



PACIO Weekly Meeting

Time: Wednesday, November 30, 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>

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) PACIO Leadership Update (Dave Hill)

- No change to PACIO use case timelines.
- Working on ADI STU2 in preparation for January 2023 Connectathon. Will resume work on STU1 later.
- January 2023 HL7 Connectathon and Work Group Meeting:
 - In-person in Henderson, NV.
 - Connectathon over the weekend January 14-15, 2023. PACIO will have an ADI track STU2 POLST exchange.
 - Work Group meeting January 16-20, 2023
 - Registration is open now.
 - Early bird registration deadline is December 16, 2022 (significantly reduced price).
- Call for pilot participants:
 - Connectathons only get us so far.
 - Looking for pilot opportunities for PFE, ADI, Re-Assessment Timepoints.
 - Please use your contacts to help us spread the word.
 - If interested in piloting, please email Karl Naden knaden@mitre.org



2) ADI Update (Maria D. Moen)

- Gave the same call to action: need participants for January 2023 connectathon: EMR vendors, healthcare providers, etc.
- Questions for the community:
 - How does the field “additional orders or instructions” relate to “initial treatment orders” and “medically assisted nutrition”
 - How is the field “basis for these orders” used? Answer: provides the physician the ability to additional detail about what was considered when the PMO was created
 - Would an alert be valuable for the document existence as a whole
- Need to notify that a PMO exists. Alert resource is one option being considered, but there may be other options.

3) ADI STU-2 IG Overview (Corey Spears)

- Tech team work is focused on ADI STU2 for January 2023 Connectathon. After Connectathon, will return to STU1.
- STU2 is Portable Medical Orders (includes PMOLST, DNR, etc.)
- Focusing on National POLST in order to limit the scope for January 2023 Connectathon.
- Each state has a variation of the POLST form. Displayed an example POLST form.
- The important part of the form includes treatment orders for CPR, medically assisted nutrition, etc. Form also has supporting information, including who signed.
- Want to represent these POLST forms with FHIR.
- General ADI FHIR document structure:
 - Portable medical orders
 - Goals Preferences and Priorities (GPP) personal care experience
 - Completion Information (what was reviewed, who reviewed it)
- Provided an example of how to translate POLST to FHIR using LOINC answer lists.
- CarePlan resource can include reference to ServiceRequests, which represent the individual POLST forms.
- Goal is to have this effort wrapped up soon for Connectathon.

4) SPLASCH Update (Brian Meshell)

- Thank you to the SPLASCH Community for reaching out to their contacts about pilot opportunities
- Meeting with Open City Labs (date TBD) who we hope can help match us with a pilot partner organization.



- Continued to expand patient scenario:
 - Working backwards through the scenes thinking about what information each provider would want to receive from the previous.
 - Scenes include: acute care hospital, inpatient rehab hospital, skilled nursing facility, home health, assisted living facility.
 - Finished assisted living facility scene last time. Resume with home health scene.
- Asked the community if there is a need to include the FCMs that deal with high-demand situations, low-demand situations, or both.
 - Consensus to focus on high demand situations to maintain a lean data set. If a patient has difficulty in high demand situations, that's sufficient to trigger additional care.
- Discussed questions related to the reading and writing functional communication measures.
- Asked the community if we currently capturing reading/writing information about the patient and if not, should we be.
- Discussed which of the questions included in the reading/writing functional communicational measures (FCMs) to use.

5) Functional Status and Cognitive Status (Clarice Grote)

- Discussed the next steps for Functional Status and Cognitive Status use case.
- Thinking about what data can be communicated and how.
- How to overcome barriers (Implementation, cost, etc.)
- Policies that support Functional and Cognitive Status IG:
 - TEFCA
 - Patient ownership of data
 - Cures Act
 - CALAIM / DXF
- How do we move beyond CMS items / DEL.
- MDS section GG scoring vs therapy scoring items: don't align perfectly.
- Documentation is often completed with the payer in mind and varies between clinics.
- OASIS items are just data points. Need the context in which the data was collected.

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

- Discussed PFE ballot reconciliation topics:
 - FHIR-38618 Question use of "Personal" and "Engagement" in the IG title.
 - The community member summarized the concerns noted in ballot: wondering why the term "Personal" is used here when it's not used in other similar contexts.



- Reviewed the definition of each term in the IG title with the goal of alleviating balloters' concerns:
 - Personal: about an individual person, as opposed to a group or a non-human animal
 - Functioning: related to what the person can do, the help they need, effects of contributing factors.
 - Engagement: interested in helping the individual be an active participant in their life, as opposed to a passive observer.
- Balloter questioned the use of the term "Personal" because other similar IGs are implied to be related to a single person without specifying.
 - Example: You don't call it your "personal lab data." It's understood to be a single person's data.
- Other suggested names included the word "human" but the same response. You don't call it "human lab data." Technically FHIR can support veterinary medicine, but generally it's understood that we're dealing with humans.

7) Walk on Topics from Members

- None

8) Documentation of Decisions and Action Items

9) Adjourn