Post-Acute Care Interoperability Working Group
Weekly Contributors Meeting

Time: Wednesday, April 17, 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)	Y	23. Jayne L. Hammen (CMS)	N
2. Amy Freeman (MatrixCare)	N	24. Jennifer Ramona (Homewatch Caregivers)	Y
3. Amy Shellhart (WellSky)	N	25. Jessica Skopac (MITRE)	Y
4. Beth Connor (CMS)	Y	26. Joan Williams (Lower Cape Fear Hospice)	Y
5. Brandt Welker (MedicaSoft)	N	27. John Derr	N
6. Cary Ussery (LivPact)	N	28. Liz Palena-Hall (ONC)	N
7. Chris Pugliese (Brightree)	Y	29. Lorraine Wickiser (CMS)	Y
8. Cindy Frakes (Cerner)	Y	30. Majd Alwan (LeadingAge)	Y
9. Dave Hill (MITRE)	Y	31. Mark Pavlovich (Ethica Health & Retirement Communities)	Y
10. Dave Lee (Leavitt Partners)	N	32. Mark Roberts (Leavitt Partners)	N
11. Debi Willis (My Patient Link)	Y	33. Matt Elrod (APTA)	Y
12. Dheeraj Mahajan (CIMPAR)	Y	34. Megan Lenthe (Matrix)	
13. Doc Devore (MatrixCare)	Y	35. Michelle Dougherty (RTI)	Y
14. Donna Doneski (NASL)	Y	36. Nick Knowlton (Brightree)	N
15. Elaine Blechman (Prosocial Applications)	Y	37. Rachel Lopez (NIC)	Y
16. Evelyn Gallego (EMI Advisors)	N	38. Robert Samples (ESAC)	
17. Floyd Eisenberg (iParsimony)	N	39. Rusty Yeager (Encompass Health)	Y
18. Gillian VanderVliet (Bay Path University)	Y	40. Ryan Howells (Leavitt Partners)	N
19. Hans Buitendijk (Cerner)	Y	41. Siama Rizvi (MITRE)	N
20. Hibah Qudsi (MITRE)	Y	42. Srinivas Velamuri (Telligen)	Y
21. Jana Linthicum (Telligen)	Y		
22. Jason Johanning (VA)	N		

Invited Participant	Attendance (Yes/No)
43. Steve Guenther (The LEAP Group)	Y
44. Sue Mitchell (RTI)	Y
45. Sweta Ladwa (ESAC)	N
46. Terrance O'Malley (MGH)	Y

Invited Participant	Attendance (Yes/No)
47. William Davis (Strategic Healthcare Programs)	Y
48. Zabrina Gonzaga (Lantana Group)	N
49. Alex Bardakh	Y
50. Charlie Hehn	Y

Meeting Notes

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

2) **Charter/Use Case/Branding Poll** (Hibah Qudsi, MITRE)   5 minutes
   - Charter
     - 100% approval of charter so far
   - Use Cases
     - Some participants assumed hospital to SNF was already agreed upon and did not need to be included on the survey
     - "Hospital to SNF" is already being addressed by several groups; hospitals have the IT capabilities to advance this use case – the primary concern is with the SNF settings that may not have these IT capabilities
       1. One participant raised the following question: Is the WG looking to: 1) push the capabilities out to settings that don't have it; or 2) enhance the capabilities of those who do have it?
          - The purpose of the WG is to pave the way/raise the bar for these transitions of care
          - 2 ways of enhancing:
            - Construct a capability that doesn't already exist
            - Scale up/improve an existing capability
     - Participants generally agreed that the use case decision should be data driven based on: the most common patient use cases poll results
     - The most common patient use cases poll results; and
     - Leveraging CMS data around PAC utilization

- Branding
  - HIMSS had a concert initiative related to interoperability which may conflict with "PAConcerto"
  - Put those that have available trademark/no conflict to a vote
    1. Participants to send any other ideas through the poll by COB tomorrow

3) CARIN/Blue Button update (Dave Hill, MITRE)   10 minutes
- 35 FHIR activities
- Blue Button and CARIN are working to develop v2 of Blue Button to correspond with CMS' Interoperability Rule, with a focus on claims and encounters
- Trying to define Common Payer Consumer Data Set (CPCDS)
  - Going through claim resource to identify what else should be included in CPCDS
  - Removing the submission clarification code field from Claims
- Pharmacy health IT collaborative and PAC folks should also be included in these efforts, as well as those who can represent formal/informal caregivers
  - NCPDP hosted a day long meeting on LTPAC
  - Pharmacy health IT collaborative is working on standards development around ePrescribing
    1. Anticipate a convening in May
    2. Physicians, facilities, pharmacies represented in this group
- Participants should send additional thoughts to Dave Hill (DWHill@mitre.org)

4) Continued Discussion: PAC Use Case (Dave Hill, MITRE)   30 minutes
- Medical Lists between PAC settings
  - There are a number of different players and transactions, so it will be important to specifically define this use case
  - CMS and MITRE wish to incorporate the DEL in the use case/connectathon
  - One way to simplify this use case would be to remove CMS (steps 4 & 7) and include it as a follow up activity, while emphasizing the DEL's role as a repository (steps 3 & 6)
  - Participants requested that patients/caregivers be added to the center of the diagram; With any use case, it will be critical to consider how to integrate the patient into the use case
  - Participants also suggested adding Pharmacy to the diagram
  - Participants discussed the importance of specifying the fact that "care setting" could include facilities and providers
    1. One participant observed that not everyone cares about the assessments in the DEL, but the care setting that has the data to populate the assessment should be the one to access the DEL

2. CMS leadership explained how specific DEL data elements could support exchange of clinical data from the EHR to populate PAC assessments; MDS item N0410- use of high risk meds. Think about the individual DEL data elements for exchange rather than the whole assessment.
3. WG leadership agreed to include a footnote indicating that the DEL work is occurring in parallel to the PACIOWG as a required deliverable by MITRE to CMS

- Second Use Case
  - Hospital to SNF, SNF to ED, Hospital to HHA
- To minimize what the WG has to build, one participant suggested the WG explore existing FHIR resources to point to, rather than developing a new one
- WG Leadership anticipates presenting pseudo-DEL efforts to Contributors in the near future

5) Open Discussion (All)   10 minutes

6) Next Meeting:
  - Wednesday, 04/24/2019, 2:00pm – 3:00pm

7) Homework (Dave Hill, MITRE)

8) Adjourn