PACIO Project

To help improve interoperable health information exchange CMS and the Health FFRDC, operated by MITRE, co-founded the PACIO Project. The PACIO Project is a consensus-based, collaborative effort including policy makers, standards organizations, providers, and industry to advance interoperable health data exchange between healthcare settings, providers, patients, and other key stakeholders across health.

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Announcements

The PACIO Project Subgroups meet on a weekly basis during a combined weekly call. Please refer to the ***Meeting Index*** page for the subgroups' meeting agendas, minutes, materials, and additional information.

Be Aware of Meeting Notice Links: If you join the *PACIO Project - Weekly Meeting* using the HL7 Calendar Meeting Series Invite, please be sure to scroll to the ZoomGov Meeting links and dial-in information to join the meeting, or access the most up-to-date ***Meeting Schedule and Dial-In Information*** on the PACIO confluence page. The HL7 link and Call Info using the dial-in number with the 929 area code is not correct. The PACIO Project leadership team is actively working to rectify this issue.

About PACIO Project

Mission

The PACIO Project is a collaborative effort to advance interoperable health data exchange between post-acute care (PAC) and other providers, patients, and key stakeholders across health care and to promote health data exchange in collaboration with policy makers, standards organizations, and industry through a consensus-based approach.

Problem Statement

Care coordination, when a person transitions between healthcare settings, including ambulatory care, acute care, Long term post-acute care (LTPAC), and home & community-based services (HCBS), is often fragmented and can lead to poor health outcomes, increased burden and increased costs. Interoperable health information exchange has the potential to improve patient and provider communications and supports access to longitudinal health information that enables improved efficiencies, improved quality of care, and improved health outcomes. Data should be usable across the continuum of care, and beyond the traditional healthcare system – into the community.

Patients and their caregivers are also critical exchange partners if we are to make advancements in care coordination across the healthcare spectrum. Patients and providers stand to benefit significantly from digital applications that support electronic exchange of information between care settings. Digital applications can: (1) promote patient centric care through improved transitions and care coordination, including shared care through the belief that patients should own their data; (2) empower patients to be active participants in their care by working towards ownership of their own health data to help them make informed choices about their care; (3) lead to lower costs and improved quality of care; and (4) improve the healthcare experience and likelihood of better health outcomes by reducing potential errors resulting from incomplete or incorrect medical history.

Planned Approach

Building on the successful model pioneered by the Argonaut project, membership in the PACIO Project will be open to any participant willing to commit to the roles and responsibilities identified by the working group to support the overall success of the initiative. Contributions may include but are not limited to: (1) knowledge of the subject matter; (2) scalability of implementing the eventual solution; (3) willingness to assist in the delivery of key outputs and working group artifacts; (4) developing a testing framework for reference implementations; and (5) testing. The PACIO Project leadership team will meet with each participant to discuss resources they anticipate contributing to this effort. The PACIO Project will hold regular public calls and meetings, which will be open to anyone interested in learning more about the working group's activities. Final working group documents and FHIR implementation guides will be open source and shared on open, publicly available websites such as GitHub and HL7. Reference implementations may be open source or not; members retain the right to decide whether their portion of the reference implementation will be released as open source.

Milestones/Outputs

The PACIO Project will initially focus on development and/or review of several outputs:

- Initial, tightly-scoped use case(s) for implementation;

- PAC / Data Element Library (DEL) common data set for release in a FHIR API;

- Appropriate FHIR resources for deployment of the PAC Data Set;

- Set of data query profiles that will define the minimum mandatory data elements, extensions, and terminology requirements that must be present in the FHIR resource(s);

- Implementation guide for PAC providers to release PAC Data Set information;

- Reference implementation that can be validated at a future connectathon;

- Educational resources for providers and consumers (and their advocates) for how to access and use their information;

- Educational resources for policy-makers on the benefits of the DEL and other resources.

PAC on FHIR

The primary goal of the PACIO Project is to establish a framework for the development of Fast Healthcare Interoperability Resource (FHIR) technical implementation guides and reference implementations that will facilitate health data exchange through standards-based use case-driven application programming interfaces (APIs).

Why Should You Care About the PACIO Project?

Care coordination – when a person transitions between healthcare settings, including ambulatory care, acute care, long-term post-acute care (LTPAC), and home- and community-based services (HCBS) – is often fragmented and can lead to poor health outcomes, increased burden, and increased costs. Interoperable health information exchange has the potential to improve patient and provider communications and supports access to longitudinal health information that enables improved efficiencies, improved quality of care, and improved health outcomes. Data should be usable across the continuum of care, and beyond the traditional healthcare system – into the community.

Are PACIO Project Documents and Resources Open Source?

Yes, PACIO Project resources are open source under the Apache 2.0 license agreement, a permissive license that promotes open participation, yet also protects intellectual property, such as trademarks.

PACIO project information and all associated resources are open source and available on the *Meeting Index* page on Confluence.

How to Join

Membership in the project is open to any participant willing to commit to the roles and responsibilities identified by the working group to support the overall success of the initiative. Contributions may include, but are not limited to:

- Knowledge of the subject matter

- Scalability of implementing the eventual solution

- Willingness to assist in the delivery of key outputs and working group artifacts

- Developing a testing framework for reference implementations

- Testing

Join the PACIO Project by reaching out to info@PACIOproject.org

You may also ask and answer questions on our Slack channel (after you contact an administrator for access) or submit general questions to the PACIO Project email list.

Help spread the word about the PACIO Project by retweeting major announcements.

PACIO Leadership & Formal Relations

Roles and Responsibilities

CMS and MITRE will comprise the project leadership team and will focus on the overall success of the PACIO Project. MITRE will serve as the program manager, technical project manager, subject matter expert (SME), and developer of the common data set and implementation guide for the DEL. CMS, in collaboration with ONC, will provide guidance and subject matter expertise. Each PACIO Project participant will have the option of participating as a Contributor or an Observer.

Contributor

Defined as a participant who actively works towards the development of an output through participation in weekly meetings.

Observer

Defined as a participant who observes working group activities, participates in monthly discussions, review output and/or listens to updates.

PACIO Leadership

CMS: Lorraine Wickiser

ONC: Elizabeth (Liz) Palena-Hall

MITRE: Dave Hill, Siama Rizvi, Sean Mahoney

Functional Status Subgroup Leads

Group Lead: Dheeraj (Raj) Mahajan

Technical Lead: Chris Pugliese

Clinical Lead: Matt Elrod

Cognitive Status Subgroup Leads

Group Lead: Mary Anne Schultz

Technical Lead: Rob Samples

Clinical Lead: Steve Buslovich

Advance Directives Interoperability Subgroup

Use Case Lead: Maria Moen

Weekly and Monthly Meetings

Meeting Overview

PACIO Project participants will have the option of meeting in-person or via conference call on a regularly scheduled basis and as needed to discuss objectives, action items, outreach, and next steps. Contributors will be expected to attend weekly meetings to meet project milestones. Observers will be invited to attend monthly meetings.

• Meeting agendas, materials, and announcements will be posted on Confluence in advance of each meeting
• Meeting summaries will be posted on Confluence following each meeting

Decision Making Process

The PACIO Project will make decisions through participant consensus. Each contributing organization shall count as a single participant and votes shall count equally across participants. All participants will have an equal opportunity to advise and provide input. No single participant will have veto power; although the leadership team does not have veto power, they have adjudication authority to determine whether consensus has been reached as per the process described in Appendix A in the PACIO Project Charter.

The PACIO Project is action-oriented and will capitalize on participants' expertise and experience. This includes delegating agreed-upon action items to participants who volunteer to be issue or project "champions," who will foster other participant collaboration on the project. Core working principles include:

- Equal opportunity for each participant to express its positions and objectives;

- Respectful and professional dialogue; and

- Honest consideration of proposals, suggestions, and positions put forward by participants.

MITRE will communicate working group decisions to CMS and will make recommendations based on working group decisions for CMS's consideration.

Meeting Schedule and Dial-In Information

More information about meeting schedules, dial-in information, agendas, minutes, and materials can be found on the *Meeting Index* page on Confluence.

Shortcuts

PACIO Project Charter

HL7 FHIR Overview

IMPACT FHIR IG Intro Presentation - FINAL.pptx

PAC Landscape Analysis Report_FINAL-508.pdf

Apache 2.0 License Agreement

PACIO Functional Status Implementation Guide

PACIO Cognitive Status Implementation Guide

Upcoming and Past Meeting Schedules, Agendas, Minutes, and Materials

Slack

Twitter