Post-Acute Care Interoperability Working Group
Weekly Contributors Meeting

Time: Wednesday, April 3, 2019, 2:00 pm - 3:00 pm

Location: Skype Meeting
Dial-in: (781) 271-2020
Meeting ID: 689190240

This meeting is being recorded.

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

Invited Participant	Attendance (Yes/No)		Invited Participant	Attendance (Yes/No)
41. Ryan Howells (Leavitt Partners)	N		46. Terrance O'Malley (MGH)	Y
42. Siama Rizvi (MITRE)	Y		47. William Davis (Strategic Healthcare Programs)	Y
43. Srinivas Velamuri (Telligen)	Y		48. Zabrina Gonzaga (Lantana Group)	Y
44. Sue Mitchell (RTI)	Y			
45. Sweta Ladwa (ESAC)	Y			

Meeting Notes

Discussion Items

1) **Welcome & Roll Call** (Hibah Qudsi, MITRE)

   - 55 attendees (Skype)
     - 32 announced in attendance

2) **Working Group Priorities** (Dave Hill, MITRE)

   - Thanks for the vigorous discussion last week
     - It is great to have so many engaged people at the table
     - Since last week's meeting, the leadership team spent a lot of time considering what participants said and reviewing all of the comments
   - Obviously, there are a number of different technologies that could be applied to the interoperability problem
     - None of these technologies is perfect or mutually exclusive to the others
     - A number of activities currently are underway using FHIR that are not considering the PAC perspective
       - Things are moving quickly with Argonaut, CARIN, Blue Button, Standard Health Record, Poplin, and other initiatives
       - The PAC perspective needs to be considered while standards still are being drafted because it is much more difficult to make changes once they are normative
   - This WG has always been intended and advertised as a FHIR working group
     - After considering comments from last week, the leadership team remains committed to continuing as a FHIR-based working group with a focus on developing FHIR Implementation Guides (IG) and reference implementations, not because FHIR is complete, but because it is incomplete
     - This WG will not be addressing other technologies
       While the goal of the WG is to provide an open forum for discussing, designing, and implementing solutions for PAC, the leadership team believes focus should remain on the original intent of the group to move forward effectively

3) Continued Discussion: Charter Proposal (Siama Rizvi, MITRE)

Problem statement

- One workgroup participant requested that in addition to SNFs, which are covered under Medicare for up to 100 days of care, settings include "long term services & support", including Nursing Home Care covered under Medicaid because a lot of those providers have an EHR that manages care/care coordination
  - Big grant part of eLTSS that has to do with Medicaid as well
  - Medicaid refers to it as "home & community-based services"
- Ownership of data must be a consideration (i.e. providers should not have to use multiple portals)
- Ownership vs management of data can get sticky and may transcend the scope of this WG in some ways but the WG should try to develop a solution that works across healthcare to promote person-centric e-longitudinal care

Planned Approach

- No comments

Milestones/Outputs

- The goal of this WG is to develop an IG and reference implementation
- WG reviewed the use case scenario/slide deck shared at Medicare Learning Network call, which focuses on:
  - Trying to place the patient at the center of care
  - Considering the needs of a very complicated patient with many providers/specialists/care settings, but not one atypical of the health care system
  - Added "retail pharmacy" to use case
  - One WG participant suggested merging the Medicare Learning Network call use case with the use case shared during the PAC IO WG kick-off
    - The leadership team responded by pointing out that some people prefer to see info at a higher level vs a more detailed level (which requires context to understand the transitions) – but both diagrams may be helpful to the WG
    - The WG participant expressed the opinion that if the WG focuses on a particular piece, the details become much more important/actionable, which would facilitate the goal of participating in a connectathon by September
- Another participant asked if the WG will restrict/limit scope to exchanges that take place from PAC to outside those settings

- o WG goal is to participate in a connectathon as soon as September, therefore the WG's initial focus will be exchanges around the PAC space
- One participant asked whether PAC vendors (Cerner & Epic) that indicated interest in this WG will actually be participating in the WG
  - o WG includes vendors, including Cerner (not Epic though)
  - o Participant offered to connect WG with Epic contacts
- One participant proposed a use case that reflects "facility/patient/caregiver/proxy" (bidirectional) – very applicable to the CMS Interoperability Rule and would leverage active integration of the DEL

Roles & Responsibilities

- MITRE on behalf of CMS is the developer of the common data set/IG for the DEL, but the leadership team is looking to the WG to actively help with the development of the common data set & use cases
- WG participants discussed the meaning of "actively helping", which includes:
  - o Defining the use case to address initially and on an ongoing basis
  - o Developing/implementing a FHIR IG – and also keeping abreast of existing IGs that may fit the WGs needs with a few refinements
  - o Developing a reference implementation that can validate that IG in a care setting
  - o SMEs who can give advice based on their expertise

Meetings

- The WG doesn't have GitHub set up just yet, so the leadership team will use email communication until transition to GitHub

Decision-Making Process

- No comments

Principles of Consensus

- No Comments

Rules of Consensus

- One participant asked it these rules apply only to folks on the call and requested clarification about the process if a participant has an issue but miss a call

- o Important decisions will be made via formal vote by all participants, but otherwise, it's important to attend in order to stay updated on what the WG is doing (and be part of little decisions)
- o MITRE will be sending polls out to gauge popularity on certain items/inform decisions
- o If participants have objections, they should let MITRE know

Other Items?

- One participant suggested participants from the private industry should sign a non-disclosure/non-conflict agreement/statement
  - o The leadership team acknowledged that many participants are competitors, and participants shouldn't be sharing information on this call that they would not want to be public
  - o The leadership team responded that while there are plenty of opportunities for vendors to compete (i.e. user experience, performance), participants shouldn't be competing on the data;
  - o Another participant pointed out that NASL has been engaging stakeholders collaborative activities for years, and they just drop their competitiveness and work together toward a common goal (while remaining mindful of what privileged info they share with each other)

4) **Continued Discussion: PAC Use Case** (Siama Rizvi, MITRE)

- Goal is to identify 1-2 transition points to focus on (not necessarily the biggest pain points, just something that will get the ball rolling)
  - o **Hospital to SNF**
    - One participant suggested Hospital to SNF might be easier to implement with PDMP/PDGM changes occurring later this year
  - o **SNF to Hospital**
    - Not being addressed elsewhere
  - o Bidirectional hospital-SNF
  - o Hospital to home w/home care
    - Most fitting for this group due to volume of patients that receive these services
    - Requires the largest data set – most everything a SNF needs is included within the Home Health data set, though not everything Home Health needs is included in the SNF set
  - o Bidirectional information to patient/caregiver/proxy
  - o DEL/USCDI – framework needs to be operationalized
    - IMPACT Act measure coming on transfer of health, so it might make sense/bring synergy if we tie it to USCDI

- 14 participant indicated they could assist with development and 9-11 people indicated they could do testing – WG could theoretically work on both Hospital to SNF and SNF to Hospital in parallel if participants on are willing to lead that work
- Next Steps: reach use case consensus by next meeting – participants invited to send their thoughts/comments to MITRE via email

END OF CALL

5) **Branding** (Dave Hill, MITRE)

6) **Monthly Observers Meeting** (Dave Hill, MITRE)

    – Wednesday, 04/17/2019, 10:00am – 11:00am

7) **Open Discussion** (All)

8) **Next Meeting:**

    – Wednesday, 04/10/2019, 2:00pm – 3:00pm