



## **PACIO Weekly Meeting**

Time: Wednesday, October 26, 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) ADI Update (Maria D. Moen)**

- Promoted PACIO ADI work at Coalition to Transform Advanced Care (C-TAC) conference.
- C-TAC overlaps with ADI, examples: palliative care, hospice care.
- Environmental scan reviewed codes requested for artificial nutrition. Some combined artificially administered fluids with artificial nutrition, others did not. Need to understand clinical reasoning.
- National POLST form answers regarding artificial nutrition were influenced by the Catholic Church right to life.
- Discussion on whether there's a need for codes that express each intervention on a form (full treatments, selective treatments, comfort-focused treatments).
- Group consensus is that there's no need for additional codes to specify the treatment categories above.
- Need to find codes to represent treatments that are either obligated or prohibited (example: dialysis) but this is separate from the question about intervention categories.

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

- Led a discussion on the Personal Functioning and Engagement (PFE) domains.



- Reviewed the purpose of the PFE IG (structure) vs. PFE supplemental guide (domains, terminology.)
- Proposal to separate two ideas for categorization:
  - Domain: broad, higher level ICF chapters, useful for software developers
  - Clinical category: specific, lower level ICF categories, useful for clinicians.
- Emphasized the distinction between ICF body functions vs. Activities and participation.
- Group seemed generally onboard with the proposal with some caveats. Example: In the real world, it's rare for a patient's deficits to be purely physical or purely cognitive. Often, it's a combination of both.
- Next subgroup meeting will continue developing patient scenario for use in pilot opportunities, focusing on Betsy's speech deficits.

### 3) Functional Status and Cognitive Status (Clarice Grote)

- Home health use case demo scheduled for next week Nov 2, 2022.
- PFE domain discussion scheduled for a future functional and cognitive status subgroup meeting, date TBD.
- Community member discussed the California initiatives around data transfer.
  - Discussed how California aims to improve health interoperability and give patients greater choice in their providers.
  - DxF Data Sharing Agreement (AB 133) requires a single data sharing agreement for the exchange of health information.
  - Goals:
    - Prevent extended stays
    - Smooth transfers of patients
    - Reduce hospitalizations
- Want to take advantage of the overlap between PACIO and the California initiatives discussed at this week's subgroup meeting.
- In California, these changes are mandated. Some participants on the call expressed concern that without a similar mandate in other areas, it will be hard to persuade providers to adopt interoperability with FHIR.

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

- Pursuing the Paulina Sockolow and Edgar Chou paper on transitions of care as a possible avenue for pilots.
- Leverage the Oasis assessments as part of a specific evaluation by primary care physician required as a transition of care (TOC.)
- Plan to discuss this TOC pilot opportunity at the next cognitive and functional status subgroup call on Wed November 2, 2022.



# PACIO

- Discussed use of the existing TOC workflow described in Sockolow and Chou's paper, as opposed to asking clinicians to implement a new workflow, as this can be a barrier to adoption.
- Solicited participants on this weekly PACIO call who know of any organizations who would be interested in hearing a pitch for the pilot described above.
- Continued PFE ballot reconciliation, specific Jira tickets are described below.
- FHIR-38618 clarity on the term "personal functioning and engagement" in the IG title. Karl provided a definition of PFE and opened it up for group discussion.
- Scope and boundaries of PFE IG. The goal of the IG is to enable communication of health information.
- Key questions:
  - What information is in scope?
  - What is the relationship between PFE and other IGs? (IGs overlap in scope.)
- Use of the ICF is potentially a large scope.
- Many observations can be encoded using PFE, but not necessary because they are in the scope of other IGs (examples: heart rate, red blood cell count.)
- PFE lens: data into, out of, and between long term post-acute care (LTPAC) settings.
- Planned to have to continue this discussion at a future PACIO meeting.

## 5) Walk on Topics from Members

- None

## 6) Documentation of Decisions and Action Items

## 7) Adjourn