June 3, 2013

Version 2013 06 03

**Strengths**

* Clinical backgrounds and expertise well presented
* Data modeling background
* Co-chair positions are filled without gaps in leadership
* PC provides core clinical content to many other groups, e.g. EHR, Clinical Statement, DSS
* Provides a collaborative platform for many HL7 groups (e.g. Structured Documents, Templates)
* Provides combination of clinical and technical background to other clinical groups
* Logical home for HL7 participants with a clinical/informatics background

**Weaknesses**

* Topics under Patient Care span a large field of various subjects, making it difficult to set priorities or limit the scope of projects. The span of attention of the key players can only be stretched to certain extent. This applies to PC projects as well as co-sponsored projects.
* Other functions as modeling facilitator, vocabulary facilitator and publishing facilitator are difficult to fill.
* Interdependency of PC materials with the work of other groups requires a lot of coordination and cross-coverage.
* Publishing is a challenge because of the sheer amount of materials and topics we have. This also will set challenges to maintenance of the ballot material especially if different publishers work on the same publication database.
* Pending projects from other groups may demand additional resources from PC (CCD and CDA R3). Demand for group services exceeds resources available.
* Being slow to adopting to the new procedures within HL7
* Communication is difficult because of the global spread and the differences in time zones.

**Opportunities**

* Different products of patient care WG are relevant to other HL7 WG and also outside HL7. This provides multiple opportunities for collaboration within and outside of HL7 (from the work group level to major government initiatives).
* New tools for development such as ART-DÉCOR, Trifolia Workbench and model driven health tools could stimulate the approach and use of PC components such as allergies.
* Strengthen the project management of PC WG materials.
* Collaboration with other new HL7 work groups such as Mobile Health to take advantage of new technologies.
* Set project and co-sponsorship priorities

**Threats**

* Limited participation of active HL7 members
* New initiatives within organizations like HL7 and IHE create new standards, such as FHIR or PCC, creating additional standards. These projects draw on the same resources to address their needs and create lack of focus on the use of standards. This could lead to the situation that no standard has enough support to survive as a standard.
* Difficult to encourage engagement because most organizations cannot or will not justify involvement by their employees.
* Majority of work is done on conference calls, vs. asynchronously on the wiki. This limits the participation of many subject matter experts.
* Reliance on conference calls causes some participants to not be up-to-date on issues and cause re-work based on periodic participation.