2022 September WGM - Patient Administration

Agenda

Monday
No sessions Q1/Q2 due to the plenary sessions

Monday Q3

Attendees
2022 Attendance September Virtual WGM

Minutes
Chair: Line Saele
Scribe: Brian

Gender Harmony Update
Cooper gave an introduction/overview of the project for the new attendees present, followed by a status update on the project progress.
http://hl7.org/fhir/2022Sep/extension-individual-genderidentity.html
http://hl7.org/fhir/2022Sep/extension-individual-recordedsexorgender.html
http://hl7.org/fhir/2022Sep/extension-individual-pronouns.html

There is a cross product implementation guide in progress also v2/FHIR/CCDA/etc.
The status of the Terminology harmonization is going through to ensure that the correct USCI terminology progresses with the Vocab group - Cooper to Vocab in Q4 today

Connectathon Update
Gender harmony went well, likely not to repeat that next time
303 attendees came long - good turnout
Next connectathon should consider a track for patient merge now that this is in the specification

Administrative Items: Review Mission and charter
http://www.hl7.org/Special/committees/pafm/overview.cfm
Motion to retain unchanged the mission and charter by Rene Spronk/Cooper Thompson 11-0-0

Reviewed SWOT for Patient Administration Work Group
Additional threats identified specifically around the rising costs of travel and increasing reluctance of employers to fund travel when virtual options are available.
New workgroup members available with v2 knowledge so have removed that from the weaknesses
Motion to approve the SWOT updates Iryna Roy/Christian Hay 11-0-0
Motion to approve the minutes of the past meeting Cooper Thompson/Brian Postlethwaite 9-0-3

Reviewed outstanding action Items from last meeting (and others)

Review 3-year workplan
FHIR R5 Plan

☐ Line Saele to followup on project 1346, 1290
Monday Q4

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Brian
Scribe: Line/Reinhard (temporarily)

Interoperable Digital Identity and Patient Matching IG

Status update by Jeff Brown & Kathleen Connor

see also http://build.fhir.org/ig/HL7/fhir-identity-matching-ig/

and:

FAST Interoperable Digital Identity & Patient Matching STU 1 Ballot Dashboard

Interoperable Digital Identity and Patient Matching 1.0.0-ballot - STU Ballot 1 US

26 FAST ID Tickets for PA review & approval

4.5 Patient Weighted Input Information - no element in Patient Resource should be mandatory - but adding weight to the input level.

Patient Match should have IDI-Patient, Scores should be calculated to identify how accurate the match is. The Scores should be calculated automatically. The scores are NOT a % of accuracy.

The project is asking PA for a review of the 26 Tickets from the project. Lantana will take lead on this project in about two weeks, Mitre will continue to work together with them on this, so this should not effect the project or these tickets.

The group reviewed some of the tickets in Jira.

36902, 37190, 37196, 37236, 37254, 37781, 38169 was reviewed and discussed. 38169 needs to be revised. Jeff will take this back to the project and the Ticketmaster (Julie Maas).

PA asks for a block vote, and the core group will meet the week after the WGM for a quick block vote. Kathleen Connor will send the numbers of the tickets eligible for block vote.

Tuesday Q1

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Brian Postlethwaite
Scribe: Line Saele

Introduction.

Visit from Josh Mandel from FHIR-I.

R5 will be target to be released in February 2023. Reconciled and frozen.7 Trying to get an overview over future work - IG and profiles as well as resources.

That leaves PA with 4-5 months with 71 open trackers to resolve and 22 not applied.

We have 26 stale items. Brian Postlethwaite to update most of these.

Reminder to update Attendance in Confluence.

Checking different Jira items for review throughout the week.
FHIR-19285 - Move ranked billing diagnosis and procedures from Encounter to Account

This item will be added to Thursday Q1.

FHIR-17674 - Account should be to reference an encounter

FHIR-20998 - Add presentedForm to Account

FHIR-29681 - Remove identifier (OID) from ValueSet: US Core Encounter Type

Trackers this quarter:

FHIR-27833 - ChargedItemDefinition.instance list is incomplete

Not persuasive - Moved by: Cooper Thompson, Second by: Line Saele - 6-0-0

FHIR-38639 - Remove Gender Identity Example Code System

Persuasive - Moved by: Cooper Thompson, Second by: Reinhardt Egelkraut - 6-0-0

FHIR-36650 - Create Temporary Location Extension

Commented in Jira

Admin: Thursday Q4 will be cancel due to lack of co-chairs present (FMG + IC + flight).

Thursday Q3 is joint with O&O - Brian will talk to Riki so they know they are hosting.

FHIR-37648 - Better approach for large lists of participants in Encounter.participants

Commented in Jira

Tuesday Q2

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Brian Postlethwaite
Scribe: Line Saele

WGM scheduling trackers to several quarters

FHIR-24827 - Add InsurancePlan.parent for modeling hierarchical product families

The proposal to split the resource (notes by Cooper) make sense, and will follow this up in the Directory quarter on Wed Q1 and hope to have Bob present to discuss

FHIR-26412 - Define correct OID for value set

This appears to be a systemic issue and thus should be addressed at an organizational level on the policy for administering OIDS and FHIR core terminology.

This issue will be taken to FMG for decision on how all content like this should be addressed.
The coverage type valueset was reviewed and considered appropriate and noted a proposed disposition for discussion in the Thurs Q1 (FM joint session)

The coverage-type value set looks reasonably complete. We will update the following properties in InsurancePlan to use this ValueSet:

- InsurancePlan.type
- InsurancePlan.coverage.type
- InsurancePlan.plan.specificCost.benefit.type

Motion to withdraw Patient Administration CMETs by Alexander Henket/Cooper Thompson 5-0-1

http://www.hl7.org/Special/committees/pafm/projects.cfm?action=edit&ProjectNumber=1674

- Line Saele to follow up with Lynn to process this withdrawal

v3 Realtime location services was re-affirmed in the last Ballot with no negative votes to reconcile so is approved.

http://www.hl7.org/Special/committees/pafm/projects.cfm?action=edit&ProjectNumber=1675

The communication on practitioner has 2 purposes and the current design doesn't support splitting these differences. This should be updated to support this capacity, potentially updating PractitionerRole too.

Tuesday Q3

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Cooper Thompson
Scribe: Brian Postlethwaite

Thanks to Christian Hay for all his contributions over the many years of attending the Patient Administration workgroup - happy retirement!

- FHIR-26861 - request-insurance standard extension should apply to Appointment TRIAGED

The details of the extension aren’t well covered and there are other ways that this is addressed in Appointment/during administration.

The spec is planned to be updated to include a section detailing how the insurance/prior-auth information could be captured in an appointment during planning.

A draft disposition on the proposed notes to be included to cover this was included and will be discussed with the joint session with FM

Practitioner Communications/language

- FHIR-22114 - Make Practitioner.communication consistent with Patient/RelatedPerson.communication RESOLVED - CHANGE REQUIRED

Given several inconsistency issues this was requested to be re-opened to ensure consistency is maintained Brian Postlethwaite/Line Saele 7-0-2

- FHIR-26664 - Practitioner is missing a language preference indicator RESOLVED - CHANGE REQUIRED

In line with the above tracker this was also reopened to align with consistency Brian Postlethwaite 7-0-1

This structure was re-clarified and aligned and moved with changes

Persuasive with Mod Brian Postlethwaite/Reinhard Egelkraut 7-0-2

Tuesday Q4

Attendees
Minutes

Chair: Cooper Thompson
Scribe: Brian Postlethwaite

(Cooper going to Patient Care)

Practitioner Communications/language (continued)

- **FHIR-32114** - Make Practitioner.communication consistent with Patient/RelatedPerson.communication
  
  **Persuasive** Brian Postlethwaite/Reinhard Egelkraut: 4-0-0

- **FHIR-34874** - Proficiency Extension should be extended to use in any Resource that allows for Communication (such as Practitioner and Healthcare Services)
  
  **Persuasive** Brian Postlethwaite/Kimberly Figueroa: 4-0-0

- **FHIR-35965** - Service-category and service-type code systems are erroneously defined as `example`
  
  **Deferred to discuss with the submitter (Q3 Thurs)**

- **FHIR-34213** - In Location resource, add Communication element for sharing Languages available at that Location
  
  **Not Persuasive** Brian Postlethwaite/Reinhard Egelkraut: 4-0-0

Wednesday Q1

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Cooper Thompson
Scribe: Brian Postlethwaite

Primary topic: Provider Directory

**Overview on the status of the US National Provider Directory project and Connectathon status presented by David Hill and**

Discussion on the structuring of the guides to merge from 3 into 1 or similar. This discussion should be taken to FMG for what the consideration of the impact.

Brian Postlethwaite raised issue of can we update the VhDir to reflect the learnings from this work to then improve the base work for international usage - example ValueSets etc.

Cooper raised an issue that we should also consider if we could align the Argonaut Brands project with the national guide.

David Hill also updated on the status of the Patient Identity Connectathon track too - $match usage.

Brian Postlethwaite - also noted that the $merge operation that was defined last year has now been included in the R5 ballot build.

Daniel Kitchener questioned on the "provider merge" type functionality, and how the Verification Status content works.
Updated on the outcomes of FHIR-27833 - ChargedItemDefinition.instance list is incomplete RESOLVED - NO CHANGE and FHIR-26654 - Practitioner is missing a language preference indicator RESOLVED - CHANGE REQUIRED to the directory group for information and no additional discussion was needed.

FHIR-24827 - Add InsurancePlan.parent for modeling hierarchical product families TRIAGED Discussion on the proposal for how we would like to update this resource and potentially split into product and plan resources.

FHIR-35965 - service-category and service-type code systems are erroneously defined as 'example' TRIAGED Discussed that this content really was intended to be example and should not have been in THO, will follow up with Lloyd/Vocab on what would take to remove it.

FHIR-36810 - machine practitioner TRIAGED There is nothing in the practitioner resource as it stands that precludes using it for AI models/machines.

Could we consider including a standard extension for a codableconcept that would have example codes (human, animal, AI/ML agent)

We should have a clear distinction between Device and machine practitioners.

This will be taken to Zulip for extended discussion as to if this should be in the core spec.

FHIR-34380 - Add practitioner modes of service delivery in PractitionerRole RESOLVED - CHANGE REQUIRED Add practitioner modes of service delivery in PractitionerRole discussed and contrasted with "characteristics" on location and healthcare service, will continue the discussion in the next quarter.

Wednesday Q2

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Brian Postlethwaite
Scribe: Line Saele

Introductions due to new people in the room.

FHIR-34380 - Add practitioner modes of service delivery in PractitionerRole RESOLVED - CHANGE REQUIRED Add practitioner modes of service delivery in PractitionerRole

The discussion is captured in JIRA notes.

Persuasive with mod - Moved by: Cooper Thompson, second by: Line Saele - 6-0-0

Further discussion: Comment by Iryna Roy - believe this is not within 80%, and does not fully agree on the solution. Should we add this to Location? Should they (implementers) use HealthCareService?

Response from Brian - implementers should be able to use PractitionerRole.

ServiceRequest (question from Humayan Khan) - PA referred Humayan to Patient Care. Cooper will also help during lunch, as Epic is the system in question here.

FHIR-38158 - Align PA resources w/ canonical changes RESOLVED - CHANGE REQUIRED Align PA resources w/ canonical changes
Wednesday Q3

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Cooper Thompson
Scribe: Brian Postlethwaite

Introductions due to new people in the room.

Also reviewed the approved EncounterHistory draft resource

The interplay between Encounter status and History and how these relate with planned/past content

How do the timestamps on all the actions that occur

EncounterAction, EncounterActivity and could also be similar to a possible ProcedureActivity resource

Patient Care briefed on possible upcoming changes for the CareTeam resource to cater for needs to define availability details for individual participants within the

Wednesday Q4

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Cooper Thompson
Scribe: Brian Postlethwaite

Briefing from Amit Popat on the Realtime Location Services (RTLS) on FHIR project
Intending to ballot in the December 2022 ballot cycle

The guide development is being led by some people from Epic along with others.

The resources considered are Device, Location, Patient (optional)

The association resource being used is potentially the SubscriptionTopic resource, others could consider List, group or bundle.

Desire to be able to use in both rest (via FHIR subscriptions) and messaging

- **FHIR-38183** - Patient Merge Chapter doesn't mention $merge yet  
  Resolved - Change Required  
  Persuasive Brian Postlethwaite / Reinhard Egelkraut : 3-0-0

As this content is normative, will notify FMG that this content was updated.

- **FHIR-32295** - Slots should provide eligibility/constraints parameters  
  Resolved - Change Required  
  Persuasive with mod Brian Postlethwaite / Reinhard Egelkraut : 3-0-0

### Thursday Q1 (Joint with Financial Management)

#### Attendees

2022 Attendance September Virtual WGM

#### Minutes

Chair: Cooper Thompson  
Scribe: Brian Postlethwaite

- **FHIR-26961** - request-insurance standard extension should apply to Appointment  
  TRIAGED  
  Discuss the proposed disposition on the Insurance extension

The recommendation is that the existing extension should be revisited and possibly refactored completely as this doesn't have enough detail for prior auth workflows.

The referral (ServiceRequest) can act as the link to the claim, and that is referenced through the appointment already.

Noted that the account is also linked to account, and this can then provide the episodic coverage information.

- **FHIR-37946** - Update PriceComponentType code definitions  
  TRIAGED  
  Clarify the descriptions of the code in the datatype.

This has been re-assigned to FM for committee review processing.
Discussed and concluded that the following elements could be included under the account.guarantor backbone element:

- responsibility (percentage)
- limit (money amount)
- rank (to order the guarantors, can be duplicated to indicate that they are jointly responsible.

The relationship property was implied from the relatedperson resource

Discussion around the possible use of account outside healthcare, did not adjust modelling as a result of the conversation

Discussion on moving the diagnosis information onto account for billing purposes

FM appears to have no objections to this approach, will continue modelling.

Thursday Q2

Attendees

2022 Attendance September Virtual WGM

Minutes

Chair: Cooper Thompson
Scribe: Brian Postlethwaite

FHIR-37691 - Patient.deceased does not work with :missing - Issue around the absence of the deceased flag - will update to return null for missing deceased values, and advise using the :not modifier for the specific usual case to find “alive” patients

FHIR-34422 - Appointment Response error handling refers to entered-in-error status that doesn’t exist - Persuasive Brian Postlethwaite/Lloyd McKenzie 10-0-0

FHIR-37648 - Better approach for large lists of participants in Encounter.participants - None of the attendees thought that the inclusion of a new search/get request parameter would be a good idea.

The FMG might consider the implications of this new resource and how it might interact with the new EncounterHistory resource also.

Daniel indicated that this would not help with the more general issue with Group/List etc.

The general agreement is that the Encounter participation is to be a new resource.

The concept of the _summary=current may still have some legs in general (for cases like patient.address) and Brian/Cooper may draft a proposal and do some experimentation and take back to the FHIR community/chat for further discussion.

FHIR-30431 - Why is Group.active not a modifier when Patient.active is? - Moved back to FHIR I as not a PA resource - agree that this is fine for them to mark is as modifier

FHIR-37361 - Clarify intent of onlyCertainMatches, and consider onlySingleMatch option - The new parameter was agreed to be included and implications discussed, have drafted the proposal and will refine on the workgroup calls before voting - as desire to complete the outcome flag/coding

FHIR-33341 - Consider adding info about video meeting details to Appointment - This inclusion of the new datatype was discussed and saw that there is wide support for this now being included.
Lloyd will bring this up with the wider MnM/FHIR Infrastructure once that merger is completed.

It was also noted that this is now a part of the ballot and we could get feedback in that cycle also.

Comparison to the photo element was made in that this was a specific point of the committee to recognise that virtual care is now a permanent part of healthcare during and post the pandemic.