Multiple Chronic Conditions Dynamic Electronic Care Plan FHIR IG



(i) Warning:

Do not launch ANY of the links while your are in create or edit mode. There is a good chance all of your work will be gone.

Template Usage Information:

- Submit template change requests to PMO@HL7.org
- For Reaffirmations, please refer to the FAQ in HI7 Project Scope Statement Instructions for a list of which sections and fields should be completed

Project Name and ID

Enter the name of the project here: Multiple Chronic Conditions (MCC) Dynamic Electronic Care Planning and Management FHIR IG								
Project ID:	1618							
Complete this section for all "Direct to Normative" ballot projects and when a project proceeds from "Informative to Normative" or "STU to Normative".								
Forward PSS to the TSC (via tscpm	@HL7.org); this triggers American National Standards Institute (ANSI) Project Initiation Notification (PINS) subr	nission.						
						Date: Submission date		
- or - Direct to Normative (no STU) (includes reaffirmations)								
Identify ISO, IEC or ISO/IEC standar	rd to be adopted in text box below							
Enter info here if an ISO, IEC, or ISO	D/IEC Standard is to be adopted as an American National Standard; Enter the designation of the standard(s) to	be ado	pted:					
Includes text from ISO, IEC or ISO/IEC standard: Check here if this standard includes excerpted text from one or more ISO, IEC or ISO/IEC standards, but is not an identical or modified adoption.							No	
Select the unit of measure used in the standard; if no measurements are in the standard, select N/A								
Investigative Project (aka PSS-Lite)								
Check this box when the project is investigative or exploratory in nature, which allows limited project scope definition. Sections 1-Project Name, 2-Sponsoring Group(s)/Project Team, 3a-Project Scope, 3b-Project Need, 3e-Project Objectives/Deliverables/Target Dates, 3i-Project Document Repository, 6b-[Realm, if known], and 6d-[applicable Approval Dates] are required for Investigative Project. Investigative Project specific instructions are highlighted in yellow. An investigative project must advance in two WGM cycles, requiring a full scope statement. Otherwise the project will be closed.								

2. Sponsoring Group(s) / Project Team

2.a. Primary Sponsor/Work Group

Primary Sponsor/Work Group	Patient Care Work Group
(1 (And Only 1) Allowed)	

2.b. Co-sponsor Work Group(s)

Co-sponsor Work Group(s): (Enter co-sponsor approval dates in Section 6.d Project Approval Dates)	Clinical decision Support (CDS) - Agreed Feb 26, 2020 due to CDS Hooks SMART on FHIR integration and FHIR Plan Definition and FHIR Clinical Guidelines work Learning Health System - Agreed March 03, 2020 Requesting due to Care Planning and Management Involvement, and Care Team
Indicate the level of involvement that the co-spo	onsor will have for this project:
Request formal content review prior to ballot	
Request periodic project updates. Specify period	At WGMs and as requested

	Other Involvement. Specify details here:	Interested Parties:
		CIMI CBCP Public Health O&O EHR

2.c. Project Team

All names should have confirmed their role in the project prior to submission to the TSC.

Project facilitator (1Mandatory)	Gay Dolin			
Other interested parties and their roles	PC (Care Plan Team) - Patient-Centered Care Planning Learning Health Systems - Care Team Member Roles CIMI - Modeling for profiled resources and care team CBCP - Consent/Privacy&Security where consent might fit into the use cases OO - Referral Orders and Tracking (mechanisms to do closed-loop referrals) CIC - Registry Usage of the information (confirm data element content is valuable and appropriate for secondary use) CQI - Quality Measure usage of the information (confirm the element content is valuable and appropriate for quality measure uses) CDS - Clinical Decision Support and CDS Hooks Vocab - Value set validation etc Patient Empowerment			
Modeling facilitator	Jerry Goodnough/ Gay Dolin /Dave Carlson/ Jay Lyle			
Publishing facilitator	Jerry Goodnough			
Vocabulary facilitator	Gay Dolin, RobMclure, Susan Matney, Rob Hausam			
Jenna Norton, Stephen Chu, Emma jones, Laura Heerman				
Business requirement analyst	Evelyn Gallego			
Conformance facilitator (for IG projects)	Jerry Goodnough, Gay Dolin, Dave Carlson, Jay Lyle			
Other facilitators (SOA, etc)	Jerry Goodnough, Bryn Rhodes, Jeff Danford, Dave Carlson			

Implementers (2Mandatory for STU projects)

FHIR Project Note: The implementer requirement will be handled by the "balloting" project. Therefore work groups do not fill out the above section. However, feel free to list implementers specific to your work group's resources if you know of any.

1) RTI - leading multiple implementers

2) AHRQ ACTION III Networks https://www.ahrq.gov/research/findings/factsheets/translating/action3/actionIIIpartners.html

3. Project Definition

3.a. Project Scope

Initiated by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the multiple chronic conditions (MCC) Dynamic electronic care (eCare) Plan Project aims to develop, test, and pilot an interoperable eCare plan that will facilitate aggregation and sharing of critical patient-centered data across home, community, clinic, and research-based settings for persons with MCC, including chronic kidney disease (CKD), type 2 diabetes mellitus (T2DM), cardiovascular disease (CVD), and pain with opioid use disorder (OUD). The MCC Dyanic eCare Plan Project will:

- 1. Identify use cases to support the documentation and exchange of MCC eCare plan data within EHRs and related systems;
- 2. Identify, develop and prioritize the necessary MCC data elements and clinical terminology standards, clinical information models (CIM), and FHIR mappings that will enable the standardized transfer of data across health settings;
- 3. Develop and test an open-source clinician facing SMART on FHIR dynamic eCare plan application for managing persons with MCC; leveraging work done in previous FHIR Connectathon Care Planning and management tracks, FHIR Plan Definition and FHIR Clinical Guidelines; and
- Develop, test, and ballot an HL7® Fast Health Interoperability Resource (FHIR®) Implementation Guide based on the defined use cases and MCC data elements.
- 5. In latter part of the project:
 - a. Examine requirements with respect to conflicts in care recommendations and/or care delivery which may exist between chronic conditions within the eCare plan and across systems
 - b. If Plan definitions applied, examine requirements with respect to de-duplication in Plan Definitions applied

3.b. Project Need

More than 25% of Americans have MCC, accounting for more than 65% of U.S. health care spending. These individuals have complex health needs handled by diverse providers, across multiple settings of care. As a result, their care is often fragmented, poorly coordinated and inefficient. Therefore, data aggregation is particularly important and challenging for people with MCC. These challenges will increasingly strain the U.S. health system, with the aging of the US population. Projections suggest numbers of adults aged 65 and older will more than double and numbers of those aged 85 and older will triple by 2050.

Care plans are a prominent part of multifaceted, care coordination interventions that reduce mortality and hospitalizations and improve disease management and satisfaction. In addition, proactive care planning promotes person-centeredness, improves outcomes, and reduces the cost of care. By design, care plans take a patient-centered approach, both by making comprehensive health data available across providers and settings and through the incorporation of data elements that have not traditionally been included in health IT systems (e.g., social determinants of health [SDH], patient health and life goals, patient preferences). While Care Plans have been developed, they remain paper-based in many U.S. healthcare settings and are not standardized and interoperable across care settings when electronic. While care plans focused on a single disease or condition are unlikely to be tenable for patients with MCC or their providers, existing care plans infrequently address individuals with MCC. The development of care plans based on structured data has been proposed as a method for enabling electronic systems to pull together and share data elements automatically and dynamically. Such aggregated data would not only provide actionable information to identify and achieve health and wellness goals for individuals with MCC, but also would reduce missingness and improve quality of point-of-care data for use in pragmatic research.

The Fast Healthcare Interoperability Resources (FHIR) specification is an open-source standard for exchanging healthcare information electronically based on emerging industry approaches. The FHIR workflow specification includes a CarePlan request resource that may facilitate the transfer of data for an ecare plan across healthcare settings. SMART (https://smarthealthit.org/) and SMART on FHIR standards include open specifications to integrate applications with health IT systems and may enable the development of an e-care plan application that can integrate with a variety of electronic health record (EHR) systems.

3.c. Security Risks

Will this project produce executable(s), for example, schemas, transforms, style sheets, executable program, etc. If so the project must review and document security risks. Refer to the Cookbook for Security Considerations for additional guidance, including sample spreadsheets that may be used to conduct the security risk assessment.

3.d. External Drivers

National Institutes of Health (NIH) Statement of Work Requirements and Timelines.

3.e. Project Objectives / Deliverables / Target Dates

Clinical Information Model Analysis Mapping and definition (to existing profiles and resources)	March 2020
Connectathon 0 (Investigation and informal testing)	May 2020
CKD and related Draft Value Set Definitions (not for all chronic conditions)	June 2020
Care Planning, Plan Definition, Care Team, Care Coordination and Clinical Guidelines Framework for MCC eCare Plan	June 2020
Draft IG (non -balloted, ready for testing)	September 2020
SMART on FHIR App v1.0 (ready for testing)	September 2020
Connectathon 1	September 2020
Connectathon 2	January 2021
Connectathon 3	May 2021
Connectathon 4	Sept 2021
Connectathon 5	January 2022
Connectathon 6	May 2022

Submit for STU ballot	Target Date:
	September 2022
Complete STU Reconciliation	February 2023
Request STU Publication	February 2023
STU Publication Date	May 2023?
Submit for Normative Ballot	September 2025
Complete Normative Reconciliation	February 2026
Submit Publication Request	March 2026

3.f. Common Names / Keywords / Aliases

eCare Plan, Dynamic Care Plan, Multiple Chronic Condition Care Plan, Shared Care Plan, Comprehensive Care Plan, Care Planning and Management

3.g. Lineage

If your project creates a Post-Release 1 version; indicate the name of the prior product and if it is supplanting, replacing or coexisting with a previous release: NA

3.h. Project Dependencies

Care Plan Domain Analysis Model:

FHIR Care Plan Resource: http://hl7.org/fhir/R4/careplan.html

Care Team Resource: http://hl7.org/fhir/R4/careteam.html

US Core Care Team: https://build.fhir.org/ig/HL7/US-Core-R4/StructureDefinition-us-core-careteam.html

IHE Dynamic Care Planning Profile: https://wiki.ihe.net/index.php/Dynamic_Care_Planning FHIR Clinical Guidelines: http://build.fhir.org/ig/HL7/cqf-recommendations/artifacts.html

Plan Definition Resource: https://www.hl7.org/fhir/plandefinition.html

FAST Shared Care Planning Use Case: https://oncprojectracking.healthit.gov/wiki/display/TechLabSC /Ecosystem+Use+Case+Tiger+Team#ecosystem

FHIR Clinical Guidelines:http://build.fhir.org/ig/HL7/cqf-recommendations/artifacts.html

- Plan Definition Chronic Kidny Disease Risk Screening: http://build.fhir.org/ig/HL7/cqf-recommendations/PlanDefinition-ckd-risk-screening.html
- · Chronic Kidny Disease Ambulatory Plan: http://build.fhir.org/ig/HL7/cqf-recommendations/PlanDefinition-cc-cpg-plan-ckd.html

Projects and their Project Insight IDs can be found via http://www.hl7.org/special/Committees/projman/searchableProjectIndex.cfm? ref=common

3.i. HL7-Managed Project Document Repository Location

Multiple Chronic Conditions (MCC) eCare Plan

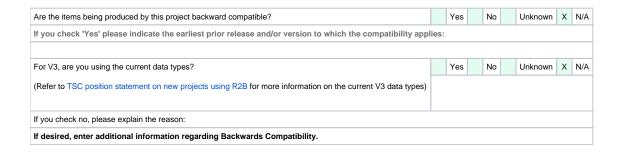
Projects must adhere to the TSC's guidelines (which were approved on 2016-04-04 and summarized in Appendix A).

A template to create a Project Page on the HL7 Wiki is available at: http://wiki.hl7.org/index.php?title=Template:Project_Page.

Enter the SPECIFIC URL of the HL7-MANAGED SITE where supporting project documents, deliverables, ballot reconciliation work and other project information will be kept.

HTTP://Multiple Chronic Conditions (MCC) eCare Plan

3.j. Backwards Compatibility



3.k. External Vocabularies

Will this project include/reference external vocabularies?	Х	Yes		No		Unknown	N/A	
If Yes, please enter the vocabularies: SNOMED CT, LOIN	IC, I	CD10,	CP	T, Rx	Norn	n, CPT		

4. Products (check all that apply)

	Arden Syntax	V2 Messages – Administrative
х	Clinical Information Modeling Initiative (CIMI)	V2 Messages - Clinical
	Clinical Context Object Workgroup (CCOW)	V2 Messages - Departmental
	Domain Analysis Model (DAM)	V2 Messages – Infrastructure
	Electronic Health Record (EHR) Functional Profile	V3 Domain Information Model (DIM / DMIM)
х	FHIR Extensions	V3 Documents – Administrative (e.g. SPL)
х	FHIR Implementation Guide (enter FHIR product version below)	V3 Documents – Clinical (e.g. CDA)
х	FHIR Profiles (enter FHIR product version below)	V3 Documents - Knowledge
х	FHIR Resources	V3 Foundation – RIM
	Guidance (e.g. Companion Guide, Cookbook, etc)	V3 Foundation – Vocab Domains & Value Sets
	Logical Model	V3 Messages - Administrative
	New/Modified/HL7 Policy/Procedure/Process	V3 Messages - Clinical
	New Product Definition (please define below)	V3 Messages - Departmental
	New Product Family (please define below)	V3 Messages - Infrastructure
	Non Product Project - (Educ. Marketing, Elec. Services, etc.)	V3 Rules - GELLO
	White Paper	V3 Services – Java Services (ITS Work Group)
	Creating/Using a tool not listed in the HL7 Tool Inventory	V3 Services – Web Services (SOA)

If you checked New Product Definition or New Product Family, please define below:

For FHIR IGs and FHIR Profiles, what product version(s) will the profiles apply to?
4 and 5

5. Project Intent (check all that apply)

	Create new standard						Supplement to a current standard						
	Revise current standard (see text box below)					Х	Implementation Guide (IG) will be created/modified						
	Reaffirmation of a standard						Project is adopting/endorsing an externally developed						
	Nev	w/Modified HL7 Policy/Prod	cedu	ire/Process			Specify external organization in Sec. 6 below;						
Х	MCC eCare Plan SMART on FHIR App						Externally developed IG is to be (select one):						
	White Paper (select one):				Adopted - OR -	?	Endorsed						
	Balloted Informative OR Non-balloted WG White Paper						N/A (Project not directly relate	ed to an	HL7 Standard)				

If revising a current standard, indicate the following:						
- Name of the standard being revised:						
- Date it was published (or request for publication, or ANSI designation date)						
- Rationale for revision						
- The relationship between the new standard and the current standard (is it designed to replace the current standard, a supplement to the current standard, etc.)						

5.a. Ballot Type (check all that apply)

	Comment (aka Comr	ment-Onl	')			Joint Ballot (with other SDOs)
	Informative					N/A (project won't go through ballot)
Х	STU to Normative	- OR -	Normative (no STU)			

If necessary, add any additional ballot information here. If artifacts will be jointly balloted with other SDOs, list the other groups.

5.b. Joint Copyright

Check this box if you will be pursuing a joint copyright. Note that when this box is checked, a Joint Copyright Letter of Agreement must be submitted to the TSC in order for the PSS to receive TSC approval.

Joint Copyrighted Material will be produced?			Yes		No
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6. Project Logistics

6.a. External Project Collaboration

Include SDOs or other external entities you are collaborating with, including government agencies as well as any industry outreach. Indicate the nature and status of the Memorandum of Understanding (MOU) if applicable.

For projects that have some of their content already developed:											
Joint initiative with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the Agency for Healthcare Research and Quality (AHRQ), and the Assistant Secretary for Planning and Evaluation (ASPE).											
https://ecareplan.ahrq.gov/											
https://www.niddk.nih.gov/health-information/communication-programs/nkdep/working-groups/health-information-technology/development-electronic-ckd-care-plan											
How much content for this project is already developed?	10%										
Requirements and content data elements only											
Was the content externally developed ?:	NA										
Is this a hosted (externally funded) project? (not asking for amount just if funded)		Yes		No							

6.b. Realm

	Universal	- OR -		Realm Specific
				Check here if this standard balloted or was previously approved as realm specific standard
US		US_D	rive	n by US NIH and other US Interests - reusing US Core profiles where possible

6.c. Stakeholders / Vendors / Providers

This section must be completed for projects containing items expected to be ANSI approved, as it is an ANSI requirement for all ballots

	Stakeholders		Vendors		Providers			
	Clinical and Public Health Laboratories	х	Pharmaceutical		Clinical and Public Health Laboratories			
Х	Immunization Registries	X	EHR, PHR		Emergency Services			
х	Quality Reporting Agencies	X	Equipment		Local and State Departments of Health			
х	Regulatory Agency	х	Health Care IT		Medical Imaging Service			
X	Standards Development Organizations (SDOs)	X	Clinical Decision Support Systems	X	Healthcare Institutions (hospitals, long term care, home care, mental health)			
х	Payors		Lab		Other (specify in text box below)			
	Other (specify in text box below)		HIS		N/A			
	N/A		Other (specify below)					
			N/A					
Other: Indicate other stakeholders, vendors or providers not listed above.								

6.d. Project Approval Dates

Click here to go to HL7 Project Scope Statement Instructions#Appendix A for more information regarding this section. Approvals are by simple majority vote of the approving body

Sponsoring Work Group Approval Date:	Patient Care WG Approval Date	2020-02- 02						
Administrative review – in parallel with Work Group Approval								
Co-Sponsor Group Approval Date	CDS WG Approval Date Learning Health System WG Approval Date	2020-02- 26 2020-03- 03						
Family Management Group Approval Date(s)								

CIMI Projects: CIMI Management Grou	CIMI MG Approval Date	NA								
CDA Projects: CDA Management Grou	CDA MG Approval Date	NA								
FHIR Projects: FHIR Management Gro	up						FMG Approval Date			
US Realm Projects: US Realm Steering (Email WG approved PSS to: tscpm@f		USRSC Approval Date								
Submit PSS to Steering Division after all of the above approvals are received										
Steering Division (of Primary Sponsor \	WG) Approval Date						SD Approval Date CCYY-MM-DD			
Last PBS Metrics Score:	Green		Yellow		Red					
PBS Metrics Reviewed? (required for SD /										
ARB and Steering Division approval	may be in paralle									
Architectural Review Board Approval Date: ARB Approval Date										
(required for externally developed conto										
TSC Approval										
If applicable, TSC has received a Joint Copyright/Distribution Agreement (containing the verbiage outlined within the SOU), signed by both parties.										
Technical Steering Committee Approva (Email SD WG approved PSS to: tscpn							TSC Approval Date			