Post-Acute Care Interoperability Working Group
Weekly Contributors Meeting

Time: Wednesday, April 10, 2019, 2:00 pm - 3:00 pm

Location: Skype Meeting
Dial-in: (781) 271-2020
Meeting ID: 689190240

This meeting is being recorded. In all discussions, members should be aware that meetings are recorded and include representatives of companies that compete with one another in the marketplace. This working group is a public forum and therefore all information shared will be publicly available.

Invited Participant	Attendance (Yes/No)	Invited Participant	Attendance (Yes/No)
1. Alan Swenson (Kno2)	Y	19. Hans Buitendijk (Cerner)	Y
2. Amy Freeman (MatrixCare)	N	20. Hibah Qudsi (MITRE)	Y
3. Amy Shellhart (WellSky)	N	21. Jana Linthicum (Telligen)	N
4. Beth Connor (CMS)	Y	22. Jason Johanning (VA)	N
5. Brandt Welker (MedicaSoft)	N	23. Jayne L. Hammen (CMS)	N
6. Cary Ussery (LivPact)	N	24. Jennifer Ramona (Homewatch Caregivers)	Y
7. Chris Pugliese (Brightree)	Y	25. Jessica Skopac (MITRE)	Y
8. Cindy Frakes (Cerner)	Y	26. Joan Williams (Lower Cape Fear Hospice)	Y
9. Dave Hill (MITRE)	Y	27. John Derr	
10. Dave Lee (Leavitt Partners)	N	28. Liz Palena-Hall (ONC)	Y
11. Debi Willis (My Patient Link)	N	29. Lorraine Wickiser (CMS)	Y
12. Dheeraj Mahajan (CIMPAR)	Y	30. Majd Alwan (LeadingAge)	N
13. Doc Devore (MatrixCare)	N	31. Mark Pavlovich (Ethica Health & Retirement Communities)	Y
14. Donna Doneski (NASL)	N	32. Mark Roberts (Leavitt Partners)	N
15. Elaine Blechman (Prosocial Applications)	N	33. Matt Elrod (APTA)	Y
16. Evelyn Gallego (EMI Advisors)	N	34. Megan Lenthe (Matrix)	
17. Floyd Eisenberg (iParsimony)	N	35. Michelle Dougherty (RTI)	Y
18. Gillian VanderVliet (Bay Path University)	Y	36. Nick Knowlton (Brightree)	N

Invited Participant	Attendance (Yes/No)	Invited Participant	Attendance (Yes/No)
37. Rachel Lopez (NIC)	Y	43. Sue Mitchell (RTI)	Y
38. Robert Samples (ESAC)		44. Sweta Ladwa (ESAC)	N
39. Rusty Yeager (Encompass Health)	Y	45. Terrance O'Malley (MGH)	N
40. Ryan Howells (Leavitt Partners)	N	46. William Davis (Strategic Healthcare Programs)	Y
41. Siama Rizvi (MITRE)	Y	47. Zabrina Gonzaga (Lantana Group)	Y
42. Srinivas Velamuri (Telligen)	Y	48. Shawn Hewitt (WellSky)	Y

Meeting Notes

Discussion Items

1) **Welcome & Roll Call** (Hibah Qudsi, MITRE)   5 minutes
   - 35 attendees (Skype)
     - 25 announced in attendance

2) **Charter Proposal Updates** (Siama Rizvi, MITRE)   10 minutes
   Problem Statement
   - One contributor felt the revised problem statement captured inclusion of other parts of the PAC continuum
   - The WG discussed the use of the term "patient" in the charter
     - Several contributors suggested the WG use "person" or "person served" instead of "patient"
     - Another contributor felt that the WG leadership should add a footnote to define "patient" to further specify to whom the data ownership applies to
       1. Owning data and accessibility to data use are two different things
          - This can be further teased out into accessibility and control of data
     - Another contributor felt that "patient' is clearer than "person"
     - "Patients" may be considered "clients" and/or "residents", depending on the care setting
     - A "person" becomes a "patient" when they seek healthcare services
     - DECISION: the charter will refer to these individuals as "patients"
       1. WG leadership will include a footnote on the first iteration of "patient" defining the term for the purpose of the charter and WG, including the "person-served" terminology

- One contributor felt that care coordination/transitions should be added to the charter discussion around digital applications
  - WG leadership revised the charter to include the following: "promote patient-centric care transitions and coordination, including shared care and transitions of care"
- One contributor felt that the disclosure statement should be moved to the top of the charter, rather than it being in a footnote
  - WG leadership pointed out that the disclosure statement was added to the meeting agendas
  - DECISION: WG leadership will move the footnote to the body of the charter and will continue including the statement on meeting agendas
- ACTION ITEM: WG leadership will make final revisions to the charter and share the document with contributors
  - WG leadership will send out a poll to cast a formal vote on approval of the final charter

3) Branding (Dave Hill, MITRE)   5 minutes
- Key factors
  - Easy to remember
  - Easy to spell
  - Trademarkable (search using TESS at uspto.gov)
  - Domain name available
- Potential themes: Flowing, River, Fabric, Trees, Anatomy, Dance, Communication, Bridges
  - Note: Any use of FHIR in the name requires approval from HL7
- Candidates so far:
  - Project Weave
  - PAConcerto
  - Project Mandala (trademark clash with Mandala Healthcare)
  - Potomac Project (trademark clash with Potomac Pediatrics)
- There are opportunities for upcoming conferences/tradeshows to print buttons, which will help get the word out about this WG
- Once the WG has identified a name, it can move forward to establishing a logo
- One contributor asked why the WG can't just be called "the Post-Acute Care Interoperability Working Group", indicating that the current name is descriptive and straightforward
  - WG Leadership indicated that most successful companies are not descriptive (i.e. Amazon, Coca Cola, etc.)
- One contributor raised a concern about including "PAC" in the name as the WG does not want to confine itself to interoperability in just the PAC space
  - Another contributor reiterated the fact that the goal of this WG is to develop an implementation guide around PAC specifically

- ACTION ITEM: WG leadership will send out a poll for contributors to vote on project names

4) Continued Discussion: PAC Use Case (Siama Rizvi, MITRE) 30 minutes
- WG leadership provided an overview of the use case diagram
- The purpose of this diagram is to illustrate a complicated patient being cared for by multiple provides across multiple settings
- Each column represents a different care setting
- The diagram at the bottom represents the information exchange, with the patient highlighted in yellow
- Once the WG identifies a particular transition to focus on, the next step will be identifying the FHIR resource (and/or resource + extension) that will adequately capture that use case
- The use case is an evolving document and can be updated
- Ideally, the WG would like to be prepared to demonstrate successful implementation of an IG by the September connectathon
- Based on the previous meeting, hospital to SNF and SNF to hospital seemed to be the most popular
  - There are two different scenarios under "hospital to SNF"
    1. Planned inpatient admission into a hospital (e.g. patient requires a planned surgical procedure)
    2. Unplanned transfer to ED, leading to a hospital admission OR discharge back to SNF
- The WG also discussed duality of these scenarios (i.e. hospital to and from SNF) during the last meeting
  - WG leadership believes there are enough contributors to tackle two use cases at once
    1. This would require a volunteer to lead each respective use case
- There was a strong recommendation to work on medication reconciliation per the upcoming 24 hour medication reconciliation requirement for LTC
  - One contributor indicated that disparate sources of medication is a PAC-wide concern, not just SNF
- One contributor shared information from a white paper that breaks down elements of care that providers feel are necessary for useful information exchange
  - Data elements providers wish to transfer include:
  A. From Hospital to SNF
    1. Medication list
    2. Problem list
    3. Progress notes
    4. Discharge summary
  B. From SNF to hospital
    5. Progress notes
    6. Laboratory and diagnostics
    7. Progress notes and discharge summary

8. Updated medication list
9. Quality and utilization data

- ONC mentioned that the Long Term Care requirements published a few years ago also include information for exchange to/from a nursing home
- DECISION: the use case that the WG focuses on will include SNF
  - The WG still needs to determine the specific flow and to/from whom the data will be going to/coming from for this use case
  - One contributor reiterated the importance of building on existing work, rather than duplicating it (i.e. ONC's 360x group may already be addressing one of these prospective use cases)
  - One contributor strongly recommended including a community-based/long-term support services role in whatever use case the WG decides on
- Contributors are encouraged to add use case options to the existing list of 12 scenarios
- ACTION ITEM: WG leadership to send out a poll for contributors to vote on/rank use cases

5) **Open Discussion** (All)   10 minutes
Call ended prior to Open Discussion

6) **Monthly Observers Meeting** (Dave Hill, MITRE)
   - Wednesday, 04/17/2019, 10:00am – 11:00am

7) **Next Meeting:**
   - Wednesday, 04/17/2019, 2:00pm – 3:00pm

8) **Homework** (Dave Hill, MITRE)
   - Contributors were asked to:
     - Review the revised charter
     - Complete poll to vote on approval for the charter
     - Complete poll to rank use cases
     - Complete poll to vote on WG names
   - Contributors who are interested in leading a use case subgroup should reach out to WG leadership

9) **Adjourn**