PACIO Project
Weekly Contributors Meeting

Time: Wednesday, May 15, 2019, 2:00 pm - 3:00 pm

Location: WebEx Meeting
Dial-in: 1-877-267-1577
Meeting ID: 994 361 173

PACIO Project GitHub: https://github.com/paciowg/PACIO-Project

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)	Invited Participant	Attendance (Yes/No)
1. Alex Bardakh (AMDA)		22. Floyd Eisenberg (iParsimony)	
2. Alan Swenson (Kno2)	Y	23. Gary Schoettmer (NetRx)	Y
3. Amy Freeman (MatrixCare)		24. Gillian VanderVliet (Bay Path University)	Y
4. Amy Shellhart (WellSky)	Y	25. Hans Buitendijk (Cerner)	
5. Beth Connor (CMS)	Y	26. Hibah Qudsi (MITRE)	Y
6. Brandt Welker (MedicaSoft)		27. Jana Linthicum (Telligen)	Y
7. Cary Ussery (LivPact)		28. Jason Johanning (VA)	Y
8. Charlie Hehn (Collain)	Y	29. Jayne L. Hammen (CMS)	
9. Chris Klesges (MITRE)	Y	30. Jennifer Ramona (Homewatch Caregivers)	Y
10. Chris Pugliese (Brightree)		31. Jessica Skopac (MITRE)	Y
11. Cindy Frakes (Cerner)		32. Joan Williams (Lower Cape Fear Hospice)	
12. Craig Mandeville (Forcura)		33. John Derr	Y
13. Dave Hill (MITRE)	Y	34. Kimberly Barrett	Y
14. Dave Lee (Leavitt Partners)		35. Liz Palena-Hall (ONC)	Y
15. David Hawthorne (GEHRIMED)	Y	36. Lorraine Wickiser (CMS)	Y
16. Debi Willis (PatientLink [MyLinks])		37. Majd Alwan (LeadingAge)	Y
17. Dheeraj Mahajan (CIMPAR)	Y	38. Mark Pavlovich (Ethica Health & Retirement Communities)	Y
18. Doc Devore (MatrixCare)	Y	39. Mark Roberts (Leavitt Partners)	
19. Donna Doneski (NASL)	Y	40. Matt Elrod (APTA)	Y
20. Elaine Blechman (Prosocial Applications)			
21. Evelyn Gallego (EMI Advisors)			

Invited Participant	Attendance (Yes/No)	Invited Participant	Attendance (Yes/No)
41. Megan Lenthe (Matrix)		53. Siama Rizvi (MITRE)	Y
42. Michelle Dougherty (RTI)	Y	54. Srinivas Velamuri (Telligen)	Y
43. Neal Reizer (Homecare Homebase)	Y	55. Steve Guenthner (The LEAP Group)	
44. Nick Knowlton (Brightree)		56. Sue Mitchell (RTI)	Y
45. Rachel Lopez (NIC)	Y	57. Sweta Ladwa (ESAC)	
46. Robert Samples (ESAC)		58. Terrance O'Malley (MGH)	Y
47. Robert Schnell (CMS)	Y	59. Tim Shaffer (MITRE)	
48. Rod Baird (GEHRIMED)		60. William Davis (Strategic Healthcare Programs)	
49. Rusty Yeager (Encompass Health)		61. Yolanda Villanova (CMS)	
50. Ryan Howells (Leavitt Partners)		62. Zabrina Gonzaga (Lantana Group)	Y
51. Shawn Hewitt (WellSky)	Y	63. Jennifer Kennedy (DEL)	Y
52. Shira Fischer (RAND)	Y	64. MaryAnne Schultz (CSUSB)	Y

Meeting Notes

1) **Welcome & Roll Call** (Hibah Qudsi, MITRE) 5 minutes
   - 37 attendees

2) **Charter Update** (Hibah Qudsi, MITRE) 10 minutes
   - Available on GitHub

3) **FHIR Landscape Analysis** (Dave Hill, MITRE) 10 minutes
   - See "FHIR Landscape 04-19-2019"
   - "Who's doing what in the FHIR community"
     - 35-40 efforts underway
     - The challenge for this WG is ensuring PACIO Project's work does not preclude or duplicate other efforts
     - The WG can avoid "FHIR silos" by exploring how solutions can be applied across other health care settings
     - The leadership team encouraged contributors to share feedback/corrections/additions to this document
     - FHIR has reached a tipping point – the focus now should be identifying use cases
     - One participant suggested that the WG share this analysis with vendors who may be on the fence about participating in this effort; the WG can also point to recent/forthcoming policy proposals that all reference FHIR

- How do we see what TEFCA is driving from standards/policy and identify opportunities to align with TEFCA
- Homecare Homebase's biggest pain point is not FHIR, but consideration of certifications that they have not previously been held to
  - Will need appropriate on-ramp for PAC providers who have historically not been held to some of these CEHRT requirements

4) **Use Case Discussion: Data Classes** (Siama Rizvi, MITRE)   35 minutes
- WG leadership values the contributors' engagement and encourages feedback both on the calls and via email
- Based on participant feedback, the WG is moving to a focus on transitions of care/care coordination
  - Participants still are expressing interest in exchange between acute and post-acute care
  - Exchanging data through transitions of care will ultimately result in better care coordination
  - Data and care plan should follow the patient
- See "T042_2019_5_14_Transitions of Care Data Classes"
- One participant pointed out that most IRF & LTCH providers are using hospital-based EHRs and therefore do not struggle as much with interoperability as SNF settings; so while these settings are pooled together as "PAC" for the purpose of the IMPACT Act, the WG should primarily focus should be on SNF
  - Another participant indicated that even though IRF & LTCH are using hospital-based EHRs, they also may be using supplementary systems/solutions that would benefit from availability of FHIR resources
  - The core set of data must be transferred across all these settings, so there may be value in looking at how the data follows the provider or patient
  - Another participant expressed that information needs are site-agnostic and mostly depend on the receiving team, observing that, "It doesn't matter where you are; you still need what you need to do your work."
- From a home health perspective, vendors must balance customer desires with regulations imposed upon their software solutions
  - Providers are in the best position to know what they need to do their jobs
- One participant inquired about incorporating patient demographics articulated in the USCDI so providers/vendors can prepare for patient matching through TOC
  - Patient record is a mature part of FHIR
  - The leadership team does not suspect there would be much new work with regard to this

- The WG may be able to leverage this patient resource and add the functional status aspect
- Participants generally supported the prospect of a functional status use case
  - PACIO is now as large as Da Vinci, which is tackling 4 use case areas
  - Next steps will involve identifying details of information exchange around functional status

5) Next Meeting:
  - Wednesday, May 22, 2:00pm – 3:00pm

6) Upcoming Convening Opportunities:
  - June 10-12: HL7 FHIR DevDays (Redmond, WA)
  - June 23-25: Collaborative Care & Health IT Innovations Summit (Baltimore, MD)
  - July 9-10: OSEHRA Open Source Summit (Bethesda, MD)

7) Homework (Dave Hill, MITRE)
  - Before next call: the leadership team will generate additional persona data elements for "Ms. Smith" to determine what pieces of data should travel with her, with regard to function, when moving between care settings
    - The leadership team encouraged clinicians in WG to offer their thoughts/ideas

8) Adjourn