



## **PACIO Weekly Meeting**

Time: Wednesday, October 12, 2022, 1:30 pm – 3:00 pm ET

**Location:** ZoomGov Meeting

**Meeting ID:** 160 985 6747

**PACIO Project Website:** [www.PACIOproject.org](http://www.PACIOproject.org)

**PACIO Project HL7 Confluence:**

<https://confluence.hl7.org/display/PC/PACIO+Project>

**Presentation materials from this weekly meeting:**

<https://confluence.hl7.org/pages/viewpage.action?pageId=86977192#MeetingIndex-2022MeetingAgendas,Materials,andMinutes>

**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)**

- No change to use case timelines. Status of the PACIO use cases:
  - Functional Status, Cognitive Status, Re-assessment Timepoints all published as STU1.
  - ADI has a two-pronged approach. STU1 is in ballot reconciliation, STU2 in IG development.
  - Personal Functioning and Engagement (PFE) just entered ballot reconciliation.
- AMIA Conference Presentation:
  - American Medical Informative Association
  - Nov 5-9, 2022 in Washington DC
  - Anticipating over 2022 attendees, new audience for PACIO
  - PACIO panel presentation “The Future is Now: Enabling Greater Post-Acute Care Interoperability” Nov. 9, 2022 from 8:30 to 10:00 AM (Eastern)
- January 2023 HL7 Connectathon and Work Group Meeting:
  - In-person at Hilton Lake Las Vegas Resort and Spa, Henderson, Nevada
  - Connectathon is Jan 14-15, 2023. PACIO will have a track.
  - WG meeting Jan 16-20, 2023



- Early bird registration deadline TBD

## 2) ADI Update (Maria D. Moen)

- Encouraged ADI community to attend and or participate in the HL7 FHIR Connectathon 32
- At the AHCA, NASL & NACL conference, PACIO community member provided updates on PACIO work including PFE, SPLASCH and ADI.
- Voiding orders is different in a paper world vs. digital world. With paper documents, it's possible to void individual sections within a larger document.
- Representatives from California, Louisiana, Oregon confirmed that their states require new portable medical orders to be created with new signatures to replace the previous version.
  - Currently there is no infrastructure in place to notify physicians when portable medical orders they create are no longer in effect. Recommendation is to identify a single source of truth in each state and encourage physicians to review periodically.

## 3) ADI Block Vote 3 (Corey Spears)

- Connectathon planning takes place at our tech team meetings Thursdays at 2:00 pm Eastern. If you're interested, please reach out.
- 18 tickets to review for ADI STU1 ballot reconciliation
- PACIO community gets to vote on the resolution before we bring tickets to the sponsoring workgroup Patient Empowerment.
- FHIR-35075 deals with the definition of "must support" which is important because it affects conformance. Corey reviewed the definitions of required, must support, etc. for ADI and requirements for data producers, data consumers, and servers.
- Next group of tickets deal with discrete data (as opposed to scanned paper copy.) Within this discrete data, certain data elements are required. Tickets say do not require the following data elements:
  - Healthcare Agent Section
  - Support for clauses
  - Support for policies and Provision.Action
  - Support for Description and Note
  - Support for Target
- Next group of tickets deals with anchoring URLs to THO terminology.hl7.org, which is the central repository for code systems and value sets. Defining code systems and value sets in THO (as opposed to in our IGs) is reusability.
- Next group of tickets deals with CarePlan:
  - Make Preference Care Plan CarePlan.title required
  - Clarify use of CarePlan in GPP for certain health conditions
  - Provide guidance on use of CarePlan.addresses



- Update definitions for value set expansion table. Provide LOINC code definitions for document types:
  - Power of Attorney
  - Living Will
  - Combined Power of Attorney and Living Will
- Corey moved to accept the 18 tickets described above as resolved. Maria D. Moen seconded the motion. Motion passed unanimously 25-0-0.

#### **4) SPLASCH Update (Brian Meshell)**

- Continued our discussion on expanding our existing patient scenario, working toward pilot opportunities.
- Lower than usual turnout at Monday's weekly SPLASCH subgroup call due to AHCA, NASL & NACL conference.
- Used this week as an opportunity to plan next week's agenda for when we will have our usual participants.
- In order to have a more focused discussion, we decided to dedicate the full time at the upcoming subgroup meeting going in depth into a single area that falls under SPLASCH (speech, language, swallowing, cognitive communication, and hearing.) Next week will focus on speech.
- Huge thank you to Inoka at ASHA who volunteered to moderate the discussion next week.

#### **5) Functional Status and Cognitive Status (Clarice Grote)**

- At this week's functional status and cognitive status subgroup meeting, narrowed down the scope of what to focus on.
- Identified the initial transition as hospital to IRF (inpatient rehab facility).
- Identified data elements around ADLs (activities of daily living,) assist levels, mobility, IADLs (instrumental ADLs, higher level tasks,) cognition.
- Discussing how to support transfer of this information without asking clinicians to change their clinical practice because this can be a barrier to implementation.

#### **6) Personal Functioning and Engagement (PFE) IG Update (Karl Naden)**

- Deep dive into the concept of the domains that are defined in the PFE IG: What are we trying to communicate and to whom?
- Primary goal is to get feedback from the PACIO community on an update to the way domains are defined in the PFE IG.
- Karl provided an overview of the PFE IG (provides structure) and PFE supplemental guide (provides domains and terminology).
- Originally used ICF categories as domains in PFE supplemental guide.
- The role of domains:



- Convey scope of the IG
- Tie IG to value sets for conformance checks (restrict the set of messages to improve interoperability and prevent nonsensical data).
- Group together clinically related observations
- Suggested that using ICF for mapping is too low level and too complex, and not easily understood by technologists.
- Proposal is to split the current conception of PFE domains into two separate concepts:
  - (1) PFE Domains: ICF chapter-level categories for communicating scope and value set conformance
  - (2) Clinical Categories (to be named) full ICF categories for clinical use
- Proposal 1: use ICF chapters Body Functions and Activities & Participation as PFE domains:
  - Non-overlapping
  - Intuitively distinguishable
  - Broadly accepted
- Proposal 2: Separate clinical category:
  - Support fine-grained clinical categories
  - Open questions: Are clinical categories fixed by code or will they differ depending on context? Relationship to ICF chapter in the PFE domain?
- A community member expressed concern about the proliferation in many different directions unless we provide specific guidance.
- Karl provided example of rolling up specific categories to higher level domain of self-care.

## 7) Impressions from AHCA, NASL & NCAL Conference

- A community member indicated we were able to connect with Jenny Lee from Matrix Care.

## 8) Walk on Topics from Members

- None

## 9) Documentation of Decisions and Action Items

## 10) Adjourn