



PACIO Weekly Meeting

Time: Wednesday, July 27, 2022, 1:30 pm – 3:00 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. USCDI v3 Publication (Matt Elrod)

- Provided a brief overview knowing AI Taylor from ONC will join a future PACIO meeting to give a more detailed update.
- USCDI is U.S. Core Data for Interoperability; the pieces of information that certified EHRs need to exchange.
- It is important that Post-Acute Care elements are included in USCDI for purposes of interoperability
- Each version of USCDI includes new data elements that are added or more appropriately categorized to advance the concept of sharing meaningful information. USCDI v3 is the third iteration.

2. Personal Functioning and Engagement (PFE) (Brian Meshell)

- PFE Ballot Readiness
 - At Patient Care workgroup meeting on Monday, July 25, 2022, PACIO Leadership presented the Personal Functioning and Engagement IG and supplemental guide.
 - A vote was requested to determine whether we are ready to ballot in the September 2022 ballot cycle.
 - Passed by unanimous vote (8-0-0).
- PFE Variance Request
 - PFE IG defines Narrative History of Status, which is a profile of observation. None of the observation categories in U.S. Core observation are applicable for Narrative History of Status. Normally U.S. Realm IGs need to use U.S.



Core profiles. We have created a variance request to use the base FHIR observation resource instead of U.S. Core observation.

- Will present variance request to the HL7 Cross-Group Projects Work Group Thursday July 28, 2022.

3. CMS FHIR Connectathon-3 ADI Track Highlights (Brian Meshell)

- Connectathon format was different from previous ones.
 - Instead of long build, test, validate sessions, this Connectathon had three short 20 minute demo sessions.
 - Expected that system was tested and working before the event started.
- Reviewed use case scenes and data flow. Four user-facing client apps, two servers, three scenes.
 - Scene 1: Create Advance Directive (AD) documents
 - Scene 2: Update AD documents
 - Scene 3: Retrieve the updated AD documents
- Key Takeaways:
 - Storing AD documents digitally eliminates a source of friction for patients and providers; avoids redoing manual effort of filling out paper forms. Flag old documents as superseded. With paper copies, can't guarantee it's the latest.
 - Be clear about when to write a new document (post) vs. update (put) to avoid duplicate data.
 - Use JSON Web Signature (JWS) as the source of truth for the date the document was digitally signed.
 - Make a list of endpoints available through a national directory so that providers know where to find AD Information.
 - Consider adding jurisdiction as part of the ADI implementation guide.
- Thank you to our implementers and contributors: ADVault, MaxMD, MITRE, MyDirectives, MyDirectives for Clinicians, and Patient Centric Solutions.

4. Advance Directive Interoperability IG (Tina Wilkins)

- Taking a break from weekly subgroup meetings to accommodate participants' vacation and to continue the behind-the-scenes work.
- Continue to work on environmental scan for STU-2 content
- ADI Leads will do some outreach work to other HL7 workgroups to resolve outstanding questions about STU-1 ballot items
- Will resume subgroup meetings on Aug 24, 2022
- Provided a Connectathon debrief which prompted discussion on Key Takeaways including a National Directory
- A community member elaborated on the suggestion to include ADI in a national directory:



- Use case 1: generate a searchable list of all of a patient's healthcare providers
- Use case 2: a resource for implementers to identify available FHIR endpoints
- Use case 3: identify a provider through national directory to exchange information with that provider
- Creating a national directory will remove one of the blockers to interoperability
- Intersection of ADI and National Directory: use directory to identify custodian to get data from.

5. Patient Cost Transparency (Corey Spears)

- An implementation guide that does not fall under PACIO but is of interest to the post-acute care community.
 - Part of the Da Vinci project, which is a FHIR accelerator.
 - Payer focused
- Regulation-driven access to API, burden reduction requirement.
- The No Surprises Act requires that patients can get cost estimate upon request.
 - Law has been passed, regulation will take effect January 2023.
 - Provider creates good-faith cost estimate
- IG is currently in ballot reconciliation. Over 220 tickets to resolve.
- Good faith estimate is a bundle, a container for FHIR resources.
- Advanced Explanation of Benefits (AEOB) is also a bundle.
- Goal is to empower the patient to make informed decisions about their health.
- Provided a demo of the IG using a barebones reference implementation. System includes middleware that connects to payer adjudication system.
- See FHIR IG registry for a list of IGs that may be of interest to PACIO community: <http://fhir.org/guides/registry/>

6. Walk on Topics from Members

- Solicited feedback from the community on the value of providing overviews of non-PACIO IGs. Members expressed interest in future PAC related IG informational sessions.

7. Documentation of Decisions and Action Items

8. Adjourn