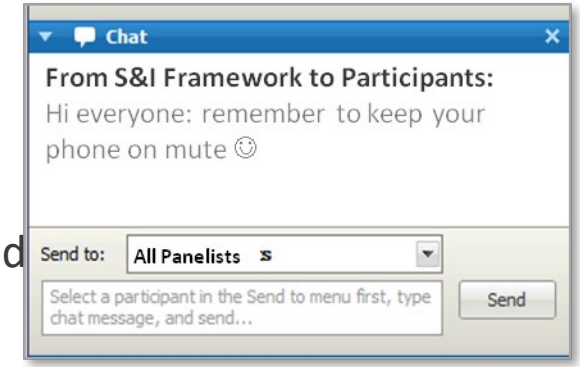
The Office of the National Coordinator for Health Information Technology

electronic Long-Term Services & Supports (eLTSS) Community Update

September 6, 2018

Meeting Etiquette

- Remember: If you are not speaking, **please keep your phone on mute**
- **Do not put your phone on hold.** If you need to take a call, hang up and dial in again when finished with your other call
  - » Hold = Elevator Music = frustrated speakers and participants
- **This meeting is being recorded**
  - » Another reason to keep your phone on mute when not speaking
- **Use the "Chat" feature** for questions, comments and items you would like the moderator or other participants to know.
  - » **Send comments to ALL PANELISTS** so they can be addressed publically in the chat, or discussed in the meeting (as appropriate).



Agenda

Topic	Presenter
Welcome	Evelyn Gallego (EMI Advisors LLC)
Recap: eLTSS Roadmap	Evelyn Gallego (EMI Advisors LLC)
eLTSS HL7 C-CDA Implementation A Thon Summary and Outcomes	Evelyn Gallego (EMI Advisors LLC)
National HCBS Conference - Summary Report Out	Kerry Lida (CMS) Liz Palena-Hall (ONC)
eLTSS Whitepaper and the HL7 September 2018 Ballot Cycle	Mark Meadows (Georgia Team) Irina Connelly (Georgia Team)
eLTSS Community Engagement and Next Steps	Evelyn Gallego (EMI Advisors LLC)

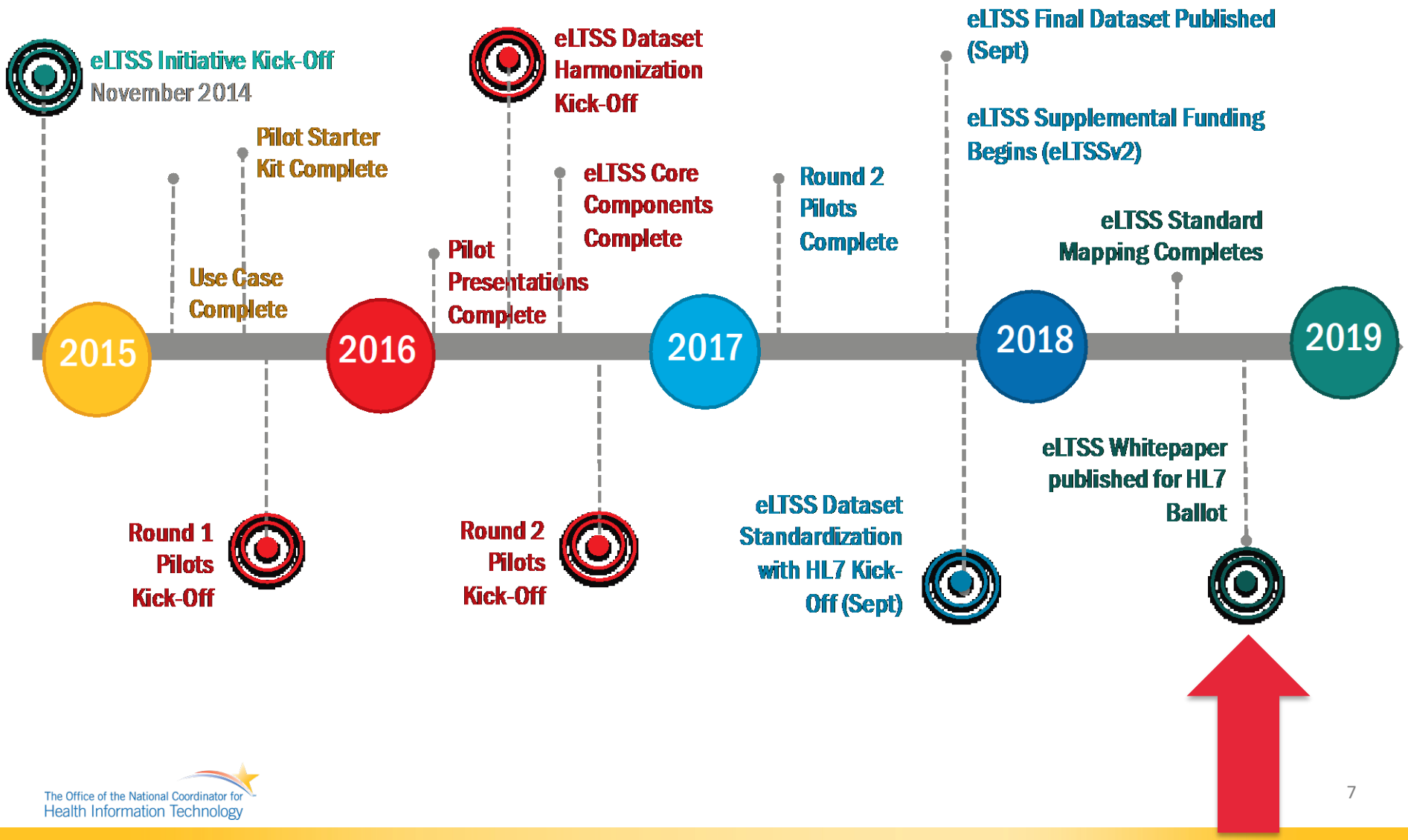
Welcome

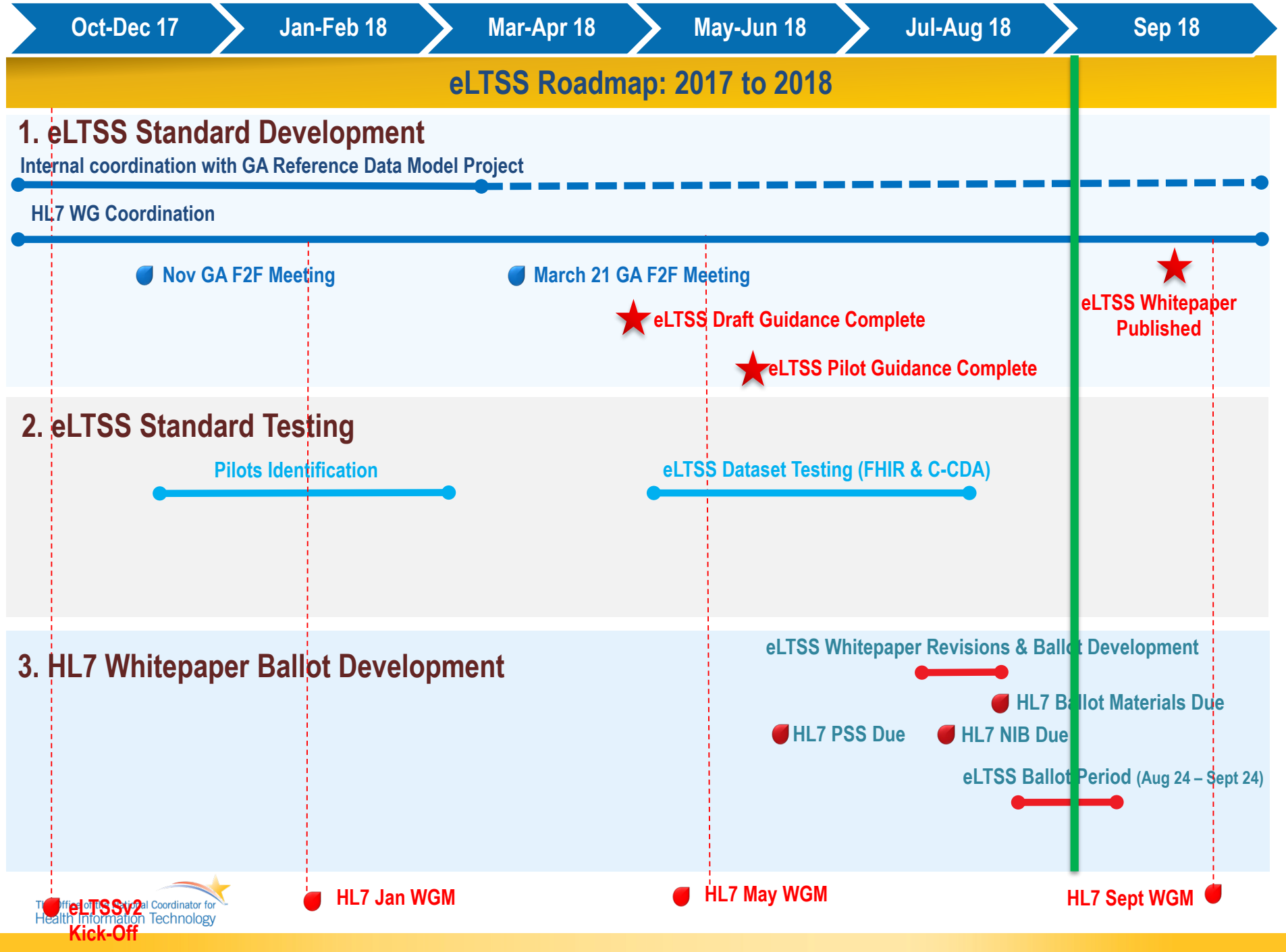
Objectives for Today

- Provide the eLTSS Community with an update on the eLTSS Dataset Standardization efforts—*what have we accomplished since we last convened on February 22nd 2017?*
- Share lessons learned from two eLTSS Dataset testing events and encourage community to participate in upcoming testing events
- Provide high-level overview of eLTSS whitepaper submitted to HL7 for balloting as part of the Aug-Sept 2018 Ballot Cycle
- Engage and encourage eLTSS Community in providing comments on the eLTSS whitepaper
- Discuss next steps for advancing the eLTSS Dataset through the HL7 standards development process

Recap: eLTSS Roadmap

eLTSS Initiative At-A-Glance




Oct-Dec 17
Jan-Feb 18
Mar-Apr 18
May-Jun 18
Jul-Aug 18
Sep 18
eLTSS Roadmap: 2017 to 2018
1. eLTSS Standard Development
Internal coordination with GA Reference Data Model Project
HL7 WG Coordination
Nov GA F2F Meeting
March 21 GA F2F Meeting
eLTSS Draft Guidance Complete
eLTSS Pilot Guidance Complete
eLTSS Whitepaper Published
2. eLTSS Standard Testing
Pilots Identification
eLTSS Dataset Testing (FHIR & C-CDA)
3. HL7 Whitepaper Ballot Development
eLTSS Whitepaper Revisions & Ballot Development
HL7 Ballot Materials Due
HL7 PSS Due
HL7 NIB Due
eLTSS Ballot Period (Aug 24 – Sept 24)
eLTSSv2 Kick-Off
HL7 Jan WGM
HL7 May WGM
HL7 Sept WGM
The Office of the National Coordinator for Health Information Technology

The Road Ahead

- High level activities planned for 2018 – 2019:
  - Develop eLTSS DRAFT Implementation Guidance (IG) based on comments received on the HL7 September 2018 'informative' whitepaper ballot
  - Schedule and test eLTSS draft IG via HL7 and/or ONC sponsored FHIR and C-CDA connectathons/ implementation-a-thons (target January 2019 and June 2019)
  - Update eLTSS IG based on testing event and connectathon results
  - Ballot eLTSS IG as a **Standard for Trial Use (STU)** during the HL7 September 2019 ballot cycle
- 2019-2020: continue advancing the maturity of the eLTSS IG through the HL7 process
  - Encourage eLTSS community to participate in HL7 led FHIR and C-CDA testing events

HL7 C-CDA Implementation-a-Thon (IAT) Summary and Outcomes

HL7 C-CDA Implementation-a-Thon Event Details

- Date: August 9 – 10, 2018
- Location: Washington, DC (@ the Kaiser Permanente Center for Total Health)
- HL7 Goals:
  - Work through C-CDA document exchange scenarios and discussion items
  - Gather feedback regarding C-CDA/FHIR Mapping
  - Uncover issues and/or Pain points with C-CDA 2.1

http://confluence.hl7.org/display/IAT/20180809-10+Implementation-A-Thon

Participant Organizations

Vendor & Implementer Organizations

- AEGIS.net
- Allscripts
- Athena Health
- Deloitte
- Dynamic Health IT
- Epic
- The Sequoia Project
- Kaiser Permanente
- Optum
- Medside Healthcare
- WaveOne Associates

Federal Agencies

- ONC
- Social Security Administration
- Department of Veteran Affairs

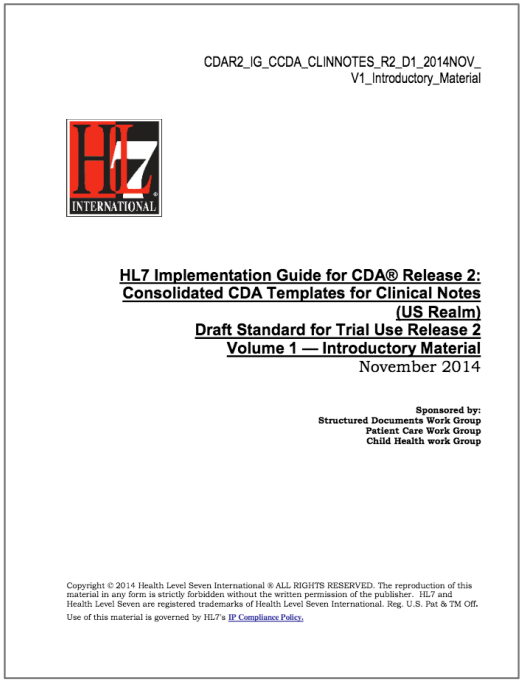
HL7 Tech Facilitators

- Duteau Design (HL7)
- Madra Consulting (HL7)
- MaxMD (HL7)
- MD Partners (ONC/NLM)
- Drajer (ONC)

eLTSS Support Team

- Carradora Health
- EMI Advisors, LLC
- ESAC Inc.

Recap: What is the HL7 C-CDA?



CDAR2_IG_CCDA_CLINNOTES_R2_D1_2014NOV_
V1_Introductory_Material

HL7 INTERNATIONAL

HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm)
Draft Standard for Trial Use Release 2
Volume 1 — Introductory Material
November 2014

Sponsored by:
Structured Documents Work Group
Patient Care Work Group
Child Health work Group

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Implementation Guide describes a set of templates that provide the "building blocks" for clinical documents.

Consists of 12 Document Templates:

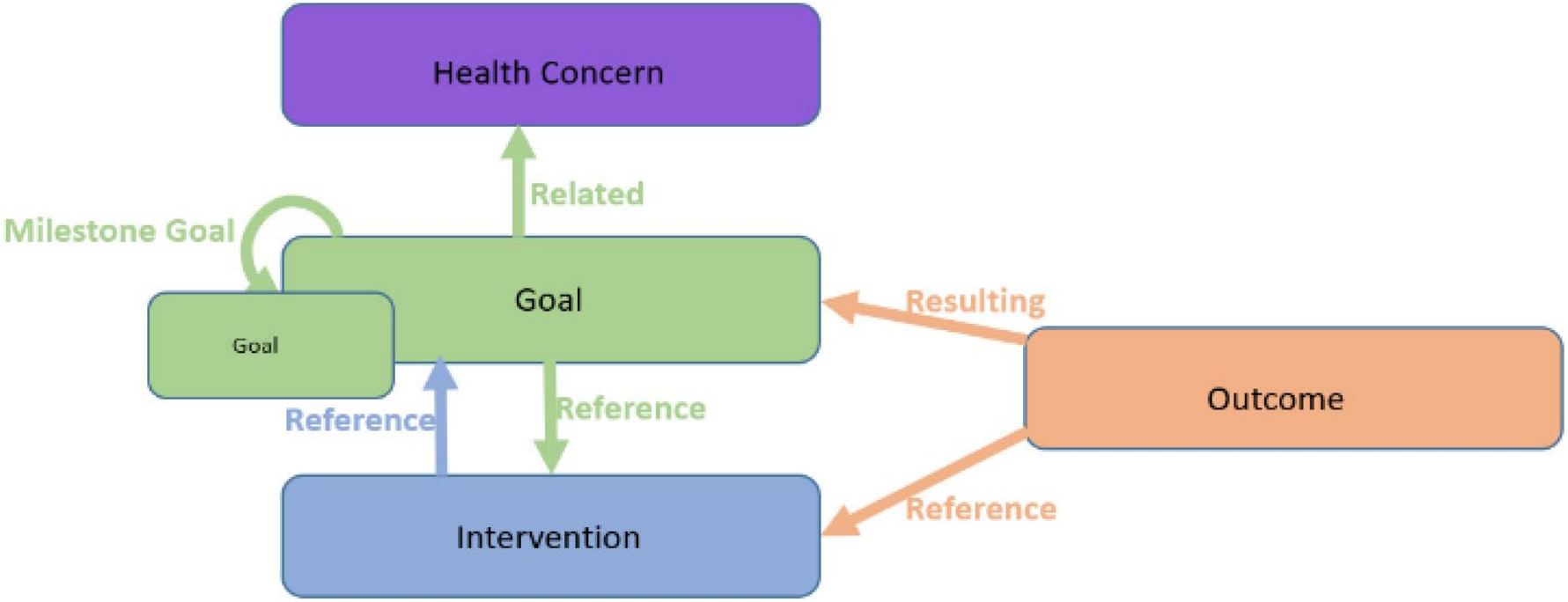
- Continuity of Care Document (CCD)
- Consultation Note
- Diagnostic Imaging Report (DIR)
- Discharge Summary
- History and Physical (H&P)
- Operative Note
- Procedure Note
- Progress Note
- Unstructured Document
- Care Plan
- Transfer Summary
- Referral Note

Source: http://www.hl7.org/implement/standards/product_brief.cfm?product_id=379#ImpGuides

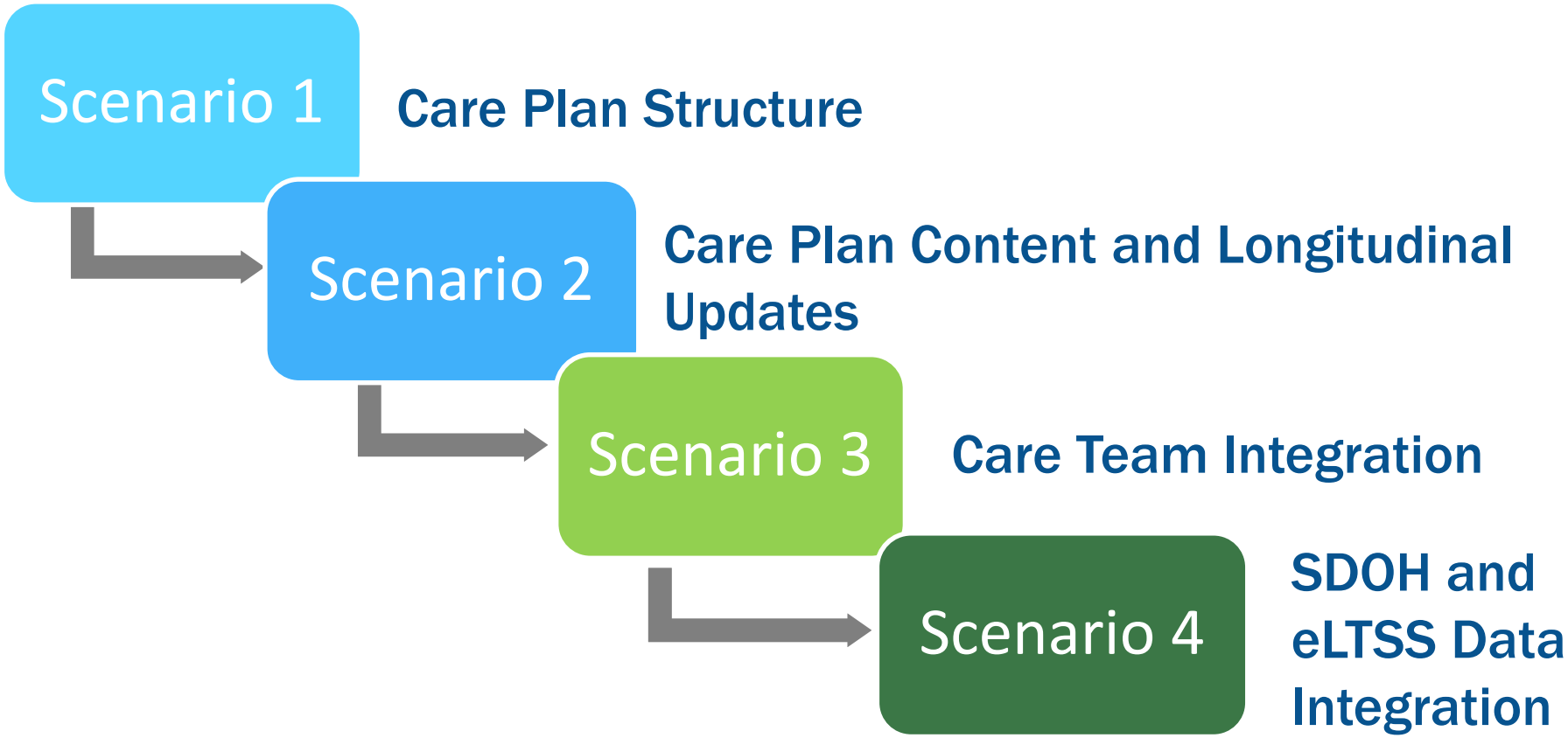
HL7 C-CDA IAT Scenarios

Three Scenarios:

- Encounter Summary vs. Patient Summary
- CDA to FHIR Mapping
- Care Plan & Care Plan Linkages



HL7 C-CDA IAT Care Plan Scenarios



HL7 C-CDA IAT Scenario 4: SDOH & eLTSS

- Start with a completed Care Plan. Assume an CB-LTSS assessment has been completed and serves as input to the Care Plan. Use the **Problem Concern Act** template within the **Health Concern section** to enter an **Assessed Need.** For example, an assessed need for physical activity to address an obesity health concern.
- Add a **Health Status Evaluation and Outcomes section**. In that section, add textual information about the date and type of Assessment performed and add a description of 1 **Strength** (a favorable attribute the individual has identified about themselves).
- Also add 1 piece of information collected in that same assessment which is an observation about a relevant **social determinant of health (SDOH)** for this individual.

NOTE: HL7 C-CDA Facilitators proposed testing eLTSS Dataset in same scenario as SDOH data capture scenario due to opportunity to capture SDOH relevant data through the CB-LTSS assessment process.

Outcomes/Feedback related to eLTSS

- Best attended C-CDA IAT Event!!! eLTSS scenario initiated good discussion.
- eLTSS dataset maps to CDA **Assessment template.** IAT participants requested eLTSS use the **Health Status Evaluation and Outcomes template** to capture "assessment-related" information.
  - » SDWG will work with HL7 and Regenstrief to clarify that the Health Status Evaluation and Outcomes section includes both Health Status Evaluations (assessments) and Outcomes (observation that are a judgement call on the progress related to the goal or the interventions performed).
  - » **STU comment 1623** created to clarify the cyclical nature of care planning, and that Assessments (evaluations) belong in the Health Status Evaluation section as well as Outcomes.

Outcomes/Feedback related to eLTSS

- A gap was identified for the eLTSS Plan Effective Date data element.
  - The **serviceEvent.effectiveTime** covers the time spent delivering the care planning service. It is not appropriate for the semantics needed to express the range of time covered by the plan.
- Longitudinal Care (Service) Plans
  - No participants provided samples to show a care plan over time (at creation, after updates, at completion).
  - Participants agreed this overlaps with guidance needed around document versioning and data provenance.
  - Participants agreed to collect real world examples (or create specific "synthetic" examples to show this for next IAT).

Outcomes/Feedback related to eLTSS

- eLTSS C-CDA plans difficult to generate during testing without applicable codes and value sets
  - A sample of a complete LTSS C-CDA CarePlan instance would have been helpful to share with participants before the event
  - The sample would help identify the right codes (e.g. OIDs) and value sets to include in the C-CDA CarePlan XML content to pass validation checks (this information is part of the C-CDA specification)
  - It would provide representative data examples for some of the LTSS-specific data items such as assessed need, preferences, strengths. This would help participants understand how LTSS data varies from similar data items in the clinical realm.

NOTE: A sample plan is included in the eLTSS Whitepaper

National Home & Community Based Services (HCBS) Conference Summary Report Out

National HCBS Conference Event Details

- Date: August 27 – 30, 2018
- Location: Baltimore Marriott Waterfront, Baltimore, MD
- Event Description: Even while facing new challenges, reduced budgets, and growing demand for HCBS services, states continue to effectively engage and serve their citizens. The National Home and Community Based Services (HCBS) Conference highlights these achievements, allowing states to share innovative programs, present unique partnerships, and recognize the work of their peers.
- Link: https://www.hcbsconference.org/index.cfm

Debrief from TEFT & eLTSS Presentation

Kerry Lida (CMS)
Liz Palena-Hall (ONC)

eLTSS Whitepaper and the HL7 September 2018 Ballot Cycle

eLTSS Engagement with HL7

- Participating in select weekly **HL7 Workgroup Meetings** and active HL7 standardization projects
  - HL7 Community-Based Care and Privacy (CBCP)*
  - HL7 Orders and Observations (O&O)
  - HL7 Patient Care (PC)
  - HL7 Learning Health Systems (LHS)
  - HL7 Structured Documents (SD)
- Participated in the **2018 HL7 January Working Group Meeting** in New Orleans
- Provided VA/SAMHSA team with sample eLTSS-based FHIR files for testing at the **2018 HL7 May Working Group Meeting** in Cologne
- Facilitated **June 28th 2018 eLTSS FHIR mini-Connectathon** in Atlanta
- Participated in the **August 9-10, 2018 HL7 C-CDA IAT**

eLTSS Whitepaper Submission: HL7 September 2018 Ballot Cycle

- Includes detailed mappings and examples to FHIR and C-CDA standards for the representation of 56 data elements published in the eLTSS Dataset.
- eLTSS Whitepaper will serve as the foundation for future ballots for implementers of electronic exchanges involving LTSS.
- Testing outcomes from the June **eLTSS FHIR mini-Connectathon** and the **August HL7 C-CDA IAT** have informed the development and finalization of this whitepaper.

Why Collaborate with HL7, a Standards Development Organization?

We want to ensure we identify the right and industry-recognized electronic standards to represent the eLTSS dataset in electronic systems. The standards identified support the INTEROPERABLE capture and exchange of eLTSS data elements across clinical (e.g. EHRs) and non-clinical IT systems (e.g. LTSS system)

eLTSS Whitepaper 'Informative' Ballot

- As part of the HL7 publication process, the eLTSS Whitepaper and appendices **are now available for comment during the HL7 September 2018 Ballot Cycle.**
  - 'Informative' Ballot is one that explains or supports the structure of an HL7 specification or provides detailed information regarding the interpretation or implementation of an HL7 specification.
  - Needs 60% affirmative votes to be 'approved'. No quorum is required.
- The HL7 **Ballot Comment period opened August 24, 2018** and will close September 24, 2018.
- **Note:** As the eLTSS Whitepaper is an HL7 artifact and part of an active HL7 ballot cycle, we cannot share the eLTSS Whitepaper directly.
- For more information, please visit the HL7 website: http://www.hl7.org

eLTSS Whitepaper Contents Summary

Whitepaper Purpose: Provide the HL7 Community with context and narrative around how two national recognized standards, FHIR and C-CDA, can be used to represent and exchange the eLTSS dataset

- Introduction, Objectives and Background
- LTSS Ecosystem Overview and Information Sharing Use Cases
- FHIR and C-CDA for LTSS Service Plan Information Exchange
  - Approach for Selecting Standards
  - Overview of Selected Standards and Mapping Results
  - Exchanging LTSS Service Plans Using FHIR
  - Exchanging LTSS Service Plans Using C-CDA
- Considerations for Future Work
- Appendices:
  - eLTSS Dataset
  - FHIR and C-CDA Mappings
  - FHIR and C-CDA sample instances
  - C-CDA rendered sample
  - Quality of Mapping Legend

eLTSS C-CDA and FHIR Mapping Overview

eLTSS Grouping	eLTSS Data Element Name	Data Element Definition *(includes examples, expected list of values and usage note where applicable)*	FHIR R4 Resource Element(s)	FHIR R4 Resource Element Cardinality	US Core Resource Element Cardinality	Reasoning for FHIR Resource	Additional Mapping Details	Quality of mapping
Service Information	Service Unit Quantity	The numerical amount of the service unit being provided for a frequency. This element is slated to be used in conjunction with Service Quantity Interval and Unit of Service Type elements to form a full description of how often a service is provided. For example, a service being provided 7 units per week, the Service Unit Quantity = "7". For a service being provided 8 hours a day, the Service Unit Value = "8".	CarePlan -> activity -> reference(ServiceRequest) ServiceRequest -> quantityQuantity -> value ServiceRequest -> quantityQuantity -> unit or ServiceRequest -> quantityRatio -> numerator -> value ServiceRequest -> quantityRatio -> numerator -> unit ServiceRequest -> quantityRatio -> denominator -> value ServiceRequest -> quantityRatio -> denominator	CarePlan activity 0..* reference(ServiceRequest) 0..1 quantityQuantity 0..1 value 0..1 unit 0..1 quantityRatio 0..1 numerator 0..1 value 0..1 unit 0..1 denominator 0..1 value 0..1 unit 0..1	CarePlan activity 0..* reference(ServiceRequest) 0..1 quantityQuantity 0..1 value 0..1 unit 0..1 quantityRatio 0..1 numerator 0..1 value 0..1 unit 0..1 denominator 0..1 value 0..1 unit 0..1	Activity is an action that is part of the CarePlan, which lines up well with the concept of a service. Activity includes a number of explicit activity resource options, and ServiceRequest is the best fit for an eLTSS service. ServiceRequest includes a quantity data element that can handle both simple quantities (e.g. 1 installation) and quantities with intervals (e.g. 8 hours a day).	1) Will use ***CarePlan -> activity -> reference*** to reference a ***ServiceRequest***. 2) ***quantityQuantity*** can be used to represent simple quantities such as "1 installation" or "5 trips". ***quantityRatio*** can be used to represent quantities with intervals such as "8 hours a day" or "7 units per week". Either ***quantityQuantity*** or ***quantityRatio*** can be used, but not both for the same ***ServiceRequest***. 3) ***value*** is a decimal, and ***unit*** is a string. 4) ***numerator*** and ***denominator*** are used to represent a quantity with an interval. For example, to represent 8 hours a day, ***numerator -> value*** would be "8" and ***numerator -> unit*** would be "hour", while ***denominator -> value*** would be "1" and ***denominator -> unit*** would be "day". 5) See the "qty-unit-interval examples" worksheet in this spreadsheet for additional details.	Mapping at data element and structural levels are both good matches. [both green]
Service Information	Unit of Service Type	A finite quantity of units of which services are measured or specified, used as a standard measurement of like services. Values include: minute(s), 8 hour(s), quarter hour(s), hour(s), half day(s), full day(s), day(s), week(s), month(s), dollar(s), mile(s), visit(s)/session(s), installation(s), none, other (free text). This element is slated to be used in conjunction with Service Unit Quantity interval and Service Unit Quantity elements to form a full description of how often a service is provided. For example, a service being provided 7 units per week, the Unit of Service Type = "units". For a	see above	see above	see above	see above	see above	Mapping at data element and structural levels are both good matches. [both green]
Service Information	Service Unit Quantity Interval	A period of time corresponding to the quantity of service(s) indicated. Values include: per day, per week, per month, per year, one time only, other (free text). This element is slated to be used in conjunction with Unit of Service Type and Service Unit Quantity elements to form a full description of how often a service is provided. For example, a service being provided 7 units per week, the Service Unit Quantity Interval = "per week". For a	see above	see above	see above	see above	see above	Mapping at data element and structural levels are both good matches. [both green]
Service Information	Service Rate per Unit	The rate of one unit for a service.	CarePlan -> activity -> reference(ServiceRequest) ServiceRequest -> supportingInfo(Claim) Claim -> item -> unitPrice	CarePlan activity 0..* reference(ServiceRequest) 0..1 supportingInfo(Claim) 0..* item 0..* unitPrice 0..1	CarePlan activity 0..* reference(ServiceRequest) 0..1 supportingInfo(Claim) 0..* item 0..* unitPrice 0..1	Claim is intended to support claims where reimbursement is sought, pre-authorization where provision of services is proposed, and pre-determination where provision of services is explored; the latter of which seems to be a good fit for CarePlan. Per HL7 Financial Mgmt (FM) WG, while Claim is the best fit from existing FHIR resource, not a great semantic fit. Workgroup in charge of ServiceRequest plans to work with the Claim workgroup to determine best approach. One potential approach is to update the scope of ClaimResponse since that reflects what has been approved rather than what is being asked for.	1) Will use ***CarePlan -> activity -> reference*** to reference a ***ServiceRequest***, and ***supportingInfo*** to reference a ***Claim***. 2) ***item*** maps to a service. 3) ***unitPrice*** contains the charge or cost per point, which maps to the cost per one unit of the service. 4) ***unitPrice*** is of type Money, which is a descendant of the Quantity complex type and inherits value, unit, system, code, and comparator. 5) Workgroup in charge of ServiceRequest wants to work with the Claim workgroup to determine best approach. One potential approach is to update the scope of ClaimResponse since that reflects what has been approved rather than what is being asked for.	Mapping at the data element level isn't great since Claim isn't an exact semantic match. [yellow] Mapping at the structural level isn't great since a generic reference is required to link to Claim. [yellow]
Service Information	Total Cost of Service	The total cost of a service for the plan.	CarePlan -> activity -> reference(ServiceRequest) ServiceRequest -> supportingInfo(Claim) Claim -> item -> net	CarePlan activity 0..* reference(ServiceRequest) 0..1 supportingInfo(Claim) 0..* item 0..* net 0..1	CarePlan activity 0..* reference(ServiceRequest) 0..1 supportingInfo(Claim) 0..* item 0..* net 0..1	Claim is intended to support claims where reimbursement is sought, pre-authorization where provision of services is proposed, and pre-determination where provision of services is explored; the latter of which seems to be a good fit for CarePlan.	1) Will use ***CarePlan -> activity -> reference*** to reference a ***ServiceRequest***, and supportingInfo to reference a ***Claim***. 2) ***item*** maps to a service. 3) ***net*** is the total cost of an item, which in this case is the total cost for the service 4) ***net*** is of type Money, which is a descendant of the Quantity complex type and inherits value, unit, system, code, and comparator.	Mapping at the data element level isn't great since Claim isn't an exact semantic match. [yellow] Mapping at the structural level isn't great since a generic reference is
Service Provider Information	Support Planner Name	The name of the person (e.g., Case Manager, Care Coordinator, Plan Coordinator) who helped develop the plan.	CarePlan -> author[Practitioner | Patient | RelatedPerson] Practitioner | Patient | RelatedPerson. -> name -> family Practitioner | Patient | RelatedPerson. -> name -> given Practitioner | Patient | RelatedPerson.	CarePlan author[Practitioner | Patient | RelatedPerson] 0..* name 0..* family 0..1 given 0..* text 0..1	CarePlan author[Practitioner | Patient | RelatedPerson] 0..* name 0..* family 0..1 given 0..* text 0..1	Author is the primary person who created the CarePlan, which seems a good fit for the support planner. The author can be a Practitioner, the Patient, or a RelatedPerson.	1) Will use ***CarePlan -> author*** to reference a ***Practitioner, RelatedPerson*** or ***Patient*** (in self-directed plans) who is the primary author of the care plan being developed. 2) ***Practioner, RelatedPerson*** and ***Patient*** all include ***name***. 3) ***given*** is used for both first name & MI, so need more than one. 4) ***family*** is a string with the person's surname 5) ***text*** is a string that contains the full name of the person.	Mapping at data element and structural levels are both good matches. [both green]
Service Provider Information	Support Planner Phone Number	The primary phone number (and extension when applicable) of the support planner.	CarePlan -> author[Practitioner | Patient | RelatedPerson] Practitioner | Patient | RelatedPerson. -> telecom -> system Practitioner | Patient | RelatedPerson. -> telecom -> value	CarePlan author[Practitioner | Patient | RelatedPerson] 0..* telecom 0..* system 0..1 value 0..1	CarePlan author[Practitioner | Patient | RelatedPerson] 0..* telecom 0..* system 0..1 value 0..1	Author is the primary person who created the CarePlan, which seems a good fit for the support planner. The author can be a Practitioner, the Patient, or a RelatedPerson.	1) Will use ***CarePlan -> author*** to reference a ***Practitioner, RelatedPerson or Patient (in self-directed plan) who is*** the primary author of the care plan being developed. 2) ***Practioner, RelatedPerson*** and ***Patient*** all include ***telecom***. 3) ***telecom*** is of type ContactPoint (https://www.hl7.org/fhir/datatypes.html#contactpoint) which contains elements to populate for the phone number. 4) ***system*** is required if ***value*** is provided, and can be: phone, fax, email, pager, url, sms, other	Mapping at data element and structural levels are both good matches. [both green]
Service Provider Information	Service Provider Name	The name of the entity or individual providing the service. For paid services use the organization/agency name, for non-paid services use the first and last name of the individual providing the service.	CarePlan -> activity -> reference(ServiceRequest) ServiceRequest -> performer[Practitioner | PractitionerRole | Organization | Patient | Device | RelatedPerson | HealthcareService | CareTeam] Practitioner | PractitionerRole | CareTeam | Organization | Patient | Device | RelatedPerson | HealthcareService	CarePlan activity 0..* reference(ServiceRequest) 0..1 performer[Practitioner | PractitionerRole | Organization | Patient | Device | RelatedPerson | HealthcareService | CareTeam] 0..* name 0..1	CarePlan activity 0..* reference(ServiceRequest) 0..1 performer[Practitioner | PractitionerRole | Patient | Device | RelatedPerson | HealthcareService | CareTeam] 0..* name 0..1 performer[Organization] 0..* name 1	Performer identifies who's expected to be involved in the activity. Organization or HealthcareService here cover the paid service provider, and RelatedPerson the non-paid service provider per the eLTSS Dataset definition.	1) Will use ***CarePlan -> activity -> reference*** to reference a ***ServiceRequest***, and ***performer*** to reference a ***RelatedPerson, Organization or HealthcareService***. Other options listed are available in FHIR, but may not be appropriate here. 2) Per eLTSS Dataset element definition, ***performer*** would reference an ***Organization*** or ***HealthcareService*** for paid services, and ***RelatedPerson*** for a non-paid service. 3) ***Organization -> name*** and ***HealthcareService -> name*** are strings with the organization's name. 4) ***RelatedPerson -> name*** is a complex data element that includes strings for the person's surname and first name. 5) ***name*** is required by US Core for ***Organization***.	Mapping at data element and structural levels are both good matches. [both green]

eLTSS Whitepaper: Considerations for Future Work

- Whitepaper outlines the following areas to consider for future activities
  - eLTSS Dataset Expansion
  - FHIR Profile Development
  - Extensions to FHIR and C-CDA
  - Expanding Support for Care Team Information
  - Coding LTSS Services
  - Information Packaging Recommendations
  - Expanding Vocabularies

eLTSS Community Engagement

How can the broader eLTSS Community engage?

- Review and provide comments on the HL7 eLTSS Whitepaper
  - NOTE: You must be an HL7 member or sign-up as non-member to comment directly on an HL7 ballot
- Spread the word about the eLTSS Whitepaper!
- Review and provide comments on the GA eLTSS mappings to FHIR and C-CDA
  - Mappings can be shared with eLTSS Community
  - Please send requests to review mappings or to schedule additional discussion by **COB September 17, 2018** :
    - evelyn.Gallego@emiadvisors.net
    - sweta.ladwa@esacinc.com

Future Testing Opportunities

- HL7 FHIR Connectathon: Care Plan Track
  - September 29 – 30, 2018 in Baltimore, MD:
  - eLTSS Use Cases and the eLTSS FHIR Mapping will be made available and tested as part of the Care Plan track: http://wiki.hl7.org/index.php?title=201809_Care_Plan
  - Who should attend?
    - eLTSS Community Implementers who plan to use C-CDA documents
    - Individuals and organizations that use and build applications for exchange
    - Users and developers working for healthcare providers, vendors and HIEs
  - Registration Link
    - http://www.hl7.org/events/working_group_meeting/2018/09/

eLTSS Initiative: Project Team Leads

- ONC Leadership
  - Stacy Perchem (Anastasia.perchem@hhs.gov)
  - Elizabeth Palena-Hall (elizabeth.palenahall@hhs.gov)
- CMS Leadership
  - Kerry Lida (Kerry.Lida@cms.hhs.gov)
- State of Georgia, Department of Community Health Leadership
  - Bonnie Young (bonnie.young@dch.ga.gov)
- Initiative Coordinator
  - Evelyn Gallego (evelyn.gallego@emiadvisors.net)
- Project Management
  - Sweta Ladwa (sweta.ladwa@esacinc.com)
- Harmonization Lead
  - Becky Angeles (becky.angeles@carradora.com)