

Jan 2024 HL7 WGM Report Out

Monday Q1 – Patient Administration

- no Gender Harmony updates other than that the IG was published Sept 30, 2023
- Last 10 minutes of session touched on issues around Patient.relationship

Monday Q2 – Patient Administration

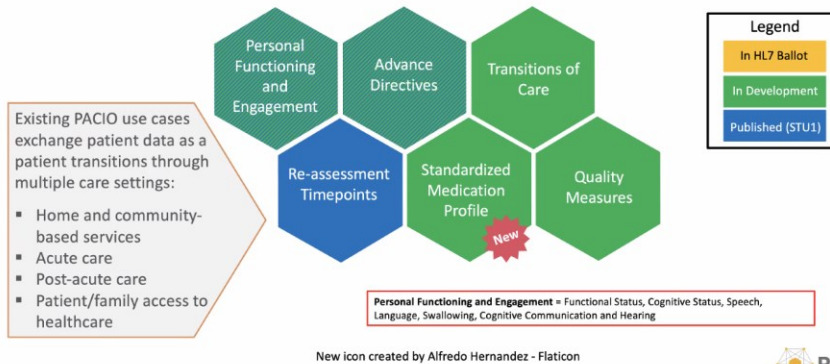
- In depth on Patient.relationship
- <https://jira.hl7.org/browse/FHIR-15841>
 - Resolution: The Patient.contact.relationship currently includes the value set for the contact role. Rather than expanding the valueset to include relationship, we'll create a new property to contain the contact role, and update the value set for relationship
 - Full details of resolution available on the ticket.
- A new ticket has been entered around adding a rank to contact - <https://jira.hl7.org/browse/FHIR-44603>
 - Resolution: We will create a standard extension that can be used to indicate the priority for the contacts in Patient.contact.

Monday Q3 – Patient Care

- ADI Specification (Advance directives) published January 11 - <https://www.hl7.org/fhir/us/pacio-adi/index.html>
- ADI – discussion around “future condition” clinical statement patterns and contained resources
 - Eg. If Health scenario “A” presents, then execute care experience preferences “B”, in order to meet goal “C”
 - Allow for patients to set up conditional advanced directives
- <https://www.hl7.org/fhir/us/pacio-pfe/> - The Personal Functioning and Engagement (PFE) HL7® FHIR® Implementation Guide (IG) supports the exchange of information related to a person’s ability to participate in activities and interact with their community and the environment around them.
 - Published Jan 5, 2024
- <https://build.fhir.org/ig/HL7/fhir-us-mcc/> - This HL7® Multiple Chronic Condition (MCC) Care Plan Implementation Guide (IG) defines FHIR R4 profiles, structures, extensions, transactions and value sets needed to represent, query for, and exchange Care Plan information. It defines how to represent coded content used to support the care planning activities focusing on the needs of patients with multiple chronic conditions.
 - Expected publication in the next month or two
- We may want to follow the work that the PACIO project (<https://confluence.hl7.org/display/PC/PACIO+Project>) is doing:



PACIO Project Use Cases



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PACIO Project Status

<https://confluence.hl7.org/display/PC/PACIO+Project+Use+Cases>
<https://confluence.hl7.org/display/PC/Meeting+Index>

Personal Functioning and Engagement (PFE)	Advanced Directive Interoperability (ADI)	Transitions of Care (TOC)	Re-Assessment Timepoints
<ul style="list-style-type: none"> STU1 Published. Passed ballot with 89% approval Started work on draft STU2 PFE IG, which adds goals, interventions, completed services, and evaluation to the IG in addition to observations Targeting STU2 to enter HL7 later this year Pursuing pilot opportunities Tested an integration track with six other IGs during the July and Sept Connectathons 	<ul style="list-style-type: none"> STU1 Published. Working with US Core and CDA ADI IG teams as much as possible to align Working on vocabulary around STU2 Portable Medical Order concepts with HL7 Work Groups Targeting STU2 to enter HL7 ballot later this year Pursuing pilot opportunities 	<ul style="list-style-type: none"> New use case to advance interoperable health data exchange for transitions of care to, from, and between LTPAC The primary goal is to establish an LTPAC TOC data set and define the specific data elements that are pertinent to each role in receiving care team 15 role-based groups are reviewing the LTPAC data set Project Proposal approved with lots of interest, working on PSS Targeting STU1 to enter HL7 ballot later this year 	<ul style="list-style-type: none"> Divides long-term care encounters into smaller timepoints for easier access Published September 2022 as an HL7 Standard for Trial Use 1 implementation guide Pursuing potential pilots

Monday Q4 – Patient Care



Current Status (2024)

- Last unballoted publication update 1.1 – November 2022
- Addition of change log
- Progress on vocabulary issues:
 - Decision to allow `Composition.section.emptyReason` and use default associated FHIR vocabulary (potentially as valueset)
 - Work underway to remove `Absent and Unknown Data IPS` CodeSystem from IPS release (will be still be allowed and available in prior releases)
- Discussion ongoing in following domains
 - Alignment with ISO 27269 new edition (not yet published)
 - Approach to including Advance Directive and Patient Advocate
 - Additional narrative about approaches to language translation
 - + 70 JIRA tickets remaining to address

- IPS will go back to ballot once the remaining Jira tickets are addressed.
- Note the work underway to remove Absent and Unknown Data IPS CodeSystem
 - We need to pay attention to this.
 - Replacing with `Composition.section.emptyReason` and use default associated FHIR vocabulary
- IPS is watching the ADI work being done by Patient Administration

Monday Q5 – Electronic Health Record

Problem Oriented Health Record

[Slides](#)

Project documentation: <https://confluence.hl7.org/pages/viewpage.action?pageId=120752354>

Tuesday Q2

UTG/THO – process enhancements

- streamlined so everything can be done in browser
- branches now autobuild when changes are submitted

Tuesday Q4 – Conformance

Minutes: <https://confluence.hl7.org/pages/viewpage.action?pageId=184928060#id-202401JanuaryvirtualWGM-TuesdayQ4-Admin&FHIR-IDiscussion>

Obligation discussion

<https://hl7.eu/obligations/>

Change Request: Capability Statement Resource

Summary: This change request seeks to allow for more granularity for expressing the interaction codes associated with profiles in a capability statement. Currently, you can only express the supported profiles and the interaction codes as a group. A more precise way is to add the capability to express individual interaction codes for a given profile.

For each exchanged resource referenced in the capability statement, the current method allows to assign a list of interactions (Read, Write and other codes from [Interaction Codes](#) value set). However, once selected, the interaction codes are applied to all the supported profiles for a given resource type.

Table 1 illustrates how the interaction codes are assigned to a particular resource type. In this case, the Read and Search operations are applied to all the supported profiles.

Resource Type	Supported profiles	R	S	U	C
Patient	Patient_obligation_1 Patient_obligation_2 Patient_obligation_3	Y	Y		Y

Table 1: Existing capability statement for expressing Profile and Operations

The change request aims to provide the possibility to render specific operations to individual profiles. An example of the expected representation is as follow:

Resource Type	Supported Profiles	R	S	U	C
Patient	Patient_obligation_1	Y			
	Patient_obligation_2	Y	Y		
	Patient_obligation_3	Y			Y

Table 2: Requested capability statement for expressing Profile and Operations

Table 2 above shows how certain interactions are associated to a given profile. For instance, the Patient_Obligation_1 supports only the Read interaction. Patient_Obligation_2 supports both the Read and Search interactions. Patient_Obligation_3 supports the Read and Create interactions.

Example of current rendering: <https://build.fhir.org/ig/HL7/fhir-ipa/branches/pub-update-STU1/StructureDefinition-ipa-condition.html>

7.2.1.3 Formal Views of Profile Content

Description of Profiles, Differentials, Snapshots and how the different presentations work [↗](#).

Name	Flags	Card.	Type	Description & Constraints						
Condition		0..*	Condition	Detailed information about conditions, problems or diagnoses						
clinicalStatus	SO	0..1	CodeableConcept	active recurrence relapse inactive remission resolved <table border="1"><tr><td>Obligations</td><td>Actor</td></tr><tr><td>SHALL:populate</td><td>Server</td></tr><tr><td>SHALL:handle</td><td>Client</td></tr></table>	Obligations	Actor	SHALL:populate	Server	SHALL:handle	Client
Obligations	Actor									
SHALL:populate	Server									
SHALL:handle	Client									
verificationStatus	SO	0..1	CodeableConcept	unconfirmed provisional differential confirmed refuted entered-in-error <table border="1"><tr><td>Obligations</td><td>Actor</td></tr><tr><td>SHALL:populate</td><td>Server</td></tr><tr><td>SHALL:handle</td><td>Client</td></tr></table>	Obligations	Actor	SHALL:populate	Server	SHALL:handle	Client
Obligations	Actor									
SHALL:populate	Server									
SHALL:handle	Client									

Tuesday Q5 – Standard Personal Health Record

<https://build.fhir.org/ig/HL7/standard-patient-health-record-ig/branches/master/>

PHR Account:

- 1) provides the PHR Account Holder with:
 - a) access to his or her personal health data and
 - b) access to the functions of a PHR system
- 2) conceptually similar to a bank account (e.g., health record bank), which provides controlled access to data and to the functions of the system in which the data are stored; may be hosted on a standalone personal computer, within an EHR system (i.e., as a portal), a web-based system, or other portable electronic device

PHR Account Holder:

- 1) subject of the PHR Account, controls access to and permissions of the PHR Account, and controls the movement of data in and out of the PHR Account
- 2) synonymous with the terms “patient” or “consumer.”

Note: In certain PHR Account matters related to decision making, the term PHR Account Holder is also meant to include the PHR Account Holder Proxy, as he or she may be the PHR Account Holder’s substitute decision

Wednesday Q2 – Terminology Infrastructure with FHIR-I

Discussion of open terminology ecosystem

- Validator and publisher to support OntoServer. New features are live.
- SNOMED CT support for affiliates to be removed from tx.fhir.org in a year
- Not known how much effort will be required to add a system to the ecosystem

Wednesday Q3 – Terminology Infrastructure with FHIR-I

- Addition of manifest, expansion, and includeDraft parameters to the \$expand operation
 - o <https://build.fhir.org/ig/HL7/cqf-measures/OperationDefinition-ValueSet-expand.html>
 - o Check the [minutes](#) for more details

Wednesday Q5 – Conformance hosting FHIR-I

- Topic is Obligations – in depth information can be found in the [minutes](#)
- Agenda:
 - o Request update on implementation/testing efforts/feedback
 - o Proposed date for "finalization" of Actor/Obligations
 - o Realization: remain extensions or changed resources
 - o Actor Capability consideration
 - o Actor and Obligation proposal replacing concept of Must Support

Thursday Q3 – Terminology Infrastructure hosting TSMG

Grahame has suggested that language packs be used for translations rather than adding designations to terminology artifacts.

- Language packs would put all terminology translations in the same place.
- Language packs would facilitate validation within the IG publisher that the underlying concept has not changed
- Grahame is suggesting that affiliates maintain the translations and implement governance of those translations, rather than HL7 International (through THO and/or Terminology Infrastructure).
- I will be setting up a meeting with Grahame to walk through the process of creating a language pack as well as for Sheridan to get info on how to implement a language pack in an IG.
- Ron would also like to have a meeting with Grahame that involves the HL7 International Council, TI/TSMG folks, Infoway Regional directors for Quebec and New Brunswick. We should probably also have CIHI counterparts for Quebec and New Brunswick.

Friday Q4 – Patient Empowerment

Overview of PACIO project



ADI Project

- **Maria Moen** (ADVault) is clinical lead for this use case
- **Lisa Nelson** (ADVault) is technical SME; prior CDA expertise
- **May Terry** (MITRE) is the technical lead for FHIR IG
- **Project Goal**
 - To profile several existing FHIR resources to represent advance directives content such as: living will, durable medical power of attorney, personal health goals at end of life, care experience preferences, patient instructions (obligation, prohibitions, and consent), and portable medical orders for life sustaining treatments.
 - This Advance Directive Interoperability (ADI) FHIR implementation guide (IG) is used for explaining how to represent, exchange, and verify a person's goals, preferences, and priorities for treatments and interventions regarding future medical care if the patient is unable to communicate.

Advance Directive Information

Type I:
Person-Authored Advance Directive Information

- Patient-authored
- Potential future event I
- Used when a patient can not communicate or make decisions
- "NO" contract for providing or denying medical services
- Documentation of preferences
- May identify a health care agent of advisor

Type II:
Encounter-Centric Instructions

- Practitioner-authored
- Used for a current, immediate episode of care
- Informed by patient, or healthcare agent
- Documents decisions that have been made specific to current episode of care.

Type III:
Portable Medical Orders

- Practitioner- and Patient- authored
- Medical orders intended to follow a patient and be available across the continuum of care
- Informed by patient, or healthcare agent
- Documents order for obligations or prohibition of treatment when the patient can not speak or communicate

Items of Interest:

White paper: Patient contributed data

https://www.hl7.org/implement/standards/product_brief.cfm?product_id=638

Standard Personal Health Record

<https://build.fhir.org/ig/HL7/standard-patient-health-record-ig/branches/master/>

PACIO project

<https://confluence.hl7.org/display/PC/PACIO+Project>

- <https://www.hl7.org/fhir/us/pacio-adi/index.html> - Advanced Directives Interoperability (STU1)
- <https://www.hl7.org/fhir/us/pacio-pfe/> - Personal Functioning and Engagement
- <https://build.fhir.org/ig/HL7/fhir-us-mcc/> - Multiple Chronic Condition (MCC) Care Plan
- <https://confluence.hl7.org/display/PC/PACIO+Transitions+of+Care> - Transitions of Care

Minutes:

Patient Administration:	https://confluence.hl7.org/display/PA/2024+January+WGM+%28virtual%29+-+Meeting+Minutes
Patient Care:	https://confluence.hl7.org/display/PC/2024+Jan+Patient+Care+WGM+Agenda+and+Minutes
Patient Empowerment:	https://confluence.hl7.org/display/PE/January+2024+WG+Attendance+and+Minutes (look in the hierarchy to the left)
Terminology Infrastructure:	https://confluence.hl7.org/display/VOC/Jan+2024+-+HL7+Virtual+WGM+Meeting+Agenda+for+Terminology+Infrastructure (link to minutes in last column)
FHIR Infrastructure:	https://confluence.hl7.org/display/FHIRI/FHIR+Infrastructure+Minutes+WGM+2024+01+-+Virtual
Electronic Health Record	https://confluence.hl7.org/display/EHR/EHR+WG+-+HL7+Working+Group+Meeting+Artifacts
Conformance	https://confluence.hl7.org/display/CONF/2024-01+January+virtual+WGM