

Patient Request for Corrections Orientation

Jan 3rd, 2022



Brought to you by: The Patient Empowerment Workgroup

Join Us

Thursday 1pm ET

patients@lists.hl7.org

Patient Empowerment
stream on chat.fhir.org

Patient Empowerment Home

Created by Joshua Procius, last modified by Dave deBronkart on Mar 30, 2021

bit.ly/hl7patients

Mission

Approved Jan 30, 2020

The Patient Empowerment Work Group promotes and amplifies the viewpoint of patients and their caregivers in HL7's standards work, in support of the HL7 mission.

Our Initial Priorities:

- Corrections to Errors in the Record IG
- Patient-Contributed Data white paper
- Care Planning
- Consents
- Advance Directives Interop IG

Co-Chairs



Virginia Lorenzi
vlworkaccount@gmail.com

IM:

Twitter: @practic
Linkedin/virginia

Position: Senior Technical

Department: NewYork-Presby

Location: NY, NY



Debi Willis
Debi@MyPatientLink.



Dave deBronkart
dave@epatientdave.c

Phone: +1-603-459-5119

IM: SMS, Signal, Telegra

Website: <http://epatientdave.c>

Location: Boston area



Abigail Watson
abigail@symptomatic

The Volume and Impact of Errors is **Staggering!**

Independent Studies Found:

- o Up to **95%** of medication lists had mistakes
- o **84%** of progress notes contained at least one documentation error
- o An average of **7.8 documentation errors per patient**
- o Medical errors are **3rd leading cause of death** in US
(many deaths caused by missing/incorrect data)

2020 Open Notes Study

These clinicians KNEW patients could/would be reading their notes

- **29,656** patients responded to survey
- **1 in 5** patients reported finding a mistake in their note
- **40%** perceived the mistake as **serious or very serious.**
 - Most common **very serious errors:**
 - mistakes in diagnoses
 - medical history
 - medications
 - physical examination
 - test results
 - wrong patient
 - wrong sidedness

Open Notes Study Conclusion: Invite patients to report errors!

Conclusions

The findings suggest that inviting patients to report perceived mistakes in shared visit notes, particularly those that patients believe are very serious, may be associated with improved record accuracy and patient engagement in diagnosis. Developing efficient mechanisms to respond to such reports appears to be important. At a time when patient demand for data is increasing along with federal support for providing patients easy access to health information, shared notes may help enlist patients, families, and practitioners in pursuing greater patient safety collaboratively.

Ability to Access is Incongruent with Ability to Correct

Access Electronic Health Information

- Standards based
- Modern technology – Restful API
- Interactive – innovative personal health record functionality designed for ease of use.
- Scalable across multiple settings.



Correct Electronic Health Information

- Non-standard
- Work intensive
- Low tech (fax! mail! phone!)
- Outside of the workflow
- Not interactive
- Does not scale



Patient Request for Corrections Project

Goal: Create a FHIR Implementation Guide so patients/caregivers can use their apps to:

- Request corrections to their records
- Conduct back-and-forth conversations between Requester and Fulfiller
- Track the status through to completion

Contact project leads:

- Debi Willis debi@MyPatientLink.com
- Virginia Lorenzi vlorenzi@nyp.org

Project Status

Began: Summer 2020

3 Connectathons: January, May, Sept 2021

IG Status: Draft to be tested this connectathon

Ballot: Considering April 2022

Needs: More stakeholder participation, especially EHR vendors

Patient Request for Corrections Project

Read the Draft IG:

<https://build.fhir.org/ig/HL7/fhir-patient-correction/index.html>

Visit us on Confluence:

<https://confluence.hl7.org/display/PE/Patient+Corrections>

Join our Weekly Calls: Mondays 4 ET/3PM CT

<http://www.hl7.org/concalls/CallDetails.cfm?concall=57967>

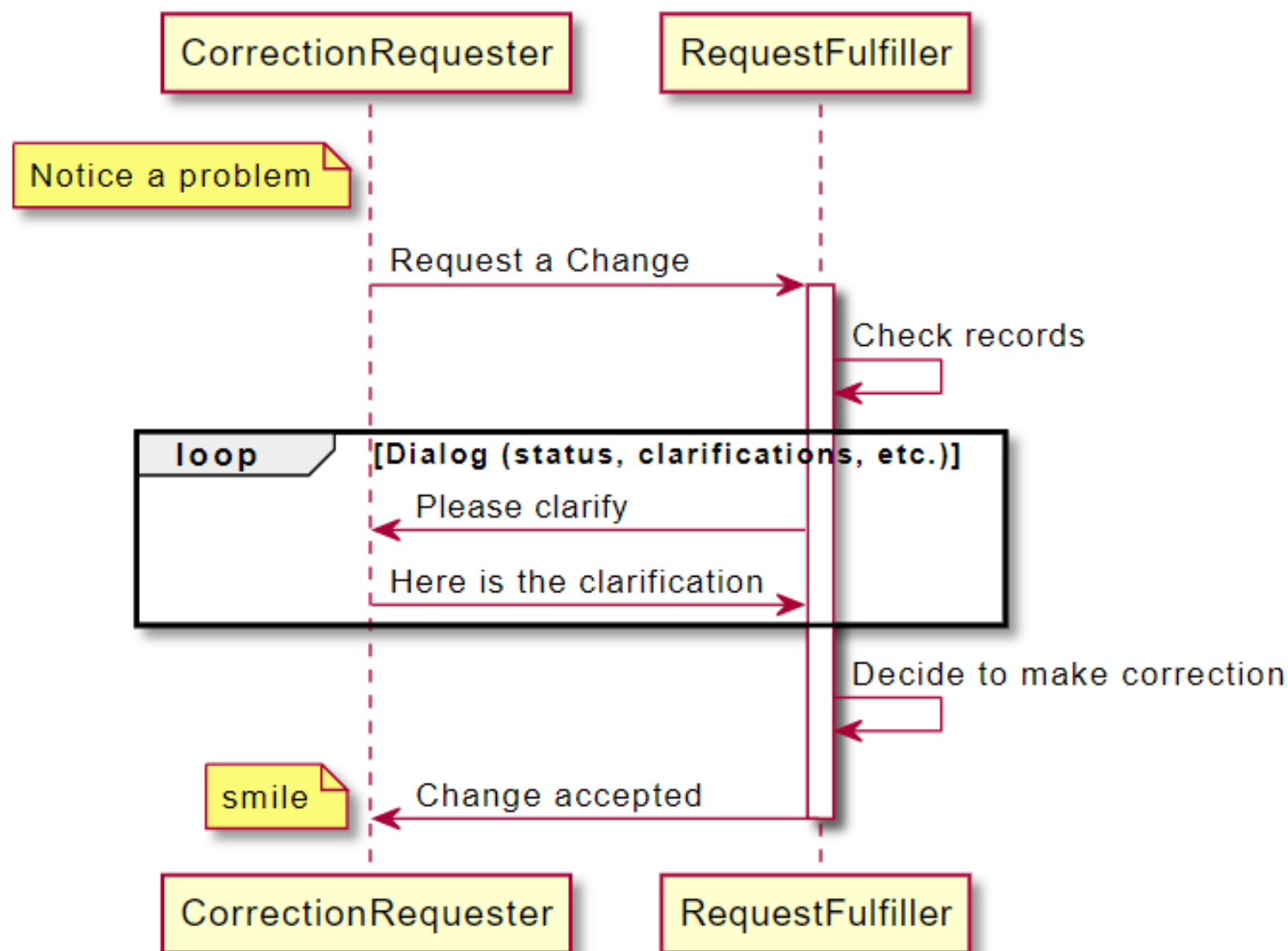
Goal for Connectathon 29

- Use the Draft Implementation Guide and Test 3 Scenarios:
 1. Patient Requests Correction and it is accepted
 2. Patient Requests Correction and it is denied
 3. Patient Logs a Disagreement to a correction denial

Testing Scenario 1: Patient Request is Accepted

- Bob reviews his medical records from Southside Clinic. He notices that he is still listed as an everyday smoker. However, Bob no longer smokes. Bob uses his patient app to request a correction to his chart.
- The medical records department receives the request and asks Bob a clarifying question (“When did you quit smoking”). Bob views the question on his app and responds.
- He is also able to use the app to track the status of his request through multiple statuses through to completion.
- Bob receives the concluding amendment report.

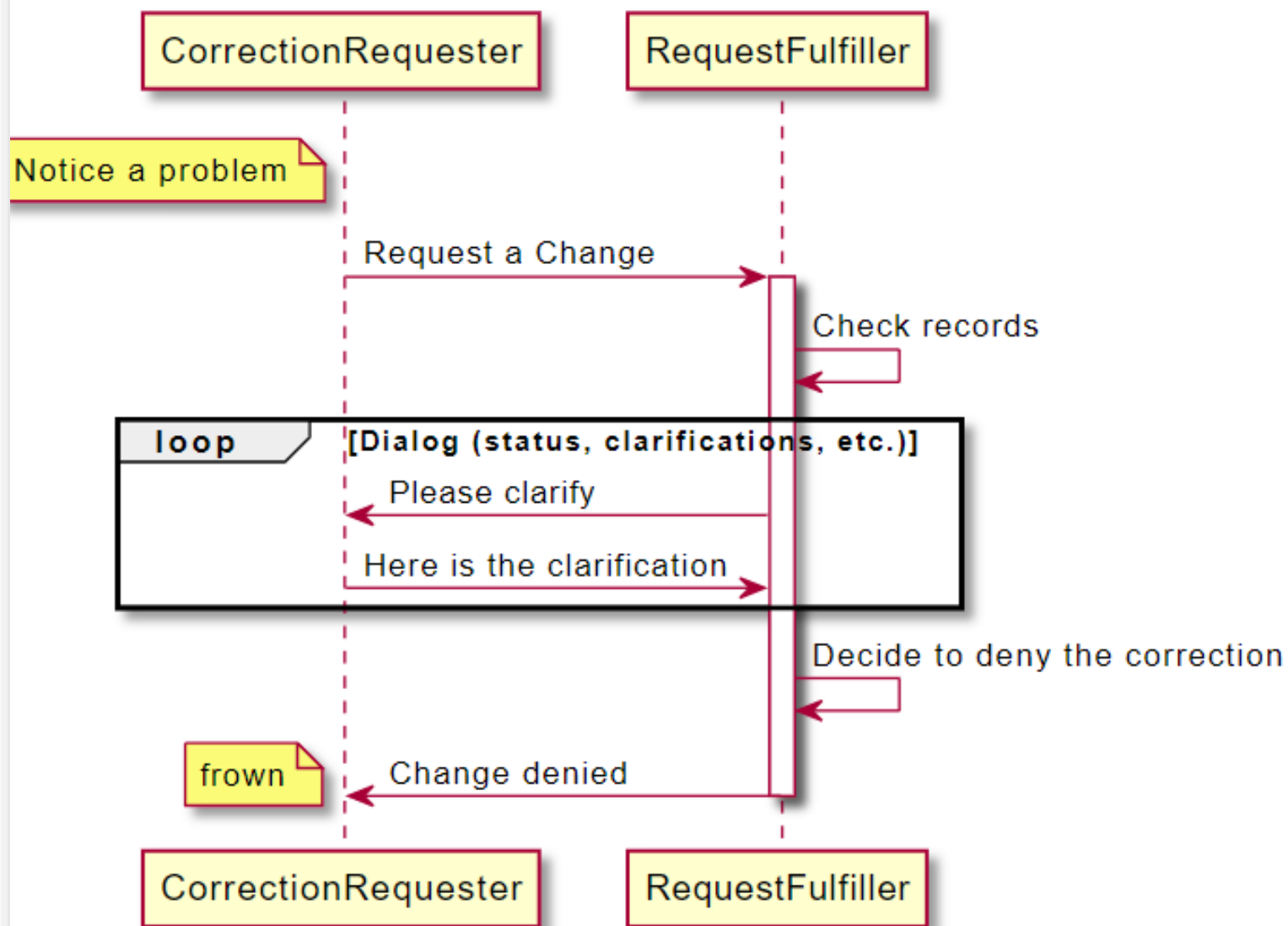
Abstract Model - Request For Correction accepted



Testing Scenario 2: Patient Request is Denied

- Bob reviews his medical records from Southside Clinic. He notices that he is still listed as an everyday smoker. However, Bob no longer smokes. Bob uses his patient app to request a correction to his chart.
- The medical records department receives the request and asks Bob a clarifying question (“When did you quit smoking”). Bob views the question on his app and responds.
- He is also able to use the app to track the status of his request through multiple statuses through to completion.
- Bob receives the denial report which indicates he has a right to log a disagreement.

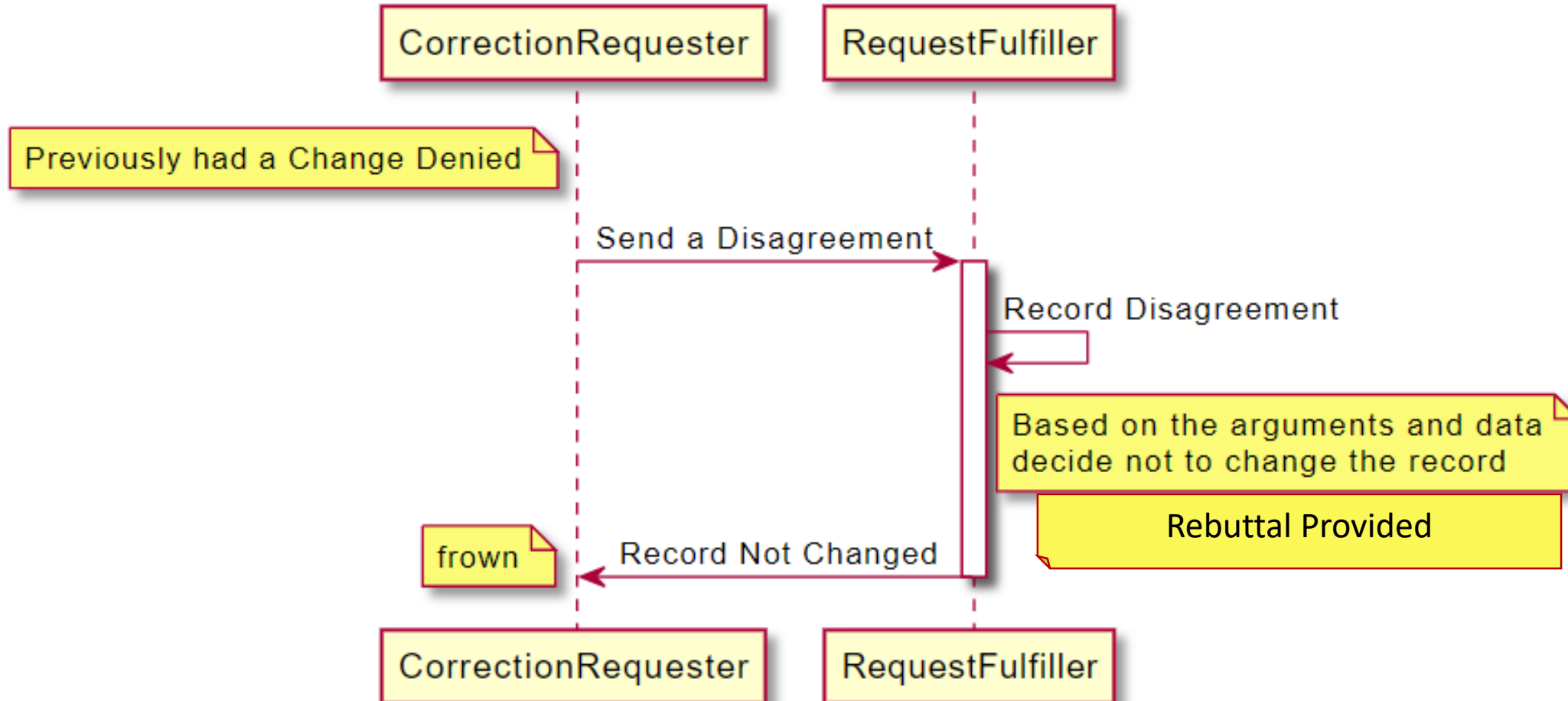
Abstract Model - Request For Correction Denied



Testing Scenario 3: Patient Logs a Disagreement

- Bob disagrees with a prior amendment denial. He uses his patient app to communicate his disagreement.
- The medical records department receives the disagreement and reviews it, ultimately determining not to amend his record and issues a rebuttal.
- Bob is able to use the app to track the status of his disagreement through multiple statuses through to completion.
- Bob receives the denial and rebuttal through his patient app.

Abstract Model - Disagreement on a Denied Correction



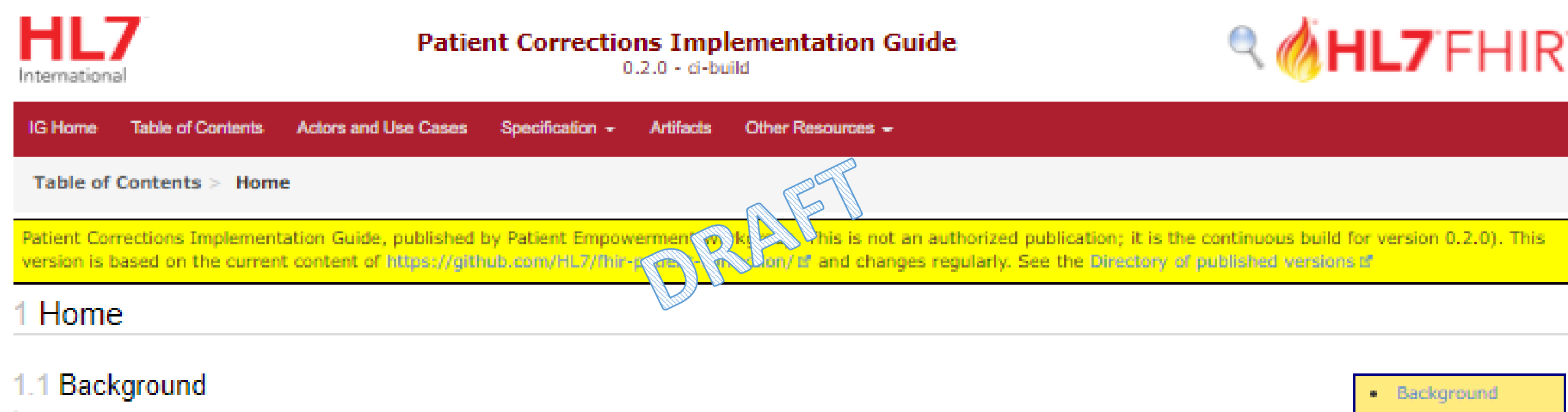
Special Focus of This Connectathon

- Test of \$correction-request operation
- Test search commands
- Test updating and displaying of Business Statuses for the correction Task
- Test the Log Disagreement workflow
- New participants – whatever they can do

Overview of Implementation Guide


<https://build.fhir.org/ig/HL7/fhir-patient-correction/index.html>

Special Thanks to John Keyes and John Moehrke – Our IG Editors



HL7
International

Patient Corrections Implementation Guide
0.2.0 - ci-build

Search 

[IG Home](#) [Table of Contents](#) [Actors and Use Cases](#) [Specification](#) [Artifacts](#) [Other Resources](#)

[Table of Contents](#) > [Home](#)

DRAFT

Patient Corrections Implementation Guide, published by Patient Empowerment Workgroup. This is not an authorized publication; it is the continuous build for version 0.2.0). This version is based on the current content of <https://github.com/HL7/fhir-patient-correction/> and changes regularly. See the [Directory of published versions of](#)

1 Home

1.1 Background

■ Background

Actors – Roles Played in Scenarios

Actor	Description
CorrectionRequester	The CorrectionRequester represents a patient's application, such as a personal health record. A patient or their caregiver uses the application to request a correction to their medical record.
RequestFulfiller	The RequestFulfiller represents a provider system such as an EHR. A Medical Records professional or clinician uses the provider system to review and process the correction request.

The Operation

Operation	Description
\$correction-request INPUT: Correction Request Bundle OUTPUT: Correction Request Communication	The \$correctionrequest operation is used to communicate a request for correction from a requester to a fulfiller. It includes the ability to send the request along with attachments. The fulfiller can spawn a task to manage the correction process as part of the operation. For the operation, we expect the server to store the Communication resource, spawn a task when appropriate, and update the Communication and return the Communication resource with reference to a Task id if a Task is spawned.

Profiles

Profile	Description
Patient Correction Communication	A Communication resource is used to initiate the Request for Correction or Log Disagreement. Additional Communication resources are used to represent any back and forth conversation between Requester and Fulfiller.
Patient Correction Task	A Task is spawned on the Fulfiller when a Request for Correction or Log Disagreement Communication is received and represents the process for fulfilling the request. The Task can be queried for status and overall information on the process.

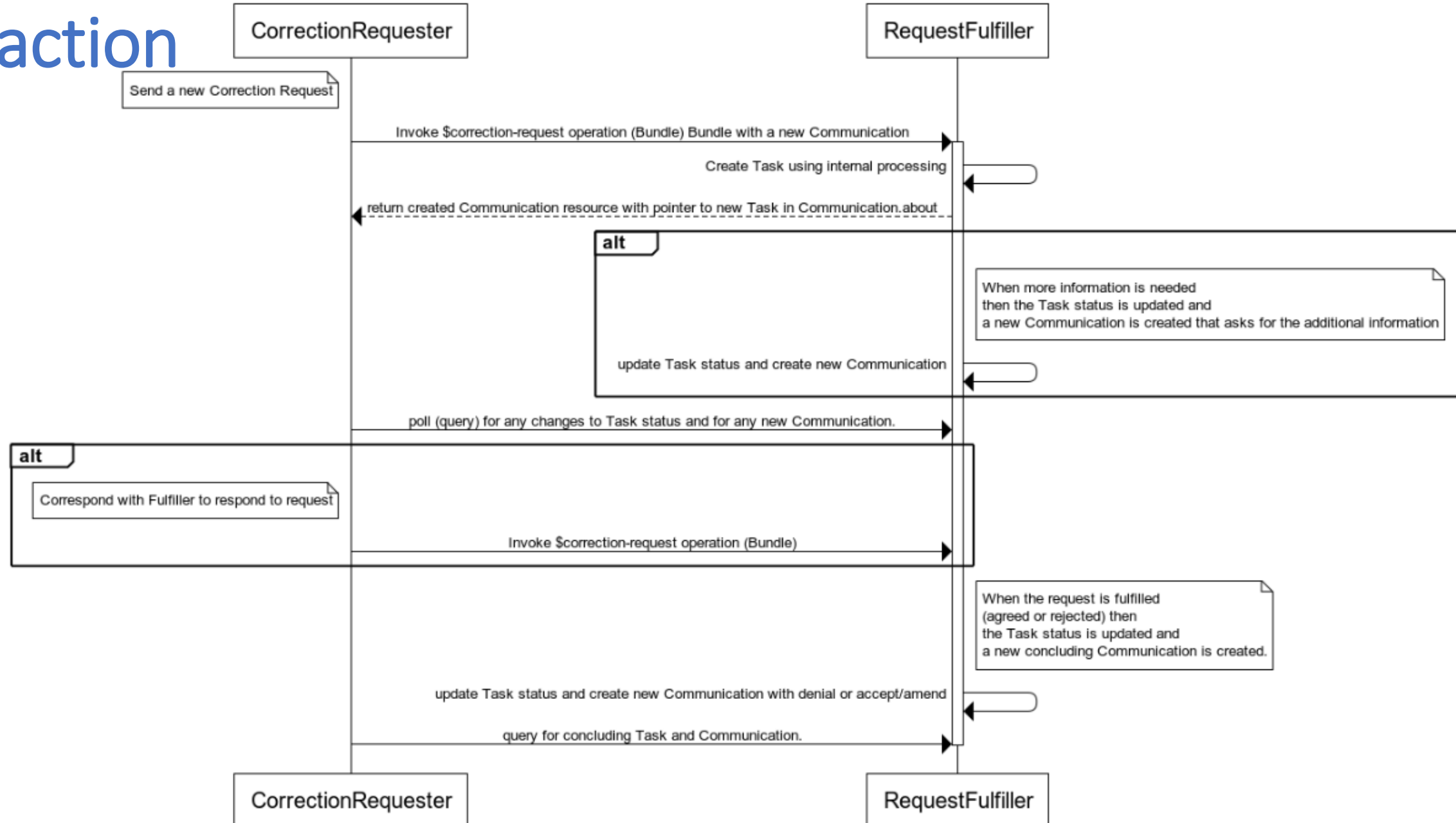
The New Bundle Profile

Profile	Description
Patient Correction Bundle	The Patient Correction Bundle contains a Patient Correction Communication and other resources related to a patient request for correction.

Required: A Communication resource

Restful Interaction

Restful Correction Request Process



Multiple Communications – 1 Task (2nd Task created for a Disagreement)

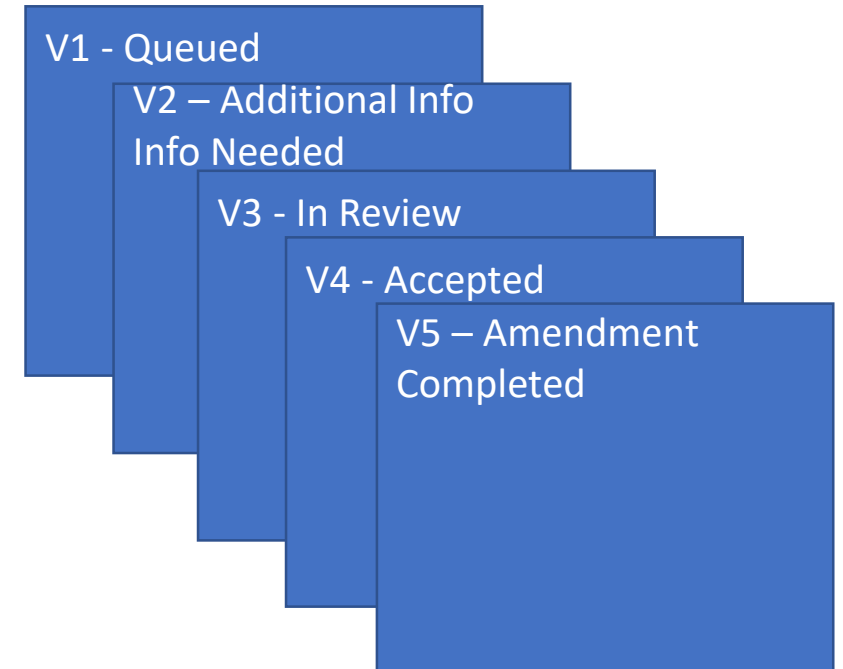
Please correct
error in record –
details attached

When did you
quit

Last Year

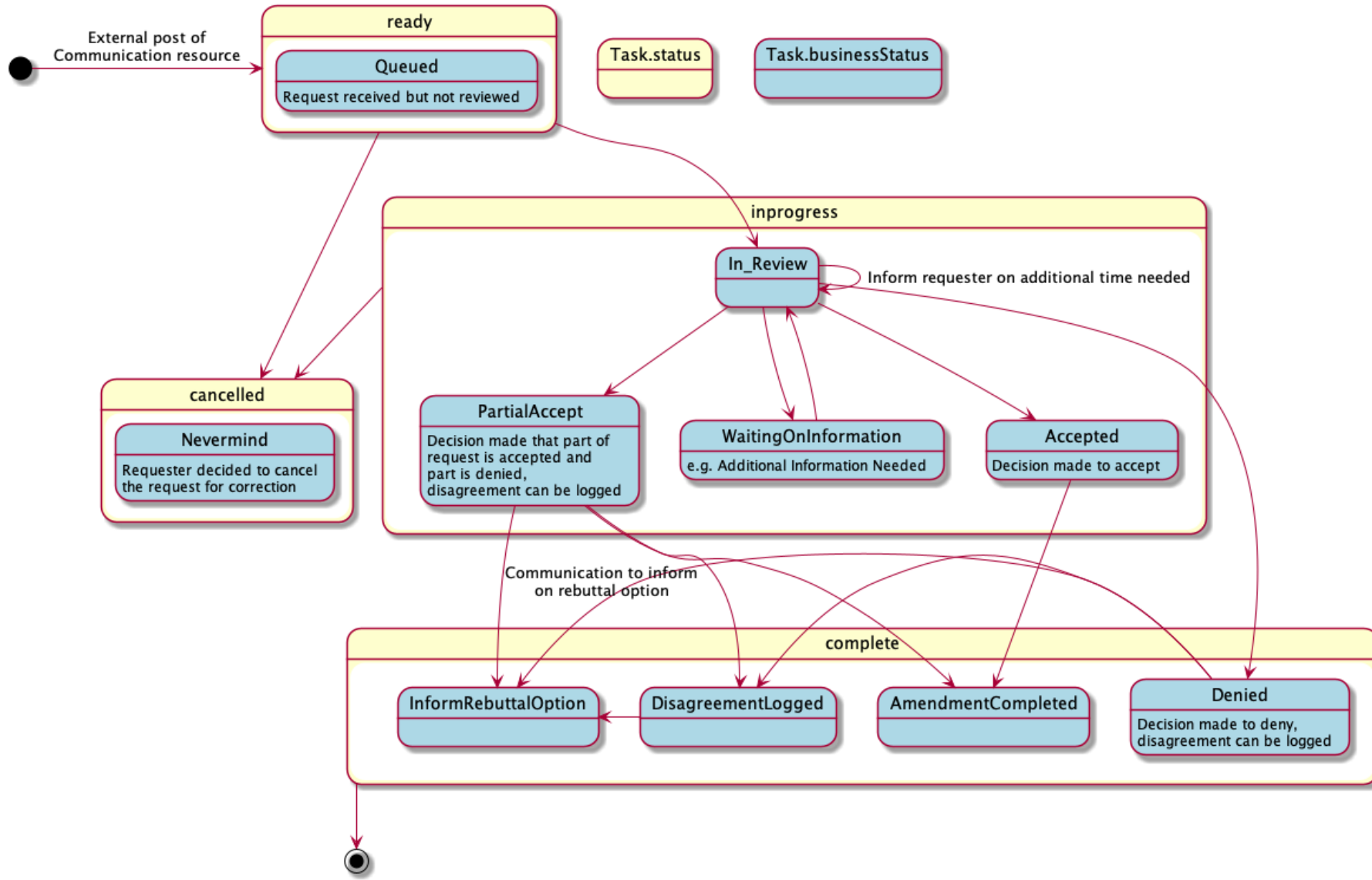
Record
corrected –
amendment
report attached

**Multiple Communication
Resources Represent the
Conversation**



**A Task Resource represents overall process
including state changes.**

Correction Task State Machine



Correction Task Statuses

Task.status	Task.businessStatus (Code)	Task.businessStatus (Display)	Task.businessStatus Definition
ready	Queued	Queued	a request to correct a record or log a disagreement has been received by the Fulfiller (eg Provider) but has not yet been reviewed
in-progress	In_Review	In Review	Review is in progress.
in-progress	WaitingOnInformation	Waiting On Information	The Fulfiller (eg. Provider) is waiting on additional information.
cancelled	NeverMind	Cancelled	The request has been cancelled
in-progress	Accepted	Accepted	Decision was made to accept the correction request
in-progress	PartialAccept	Partial Accept	Part of the correction request was accepted, and part was denied.
completed	AmendmentCompleted	Amendment Completed	The record has been amended (corrected).
completed	Denied	Denied	The request has been denied.
completed	DisagreementLogged	Disagreement Logged	The Fulfiller (eg Provider) has logged the requester's (eg patient's) disagreement with the correction request denial.
completed	InformRebuttalOption	Inform Rebuttal Option	Fulfiller has The Fulfiller (eg Provider) has logged the requester's (eg patient's) disagreement with the correction request denial, and provided a formal rebuttal.

Correction Communication Profiles

Mandatory and Must Support Fields

- **status:** fixed to “completed”
- **category:** indicates whether it’s a “Request for Correction” or “Disagreement with Denial” process
- **subject:** the person whose record is to be corrected
- **sender:** who is sending this communication
- **recipient:** who is receiving this communication
- **sent:** date/time communication was sent
- **topic:** a heading/subject line for the message being sent. Could be thought of as the subject line in an email thread.
- **about:**

When the initial Communication request for correction resource is created by the Requester, Communication.about will be empty. When the Fulfiller spawns a Task to support the request, the Fulfiller sets Communication.about to reference the spawned Task that represents the entire request for correction or log disagreement process.

On all other Communication resources, Communication.about references the Communication resource that contained the initial request.

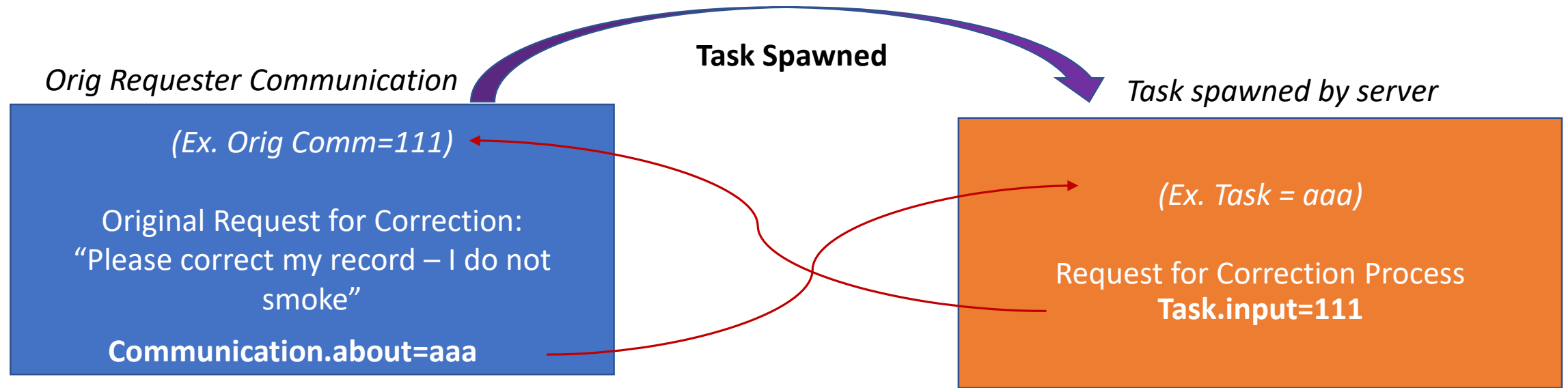
When a Disagreement Task is created, the Fulfiller will update the Disagreement Communication such that Communication.about references the Disagreement Task as well as the original correction request Communication.
- **inResponseTo:** points to the prior Communication resource in a conversation thread.

The Patient Correction Task Profile

Mandatory and Must Support Fields

- **id:** An id
- **status:** status combined with businessStatus provide the state of the process
- **businessStatus:** status combined with businessStatus provide the state of the process
- **intent:** fixed to “order”
- **code:** indicates whether it’s a “Request Correction” or “Log Disagreement” process
- **for:** the patient whose record is to be corrected
- **requestor:** the person who asked for the correction on behalf of the patient in Task.for.
- **authoredOn:** date/time when the request was received on the Fulfiller side
- **lastModified:** date/time of last update to the process.
- **input:** points to the Communication resource containing the original patient correction or log disagreement request.
- **output:** points to the Communication resource containing the resolution of the request
- **reasonReference:** if the Task represents a disagreement, points to the Task containing the original request for correction process.

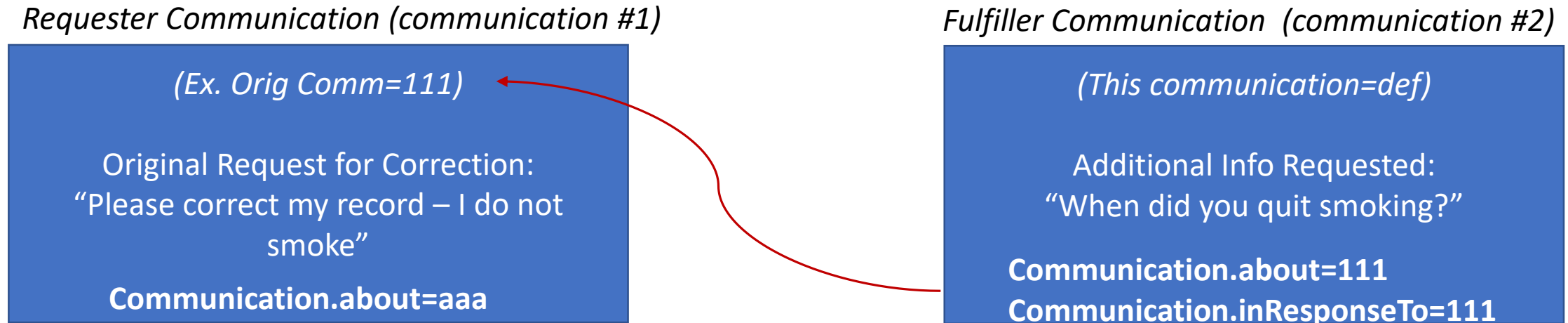
Step 1: Original request sent by patient to fulfiller.



When the Fulfiller spawns a Task, the Fulfiller writes the reference to the task into the original Communication.about

Task.input references the Original Communication

Step 2: Fulfiller sends question to patient



Communication.about always references the Communication resource that contained the initial request (except comm #1).

Communication.inResponseTo always references the prior Communication resource in a conversation thread (except com #1).

In this example, about and inResponseTo will reference the same communication.

Step 3: Requester answers question

Requester Communication (communication #1)

(Ex. Orig Comm=111)

Original Request for Correction:
"Please correct my record – I do not
smoke"

Communication.about=aaa

Fulfiller Communication (communication #2)

(This communication=222)

Additional Info Requested:
"When did you quit smoking?"

Communication.about=111

Communication.inResponseTo=111

Requester Communication (communication #3)

(This communication=333)

Additional Info Given:
"Last Year"

Communication.about=111

Communication.inResponseTo=222

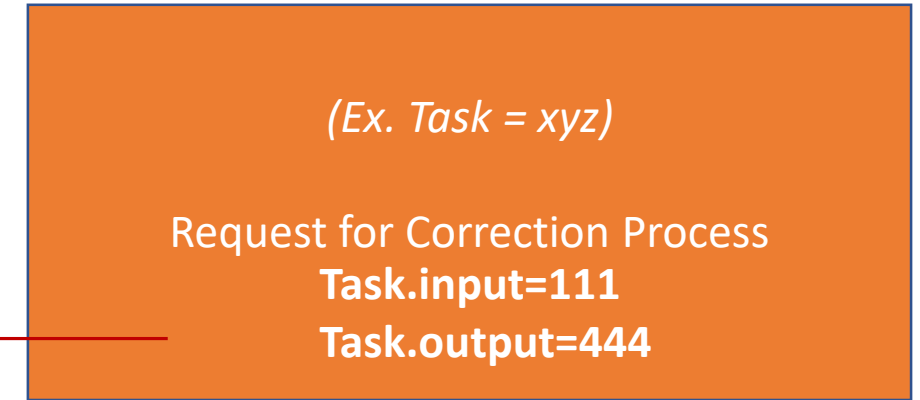
Communication.about references the **Communication** resource that contained the initial request.
Communication.inResponseTo references the prior **Communication** resource in a conversation thread.

Step 4: Fulfiller notifies patient that correction is made

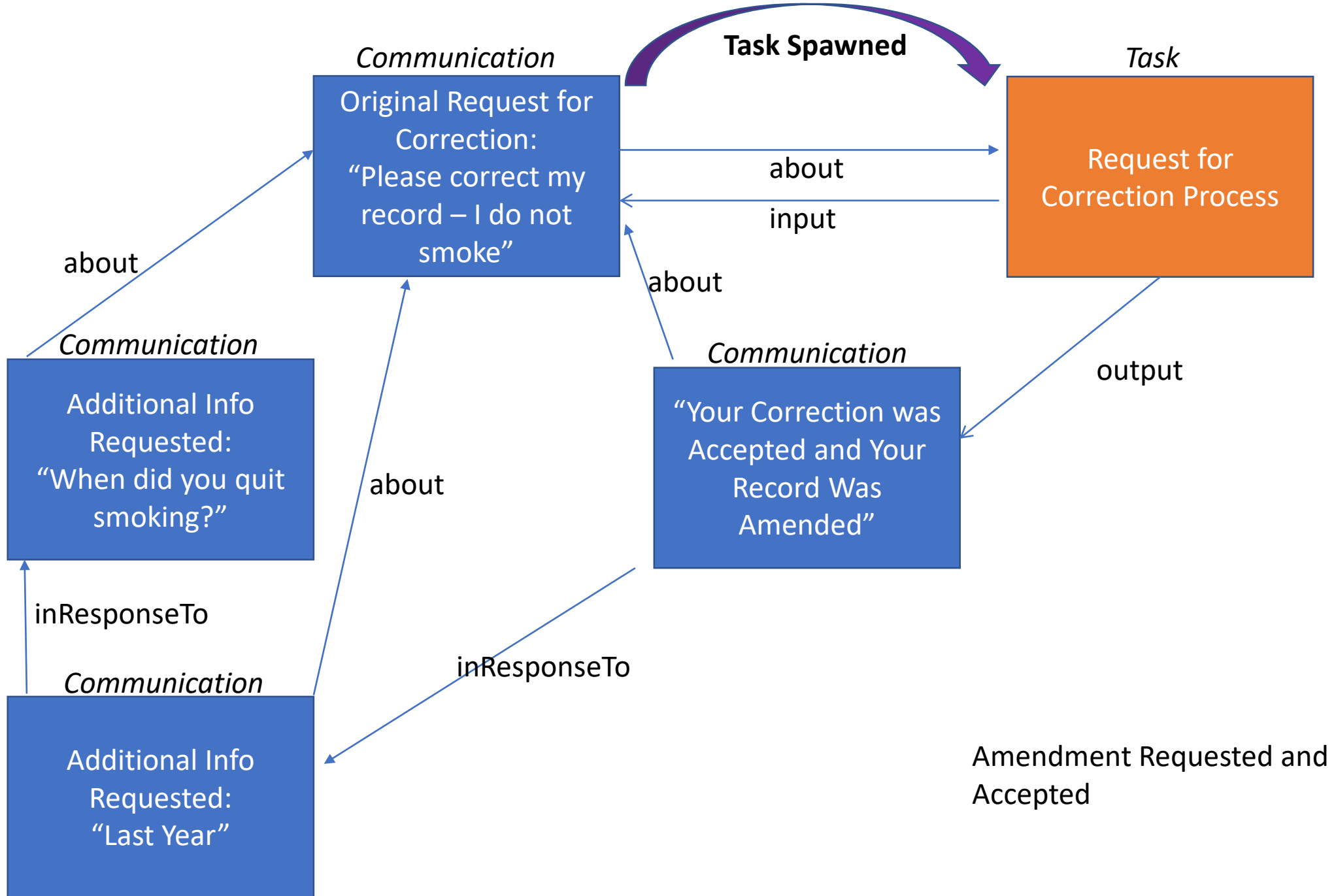
Fulfiller Communication (communication #4)



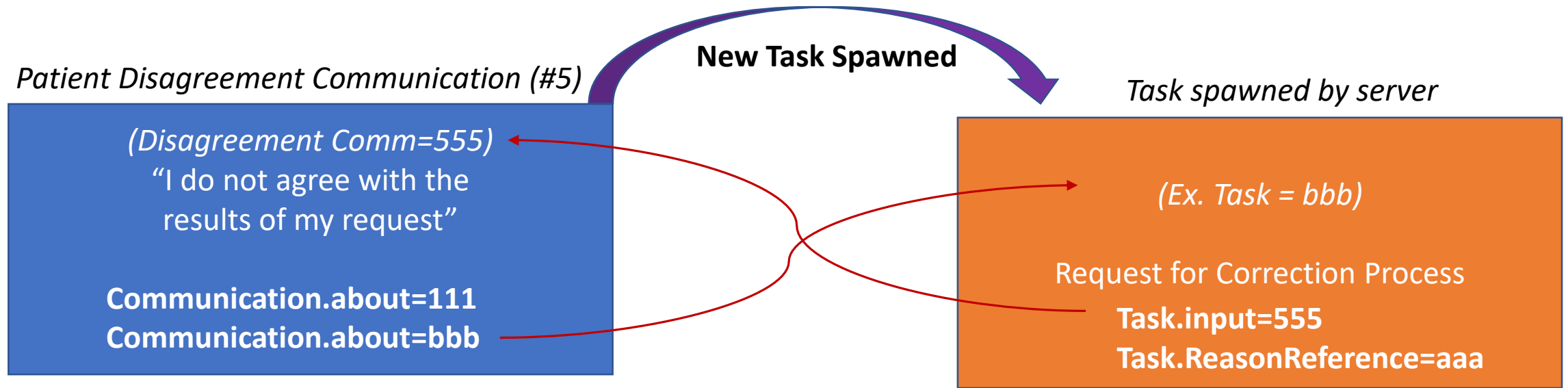
Task Updated



When the Fulfiller completes the Task, Fulfiller adds reference to the final communication in Task.output



When request for correction is denied, patient can send a disagreement. A new task is then spawned



Patient sends Disagreement communication. Communication.about references orig communication.

Fulfiller spawns a New Task. The Fulfiller writes the reference to the task into the Disagreement Communication.about

Task.input references the Disagreement Communication resource

Task.reasonReference references the original Task

Step 4: Fulfiller notifies patient that correction is still rejected

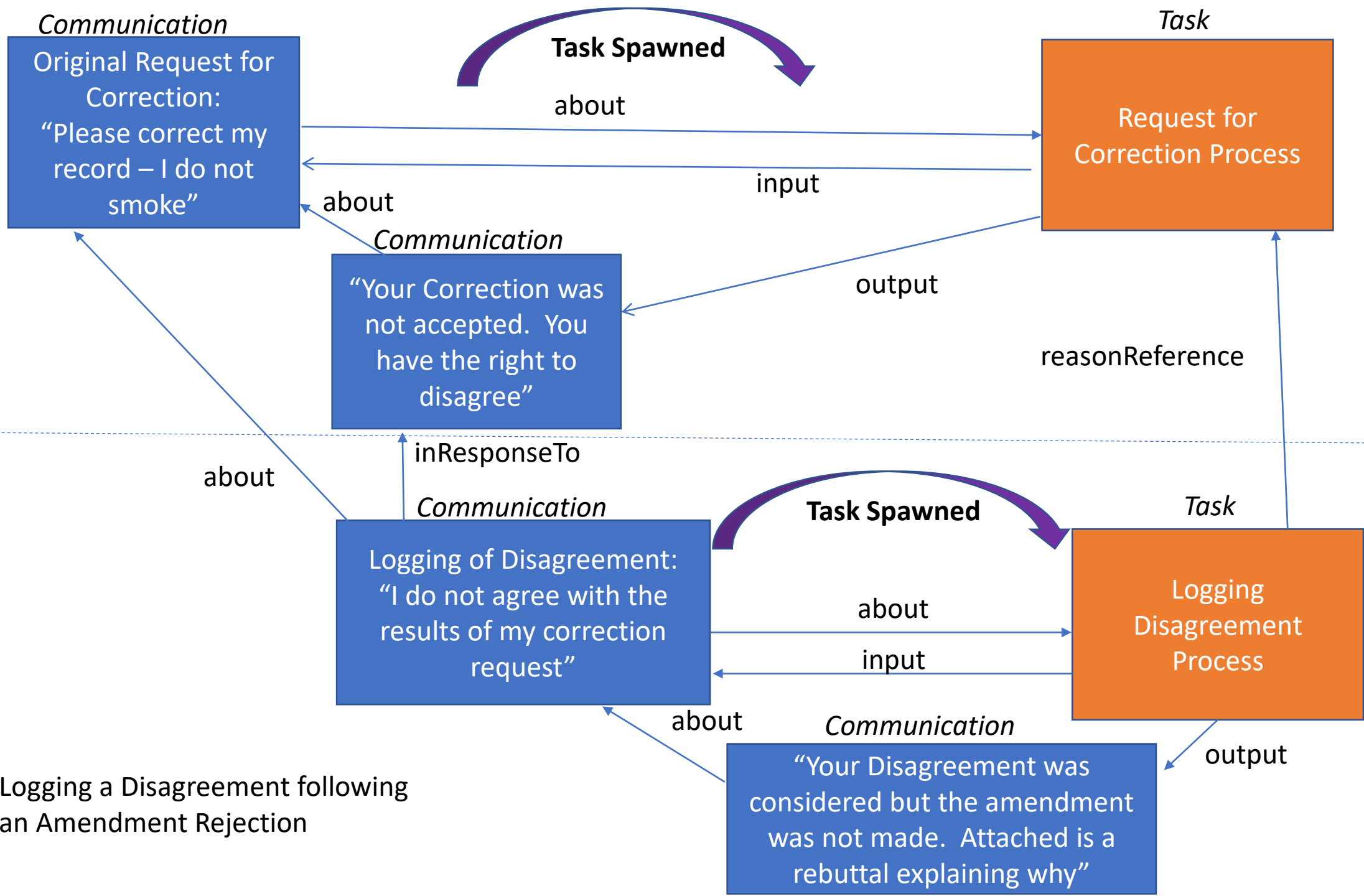
Fulfiller Communication (communication #6)

(This Comm=666)
“Your Disagreement was considered but
the amendment was not made.”
Communication.about=111
Communication.about=bbb
Communication.inResponseto=555

Task Updated

(Ex. Task = bbb)
Request for Correction Process
Task.input=555
Task.output=666

When the Fulfiller completes the Task, Fulfiller adds reference to the final communication in Task.output



Logging a Disagreement following
an Amendment Rejection

Logistics

Track Details:

- <https://confluence.hl7.org/display/FHIR/2022-01+Patient+Request+for+Corrections>

Find us in Whoova:

- Patient Request for Corrections Track

Follow the track chat:

- <https://chat.fhir.org/#narrow/stream/179262-patient-empowerment/topic/Connectathon.2029.20-.20Patient.20Request.20for.20Corrections>

Read the draft Implementation Guide:

<https://build.fhir.org/ig/HL7/fhir-patient-correction/index.html>

Connectathon 29

Patient Correction Track Schedule

- **Monday Jan 3rd**
 - Track Orientation 3PM CT
- **Monday Jan 10**
 - 3-4 PM CT: Kickoff and Logistics
- **Tuesday Jan 11**
 - 9:30-10:30 AM CT: Morning Check-In
 - 1-2 PM CT: Mid-day check-in
 - 4:30-5:30 PM CT: End of day Wrap-Up
- **Wednesday Jan 12**
 - 9:30-10:30 AM CT: Morning Check-In
 - 2:00-3:30 PM CT: Finish testing/summarize results
 - 3:45-4 PM CT: Track Highlights on main connectathon session

Will you Join Us? What role will you play?

- **Clients (CorrectionRequestors):**

- MaxMd
- Timon Grob
- Others?

- **Servers (RequestFulfillers):**

- David Hay
- Others?

- **Other**

Questions

- Do you have any questions?
- Always feel free to reach out to the track coordinators
 - Debi Willis debi@MyPatientLink.com
 - Virginia Lorenzi vlorenzi@nyp.org

or message us on Zulip!

