Lecture & Workshop Outline

Lectures: Friday 4/5
<mark>Lecture 9:00 AM - 9:45 AM</mark> (Location-Massey)
Background – CancelRx, Office of Health Strategy (OHS) Medication Reconciliation & Polypharmacy (MRP) Workgroup, Funding opportunities, Goals for event and long-term outcomes with some examples (Dr. Agresta)
- o Describe desired output after second event day- participants work together to identify the right platform for this work

<mark>Lecture 9:45 AM – 10:45 AM</mark> (Location-Massey)
Current State of Affairs - "Medication Wreck" (Dr. Smith)
- o Explain what Med Rec is, why it's difficult and failure points

<mark>Lecture 10:45 AM – 11:45am</mark> (Location-Massey)
Discussion of Technical Solutions – *How Fast Healthcare Interoperability Resources (FHIR) can be a game changer* – with examples of recent work (Dr. Hausam)
- o Drivers for development of FHIR, What FHIR can and cannot do, Why is FHIR important, HL7, etc. National FHIR info, explain tech resources and how to use/implement them; Etiologies- what participants need to know, Access data from different resources and the kinds of errors they may see/describe their task

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Attendees Split into 2 Workshop Tracks:
Workshop Friday 4/5 from 12:30-2:30pm
<mark>Programmer / Developer / Informatics (Location- Rotunda)</mark>
<mark>Facilitators: DeStefano, Hausam, Gilman, Brunson, Englehart & DelGoffe</mark>

12:30 – 12:45 Introductions- all participants introduce themselves
- o 12:45 – 1:00 pm Brunson-
  - o GitHub navigation of resources
- o 1:00 – 1:30 DeStefano-
  - o Federal level, definitions, how do these technologies work with meds, marketplace and organizational use of FHIR
  - o Examples of how to use FHIR for this Hackathon & examples of own work
- o 1:30 – 2:00 Englehart & DelGoffe
  - o Provide Training/Activity Guide (all browser-based)-
  - o 20 FHIR Pits- show ring and query for specific patient
  - o How to use the FHIR pit, Use of Resources, sample code- rest API, query for resource, med requests related to patient, work with med statement
  - o Open EMR (URL)- Access of FHIR Resources (Gilman slides)
- o 2:00 – 2:30 Mentored practice use of FHIR resources

Workshop Friday 4/5 from 12:30-2:30pm
<mark>Clinician / Administrator group /Patient advocate (Location Patterson)</mark>
<mark>Facilitators: Agresta, Smith, Elliott, Doshi & Jeffery</mark>

12:30 – 12:45 Introductions - all participants introduce themselves

12:45 – 1:15pm <mark>Overview of Clinical and Administrative Workshop</mark> (Dr. Agresta)
- o Learn about rapid prototype development
- o Develop understanding of User-Centered Design principles

1:15 -2:30pm Split into several different groups in the small classrooms focused on themes with facilitators leading individual groups

Workgroup identifies clinical med rec problems- split into groups and work together- what are the barriers to getting to these solutions? Draw out User Interface & and how they would like to see data.

- • Ambulatory PCP (Jeffery) (Smith)
- • Inpatient hospitalist / nurse / PharmD & clinical-tech liaison (Elliott)
- • Skilled Nursing Facility & Home Health Agency (Jeffrey)
- • Patient / Caregiver (Doshi / Agresta)

White boarding:
Goal: Outline major features required for Med Rec in your assigned setting and begin to draw out visualization of options
Objectives: Identify workflow and business requirements to solve the med rec problem in the HIE
Process:
1. Identify problems with reconciling the med list. What are the sources of data and what are the problems associated?
2. Review and decide on simple requirements from Med Rec Use Case
3. Develop Med Rec storyboards using personas
Output: Workflow diagram, user interface & business requirements

2:30- 3:00 pm Teams pitch ideas (5 min each) showing workflow, user interface & business requirements and then programmers join teams

3:00 – 5:00 pm – Teams work on projects

Saturday 4/6 from 8:30 – 1:00 Pm (Rotunda / Classrooms) - Team projects
1:00- 2:00 Prepare for presentations- - should have both clinical / admin and technical presentation

2:00 – 4:00 PM – Group presentations and Feedback

4:00 – 5:00 pm – Discussion and Reception

**10:00 - 11:00 – Optional Clinical Breakout to further define Use Cases for Medication Reconciliation
- • Will be determined by leadership team after observation / working with small groups