**Post-Acute Care Interoperability Working Group**

Kick Off Meeting Summary

Time: Tuesday, 2/26/2019, 2.00pm - 5:00 pm

**Location:** Skype call/ MITRE Baltimore Site; Room 1BS211

**Dial-in:** (781) 271-2020

**Meeting ID:** 704128

| **Invited Participant** | **Attendance (Yes/No)** |
| --- | --- |
| Kerri Darling (360 Health Systems) | Yes |
| Debbie McKay (AllScripts) | No |
| Emma Jones (AllScripts) | No |
| Matt Elrod (APTA) | Yes |
| Mitchell Dickey (Ash Creek Capital Advisors) | No |
| Angie Rhoads (Bayada) | Yes |
| Jessica Son (Bayada) | No |
| Mati Amit (Biosense Webster) | No |
| Mary Anne Schultz (California State University, San Bernandino) | Yes |
| Amol Vyas (Cambia Health Solutions) | Yes |
| David Taffany (CardinalHealth) | Yes |
| Sean Carey (Cedar Bridge Group) | No |
| Anthony Brown(Centegra Health System) | No |
| Meg Marshall (Cerner) | No |
| Adam Laskey (Cerner) | Yes |
| Kashif Rathore (Cerner) | No |
| Dheeraj Mahajan (CIMPAR) | Yes |
| Beth Connor (CMS) | Yes |
| Michael Berger (CRISP) | No |
| Cynthia Izuno Macri (Eagle Force Health) | No |
| Bud Langham (Encompass Health) | Yes |
| Sasha TerMaat (Epic) | No |
| Mark Pavlovich (Ethica Health & Retirement Communities) | Yes |
| Susan Hull (Gartner) | Yes |
| NovaLeigh Dodge-Krupa (Genesis) | No |
| Terry O'Malley (MGH/Harvard/Partners Healthcare) | Yes |
| Jean Drummond (HCD International) | No |
| David Butler (Heartland Innovations, LLC) | No |
| Patricia O'Brien (Holy Redeemer) | No |
| Tom Stride (Holy Redeemer) | No |
| Neal Reizer (Homecare Homebase) | Yes |
| Julie Smith (Homewatch Caregivers) | No |
| Jennifer Ramona (Homewatch Caregivers) | Yes |
| Jennifer Tucker (Homewatch Caregivers) | No |
| Zach Cattell (Indiana Health Care Association (IHCA)) | Yes |
| Alan Swenson (Kno2) | No |
| Zabrina Gonzaga (Lantana Group) | Yes |
| Sean Carey (Cedar Bridge Group) | No |
| Anthony Brown (Centegra Health System) | No |
| William Davis (Strategic Healthcare Programs) | Yes |
| Susan Hall (Gartner) | Yes |
| Rob Samples (VSAC) | Yes |
| Shawn Hewitt (WellSky) | Yes |
| Mike Warner (Cerner) | Yes |
| Majd Alwan (LeadingAge) | Yes |
| Ryan Howells (Leavitt Partners) | Yes |
| Bruce Greenstein (LHC Group) | No |
| Raj Shetye (LHC Group) | Yes |
| Cary Ussery (LivPact) | No |
| Brandon Luethke (Madonna Rehabilitation Hospitals) | No |
| Doc Devore (MatrixCare) | Yes |
| Steve Pacicco (MatrixCare) | No |
| Holly Miller (MedAllies) | Yes |
| Brandt Welker (MedicaSoft) | Yes |
| Diana Pallais (Microsoft) | No |
| Jessica Skopac (MITRE) | Yes |
| Siama Rizvi (MITRE) | Yes |
| Dave Hill (MITRE) | Yes |
| Hibah Qudsi (MITRE) | Yes |
| Debi Willis (My Patient Link) | Yes |
| Donna Doneski (NASL) | No |
| Hannah Patterson (Netsmart) | No |
| Greg Stone (NIC) | No |
| Astrid Larsen (Northwestern Medicine) | No |
| Anthony Brown (Northwestern Medicine) | No |
| Liz Palena-Hall (ONC) | Yes |
| Shelly Spiro (Pharmacy HIT Collaborative) | Yes |
| Lisa Hines (Pharmacy Quality Alliance) | No |
| Greg Fulton (Philips Wellcentive) | No |
| B.J. Boyle (PointClickCare) | No |
| Tim Coulter (Prepared Health) | Yes |
| David Samuels (Prestige Healthcare Group) | No |
| Dan Vreeman (Regenstrief Institute) | No |
| Michelle Dougherty (RTI) | Yes |
| Sue Mitchell (RTI) | No |
| William Davis (Strategic Healthcare Programs) | No |
| Gillian VanderVliet (Student) | Yes |
| Froilan Roy Fernando (Summa Health) | No |
| Steven Lane (Sutter Health) | No |
| Srinivas Velamuri (Telligen) | Yes |
| Tom Bang (The Bang Network) | No |
| Jason Johanning (VA) | Yes |
| Amy Shellhart (WellSky) | No |
| Robert Samples (ESAC) | Yes |
| Jana Linthicum (NIC/ Telligen) | Yes |
| Jennifer Kennedy (NIC/ Telligen) | Yes |
| Evelyn Gallego (EMI Advisors) | Yes |

**Notes**

1. Common PAC interoperability Use Cases in the PAC landscape analysis
   * Ryan H. asked the audience if the top two use cases “transitions of care referrals” and “care coordination” were consistent with their top use cases. The audience was also asked if there are other areas, standards making bodies and other organizations that are working on implementation guides for one of the two use cases today.
     + The active use cases are within the DaVinci project regarding transitions and care planning. One of their use cases is based on the continuum of care and value-based payment. There is a lot of work going on around the multiple assessments across the healthcare continuum and how these fits into care planning/ treatments. How can FHIR and CCDA be updated to reflect those activities? How can data flow through those activities? DaVinci is not focused on acute care and is generic.
     + Holly Miller – Direct via 360x project is actively working on a transfer of care (acute to long term) specifically to SNF. IAT protocol standard – with specific messaging that also has a unique ID until transmission is completed. The use case is specific to “transfer” of care to the SNF
     + There are many use cases, but not many are specifically PAC focused
     + Shelly Spiro discussed work that she is doing in PAC with the pharmacist electronic care plan. They have been working on FHIR Implementation Guides. It is in the testing phases (rural and independent pharmacies). There is a focus on medication reconciliation and general medication use.
   * If use cases were ranked in terms of utility for those who are practicing in this space, they would be as follows:
     + (1) Transitions of care (“Transition” was defined as “anytime you send information to manage their care”
     + (2) Ability to exchange Advanced Directives
     + (3) Admission and discharge – exchanging ADT feed. They are highly useful and the least complicated.
   * Opportunity to revisit data sets in regard to transfer summaries/ patient care from an LTPAC lens with a FHIR perspective
   * Care coordination is extremely valuable but there are different definitions. This could be valuable for the workgroup if we work out the definition. NQF partnerships have initiatives which are working on care coordination, including transitions of care (acute and post-acute). They also have an initiative to integrate social determinants of health.
   * Mobile tools for medication reconciliation (patient and provider facing) – scoping question.
   * Need a tightly scoped, well defined use case scenario.
   * Rob Samples - working on a few of the use cases (primarily exchange of quality measure related to DaVinci Project). There is an implementation guide – DVQM. Would be willing to share lessons learned from these efforts. Also involved in a “Validated health directory” – synthetic data for testing.
   * Regarding the Healthcare Acquired Infections measure presentation - CDC did standards work at HL7, but not sure where that landed. There is a call for a technical expert panel on this measure. CDC looking at electronic standards for reporting. Zabrina is working closely on this
   * DaVinci is working on a medication reconciliation but it is 30 day from discharge? And not true medication reconciliation.
   * In the EHR – poor user interface that supports clinical work flow
   * Care Plans and continued therapy treatment is important.
2. “Customer Feedback” from Vendors in the Landscape Analysis
   * Most customers are seeking products with better interoperability.
   * Health Information Exchanges
     + Getting the data back and forth has a cost associated with it. If there is a customer interface – both vendors would have a build cost. As much as customers would like to do it, there is a cost to do it.
     + Question “Is there a government intervention on how this would be funded?”
       1. Beth Conner & Liz Palena Hall -There are no plans for funding to implement standards. In the newly released CMS interoperability rule, there is an RFI (policy strategy related to incentives) which, audience was encouraged to respond to.
3. Interoperability Challenges
   * In the EHRs, poor user interfaces can also limit interoperability.
   * Need to consider the availability of real time information due to clinical workflows. It’s not just a technology problem.
4. Communication
   * Would love to understand the right pathway for good communication. How will we stay in touch with groups?
5. Priorities
   * Reaching consensus quickly
   * Deciding on a tightly scoped use case or use cases
   * Building FHIR IG by reusing/ adapting or developing new ones. Do not want to reinvent the wheel if we don’t have to
   * Ramona – as PAC provider should there be consideration on avoiding rehospitalizations?
6. HL7 and Working Groups
   * Two working groups have been contacted (payors group and patient care work group). Patient care working group is more aligned but looking to reach out to others.
   * One member suggested reaching out to CQI (Clinical Quality Information)
   * One member suggested the Clinical Interoperability Council
7. Next contributors meeting: Tuesday, 3/27/2019, 2.00pm – 3.00pm

**Action Items**

1. Send out a poll to the group
   * Weekly contributor vs. monthly observer
   * Preferred meeting times
   * Branding ideas
   * Upcoming meeting and conferences that working group members would like to attend
2. Review MITRE use case
   * Identify initial tightly-scoped portion to address first
3. Working Group Governance
   * Charter
4. Identify liaisons for different groups including:
   * Patient care working group
   * Payors working group
   * DaVinci Project
   * Standard Health Record
   * Medicaid Project
   * Clinical Interoperability Council