Dashboard.jspa?selectPagelId=14007>
 - Dashboards show number of votes eligible, affirmative, negative, abstaining, and no vote.
 - Dashboards track numbers and status of issues (submitted, open, and resolved).

2) Advance Directive Interoperability (ADI) Update (Maria Moen)

- ADI January 2022 balloting process update:
 - The ADI ballot IG is open for voting until January 10, 2022 and available at <http://hl7.org/fhir/us/pacio-adi/2022Jan/index.html>
 - 114 people registered in the voting pool.
 - Work on the STU-2 data model and IG updates can occur simultaneous with ballot reconciliation of STU-1 content (patient authored information).
 - Practitioner authored content type III (Portable Medical Orders) will be the focus for PACIO’s Standard for Trial Use-2 (STU-2) ballot.
 - The HL7 January 2022 ballot process also includes a ballot for a CDA document consolidating a national e-POLST.
 - POLST refers to portable medical orders (out-of-hospital medical orders used during emergency situations when a person cannot communicate their desires). Currently different states use different names for these types of orders.
 - Information about the e-POLST CDA Implementation Guide (IG): <https://confluence.hl7.org/display/SD/POLST+CDA+IG>



- E-POLST CDA January 2022 HL7 ballot information:
http://www.hl7.org/documentcenter/public/ballots/2022JAN/downloads/CDAR2_IG_POLST_R1_D1_2022JAN.zip
- ADI Subgroup meeting summary slides are available at:
<https://confluence.hl7.org/download/attachments/97470690/2021-12-15-ADI-Summary.pptx?version=1&modificationDate=1639604730931&api=v2>
- The subgroup completed discussion of the ADI “punchlist” showing the disposition of each adjudicated ADI concept and includes how items were incorporated into the ADI STU-1 IG (when applicable).
https://confluence.hl7.org/display/PC/ADI+%28Adv+Dir+Interop%29+in+FHIR+Materials?preview=/97470690/81015048/Overview%20of%20ADI%20FHIR%20IG_12062021.pdf
- Five items were held and not included in STU-1 while the Subgroup continues to evaluate:
 - Other directives that have not otherwise been documented
 - Relationship of copies to original
 - Current form replaces previous form
 - Personal advance care plan signer for declarant
 - Specific individuals to share ACP documents with
- Two items were determined to be out of scope:
 - Advance Directive NEMESIS
 - Notary needed
- CDA e-POLST leaders attend the ADI subgroup calls and shared gratitude for “cross-pollinating” across both projects.
- Both the ADI subgroup and the HL7 CDA e-POLST effort discussed possible occasions where prior document versions and forms need to be accessible.
- Requests for terminology changes/additions will be presented to LOINC at the Regenstrief Institute, as necessary.
- The ADI subgroup calls are cancelled for December 22 and December 29.

3) SPLASCH Update (Brian Meshell)

(**S**peech, **L**anguage, **S**wallowing, **C**ognitive **C**ommunication, and **H**earing)

- SPLASCH leadership reviewed the slide summarizing the December 14, 2021 meeting:
<https://confluence.hl7.org/download/attachments/91998515/2021-12-14-SPLASCH-Summary.pptx?version=1&modificationDate=1639524097194&api=v2>
- Clinical subject matter experts in the subgroup, PACIO leadership, and subgroup leadership are in the process of collaboratively creating sample data for the IG and January HL7 Connectathon testing.



- SPLASCH January 2022 HL7 Connectathon track schedule and other Connectathon details are available at:
<https://confluence.hl7.org/display/FHIR/2022-01+PACIO+SPLASCH>
- The SPLASCH Implementation Guide (IG) can be viewed at:
<https://paciowg.github.io/splash-ig/>
- Anyone interested in attending SPLASCH subgroup meetings or testing implementations at the Connectathon please email Brian Meshell at
bmeshell@mitre.org.

4) Guest Speaker- Daniel Vreeman, Technical Director of the Gravity Project

- Presentation slides are available at:
<https://confluence.hl7.org/download/attachments/86977192/2021%2012%2014%20-%20PACIO-Gravity%20Collaboration%20Meeting.pptx?version=1&modificationDate=1639605058843&api=v2>
- Gravity Project's background:
 - The Gravity Project, an HL7 FHIR Accelerator, develops consensus driven data standards to support use and exchange of Social Determinants of Health (SDOH) data.
 - Gravity leverages a single IG for the primary 18 SDOH content domains.
 - Current focus is on individual information sharing (person specific, not community level data sharing).
 - Four main types of information sharing (primary terminology standard):
 - Screening Assessment (LOINC)
 - Diagnosis (ICD-10)
 - Goal Setting (LOINC, SNOMED CT)
 - Interventions/Treatment (LOINC)
 - Two Primary Workstreams
 - Terminology Flow (SDOH domains)
 - Ground-up assessment of current terminologies and identification of gaps needing to be filled.
 - Technology Flow (HL7 FHIR)
 - FHIR IG makes the terminology and value set codes usable in real world workflows.
- Gravity Project's terminology approach in the FHIR IG
 - The Social Determinants of Health Clinical Care (SDOHCC) FHIR IG covers the previously listed four main types of information sharing.
 - The IG is currently in STU-2 for the January 2022 HL7 ballot cycle and available at: <http://hl7.org/fhir/us/sdoh-clinicalcare/2022Jan/>.
 - Many potential system interactions occur among the diverse ecosystem of patients, community-based organizations, clinical sites, government entities, and payers.



- Closed loop referrals between health and social care are the focus of the current Gravity use case.
 - Coordination platforms/organizations (using FHIR servers) may be used to share the SDOH information.
 - Different information flow scenarios are possible (see slide 8):
 - Native FHIR servers (blue lines) illustrate FHIR APIs being exchanged and that can “post to task”.
 - Web/mobile communication apps (orange lines) illustrate exchanges without native FHIR server capabilities (viewing only, cannot write back).
- Goal of the SDOHCC IG is a key set of FHIR profiles based on FHIR US Core versions (whenever possible) that can be used across SDOH content domains. Key profiles include:
 - Observation-Screening Response
 - Observation-Assessment
 - Condition
 - Goal
 - Service Request
 - Procedure
- First Round (STU-1) contained the resource elements (e.g., Condition.code) bound to value sets across entire terminology code systems (all of SNOMED-CT, ICD-10-CM, etc.) with domain specific details published in a supplemental spreadsheet.
- Second Round (current STU-2) contains domain-specific and SDOH roll-up (grouped) value sets defined and published in the National Library of Medicine (NLM) Value Set Authority Center (VSAC).
- Gravity worked with the USCore IG development team to have the primary profile elements use the same value sets in both IGs (e.g., Condition, Goal, ServiceRequest, and Procedure).
 - The IGs are set up to have the binding be to the Base value sets (US Core).
 - However, if exchanging SDOH data, you “SHOULD” use the SDOH value sets (essentially a subset of the US Core value sets).
 - The SDOH value set group is composed of sub-value sets for the SDOH content domains (only one terminology standard per sub-value set based on how VSAC is designed).
 - The January 2022 HL7 FHIR US Core 4.1.0 ballot contains the analogous approach and is available at <http://hl7.org/fhir/us/core/2022Jan/sdoh.html>
 - The ballot describes how SDOH is incorporated and how the Gravity value sets are grouped for use in the US Core Condition Profile and compatible with the US Core Problem code value set.



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- Category elements in FHIR resources can be used to provide high level groupings and distinguish between things like labs and SDOH information which both use the Observation Resource.
 - SDOHCC IG uses a “temporary” code system for SDOH domain categories (e.g., food-insecurity, housing-instability, etc.) and recommends these to be appended to category codes required/recommended for use by US Core. This allows for drilling down into domain areas.
 - US Core 4.1.0 value sets include a generic SDOH LOINC Group term (LG41762-2) as described at:
<http://hl7.org/fhir/us/core/2022Jan/sdoh.html#category-codes>
- Considerations for PACIO
 - Consolidating domain-specific (e.g., physical functioning, cognitive functioning, SPLASCH) profiles for the same Resource type (Observation, Condition, etc.).
 - Using domain specific value sets rolled up to higher level collections per Resource type (aligning with US Core Value Sets as possible).
 - Using International Classification of Functioning, Disability and Health (ICF) by the World Health Organization as an underlying framework for coding the functioning domain categories
<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>
- Group discussion
 - A PACIO Tech team member recommended to consider a “US Core +” concept that could be analogous to the Office of the National Coordinator’s (ONC) new “USCDI +” initiative described October 8, 2021 at:
<https://www.healthit.gov/buzz-blog/health-it/thinking-outside-the-box-the-uscdi-initiative>
 - ONC supports “the identification and establishment of domain or program-specific datasets that will operate as extensions to the existing USCDI” <https://www.healthit.gov/topic/interoperability/uscdi-plus>
 - What is the HL7 process for consolidation of prior published STU-1 IGs? (e.g., Cognitive Status and Functional Status)
 - Does this involve new Project Scope Statements (PSS)?
 - How did Gravity recognize this need for a single IG?
 - Initial Gravity work began looking at domain specific IGs.
 - However, prior to publication of STU-1 they realized with the numbers and breadth of SDOH domains a more scalable IG infrastructure would be necessary.
 - A member challenged the PACIO community to begin considering post-acute care not only in “point to point” data exchange, but also the entire eco-system and possible return of information via feedback loops that



might be important between components/stakeholders in that larger system.

- What about community-based organizations (primarily social care) who do not have as sophisticated information technology systems?
 - Nationally, additional work still needs to be done, especially among social care organizations.
 - For the Gravity project's SDOH data to be exchanged, organizations would have to either have FHIR based servers or an application that could speak FHIR with other external systems.

5) Walk on Topics

- Plans are for continuation at the December 22, 2021 meeting for further discussions about the Gravity IG design and sharing some PACIO member's visions about potential use of the ICF framework to ground content domains.

6) Documentation of Decisions and Action Items

- December 22, 2021 PACIO meeting will remain as scheduled.
- December 29, 2021 PACIO meeting will be cancelled.

7) Adjourn