Minutes – Sparked Clinical Design Group Online Meeting 1

Meeting Details	
Date	09 November 2023
Time	3:30 – 5:00pm AEDST
Location	☒ Virtual
Attendees list	
Link to meeting chat transcript	

Meeting Overview	
Agenda Items	1. Acknowledgement of country 2. Welcome 3. Recap of workshop 4. Clinical modelling introduction 5. Other business 6. Close

Discussion Summary	
Welcome	• Welcome and introductions • Overview of the purpose of the Clinical Design Group
Recap of workshop	• Key outcome is 'core of the core' – this is about starting minimal and growing iteratively, allowing releases to grow and evolve over time *Core Draft Principles of Data Set Design* • With the 80 in person participants, a group activity was undertaken to develop and refine the Core Draft Principles of Data Set Design – these draft principles of design are to guide how the CDG builds the AUCDI • The new draft principles are available on Confluence (or by emailing fhir@csiro.au) for comment • Discussion during meeting: It was noted that there is difficulty with supporting best practice care and following systems support now or with minimal effort – there will need to be an impact assessment to weigh cost/benefit *AUCDI* • Recap of AUCDI – what it is, use cases, timeline for draft AUCDI R1 through to publication • Models will and can be expanded for different use cases

	• Another group activity was undertaken during the in-person CDG which saw AUCDI priority use cases ranked
	• Discussion during meeting: scope driver to define the core of the core of the data to support these use cases
	  ○ Should add "prevention" as a use case?
	  ○ Reporting PIP QI is also of interest
	• Discussion during meeting: There was discussion around the four types of summaries listed under transfer of care, apart from the text attached – if the context of the summary can be agreed, then there is the opportunity to solve the range of "handover" use cases
	  ○ Agreement to use the term "patient summary" and that the different types of summaries are considered "subtypes"
	• Introduction to the AUCDI draft scope
	Discussion during meeting:
	  ○ What is in scope for RI vs R2 vs not yet planned,
	  ○ Complexities surrounding inclusion vs inclusion,
	  ○ Terms used and definitions of each component,
	  ○ Alignment with international vs localisation
	International Engagement
	• There is the USCDI and US Core which are in place – one of the HL7 AU FHIR Coordination Committee requirements is to identify where and why the AUCDI and AU Core should be varied from the US equivalents, and an understanding of the impact of the change
	  ○ The USCDI is a set of structured data elements that can be exchanged between electronic health records (EHRs) and other health information systems
	  ○ It was noted USCDI is not a data/information model
	• International Patient Summary has been agreed through Europe, US, and G20 countries, however, Australia has not provided a position yet
	• Canada have kicked off the pan-Canadian Health Data Content Framework – which is looking to build a logical model which is agnostic to exchange and how that relates to core data sets
	• Sparked team are engaging with the USCDI and Canadian teams to understand their lessons learned etc.

Clinical modelling introduction	*General* • We need to align with International work as much as we can • Focus on core of the core, starting with minimal and then increasing in an agile, iterative process *History of Primary Care Data Quality Foundations*

- This project was run from 2018 – 2022, and whilst similar to this project was focussed on building the foundations for broad data use in primary care
- This work commenced with the Practice to Practice transfer – by building a summary of what could be shared to different systems
    - Intention was to keep these consistent with what was existing (and could be supported) within the current systems
- Phase 2 of the work focussed on building the SmartHealth Check – this is quite advanced at present; and it saw an increase in scope of concepts and an increase in the level of detail of some of the existing concepts from the first release
- In future, this is how these projects will look to work in future phases – by increasing the scope of concepts covered, and potentially increasing the level of detail in the existing concepts that come out of Release 1
- This work was started through mature models, and presenting clinicians with strawman diagrams – this streamlined the discussion by changing the approach from 'starting from scratch' to be engaging with clinicians to discuss the data elements proposed to them
- The outputs were a standardisation data dictionary of standardised information models and terms sets, along with FHIR outputs
- The approach taken in the Primary Care Data Quality Foundations project will be used to kickstart the AUCDI project to enable better clinical input and engagement

Clinical Synopsis

- A strawman design was shown and subsequently compared with the equivalent USCDI component
- <u>Discussion during meeting:</u>
    - Discussion around the different perspectives (clinical and vendor), and the interpretation could come down to terminology differences – this is to be discussed further (including if this should be included at all) and brought back to the CDG
- The intent of the clinical synopsis is the unstructured data within a structured document to provide additional context

Adverse reaction risk

- A strawman design was shown and subsequently compared with the equivalent USCDI component
- <u>Discussion during meeting:</u> The robust discussion brought in many considerations, which require clarification and further discussion – some topics included

    - Alignment to USCDI and US Core FHIR IG was raised – this should be discussed in next meeting as proposed AU approach and impacts of alignment/non-alignment
    - Should criticality be included? Who is reporting it?
    - Onset of reaction – can influence clinical decision making
    - Needs a model that supports all clinicians e.g. nurses – needs to be useful and uncomplicated
- This topic requires a further in-depth discussion in the next CDG meeting

Problem/diagnosis summary

- A strawman design was shown and subsequently compared with the equivalent USCDI component
- USCDI is called problems (USCDI is more of a value set than a model)
- Due to time constraints, this component was unable to be discussed in detail

Procedure completed

- A strawman design was shown and subsequently compared with the equivalent USCDI component
- Naming of a procedure is a bit controversial – is this limited to surgical procedures and interventions, or does it have a wider scope to include any activities performed on a patient as a provision of care?
- Due to time constraints, this component was unable to be discussed in detail

Medication statement

- A strawman design was shown and subsequently compared with the equivalent USCDI component
- This is intended to be a snapshot of how to represent a medication as sent in a summary
- Due to time constraints, this component was unable to be discussed in detail

Vaccine administered

- A strawman design was shown and subsequently compared with the equivalent USCDI component
- Need agreement on nomenclature – vaccinations vs. immunisations
- Due to time constraints, this component was unable to be discussed in detail

Observations

- A strawman design was shown and subsequently compared with the equivalent USCDI component
- Vital signs and measurements

	• This intended to be a way to support all observations • Due to time constraints, this component was unable to be discussed in detail *Encounter information* • A strawman design was shown and subsequently compared with the equivalent USCDI component • Includes the reason for the encounter and the encounter type – basic supporting information that clinicians should be able to input information into • Due to time constraints, this component was unable to be discussed in detail
Other business	• Slides available on the Confluence site, and any feedback can be posted on the meeting page or by emailing fhir@csiro.au • The meeting schedule through to February is available on the Confluence site • The invites and agenda for the next meeting will be available shortly • The invites for the in-person meeting in February will be sent as soon as possible to allow for executive approvals for participants to travel

Decisions

ID	Description	Status	Comments
001	Agreement to use the term "patient summary" and that the different types of summaries are considered "subtypes"	Agreed	
002	Inclusion/exclusion of Clinical Synopsis in AUCDI	To be agreed	Added to agenda for future CDG

Actions

ID	Description	Responsible	Due	Status
001	Schedule a follow-up discussion with Philip Loya – clinical synopsis: consideration as to whether this sits in core of the core or should be applied to specific transfer IGS. Dimity also expressed interest to join	Kylynn Loi	TBC	Open
002	Include a discussion on Adverse reaction and risk on a future CDG agenda	Kylynn Loi & Heather Leslie	TBC	Open