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USCDI DRAFT v4
Advance Directive Interoperability Considerations

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Advance Directive Interoperability w/FHIR Project Lead

ADI w/FHIR Use Case Overview STU1 & STU2

Use Cases

- Use Case 1: Create and store in digital form [Content]
- Use Case 2: Share [Content]
- Use Case 3: Query and access [Content]
- Use Case 4: Update (replace) [Content]
- Use Case 5: Verify Current version of AD [Content]

Content

- Advance Directive Information (person-authored information)
- Encounter-Centric Patient Instruction (practitioner-authored information)
- Portable Medical Order for Life-Sustaining Treatments (practitioner-authored information)

Initial Focus Area for STU1 IG

Initial Focus Area for STU2 IG

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USCDI Data Elements to Support Interoperable Data Exchange and Accessibility of ADI

1) Appreciate the explanation about moving the data elements from **Data Class=Advance Directives** to **Data Class=Goals** to enable a more expansive intention for capture of the data elements **(DRAFT v4)**
   a) **Care Experience Preference** – important for all those years, months, days, hours before/after a health crisis or emergency **(DRAFT v4)**
   b) **Treatment Intervention Preference** – the values/spiritual/cultural GPPs that should inform treatment so as to honor what the person memorialized about emergency treatment interventions **(DRAFT v4)**
   c) **Durable Medical Power of Attorney – currently at Level 1**
      a) Enables the communication of the designated Healthcare Agent or Proxy
      b) If an individual doesn't do the full AD/ACP, **this is a very important source of GPPs and personalized, goal-concordant care**
      c) Informs the medical team as to what the person would have wanted had they been able to communicate for themselves
   d) **Quality of Life Priorities – currently at Level 1 (Dr. O'Malley and Dr. Miller spoke to this need)**

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USCDI Data Elements to Support Interoperable Data Exchange and Accessibility of ADI CONTINUED

1) **Advance Directive Observation** – starts the clinical workflow that is important to hitting the Care Plan, very important to ensuring the information is properly reflected in the medical record; acts as a catalyst **(Level 2)**

2) **Data Class=Orders, Data Element=Orders for End of Life Care (Level 2)**

   a) Propose Data Element be renamed **Portable Medical Orders**

   b) Certain jurisdictions find these appropriate for ALL patients, not just those who are end-of-life, example Maryland where any medical encounter with an adult indicates a MOLST be prepared

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3) **Advance Directives** – there are LOINC document types that can indicate what type of document is being accessed, the PACP CDA IG and ADI w/FHIR IG calls them out; **question the need for this as other codes exist for this Use Case** **(Level 2)**

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