

Post-Acute Care Interoperability Working Group

Weekly Contributors Meeting

Time: Wednesday, April 24, 2019, 2:00 pm - 3:00 pm

Location: WebEx Meeting

Dial-in: 1-877-267-1577

Meeting ID: 994 361 173

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.

Meeting Attendees

Invited Participant	Attendance (Yes/No)
1. Alan Swenson (Kno2)	Y
2. Amy Freeman (MatrixCare)	N
3. Amy Shellhart (WellSky)	Y
4. Beth Connor (CMS)	Y
5. Brandt Welker (MedicaSoft)	N
6. Cary Ussery (LivPact)	N
7. Chris Pugliese (Brightree)	Y
8. Cindy Frakes (Cerner)	Y
9. Dave Hill (MITRE)	Y
10. Dave Lee (Leavitt Partners)	N
11. Debi Willis (My Patient Link)	Y
12. Dheeraj Mahajan (CIMPAR)	Y
13. Doc Devore (MatrixCare)	N
14. Donna Doneski (NASL)	Y
15. Elaine Blechman (Prosocial Applications)	Y
16. Evelyn Gallego (EMI Advisors)	N
17. Floyd Eisenberg (iParsimony)	N
18. Gary Schoettmer (NetRx)	N
19. Gillian VanderVliet (Bay Path University)	Y
20. Hans Buitendijk (Cerner)	N
21. Hibah Qudsi (MITRE)	Y
22. Jana Linthicum (Telligen)	Y
23. Jason Johanning (VA)	N

Invited Participant	Attendance (Yes/No)
24. Jayne L. Hammen (CMS)	N
25. Jennifer Ramona (Homewatch Caregivers)	Y
26. Jessica Skopac (MITRE)	Y
27. Joan Williams (Lower Cape Fear Hospice)	Y
28. John Derr	N
29. Kimberly Barrett	Y
30. Liz Palena-Hall (ONC)	N
31. Lorraine Wickiser (CMS)	Y
32. Majd Alwan (LeadingAge)	N
33. Mark Pavlovich (Ethica Health & Retirement Communities)	Y
34. Mark Roberts (Leavitt Partners)	N
35. Matt Elrod (APTA)	Y
36. Megan Lenthe (Matrix)	N
37. Michelle Dougherty (RTI)	N
38. Nick Knowlton (Brightree)	N
39. Rachel Lopez (NIC)	Y
40. Robert Samples (ESAC)	Y
41. Rusty Yeager (Encompass Health)	Y
42. Ryan Howells (Leavitt Partners)	Y
43. Shawn Hewitt (WellSky)	Y
44. Siama Rizvi (MITRE)	Y

Invited Participant	Attendance (Yes/No)
45. Srinivas Velamuri (Telligen)	Y
46. Steve Guenther (The LEAP Group)	N
47. Sue Mitchell (RTI)	N
48. Sweta Ladwa (ESAC)	N
49. Terrance O'Malley (MGH)	Y

Invited Participant	Attendance (Yes/No)
50. William Davis (Strategic Healthcare Programs)	Y
51. Yolanda Villanova (CMS)	Y
52. Zabrina Gonzaga (Lantana Group)	Y

Meeting Notes

- 1) **Welcome & Roll Call** (Hibah Qudsi, MITRE) 5 minutes
 - 39 attendees
 - 31 announced in attendance

- 2) **Charter Approved – Thanks!** (Siama Rizvi, MITRE) 1 minute
 - 29 responses – approved 28-1
 - WG leadership finalizing & will publish to GitHub

- 3) **CARIN/Blue Button Update** (Dave Hill, MITRE) 4 minutes
 - Considering removing the submission clarification code field from Claims
 - CARIN is not opposed to including the field but is seeking clarity around who is publishing data to that field
 - Contributors were asked to reach out to Dave Hill and Ryan Howells with any information about where this data is being populated and by whom

- 4) **Branding Update** (Hibah Qudsi, MITRE) 5 minutes
 - WG leadership shared a SurveyMonkey for Contributors to vote on a brand name for the WG
 - Contributors have been asked to submit their votes by COB Friday, 4/26

- 5) **Project Timeline** (Dave Hill, MITRE) 10 minutes
 - WG leadership provided an overview of the deliverables timeline for the WG in May and June

- 6) **Continued Discussion: PAC Use Case** 30 minutes
 - **Medication List Use Case Update** (Dave Hill, MITRE)
 - WG leadership emphasized the importance of reaching consensus on a use case while focusing on a use case that will be meaningful, impactful, and will fill a current gap in the industry
 - NCPDP is addressing standardized medication profiles with an associated gap analysis and FHIR resource development and identifying gaps with regard to PAC in Argonaut's approach
 - WG leadership proposed focusing on other use cases

- **Other Use Cases** (Siama Rizvi, MITRE)
 - In the poll, “Hospital to SNF”, “unplanned admission from SNF to hospital (ED)”, “ADT notification between two health systems”, and “hospital to home health agency” received the most votes for use cases, after “transfer of medication lists between health systems”
 - ADT notifications has applicability to all PAC settings and would be the “simplest” use case to approach
 1. ADT notifications are actively being addressed by CareQuality and CommonWell, who are developing a national framework
 2. Da Vinci is also developing a FHIR profile for ADT notifications
 - WG leadership reminded participants that the IRF, SNF, and LTCH Rules were published
 1. It would be helpful to include TOH measures in WG efforts
 2. Several participants supported this notion due to the general applicability of TOH measures across PAC settings
 - A Massachusetts study indicated that the information needed in certain settings is role-based (nurse vs physician vs admin)
 1. “The right information to the right person at the right time in the right format”
 2. Several participants agreed that whether the information is role-based or not, the WG should first define the core data set using the USCDI before specifying roles
 - Other impactful efforts the WG could focus on
 1. Advanced directives
 - There is an [HL7 document](#) and a CCDA IG
 - Leavitt Partners is reaching out to HL7 about this effort to determine if there are any ongoing FHIR activities
 - AD elements vary by state
 - AD elements may be embedded in EHRs but are not standardized across systems and may be limited to direct messaging
 - WG leadership to explore which vendors offer this feature
 - <https://s.details.loinc.org/LOINC/75772-4.html?sections=Simple>
 2. USCDI items, such as cognitive status, functional status, admission/discharge information, discharge instructions, provider demographics, care team members
 - The USCDI already provides a framework and thus can be classified as “low hanging fruit” in WG efforts

- The USCDI Task Force will be reporting to the Advisory Committee tomorrow with additions to v1 of the USCDI
 - USCDI is a “moving target” in this sense, as it continues to expand
 1. The Task Force is proposing to simplify provenance to the organization level vs the author level
- 3. SDOH FHIR activities
 - Gravity Project kicking off next week
- 4. Patient name and PCP
- 5. Cognition & functional status
 - Participants acknowledged that this would not be as easy as other options
 - WG could focus on information transferred between settings
 - If use cases are being defined as the two sites between which data is being shared, it is important to consider the amount of content involved
 - It may be necessary to divide a use case based on the volume of content
 - This would fit well with the new proposed rules, as well as the DEL
- 6. One participant suggested instead leveraging the DEL (i.e. cognitive function, functional status, pressure ulcers, etc.)
 - WG to continue discussion around the DEL next week
- 7. Frailty
 - Made up of cognition and functional status
 - Ongoing efforts at CMS and VA around frailty scores/preops, using functional status data elements to inform these activities
 - There are commercially available products that use MDS data elements to derive frailty scores
 - Unclear whether this information is being transferred via FHIR
- One participant raised concern around the number of ongoing initiatives and emphasized the importance of developing some sort of repository with all active initiatives
 1. There are 35-40 FHIR initiatives that WG leadership is aware of
 - WG leadership will explore options for sharing this list with participants

7) Open Discussion (All)

5 minutes

8) Next Meeting:

- Wednesday, May 1, 2:00pm – 3:00pm

9) Homework (Dave Hill, MITRE)

10)Adjourn