

January 2019 WGM - Learning Health Systems Agenda and Minutes

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Agenda

Quarter	Room	Size	Agenda	Hosting	Chair/Scribe (Attending)	Invitation Status
Mon Q1			Meeting with PC, EC, CIMI	PC	Not Applicable	
Mon Q2					Not Applicable	
Mon Q3			Mega Report out	EHR	Accepted: LHS	
Wed Q3	Garden Terrace #127		Business Meeting <ul style="list-style-type: none"> • LHS - Admin • Review Agenda • Meet with CIMI 			CIMI
Thurs Q4	Rio Grande Center		Care Team DAM Ballot	LHS		PC; PA (check status)

Minutes

Mon Q1

Mon Q2

Mon Q3

Wed Q3

See attendee list above

Discussion

Plan is for CCDS resources to become normative

Need analysis work done sooner

Need to consider that the existing FHIR resources are tethered to the care settings. However that may need to change when dealing with community care.

Plan is to work on the FHIR alignment with resources FHIR -I is planning on moving to normative (R5 is planned for 18 months from now - June 2020?)

- Add to agenda for discussion with PC Q4 on Thurs

Friday - Clinician-on-FHIR careTeam track - to review the careTeam resource

Currently in the process of applying the reconciled requirements.

Have additional requirements - Should we see what changes are core resources changes Vs what are profiled.

For May Ballot, need to have requirements in by March. May need to review if scope changes.

Claude's analysis work to date:

- HealthCareProviderIndividualRole
 - Credentialed vs informal care provider
 - FHIR has no notion of an entity playing 2 roles. It's a person that happens to play a role

- HealthCareProviderOrganizationRole
 - FHIR blurs the distinction between how the practitioner is related to the organization and how practitionerRole can be linked to the practitioner but not to the related person even though, related person is two things - relationship and the role.

procedure.performer has function and actor but the referenced attributes differ in context.

Suggestion if Claude can define template to follow, we can divide the analysis work.

Next step is to focus on getting a shopping list of resources that is planned to go normative that is related to LHS-WG analysis work.

Claude estimates a month to apply the ballot changes to the DAM.

Need another document to look at the resources in FHIR and document the recommended changes.

Motion (John)/Second (Emma):

1. Continue discussing pattern set on weekly calls;
2. Make room reservation for May meeting with the same quarters as this meeting.
3. Review DMP, 3 year plan, Mission and Charter for any needed updates

Thurs Q4

See attendee list above.

Discussion related to moving resources to normative

- CareTeam - FMM2
- PractitionerRole - FMM2
- Practitioner - FMM3
- Organization - FMM3
- RelatedPerson - FMM2

notion of a care team that are fulfilled by roles and entities that fill these roles.

practitioner is an entity with a notion of role but FHIR has a practitionerRole

Have 18 months to provide feedback before these resources go normative.

What would be a the right way to review the resources?

- suggest taking a use case and review it as part of CoF and enter trackers.
- Testing care team during CoF tomorrow

There were several comments on the care team ballot about credentialed healthcare providers and the non-credentialed.

There are at least 3 concepts - a) licensure by a jurisdiction b) credentialed by what is allowed to be done per organizational policy - this relates to the care team member having a location they are constrained to. c) the idea of some special skills that are not required by passing an exam - e.g. dialysis - someone trained as a dialysis tech. If a person is on home dialysis, a related person may be doing the dialysis procedure.

In terms of the model, there could be a role that would fulfill these things.

Currently in FHIR, there are attributes that include the credentials. PractitionerRole has the location along with the role the practitioner may perform at that location.

relatedPerson - person related to the patient but is not the direct target of the care. also has an attribute of active. This is different than how it's modeled in the logical model. FHIR is missing the concept of skill for the relatedPerson. Plan to make a request that this be included in the resource. would use the example binding from [procedure performer-role](#). This example value set seem wrong to be used on relatedPerson

Why is this needed?

- Public health does evaluated community resources
- Analytics need to calculate the best outcome

FHIR has the things the person can do and the function of what they did on the practitioner. RelatedPerson can put as an actor but not what they are capable of doing. So if want to make parallel with practitioner need to be able to say what the function if.

Children with special needs are discharged with the parents needing to know specific skills.

Skilled nursing services for geriatric services provided by related person is reimbursable by M/Care and M/Caid. Family members are getting paid to do this care.

Tremendous amount of work to do the analysis to provide a cross-cutting view of FHIR to do this.

CIMI will start to enter the trackers against the various resource -

Potential Trackers

- gap in nutritionOrder - who acts on the order?
- and visionPrescription - who acts on the prescription?

Motion: LHS will work with Claude to enter trackers as identified on Claude's spreadsheet (Laura moved) - (Jay second) **Vote:** 0-abstain 0-against 13- for

Discussion related to the logical model

- HealthCareProviderIndividualRole
 - Credentialed vs informal care provider (informal care provider does not allow formal qualifications)
 - There are healthcare provider roles that are not credentialed e.g nursing assistant may not be credentialed.
 - There are valueset that may be very similar to what is used on practitioner.
- credentialedHealthCareProviderIndividualRole
- What happened to the NUCC codes that was bound to qualifications?

Will continue the same quarter for the May WGM.
Anticipate a May 2019 ballot for the CareTeam DAM.
Next LHS call is Tuesday Jan 22 at 4pm EST.