ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI)
DME eRx FHIR Workgroup Meeting Minutes

DATE:	07/23/2019	TIME:	3:00 PM – 4:00 PM ET	
LOCATION:	Teleconference			
DIAL-IN #	+1 (408) 650-3123	ACCESS CODE:	451 749 677	
CHAIR:	Nandini Ganguly (Scope Infotech)	RECORDER:	Briana Barnes (Scope Infotech)	

Attendees

CMS	AA HOMECARE	AMERICAN COLLEGE OF SURGEONS	APRIA
Christopher Lofts	Kim Brummett	Frank Opelka	Kimberlie Rogers-Bower
Ashley Stedding			Zane Schott
BINSON'S	**BRIGHTREE**	**COLONIAL MED**	**eCLINICAL WORKS**
Stephanie Legree	Kim Catts	David Bruinsma	Christina Oundjian
	Nick Knowlton		Debora Wade
ELECTROMED	**LINCARE**	**NEWWAVE**	**PARACHUTE HEALTH**
Stephanie Labelle	Jenna Pederson	Katie Wright	David Gelbard
Katherine Thompson			Matt
RESMED	**ROTECH**	**THE VAN HALEM GROUP**	**UNITED HEALTHCARE**
Ryan Burke	Angel Aleman	Wayne Van Halem	Anupam Goel
	Greg Ferraro		
	Joni Moss		
	Miguel Perez		
SCOPE INFOTECH	**ENABLECARE**		
Pallavi Talekar	Robert Dieterle		
Ray Wilkerson			

Absentees

ADAPTHEALTH	CLAIMSJUDGE	CONTRA COSTA HEALTH	DME WORKS
Gwen Turner	John Bright	Troy Kaji	Emil Di Motta
	Christina Fox		
	J. Michaels		
	K. Weathers		
HOVEROUND	**LIBERTY MEDICAL SPECIALTIES**	**MEDSTAR**	**NATIONAL PARTNERSHIP FOR WOMEN & CHILDREN**
Debra Silvers	David Chandler	Peter Basch	Erin Mackay

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1. **FHIR 101**
   a. Bob Dieterle provided an overview of the Health Level Seven (HL7) standard, Fast Healthcare Interoperability Resources (FHIR) to educate participants about FHIR and how it will be used for Durable Medical Equipment (DME) electronic orders (eRx).
   b. Bob Dieterle outlined the basics of FHIR (resources and references), structured data, profiling, paradigms of the exchange, ecosystem, and the HL7 Da Vinci Project. Bob Dieterle was able to:
      i. Explain the benefits of interoperability (i.e., collect data in multiple places and information is available at point of care).
      ii. Provide background information about FHIR (created by HL7 in 2011).
      iii. Present the benefits of FHIR: FHIR use familiar tools, technologies, predefined resources, and application program interfaces (APIs). FHIR also has open source code libraries and it is mobile friendly. FHIR is beneficial to implementers, vendors, clinicians, consumers, and health care organizations. It was noted that consumers and healthcare organizations can deploy FHIR into their

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Health IT systems within months, and they can capture data for analytics and clinical data support. Bob Dieterle explained that it is important for the clinician to be involved in implementing FHIR to specify tools that can easily communicate with the patient (e.g., clinicians receiving updates from patients on the status of the ordered DME).

 iv. Present the large adoption of FHIR, also known as the FHIR Heat Wave: It was noted that 87 percent of hospitals and 57 percent of clinicians that are using Electronic Health Records (EHRs) are certified to use FHIR Release 2 (R2). Some major vendors that have adopted FHIR are Epic, Cerner, Microsoft, Google, IBM, and Oracle.

 v. Describe the basics of FHIR: The goal of FHIR is to be implementer focused, target 80 percent of common clinical information used, use current web technologies, support human readability, be agnostic to exchange paradigms, and remain open source. Conceptually, FHIR is built on top of common versions of HL7 standards and terminologies. It is different than some of these standards because it is tested at Connectathons; and it has available test servers, libraries, and free tooling (i.e., clinFHIR and Forge). FHIR is based on resources, which are known as the 'building blocks' or content model. Resources are exchanged using Representational State Transfer (REST) (FHIR RESTful API), messages, and documents. Resources can be categorized as being general, care provision, medication and immunization, or diagnostics. Bob Dieterle explained how resources can be conformed using profiles or extended (extension) for usability.

 vi. Provide an outline of structured and coded data, and how it aligns to terminology and value sets.

 vii. Explain the different exchange paradigms (REST, documents, messages, and services/operations) and bundles. It was explained that the messages are also bundles.

 viii. Provide an overview of the Da Vinci Project and its use case focus areas (quality improvement, coverage/burden reduction, member access, and clinical data exchange).

2. Questions and Answers (Q&A)

 a. Nandini Ganguly asked the workgroup participants if they will be attending the HL7 Connectathon in September 2019. Bob Dieterle explained that the September 2019 HL7 Connectathon will be on Saturday, 09/14/2019 to Sunday, 09/15/2019 in Atlanta, Georgia. Organizations gather at the Connectathon before the HL7 working group sessions to test, validate, and suggest improvements for the HL7 implementation guides (IGs). They also make sure that 'reference resources' are working. It was noted that there are three HL7 working group sessions per year that are held in May, September, and January. Nandini Ganguly will send information about the HL7 Connectathons to the DME eRx Workgroup participants.

3. Next Steps

 a. The EMDI team is working on publishing the DME eRx webpages. It was explained that the FHIR 101 presentation will be posted on the webpage. Nandini Ganguly will work with Bob Dieterle to compile the FHIR101 presentation for Scope Infotech's quality assurance process.

 b. Nandini Ganguly highlighted that the name of the DME Order FHIR IG will be revised to include Home Health Agency (HHA) referrals. She explained that participants are encouraged to use the Clinical Data Exchange (CDex) IG for the exchange of additional documentation (EMDI program's second use case).

 c. The next workgroup on Tuesday, 08/27/2019, will focus on requirements for participants to become FHIR-enabled, preparation for the September 2019 Connectathon, and the technical specifications on becoming a DME eRx pilot.

 d. Nandini Ganguly encouraged participants to invite all their technical resources or counterparts to the upcoming workgroup.

DECISIONS MADE

1. None.

RISKS

1. None discussed.

ISSUES

1. None noted.

AI#	ACTION ITEMS	RESPONSIBLE PERSON	DUE DATE
951*	Send workgroup participants information about the HL7 Connectathons.	Nandini Ganguly	08/20/2019
952	Work with Bob Dieterle to compile the FHIR 101 presentation for Scope Infotech's quality assurance process.	Nandini Ganguly	08/20/2019

* Action Item numbers are assigned from an internal-facing list and may not be sequential between meetings.

Next Meeting: Tuesday 08/27/2019, 03:00 PM ET