

2019 Jan WGM - Patient Care Agenda and Minutes

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Agenda

Quarter	Room	Size	Agenda	Hosting	Chair /Scribe (Attending)	Invitation Status	Questions/Notes /Proposed Topics
Mon Q1	Chula Vista Boardroom	10	PC Admin <ul style="list-style-type: none"> • approve minutes from Sept 2018 WGM - Patient Care Agenda and Minutes <ul style="list-style-type: none"> • Approve all minutes, except Thurs Q2 (need to talk to Stephen and Laura): Michael/Emma: 6-0-1 • review agenda for the week • Anesthesia intra-procedure DAM PSS request <div style="text-align: center; border: 1px solid gray; padding: 20px; margin: 10px 0;">  Anesthesia DAM PSS.DOCX </div>	PC	Michelle/Emma		
Mon Q2	Regency Ballroom East 1/2		Provenance	PC	Jay/Emma	Accepted: SD	
Mon Lunch							
Mon Q3a	Rio Grande East		Clinical Notes in FHIR (continuation from Jan 2018)	SD/PC			NEW TIME
Mon Q3	Regency Ballroom East 1/2		Mega Report Out	EHR	Not Applicable (Laura/Emma)	Accepted: PC	
Mon Q4	Blanco		FHIR Workflow	FHIR-I	Michelle attend	Accepted: PC	
Tues Q1	Regency Ballroom East 1/2	40	CIMI	PC	Jay/Laura	EC Accepted: LHS, CIMI	
Tues Q3	Rio Grande East	30	FHIR Admin / trackers Ryan Howells Dave Hill - focus on FHIR-based post-acute care interoperability 2019-01 WGM FHIR Tracker Backlog	PC	Michelle /Michelle	Accepted: FHIR-I	
Tues Q3b	Maverick B		EHR - Hot Topic Reducing Clinician Burden	EHR	Emma/ Laura/ Mike P		No invite was sent...not sure if this is planned for Thurs or Tues. They announced in the Mega report out they are meeting Thursday Q1 and Q2 on Clinician Burden

Tues Q3 and Q4	Mesquite		v2.9 reconciliation V2 to FHIR	OO	Vassil Peytchev (attending for Amit Popat)		OO WGM Agenda
Tues Q4a	Regency Ballroom East 1/2	40	PC/Vocab Negation ballot Documentation Templates and Payer Rules (DTR) PSS GF#17946 Confusion regarding 'status' and 'outcome' metadata elements of "Procedure" resource (In Person with Floyd Eisenberg / CQI) Opiate care plan CDS	PC	Jay/Emma	CQI Accepted: Vocab, CIMI, OO, SD	
Tues Q4b	Maverick B		"Podiatry Functional Profile" Joint Meeting (EHR WG hosting): Attachments, CIMI, CQI, O&O, Patient Care, Pharmacy Head count does not include formally invited WGs	EHR	Declined: PC (PC did not accept and are not available)		
Wed Q1	Regency Ballroom East 3	30	FHIR Trackers 2019-01 WGM FHIR Tracker Backlog	PC	Michelle /Michelle	Accepted: OO	
Wed Q2a	Directors		Joint with PA <ul style="list-style-type: none"> Care Team (LHS) Resource VerificationResult (PA please provide overview) 	PA	Not Applicable (Michelle /Emma)	Accepted: PC	
Wed Q2b	Mesquite		Blood Products, tissue and biological product (update needed)	OO	Michael Padula		
Wed Lunch	Rio Grande West	30	Clinicians on FHIR Lunch (PC will reserve room) Agenda <ul style="list-style-type: none"> Discussion - Possible Use Cases <ul style="list-style-type: none"> Child Health Medication Care Team SDoH 	PC	Laura/George	N/A	
Wed Q3a	Mesquite		Observation-Media-DocumentReference/DiagnosticReport-Composition OO owned FHIR resource review	OO	Not Applicable (Michelle/Jay)	CDS, SD, CQI, FHIR-I Accepted: PC	
Wed Q3b	Rio Grande Center		Common Clinical Registry Framework	CIC	Not Applicable (Laura)	N/A	
Wed Q4	Regency Ballroom East 3	30	FHIR Tracker (AdverseEvent) 2019-01 WGM FHIR Tracker Backlog Boundaries with a new resource for Incident or Accident (PA tracker GF#14199)	PC	Michelle /Michelle	Accepted: BRR	
Thurs Q1	Rio Grande Center	40	CarePlan report out (mega report out about all things care plan without diving into any details) <ul style="list-style-type: none"> Care Plan <ul style="list-style-type: none"> CarePlan Type - Rob McClure Dental Interoperability Investigative Project - Todd Cooper CCDA - Lisa Nelson Essential Information for Children with Special Healthcare Needs - Mike Padula NCPDP/HL7 Pharmacist Care Plan - Shelly Spiro, Sabrina Gonzaga ELTSS- Reporter TBD, (Jonathan Coleman) <i>Targeting a May STU ballot</i> Nutrition - Margaret Ditloff Patient Care Care Plan 2.0 Project - Laura Heermann, Emma Jones, Jay Lyle IHE DCP/DCTM: Care Team update while Care Planning- Emma Jones FHIR Resources <ul style="list-style-type: none"> Care Plan Care Team (LHS) FHIR Connectathon - Care Planning and Management Track <ul style="list-style-type: none"> Dave Carlson Jeff Danford (demo) 	PC	Laura/Emma	Accepted: LH S, Pharm, SD	

Thurs Q2a	Rio Grande Center	25	CDA deep dive DaVinci PSS - eClinical Data Exchange Updates on CCDA to FHIR Update on use of StructuredDefinition to represent CDA Templates Stewardship of clinical content (Need hearty representation from SDWG) Clinical Status (Need hearty representation from SDWG) GF#14874 Condition statuses	PC	Laura /Jay /Michael (Michelle attend)	Accepted: SD	
Thurs Lunch	Rio Grande Center	10	Co-Chair Admin (plan next WGM agenda) Confluence info architecture	PC	Michelle /Michelle	N/A	
Thurs Q4	Rio Grande Center		CareTeam DAM Ballot Preparation	LHS	Not Applicable (Michelle /Emma/Laura attend)	Accepted: PC	Care Team DAM ballot pres CIMI with LHS Wed Q3
Friday	Rio Grande West		Clinicians on FHIR (Russ will reserve room)				

Minutes

Mon Q1

Chair: Michelle Miller
Scribe: Michelle Miller

Approved minutes from [Sept 2018 WGM - Patient Care Agenda and Minutes](#)

Approve all minutes, except Thurs Q2 (need to talk to Stephen and Laura): Michael/Emma: 6-0-1

Review agenda for the week

Regarding the Anesthesia intra-procedure DAM PSS request, Patient Care has a few questions:

- Should Pharmacy and/or OO work groups be involved?
- What is expected of Patient Care as a co-sponsor? Should Patient Care be an Interested Party instead (due to bandwidth constraints)?
- Scope mentions a "first release" but no other comments about what is in a subsequent release.
- May 2019 is aggressive timeline to ballot. Is the material already started / drafted and can Patient Care see it?
- SNOMED representative was present in the Patient Care discussion and asked if SNOMED is an inter-dependency?
- Possible topic at CSD tonight?

Mon Q2

Chair: Jay Lyle
Scribe: Emma Jones

Provenance

Discussion - Brett Marguard



DataProvenanceP...190114_v01.pptx

Ask:

- 1) Do we need a new project
- 2) Is PC and SDWG the logical WG to co-sponsor?
- 3) Where is the logical home?

Addl info - 21st century Cures Act and USCDI proposed expansion process lists Provenance along with narrative.

Addl info - DoD has a project.

October 2018 WGM - Joint with PC and SDWG

- Two key principals - who handed you the data and who originated it

Need to understand how provenance is functionally produced or originate the provenance information.

C-CDA IAT -

- Who authored it and who handed it to you
- data and metadat for purpose of trust, traceability and identification
- include the when
- capture last system that provided, not the full chain of provenance - notion of one-hop prior

one-hop back may lose the notion that patient generated the data if originated from the patient.

IAT, the WHO is not only the who handed it to you should include the who created. Suggest including the who and the when.

the "one-hop" prior should include "at least" - if not carrying the entire provenance

Suggest taking a look at David Hay's blog on provenance. it also includes clarification of the verification resource is complementary to FHIR.

Distinction between author and performer - noting that author is a loaded term.

May need to get into the 'what' to determine the role and activity related to the provenance.

Question from the VA was if there is more than one link in the provenance chain, would be interesting to know what is the weakest link.

Notion of weakest link implies a judgement call - suggest provenance is captured in an objective way

Prior provenance efforts -

- DS4P
- EHR Functional model- have a profile on the FHIR provenance resource
- FHIR provenance resource
- HL7 V3
- IHE set of Profiles - MHD profiles, QEDM, RECON
- ONC tracking provenance challenge
- ONC S&I Initiative on Data Provenance

Discussion should be on systems functional behavior of capturing provenance information - why is EHR work group not the home?

Security WG - Provenance core model is predominantly derived from W3C Prov.

Does EHRWG provides guidance on "How" systems should capture and deal with provenance? Need something that says - use this.

The challenge is when the work requires expert resources on what to do. HL7 is having a challenge of getting the right community together.

Data Provenance IG vision need

- Functional guidance
- Technical guidance
- Reference standards scope
 - C-CDA 2.1
 - FHIR using US Core
- Content Scope
 - Data classes listed in draft USCDI

Additional things to add

- what's the use cases to create and consume provenance?
- Clinical use of provenance use cases

Is patient care and SDWG the logical WG to be considered for co-sponsor? Patient Care is interested. So is SDWG. CBCP (formally CBCC) would like to be interested party.

Motion for Patient care would like to be involved in the project procedural and analysis development of the requirements and use case discussions

Moved: Brett/Second: Chris Hall

No further discussion

43 for; 0 against; 0 abstain

Project is planning on going to security as primary sponsor. John M does not think security should be the primary. Suggest EHR-FM

Suggest the EHR-WG should be involved as interested - to ensure that the functional requirements are captured correctly.

Others think it should be owned by security - security owns the FHIR resource

Concern with separating the work out - CDA Mgmt group is currently trying to figure out the ownership of some templates that was designed by one work group but doesn't seem to be working functionally.

Seem to have a chicken and egg situation - there are multiple different ways of looking at provenance. Need to consider all the use cases and define provenance. Then from there, determine the end goal for the project. When this is done then the participants can be identified.

Question is about governance - what work group should be the sponsor? what work group that has some level of authority and would like to exert. Have not heard from EHR-WG leadership in this meeting. Suggest talking to them about their interest in participating.

Currently have 2 options - The way currently being approached or suggest using Standards as a service process.

Plan on having discussion with CBCP and EHR-WG

Suggest bringing this up with Gemini as a possible IHE project

Conversion of HL7 messages or CDA documents to FHIR resources - capturing provenance of that - is it part of the use cases?

- Yes, but not a primary use case.

Clinical Status - Moved to thursday Q2

Ownership of Clinical Content - Moved to Thursday Q2

- collaboration between PC and SDWG.

Mon Q3

Mon Q4

FHIR - I workflow

Overview of workflow patterns provided by Lloyd. Example Scenario resource is meant to organize the workflow

Currently no active change requests on the event pattern - currently at maturity 3

R5 - will try to enforce the workflow mappings. Will move the example resource forward.

Examples to cover the context of use

- examples like diagnosticRequest and serviceRequest is helpful for the community to see how this happens in the real world. Talked about desire of creating examples based on templates.

Workflow calls information is located [here](#)

Questions

What is the maturity level for workflow patterns?

- Workflow patterns will always be informative. There isn't maturity levels assigned to the patterns.

Message header resource has an event type code that has no valueset. Will there be a normative valueset? Have not had a request from the community for one.

Imaging study resource represents DICOM imaging studies that can be created at several points in time with or without procedure. Question from the imaging workgroup is if imaging should follow the event pattern. This is a discussion for the II members to be convinced why this will make sense.

Anyone looking to forward systems protocols - FHIR-I have a sense of what needs to be done but want to work with someone who is actually wanting to do this.

OO is the owner of the Task Resource - can one of the WorkFlow calls can be used to talk about task resource? FHIR-I can make that work.

Connectathon Planning for May 2019 - Is there an effort to get a task based testing done? Have not had a request from the last 2 connectathon. If anyone is interested in this will be happy to see that happen.

Is messaging part of workflow? It is part of the infrastructure methodology. See List of patterns [here](#).

Tues Q1

Joint with CIMI, EC,

Agenda –

Skin and Wound

Pain Assessment

Process to get in the project Queue

Update on Care Team

Notes:

- Nathan Davis presented review of the work done for Skin and Wound in FHJR profiling.
- There is still review needed within CIMI
- Discussions on the cardinality for image... needs to be multiple.
- Discussion on wound edge and wound bed
 - Need the appearance and color to be 1:*
 - Questions about the negation of condition.... Was there an extension added to allow it?
 - The application of the questionnaire resource may be very helpful for this area (and negation of findings). NLM has created a tool to create questionnaire profiles quickly. This tool will be presented and reviewed in a CIMI meeting later this week. <https://lhcf FormBuilder.nlm.nih.gov/>
 - Example given by Richard regarding how many statement of absence are "qualified" statements of absence... no issue in the part I can see – may not include the whole part (i.e. femur)
 - Some of this comes down to common use – how the clinicians want to use and enter the data.
 - We need to decide if we are doing a data structure that is flexible or whatever is needed to build screens... (Mark K's assertion...)
 - Cardinality of the exudate descriptors are wrong.... They should not be extensions but references....
 - Concern in the room that without principles to some of these designs/patterns we are in a position to have a need to come to one or two people to say "how should this be done" and it is not sustainable....
 - Does CIMI have a role here?
 - We need the independent logical model and we need to say how the model maps to FHIR – but there is no way to have it 100% automatic mapping...
 - Perhaps the issues need to be distilled down a bit and submitted as trackers to work with FHIR to fix those items.
 - Or, perhaps there needs to be a fork in FHIR that deals with the logical model doing it the way it should be done.
 - Next steps –
 - Nathan will fix a few things mentioned in this discussion
 - The negation/absence of things needs to be addressed (Q4 today PCWG and onward)
 - There will be investigation of the questionnaire for the use in topics like this one
 -lots of discussion on the "Philosophy" . without any resolution of how to come to conclusion on the philosophy. Suggestion made to submit tracker items for the FHIR tracker issues - but no commitment made to it.

- Motion made by Stan to end the previous Skin/Wound project and continue the work Nathan has been doing instead – 2nd by Claude. Richard and others, would like to see a short summary of lessons learned. Others comment on hating to lose the IP that was obtained. No amendment to the motion – cancel or not, then have the discussion about writing up lessons learned separately. Opposed = 0, abstain = 2, passed = 23. Motion carries
 - edit: not to end the project; but to stop ballot process on this document. JL
 - Claude project RT modeling Care Team –
 - Balloted in in Sept – 60 comments being resolved
 - Created a new resource.... ?
 - Heavily used members and entities to define Care Team
- Many comments dealt with entities and roles and how they relate to each other. Need to look at a call with CIMI and LHS to resolve some of these comments. Now FHIR has a practitioner resource as well as Patient – so there is an impact on alignment...Weds Q3 – meeting with LHS to discuss. Please join, especially if you submitted comments.
- Pain Assessment –
 - Getting modeled for the Nursing but not an official CIMI project
 - May want to look at this to be a PCWG project....
 - Will discuss this more on a call with PCWG next week.
 - Maintain this quarter next WGM (Tues Q1 would be this joint meeting)
 - Could consider 2 quarters for these topics...

Tues Q3

Normative implications

- Absolutely required: 5 independent production systems in 2+ countries
- Scope can be tested via expert review and/or implemented
- To make breaking change in normative content, it would require a chat with FMG (when truly broken). If any vote is negative, then change won't proceed.

Resources targeted for normative (FMM=N) in R5

- Condition
 - Concern part of condition is done via Linkage, but that is still 0. Need Connectathon dealing with concern. Need to confirm whether Linkage will work (and no additional changes needed to Condition). Even if EHRs aren't doing full concern, then we need enough participants to confirm.
- AllergyIntolerance
 - Need Connectathon dealing with AdverseEvent
- Procedure
 - Scope includes: Patient Statement, Surgical Management, Counseling / Education, Post-Acute / procedures FOR a patient
- CareTeam
 - Challenge will be if it has been implemented (since most US vendors implemented Argonaut CareTeam profile on CarePlan resource in DSTU2). Allscripts has implemented STU3 CareTeam, but Epic and Cerner have not (although in the plans as part of uplifting to R4)

Increase FMM level as noted below

Note: to clean up QA reporting, we need to do RIM mappings. Lloyd said he might be able to help with RIM mappings once JIRA is up.

- FamilyMemberHistory (3)
- CarePlan (4 or 5) - no more breaking changes without community consultation
- Goal (4 or 5) - no more breaking changes without community consultation
- Flag - (3) assuming we find an implementer who is using it
- Communication (3) - not intended for secure email, nor should be used for everything that is shared (~messaging)
- CommunicationRequest (3)

Draft Resources (currently, FMM=0)

- Linkage - if there is bandwidth, try to increase to FMM (1)
- ClinicalImpression - if there is bandwidth, try to increase to FMM (1)
- AdverseEvent - if there is bandwidth, try to increase to FMM (1)

Any implementation guides?

The expectation is that the Patient Care WG will begin helping implementers via IG publications once resources are normative

- [GF#10028](#) Careplan: Provide ability to specify patient and/or provider preferences is in our backlog, but probably won't get to it in the next 18 months.
- Concern IG - ping Connectathon attendees to see if they care enough to have an IG. If no one cares, does Linkage go away?
- IGs for CCDA templates

What is timeframe to get resources at the new levels?

- Next Steps for 3 to 4
 - Solicit feedback from community - any scopes that haven't been implemented yet, or expect/intend resource to do
 - Conference call with PCWG to discuss/review/approve scope (and find implementers to help close any holes)
 - Get scope approved by FMG
- Next Steps for 4 to 5
 - Solicit feedback from community to confirm countries and implementers using resource

One sentence for R5

Ryan Howells - focus on FHIR-based post-acute care interoperability

- Observation, Goals, and a little CarePlan (e.g. cognitive status, functional status)

Tues Q4a

Chair: Jay Lyle

Scribe: Emma Jones

Negation ballot

Reviewed comments Number 19, 20, (83 - Floyd E. moved to adopt the proposal to be persuasive to change the wording. May T second: 28 for - 12 abstained - 2 against)

Documentation Templates and Payer Rules (DTR) PSS

- This session is informational to see if others would want to be involved in the project
- PSS is on DaVinci public site
- Developing payers rules for documentation needed for prior authorization. Will re-write as CQL statements and execute as FHIR api in the provider workflow.
- Think this might be of interest to PC
- How will this reduce clinician burden? Taking a proActive approach.
- Once PSS approved by the WGs will be hosting the calls
- **Request is for PC to be co-sponsor - will continue this discussion in the PC co-chair meeting.**

GF#17946 Confusion regarding 'status' and 'outcome' metadata elements of "Procedure" resource (In Person with Floyd Eisenberg / CQI)]

- What was PC intent for procedure.outcome?
 - one is the technical aspect of whether you finish the job
 - One is the procedure itself
 - One suggestion was to use "objective" instead of outcome.
 - If a procedure is based on a carePlan and the carePlan has a goal which will be another way of indicating objective.
 - Suggestion to write a rule that defines whether success or not based on the discrete elements in the data and the results. Joint commission will need to define at a more explicit use case if need to go deeper. The initial use case was completed was used for PH data. However, later found that the result of the procedure was not adequate.
 - CQI is sponsoring a project for quality measures and colon cancer is a use case. Folks can join this project and try to solve this issue.
 - Define up front what it is to meet the criteria.
 - Next steps is to see what the eCQM criteria is. The tracker is punted until they can see if this the way to go.

Opiate care plan CDS

- If prescribing opioids for chronic pain, there should be a treatment plan. The plan should be reviewed every 3 months. How do we indicate in the care plan resource that a review is done and by whom.
- There is a [tracker 11173](#) for this - PC would like to do a broader analysis needed for this because many resources will need this. Options was to use verification. Next steps was to run the review use case via CoF (Laura is working on it.)
- Another option was to use a task.

Tues Q4b

Wed Q1

Chair: Michelle Miller

Scribe: Michelle Miller

CarePlan

- [GF#19420](#) CarePlan mentions immunization but lacks reference to ImmunizationRecommendation

Goal

- [GF#17755](#) Add support for conveying whether the goal is a one-time goal or an on-going goal
- [GF#19335](#) Goal is addressed by MedicationStatement - seems like it should be MedicationRequest

AllergyIntolerance

- [GF#17592](#) FHIRPath expression of search parameter "onset" on AllergyIntolerance is wrong (waiting for input)

FamilyMemberHistory

- [GF#17809](#) Add condition abatement in FamilyMemberHistory
- [GF#17887](#) Need negative examples for family history
- [GF#19716](#) Suggestion of separating Birth Sex ValueSet with AdministrativeGender ValueSet

Wed Q2a

PA hosted quarter

[GF#16148](#) Encounter.reason and Encounter.diagnosis - defer to joint conference call on Jan 30 at 3pm Eastern

[GF#14199](#) Open up Task.context to reference other resources

[GF#15177](#) Does CareTeamCategory: Episode need to be linked to another Category for context? - 2018-Jan VHD #8

[GF#13601](#) Common "patient" searchparam has non-patient target

[GF#17304](#) Encounter needs a outcome element

Touched on VerificationResult being used for CarePlan reviews

Wed Q2b

Wed Lunch

Wed Q3a

Wed Q3b

Wed Q4

Chair: Michelle Miller

Scribe: Michelle Miller

Boundaries with a new resource for Incident or Accident (PA tracker [GF#14199](#))

AdverseEvent Resolved

- [GF#16028](#) Add who detected the adverse event
- [GF#15573](#) AdverseEvent.category may need to be expanded
- [GF#15028](#) Update cardinality of identifier elements
- [GF#13698](#) AdverseEvent.suspectedEntity.instance should allow CodeableConcept

Discussed, but no vote:.

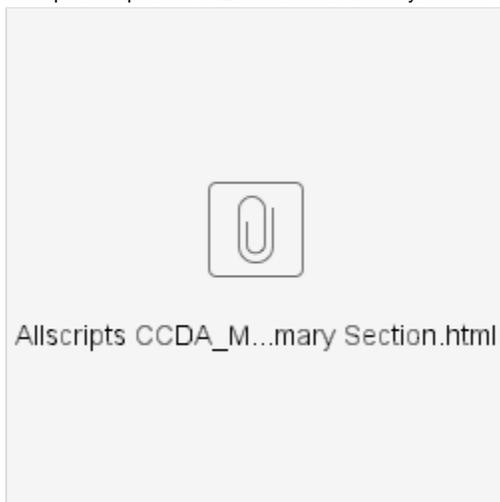
- [GF#19310](#) AdverseEvent.subjectMedicalHistory definition missing
- [GF#16037](#) Add attribute to capture likelihood of recurrence

Thurs Q1

Care Plan

- CarePlan Type - Rob McClure
 - Working with CDC for Opioid Treatment Care plan with focus using CQI on FHIR. Need to look for an opioid care plan. Where is the part that says opioid.
 - Discussed with Michelle - CarePlan.addresses.
 - Discussion with Elsevier - they are using planDefinition.topic
 - Using useContext focus to show the condition the interventions are focused on. This is relevant in carePlan.addresses
 - Per Rob McClure- opioid addiction use case
 - allow a carePlan to not only depend on plan definition to address what is needed for the patient - a specific
 - need guideline to 1)find an opioid treatment plan on the patient 2)if there is not one need to make a task to create one - so there is a review of a thing being done
 - Suggestion to bring this use case to CoF
 - FHIR pattern - certain elements can be a dataType - suggestion is to make carePlan.addresses into a codeable concept. ACTION: Michelle has logged this [gForge](#).
 - Lisa - suggest making changes with consideration for CDA carePlans as well
- [Dental Interoperability Investigative Project](#) - Todd Cooper
 - Creating a workgroup white paper - how to get it to a point of completion?

- Patient care has done white paper with the care plan work. At point of completion posted on wiki. Next steps is based on what the working team wants to do next. If PSS, follow the PSS process. Already have conference calls for dental Ops calls. If can fit into Care Plan topics can use that.
 - ACTION: Todd will send Laura email with his attendance preferences
- Will have a dozen or more use cases
- what is the process after the white paper is created? Will come up with specific PSS based on the usecases
- CCDA - Lisa Nelson
 - IAT - ran as a tract at the FHIR Connectathon to signal to people that the goal is to align C-CDA with FHIR
 - Had several tracks.
 - C-CDA on FHIR - all C-CDA docs have profiles expressed in FHIR
 - Care Plans - where are implementers at for care plan docs. two years ago there were zero. This year nearly every major vendor attended.
 - The drop box has care plan samples. Samples are diverse (this is an issue)
 - Allscripts Sample with IHE Care Plan Summary Section



- ACTION: will include topic in the carePlan 2.0 DAM - relationship with CDA and FHIR and how to address it. See Pharmacist care plan for examples.
 - Diagnostic report - create doc reference that points to the diagnostic report. care plan is very much like a diagnostic report. Is the expectation is to do as we do with composition. Is it a 3 or 3 layer vision?
 - ACTION: determine how Care Plan relates to the way diagnostic report is done.
- Essential Information for Children with Special Healthcare Needs - Mike Padula
 - Use case is the allow children that transfer to different care settings can receive the complex care they need
 - New born at risk use case - need to address what information is missing.
 - Utilizing the resources to do digital outcome review to identify how folks may do this in different ways that will drive consistency. Suggest - profiling this and create IGs.
- NCPDP/HL7 Pharmacist Care Plan - Shelly Spiro, Sabrina Gonzaga
 - <https://www.ecareplaninitiative.com/>
 - In the process of getting ready for ballot
 - Have shared thousands of care plans with different groups. Example of use cases - asthma
 - Web site put together through a grant from the community foundation
 - Next version balloting is to link the value set oids to the care plans. Goal is to do value based clinical measures.
 - All communities are using FHIR based resources - FHIR STU 3 for now.
 - C-CDA care plans are not being used much
 - Pharmacist need a document based solution visually help them understand the concept of exchange as a document.
 - Trying to move these concepts for both payers and providers.
 - Pharmacy Care plan stylesheet - left it up to the various vendors on how to render the document.
 - See the sample files
 - Making alignment between CCDA and FHIR - will use this as an example in the Care Plan topic.
 - Joint project with HL7 and NCPDP
- ELTSS- Reporter TBD, (Irina and Becky)
 - Flavor of care plan used in LTC
 - Working on a FHIR IG - PSS for May ballot
- Nutrition - Margaret Ditloff
 - Published STU templates for C-CDA
 - Have limited uptake at the moment
 - Continuing look at FHIR - determining what next steps will be. Mapping nutrition care process in the care plan resource. Participated in FHIR connectathon
- Patient Care Care Plan 2.0 Project - Laura Heermann, Emma Jones, Jay Lyle
 - [Confluence page for the care plan DAM planning](#) - see list of topics
 - SDoH - NCPDP is setting up a work group.
 - Multiple projects happening in the SDoH area
 - Targeting Sept 2019 ballot
- IHE DCP/DCTM: Care Team update while Care Planning- Emma Jones
 - Updates to the IHE profiles
- FHIR Resources
 - Care Plan
 - Care Team (LHS)
 - Meets today Q4 and also every Tuesday at 4pm EST

- FHIR Connectathon - [Care Planning and Management Track](#)
 - Dave Carlson
 - Jeff Danford (demo)

Thurs Q2

DaVinci PSS - eClinical Data Exchange (Viet Nguyen, Bob Dieterle)

- Clinical side sourcing of the clinical data that goes to providers or payers
- SD suggested bringing to PC to be the primary sponsor
- PSS Overview - Also see [here](#)
 - Has an overall of four tasks
 - eHRX - electronic Health Record exchange
 - eCDx - EHR data going to a payer or to other providers (PC)
 - ePDx - payer information from claims and other sources made available to the provider (Attachment, etc)
 - DEQM - data exchange for Quality Measures
 - Goal is to reduce burden to the provider
 - Request for sponsorship and interested party - attempting to bring the community in earlier
 - Da Vinci is funding most of the work
 - Da Vinci has a public confluence site where the work will be hosted
 - Da Vinci had 40 members present at this work group
 - Proved ability to write into a Cerner record coverage determination
 - Will make PC sponsor and SDWG as co-sponsor.
 - Add Gaye Dolin as clinical representation SME
 - CBCP would like to be co-sponsor
 - Will be creating extensions, profiles, IG. Goal is to re-use existing resources. When need guidance will go to the owners of resources.
 - Will work with all three recent releases of FHIR
 - Calls - will be made publicly available. Patient Care need to further discuss the call logistics
 - FHIR IGs - does it work with all the toolings? Yes - working with Lloyd and Grant
 - Project is realm specific because of the vocabularies and profiles (US realm)
 - Time line is aggressive
 - Timing of the meetings
 - New project calls
 - Plan on continuing the da Vinci calls
 - Current calls are Tuesday at Noon
 - Jay and Laura can attend
 - SDWG has been transitioning into an infrastructure role. Emphasis has shifted from direct clinical content
 - Does SDWG have any concerns with the CDA side of this project - this is principal a FHIR project that will be using the US core profiles
 - **VOTE:** Motion that PC WG accepts being the primary sponsor and (friendly amendment) SDWG will be co-sponsor **(Viet Moved /Austin Second) No further discussion 3 - abstain; 0 - oppose 38 - For**

CDA deep dive

- CDA 2.1 - at the final stage. Have a preview site set up for quality check. Calvin will be sending up a link (via SD list serve and co-sponsor workgroups). Goal is in 30 days. Is backward compatible. Was volunteered based.
- Released a stylesheet that works against CDA 2.0 or 2.1 documents.

Updates on CCDA to FHIR

- Mappings from the C-CDA templates to the US Core profiles
 - C-CDA to FHIR depends and uses FHIR core and the mapping the gives guidance on the data elements. This include vocab and structure work
 - SOA meet on **Weds at 11:00 am**. In search for a place to bring their PSS to be balloted.

Update on use of StructuredDefinition to represent CDA Templates

- Effects ability to align publishing processes.
- Knowledge transfer will get easier - other workgroups will know how to do CDA templates easier
- SDWG voted that C-CDA templating projects will not be solely published as word doc and pdfs. This means that release 2.2 will be published that way. Projects currently in flight will be grandfathered in using this technology. This will be good for PC to look at C-CDA templates and how it aligns with FHIR. Problem Concern project is being used to meet this need. It has been had when PC has attempted to inject change. Feel that this will make it easier for PC to inject change. This will support when PC insights become available will make it easier for the change to be injected.
- Will not be docs but may be web based. It's really about production of the process.
- Have been talking about what it would look like to make a release of CDA - Have seen that C-CDA 2.2 can be a candidate to address the new approach and the new need.

Stewardship of clinical content (Need hearty representation from SDWG)

- Need to plant a representative in the C-CDA process seems unrealistic
- C-CDA is a US focused
- Back to recognizing that plan for shifting the role of being a methodology group will mean shifting the clinical templates will shift to PC
- SDWG is saying no to clinically focused templates and passes it to PC. If PC says no, SDWG will take it on but with the caveat that other clinical groups need to be involved.
- CIMI has not been pulled in because they are about modeling - it's under a technical group. The idea with CIMI is to really constrain everything down. CIMI is also looking to the clinical group for the source part of the process.

- Historically, SD bit off a big chunk to start off C-CDA. Now other groups are coming in - pharmach, nutrition, payers. Need a governance body. PC need to think of themselves as the group that know how to bring the clinical knowledge into HL7.
- There isn't just one level or type of clinical reviews. This need to be figured out. CIC is a clinical society that can help a bit but need more technical review than strictly clinical. Clinicians on the outside still need to be funnelled in.

Clinical Status (Need hearty representation from SDWG)

- Jay Lyle - lots of pieces
 - Condition clinical status and allergy clinical status. Trying to harmonize but the work in FHIR is still in motion. Had a meeting series that ended.
- [GF#14874](#) Condition statuses
- Machine State Status
- Clinical Status - people can't seem to get on the same page about this part
- Verification Status
- What's the process or method to get this resolved?
 - Suggest doing a doodle poll and have folks vote there
 - Suggest doing as a tiger team
 - Maybe do both - vote based on the tiger team output. Do both the allergy and condition status
 - If decision is made by the time of the VSAC June update - need to have submitted by May
 - Put on HL7 calendar and make it well publicized - Vocab WG, SDWG, CQI - ACTION: Jay and Laura will work on this.
 - Suggestion to have this represented at the Facilatator Round table tonight - ACTION: Jay will go.

Keep same time for the next WGM. PC will request the room

Thurs Lunch

calendar for May 2019 reviewed and updated

rooms for May 2019 requested . <http://www.hl7.org/Events/MeetingPrep/reports/ViewWG.cfm> .

review of WG documents done - SWOT needs updating, will do at next co-chair call

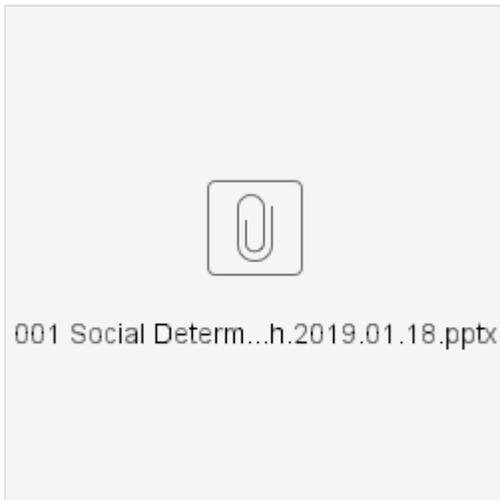
conference calls to be set up-

- co-chair (2nd and 4th Mondays at 5 ET) - Emma
- Care Plan (Wednesdays 5 pm ET) - Laura
- CoF (Tuesdays 5 pm ET) Laura
- Collaborative Templates (with SD) 1st and 3rd Mondays starting in Feb at 5 pm ET- Emma
- DaVinci - Jay and Laura to join Tuesday at 12 ET - they are setting it up
- FHIR resource calls (Thursdays 5pm ET) - Michelle
- Negation (Wednesday at 4 pm ET) - Jay
- Clinical Status - Jay and Laura to draft the plan to have a couple well advertised calls and set up a voting process to complete this discussion

Thurs Q4

Friday Q1

January 2019 Clinicians on FHIR SDH



Presentation:

Discussion: Clinicians on FHIR's best option for Care Plan 2.0 DAM is to draft an SDH white Paper.

Summary:

- Care Plan 2.0 DAM SDH Value Sets optional to define
- SDH Reference Value Set to identify SDH Categories needed (add)
- Questionnaire Response Resource reference to define SDH Category (add)
- Condition, support for "concerns" that are not yet problems (?)
- Support CDA Assessment Scale Supporting Observation, use for SDH

Factors:

- Multiple groups focused on determining SDH value sets.
 - SIREN – Project to define: transportation, food security, and housing stability and quality
 - ISA – Interoperability Standards Advisory (ONC) added Social, Psychological, and Behavioral standards.
 - HL7 Pharmacy Workgroup (NPRM) will be initiating a workgroup to identify SDH Value Sets
 - Existing SNOMED Coding identifying SDH exists, supports mining patients with existing SDH documented.
 - SDH potential information exceeds identified value set scope planned.
 - HL7 Care Plan 2.0 Model may or may not want to expand the value sets under consideration by other groups.
 - Patient documentation of SDH can be spread across care providers and workflows and should not, need not be the venue of one care provider type. This diverse data collection is realistic and reduces provider burden if the application is able to pull SDH together into a consolidated view.
 - Evaluation of FHIR /CDA Resources
 - After review and experimenting with logical models there are three existing FHIR resources suited to SDH.
 - Charting (Data Collection) for patient SDH, Conditions (Problems), and New Assessment Values
 - Condition (problems)
 - These can be mined by patient for existing SDH and charting for newly identified issues
 - There is an identified issue with condition that it does not adequately cover "Concerns" patient issues that are a risk but not achieved the state of being an active problem for the patient.
 - Charting SDH for patient
 - Observation Resource
 - This was deemed not optimal. The value in an observation loses context.
 - Questionnaire Response Resource
 - The question answer format provides context of the information collected.
 - Supports related (person) values
 - Supports patient data entry
 - Supporting Manual and Automated Care Plan Creation
 - Care Plan Resource currently supports query ability
 - Identified need for questionnaire response to support a reference mechanism to identify Q&A as SDH. This allows questionnaires to be constructed to support SDH information outside of groups determining specific value sets
 - Identification of SDH specific reference standard for categories (E.g. Housing, Transport, Social Support).
 - A questionnaire reference mechanism has benefits beyond SDH use
- Workflow – FHIR CARE PLAN – Queries for existing charted SDH either problems or charting Question / Response and returns suggested Care Plan issues problems/concerns that the user can incorporate into a plan of care.
 - Note – the focus of this solution is Care Plan oriented. There is no identified mechanism to identify SDH and list within an SDH specific section.
 - CCDA Support for SDH
 - Assessment Scale Supporting Observation
 - Assessment Scale Supporting Observation may need to support SDH category reference values
 - Assessment Scale Supporting Observation may need IG support for use beyond current section limits.

[Care Plan Resource](#)

[Questionnaire Response Resource](#)

- 9.9.5 Search Parameters
- Potentially use Item -> Modifier Extension