

## Minutes – Clinical Design Group

Meeting Details	
Date	05 December 2023
Time	3:30 - 5:00pm AEDST
Location	<input checked="" type="checkbox"/> Virtual
Attendees list	See confluence
Link to meeting chat transcript	See confluence

Meeting Overview	
Agenda Items	<ol style="list-style-type: none"> <li>1. Welcome &amp; Acknowledgement of country</li> <li>2. Update from last meeting/AUCDI</li> <li>3. Clinical data modelling               <ol style="list-style-type: none"> <li>a. Adverse reaction risk</li> <li>b. Problem/diagnosis</li> <li>c. Procedure completed</li> <li>d. Vaccination administered</li> <li>e. Tobacco smoking</li> <li>f. Vital signs and measurements</li> </ol> </li> <li>4. Other business</li> </ol>

Discussion Summary	
Welcome	Welcome and introductions
Update from last meeting/AUCDI	<ul style="list-style-type: none"> <li>• Recap and introduc@on of the core Team member</li> <li>• Reminder: the best way to contact team is by emailing <a href="mailto:fhir@csiro.au">fhir@csiro.au</a></li> </ul> <p><i>Recap of AU Core and Australian Core Data set for Interoperability (AUCDI)</i></p> <ul style="list-style-type: none"> <li>• AUCDI specifies what clinical information (and corresponding data elements and terms) should be included when recording and sharing information supporting patient care – the CDG contributes here</li> <li>• AU Core specific how the core set of data (above) and information should be structured, accessed, and shared between systems – the TDG contributes here</li> <li>• The CDG and TDG are complimentary, collaborative working groups</li> </ul>

- The purpose and outcome of AUCDI is to develop the ‘core of the core’ – this is intended to be a foundational baseline – starting small and growing iteratively
  - What is included in Release 1 will set the standard and does not need to be fully complete – data elements can be added over time to work through the backlog, add more use cases, and develop as functionality is available
    - It is important to get the foundation structure right as unwinding/undoing changes can be difficult and can complicate future development. Getting the foundation correct which then can be built upon is the priority over coverage for this first release

#### *Recap of the Core Dra; Principles of Data set design*

- These principles have been developed to support the development of AUCDI, and approaches have been mapped to each of the principles
- This set of principles have been refined and consolidated to reduce duplication

#### *Scope overview*

- The scope of Release 1 has been revised based on previous CDG discussions
- From the discussion at the previous CDG, ‘Clinical synopsis’ has been moved from Release 1 to the backlog to ensure sufficient time can be dedicated to developing the component

#### Discussion during meeting: Scope considerations

- *Clinical synopsis/discharge summary*: although recognised as being in the backlog, discussions need to be planned to provide sufficient time to understand and develop this component
- *Gender and sex*: there is potential for different sub-elements to be included in either this or future release to account for the complexity. This requires further discussion and is on the agenda for the next CDG in January 2024
- *Pregnancy status*: there was discussion on if pregnancy status should be included in Release 1 due to clinical utility, however it does require sufficient time to do properly and is proposed to be
- *Observations*: tobacco smoking, key biomarkers, vital signs, and measurements were discussed as all being subsets of observations, and the current grouping/nomenclature has the potential to cause confusion. The terms have the potential to be interpreted differently depending on the clinical perspective.

	<p>There is a need to classify these key biomarkers as being specific to CVD risk, not more broadly</p> <ul style="list-style-type: none"> <li>• <i>Clinical context</i>: clarification is needed to what this will include – the following have been specifically mentioned: care team member, location, and mode of consultation</li> <li>• <i>Life status</i>: this is important to include, and may be more appropriate in the backlog than Release 1 but it may be prioritised in the future</li> </ul> <p><b>ACTION:</b> CDG members are encouraged to send reference materials around Gender and Sex and other topics through to the Sparked team (<a href="mailto:fhir@csiro.au">fhir@csiro.au</a>) to support these discussions and considerations</p> <p><i>Draft format</i></p> <ul style="list-style-type: none"> <li>• Work is being undertaken to inform the best way to format and publish the draft logical model, which includes consideration to how these have been published internationally</li> <li>• Terminology value sets, code systems and value sets, aliases etc will continue to be recommended where possible</li> <li>• It is important for reviewers to review the draft from the clinical context and acknowledge that this is the ‘core of the core’ – it is not intended to be an extensive release but build a foundation from which to continue developing future releases</li> </ul>
<p><b>Clinical data modelling</b></p>	<p>The draft data model has been developed from the clinical perspective, and not the technical components that will sit behind this (this is where the Sparked CDG and TDG will work together to develop and refine from both perspectives)</p> <p><u>Discussion during meeting: Adverse reaction risk</u></p> <ul style="list-style-type: none"> <li>• What is proposed is a minimal set that is safe and can be developed and extended over time.</li> <li>• <i>Substance name</i>: will look to recommend a value set to cover medication, food, and environmental considerations</li> <li>• <i>Manifestations</i>: this may need to be limited to ensure it doesn’t become too broad</li> <li>• <i>Mandatory components</i>: substance name is required as without this the record will not make sense. More generally, the intent is not to mandate but rather align with FHIR/AU Core</li> <li>• <i>Drug class groups</i>: this will be populated from a coded value set, but it will need to be prioritised within the backlog to ensure sufficient time can be allocated to support discussion <ul style="list-style-type: none"> <li>○ <b>ACTION:</b> Kate Ebrill to further this discussion with Averil Tan and other interested parties</li> </ul> </li> </ul>

- *Verification status*: this is an important component for clinicians – provides detail on if this is a current allergy vs. intolerance vs. historical. Further investigation is required to check how this is currently supported by systems and if it is currently supported well, consideration if it should be included in R1.
- *Absence/exclusion statements*: this is in the TDG and will be brought back to CDG when appropriate

#### Discussion during meeting: Problem/Diagnosis

- *'Problem'*: there needs to be consideration around appropriate naming – problem, condition, diagnosis are aliases in different systems. Challenge is that this field is currently used as a catch all to include non “diagnosis/problem/condition” type information including lifestyle, and pregnancy status which should be recorded separately.
- *Additional clinical information*: the inclusion of additional information such as date clinically recognised, by whom, and at what institution – this was included in the primary care work, and is currently in the backlog
- *Status*: purpose is to capture active/inactive status – in previous CDG discussion this was determined to not sit in Release 1 and is in the backlog

#### Discussion during meeting: Procedure completed

- *Facility*: location where the procedure took place should be included – not necessarily in Release 1 but should be included in the backlog

#### Discussion during meeting: Vaccination administered

- *Historical*: ability to add detail about previously administered vaccines from other jurisdictions or internationally
- *Batch number*: it is now a requirement to record the batch number for all vaccinations listed as part the national immunisation program not just COVID vaccinations. This was included in the primary care work, and can be included on the backlog
- *Vaccine name*: there will be value sets to support the selection this – AMT codes include both brand and generic names

#### Discussion during meeting: Tobacco smoking

- *Smoking general vs. tobacco only*: this is currently only scoped

for tobacco smoking only, and excludes others such as chewing tobacco, vaping (this should be a separate set) etc.

*Closing statements*

- Whilst this group brings together a large, varied perspective we need to acknowledge that this, in its current form, is not intended to be a full and complete representation - this is a building block for further iterations and community design

<b>Other business</b>	<ul style="list-style-type: none"> <li>• Next meeting: 17 January 2024; agenda to include:             <ul style="list-style-type: none"> <li>○ Medication statement</li> <li>○ Tobacco smoking</li> <li>○ Encounter – clinical context</li> <li>○ Key biomarkers</li> <li>○ Gender</li> </ul> </li> <li>• AUCDI Release 1 Draft to be published in early February 2024 for public comment</li> <li>• The next in-person CDG has been scheduled for 13 February 2024             <ul style="list-style-type: none"> <li>○ Agenda: eRequesting</li> <li>○ Please make travel arrangements early due to other events happening in Melbourne that week</li> <li>○ CDG tickets are available via Eventbrite</li> </ul> </li> </ul>
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<b>Actions</b>				
<b>ID</b>	<b>Description</b>	<b>Responsible</b>	<b>Due</b>	<b>Status</b>
003	Members of the CDG to provide reference materials to support further discussions and development	All	Ongoing	Open
004	Sparked CDG team to follow up with William Smith and other interested parties around Adverse reaction risk Kate Ebrill to schedule a discussion with interested parties on Adverse reaction risk > Drug class groups	Kylynn Loi	TBC	Open
005	Sparked CDG team to investigation current system support for verification status	Kylynn Loi	TBC	Open
006	Sparked CDG team to follow up with interested members around Adverse reaction risk – substance name in regard to substance classes and value sets	Kylynn Loi	TBC	Open

## Attendees

1	Kylynn Loi
2	Heather Leslie
3	Michael Hosking
4	Danielle Tavares-Rixon
5	Bernadette Cranston
6	Madison Black
7	Chris Moy
8	KK Cheung
9	Adrian Gilliland
10	Dr Patrick Fergal McSharry
11	William Smith
12	Carmen Wong
13	James Nettle
14	Lisa Kalman
15	Brett Esler
16	Lana Briers
17	Dusica Bojicic
18	Belinda
19	Christy Sieler
20	Philip Loya
21	Jillian Head
22	Bharti Saroha
23	Shahana Ferdousi
24	Nikola Felding
25	Jessica Brown
26	Sam Stiles
27	Peta Gordon
28	Stephen Chu
29	David Wiebe
30	Owen Katalinic
31	Vincent McCauley
32	Sarah Dibley
33	Jane Connolly
34	Rob Eastwood
35	Carlo M
36	Julie McFerran
37	Sanjeed Quaiyumi
38	Jacqui Rhodes
39	Dimity Holliday
40	Shaun Francis
41	Jackie O'Connor
42	Carlo Mataverde
43	Nick Ferris

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44	Roy
45	Ashleigh Bennett
46	Angela Bennet
47	Jodi Cahill
48	Rob Hosking
49	Olivia Maiolo
50	Claire Larter
51	Chris Pearce
52	Jo Wright
53	Scott Thomas
54	Freya Cheng
55	Richard
56	Tim Blake
57	Nyree Taylor
58	Janette Gogler
59	Roy Mariathas
60	Shmuley
61	Michael Bainbridge
62	Averil Tam
63	Tim Blake
64	Stephanie Ong
65	Nyree
66	Andy Bond
67	Oliver Frank
68	Danielle Bancroft