

# Post-Acute Care Interoperability Working Group

## CHARTER DOCUMENT

### Contents

Primary Objective .....	2
Problem Statement.....	2
Planned Approach.....	2
Milestones/Outputs .....	3
Roles and Responsibilities.....	3
Contributor .....	3
Observer.....	3
Meetings .....	3
Decision Making Process.....	3
<b>Appendix A</b> .....	5
Principles of Consensus.....	5
Rules of Consensus .....	5

**In all discussions, members should be aware that meetings 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.**

Date of last update: 4/11/2019

## Primary Objective

The objective of the **Post-Acute Care Interoperability Working Group** is to use a consensus-based approach to advance interoperable health information exchange (HIE) between post-acute care providers, patients<sup>1</sup>, and other key stakeholders across health care and to promote HIE among policy makers, standards organizations, and industry. The primary goal is to establish a framework for the development of a Fast Healthcare Interoperability Resource (FHIR) technical implementation guide and Reference Implementation that will facilitate HIE through standards-based application programming interfaces (APIs).

## Problem Statement

Care coordination, when a person transitions between healthcare settings, including ambulatory care, acute care, Long term post-acute care (LTPAC), and home & community-based services (HCBS), is often fragmented and can lead to poor health outcomes, increased burden and increased costs. Interoperable health information exchange has the potential to improve patient and provider communications and supports access to longitudinal health information that enables improved efficiencies, improved quality of care, and improved health outcomes. Data should be usable across the continuum of care, and beyond the traditional healthcare system – into the community.

Patients and their caregivers are also critical exchange partners if we are to make advancements in care coordination across the healthcare spectrum. Patients and providers stand to benefit significantly from digital applications that support electronic exchange of information between care settings. Digital applications can: (1) promote patient centric care through improved transitions and care coordination, including shared care through the belief that patients should own their data (2) empower patients to be active participants in their care by working towards ownership of their own health data to help them make informed choices about their care; (3) lead to lower costs and improved quality of care; and (4) improve the healthcare experience and likelihood of better health outcomes by reducing potential errors resulting from incomplete or incorrect medical history.

## Planned Approach

Building on the successful model pioneered by the [Argonaut project](#), membership in the working group will be open to any participant willing to commit to the roles and responsibilities identified by the working group to support the overall success of the initiative. Contributions may include but are not limited to: (1) knowledge of the subject matter; (2) scalability of implementing the eventual solution; (3) willingness to assist in the delivery of key outputs and working group artifacts; (4) developing a testing framework for reference implementations; and (5) testing. The working group leadership team will meet with each participant to discuss resources they anticipate contributing to this effort.

The working group will hold regular public calls and meetings, which will be open to anyone interested in learning more about the working group's activities. Final working group documents and FHIR implementation guides will be open source and shared on open, publicly available websites such as GitHub

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<sup>1</sup> In this document, a patient is defined as a person who is accessing/receiving healthcare services and/or healthcare data.

and HL7. Reference implementations may be open source or not; members retain the right to decide whether their portion of the reference implementation will be released as open source.

## Milestones/Outputs

The working group will initially focus on development and/or review of several outputs:

- Initial, tightly-scoped use case(s) for implementation;
- PAC / Data Element Library (DEL) common data set for release in a FHIR API;
- Appropriate FHIR resources for deployment of the PAC Data Set;
- Set of data query profiles that will define the minimum mandatory data elements, extensions, and terminology requirements that must be present in the FHIR resource(s);
- Implementation guide for PAC providers to release PAC Data Set information;
- Reference implementation that can be validated at a future connectathon;
- Educational resources for providers and consumers (and their advocates) for how to access and use their information;
- Educational resources for policy-makers on the benefits of the DEL and other resources.

## Roles and Responsibilities

CMS and MITRE will comprise the project leadership team and will focus on the overall success of the working group. MITRE will serve as the program manager, technical project manager, subject matter expert (SME), and developer of the common data set and implementation guide for the DEL. CMS, in collaboration with ONC, will provide guidance and subject matter expertise. Each working group participant will have the option of participating as a Contributor or an Observer.

### Contributor

Defined as a participant who actively works towards the development of an output through participation in weekly meetings.

### Observer

Defined as a participant who observes working group activities, participates in monthly discussions, review output and/or listens to updates.

## Meetings

Working group participants will have the option of meeting in-person or via conference call on a regularly scheduled basis and as needed to discuss objectives, action items, outreach, and next steps. Contributors will be expected to attend weekly meetings to meet project milestones. Observers will be invited to attend monthly meetings.

- Meeting agendas, materials, and announcements will be posted on GitHub in advance of each meeting
- Meeting summaries will be posted on GitHub following each meeting

## Decision Making Process

The working group will make decisions through participant consensus. Each contributing organization shall count as a single participant and votes shall count equally across participants. All participants will have an equal opportunity to advise and provide input. No single participant will have veto power;

although the leadership team does not have veto power, they have adjudication authority to determine whether consensus has been reached as per the process described in Appendix A.

The working group is action-oriented and will capitalize on participants' expertise and experience. This includes delegating agreed-upon action items to participants who volunteer to be issue or project "champions", who will foster other participant collaboration on the project. Core working principles include:

- Equal opportunity for each participant to express its positions and objectives;
- Respectful and professional dialogue; and
- Honest consideration of proposals, suggestions, and positions put forward by participants.

MITRE will communicate working group decisions to CMS and will make recommendations based on working group decisions for CMS's consideration.

## Appendix A

### Principles of Consensus

- **Principle One:** Seek informed consensus
- **Principle Two:** Empower every participant to express objections
- **Principle Three:** Recognize and report minority opinions
- **Principle Four:** Move continuously toward a productive conclusion

### Rules of Consensus

#### 1. Rule One: Consensus does not require perfect agreement

- a. Consensus means the working group has reached a conclusion the entire group is prepared to support.
- b. Consensus does not require that participants have zero reservations or doubts; however, all participants must support advancing the overall recommendation to qualify as “consensus.”

#### 2. Rule Two: The leadership team shall declare when consensus exists

- a. The leadership team is designated in the charter.
- b. Process for consensus declaration:
  - i. The leadership team proposes, or a participant requests, a proposition consensus.
  - ii. The leadership team asks if there are any objections.
  - iii. If no participants express any objections, the leadership team confirms consensus.
  - iv. If any participants express objections, the leadership team will attempt to resolve the objections through discussion. Resolving the objection of one participant may cause another participant to object. The leadership team should exercise judgment to maximize agreement among participants and formulate an overall recommendation that all participants support.

#### 3. Rule Three: In absence of a consensus, the leadership team may declare a “near consensus”

- a. A “near consensus” exists when 20% or fewer of the participants object to the leadership team’s consensus proposition.
- b. Process for near consensus declaration:
  - i. The leadership team may declare a near consensus after surveying the group (formally or informally).
  - ii. If the leadership team determines a near consensus exists, they may ask participants if they have any objections to declaring a near consensus.
  - iii. If no more than 20% of participants object, the leadership team may declare the near consensus confirmed.

#### 4. Rule Four: In absence of a Near Consensus, the parties agree to move forward with the following options:

- a. Parties agree to table the issue and address it at a later date