Project PACIO
Weekly Contributors Meeting

Time: Wednesday, May 1, 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)	Invited Participant	Attendance (Yes/No)
1. Alan Swenson (Kno2)	N	23. Jana Linthicum (Telligen)	Y
2. Amy Freeman (MatrixCare)	N	24. Jason Johanning (VA)	N
3. Amy Shellhart (WellSky)	Y	25. Jayne L. Hammen (CMS)	N
4. Beth Connor (CMS)	Y	26. Jennifer Ramona (Homewatch Caregivers)	Y
5. Brandt Welker (MedicaSoft)	N	27. Jessica Skopac (MITRE)	Y
6. Cary Ussery (LivPact)	N	28. Joan Williams (Lower Cape Fear Hospice)	Y
7. Chris Pugliese (Brightree)	Y	29. John Derr	N
8. Cindy Frakes (Cerner)	Y	30. Kimberly Barrett	Y
9. Craig Mandeville (Forcura)	N	31. Liz Palena-Hall (ONC)	Y
10. Dave Hill (MITRE)	Y	32. Lorraine Wickiser (CMS)	Y
11. Dave Lee (Leavitt Partners)	Y	33. Majd Alwan (LeadingAge)	N
12. Debi Willis (PatientLink [MyLinks])	N	34. Mark Pavlovich (Ethica Health & Retirement Communities)	Y
13. Dheeraj Mahajan (CIMPAR)	Y	35. Mark Roberts (Leavitt Partners)	N
14. Doc Devore (MatrixCare)	Y	36. Matt Elrod (APTA)	Y
15. Donna Doneski (NASL)	Y	37. Megan Lenthe (Matrix)	
16. Elaine Blechman (Prosocial Applications)	N	38. Michelle Dougherty (RTI)	Y
17. Evelyn Gallego (EMI Advisors)	Y	39. Neal Reizer (Homecare Homebase)	N
18. Floyd Eisenberg (iParsimony)	N	40. Nick Knowlton (Brightree)	N
19. Gary Schoettmer (NetRx)	Y	41. Rachel Lopez (NIC)	Y
20. Gillian VanderVliet (Bay Path University)	N	42. Robert Samples (ESAC)	Y
21. Hans Buitendijk (Cerner)	Y		
22. Hibah Qudsi (MITRE)	Y		

Invited Participant	Attendance (Yes/No)	Invited Participant	Attendance (Yes/No)
43. Rusty Yeager (Encompass Health)	N	51. Sweta Ladwa (ESAC)	N
44. Ryan Howells (Leavitt Partners)	N	52. Terrance O'Malley (MGH)	Y
45. Shawn Hewitt (WellSky)	Y	53. William Davis (Strategic Healthcare Programs)	Y
46. Shira Fischer (RAND)	Y	54. Yolanda Villanova (CMS)	Y
47. Siama Rizvi (MITRE)	Y	55. Zabrina Gonzaga (Lantana Group)	N
48. Srinivas Velamuri (Telligen)	Y	56. Alex Bardakh	Y
49. Steve Guenthner (The LEAP Group)	Y	57. Jennifer Kennedy	Y
50. Sue Mitchell (RTI)	Y	58. Tara McMullen	Y

Meeting Notes

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

2) **Branding Update** (Hibah Qudsi, MITRE)   5 minutes
   - "PACIO" received the most votes
     - Project PACIO (pronounced "passeeo")
     - "Pacio" means "contract" or "covenant" in Latin
   - Participants had no objections to the new name
   - WG leadership will send out updated calendar invite reflecting the new group name
   - WG leadership asked participants to share logo ideas by email

3) **DEL Presentation** (Michelle Dougherty, RTI)   30 minutes
   - Overview of DEL & how the WG could leverage it
     - The DEL and data elements are not limited solely to PAC assessments
   - The advantage of having data submitted as part of an assessment is that CMS has tremendous control of the integrity of the data element
     - One participant commended the point of care data collection but expressed concern about whether that level of collection can drive standardization
   - Participants requested to see a demo of the DEL in practice on a test/deidentified patient
   - There are challenges around obtaining data in real-time (in order for it to be useful/timely)

- One solution may include providers using the first assessment or a transition assessment
    1. It is important to explore how to prompt providers to complete these assessments sooner
    2. Clinicians and providers tend to "follow the rules" and are not necessarily incentivized to submit data sooner than required (such that the next setting could have the data sooner)
    3. The USCDI Task force will be proposing the addition of note types, including transition of care summary, to replace the discharge summary
    4. Trying to encourage EHRs to do anything beyond having the data elements is "clinically painful to think about"
        – Entering these data elements is not part of the typical workflow, which is a fundamental issue
- Care managers tend to gravitate towards receiving standardized content with regard to longitudinal care
    1. Payers use standardized data for quality measurement were using assessment data to calculate longitudinal quality measures
    2. HIEs use this data as well
- CMS is simply defining the standard for providers to use in their systems
    1. When providers submit data, CMS is not collecting/storing that data in the DEL (Data submitted to CMS is sent to the QIES/IQIES system)
- Use Case Development
    - Depending on use case/needs, it would be possible to flag the potential for standardized content
    - Prior to the USCDI being released, CMS mapped packaged data elements to CCDS to:
        1. Identify "perfect matches", lack of alignment, and opportunities for future alignment
        2. Explore future expansion areas
    - Participants identified functional status as a data element with a strong need for standardization based upon ONC's 2019 Interoperability Standards Advisory
    - Some of the standardized content in the DEL has the potential to become a national standard
    - Participants generally agreed that the best starting point would be defining the use case, identifying the data classes, and then determining what standards currently exist and what standards need to be developed
- NIH efforts started with personas (individual patient, providers, etc.) to develop a story from a longitudinal point of view, and then create use cases

- The WG discussed the importance of distinguishing between trying to describe interoperability capabilities vs functional models/profiles that a system should/shouldn't do
    1. Describing vs prescribing how data collection should occur
    2. The focus of this WG should not be functionality/system design, but rather interoperability/data exchange
    3. This WG is focusing on the boundaries of these systems
- Stakeholder engagement requires relevance
    1. It will be imperative to ensure that the user stands to benefit (and is aware of that anticipated benefit)
    2. Risk models that exist today are not used outside risk-adjusting outcomes

4) **Open Discussion** (All)   20 minutes
    - WG leadership is putting together a FHIR IG for the DEL and anticipate presenting this to WG at 5/8 meeting

5) **Next Meeting:**
    - Wednesday, May 8, 2:00pm – 3:00pm

6) **Upcoming Convening Opportunities:**
    - May 4-10: HL7 International Conference & Working Group Meeting (Montreal, Canada)
    - 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)

8) **Adjourn**