



# Empowering Individuals through Interoperable Medication Lists

## Usability Work Stream Meeting

03/16/2017



# Agenda

<b>5 Minutes</b>	<b>Welcome and Opening Remarks</b>
<b>5 Minutes</b>	<b>Session Goals</b>  -Discussing best practices for layout & format enhancements
<b>40 Minutes</b>	<b>Work Session</b> -App presentation of current med list layout and format -Work Stream discussion of enhancements for layout and format
<b>5 Minutes</b>	<b>Wrap Up and Next Steps</b> Announcement: Interoperability in Action Day

# Med List – Goals Recap (For Usability Work Stream)

- **By June 30th, Med List participants should be able to demonstrate expanded connectivity and enhanced usability App features for consumers and patients, and allow individuals' the ability to share medication lists with providers and others.**
  - » Additional providers deploying FHIR-enabled systems
  - » Improved patient-facing workflow and app features
  - » Provider-facing workflow for viewing shared medication lists

# Patient Perspective Roundtable: Recommended Usability Features

## Rank Order of Usability Features

- 1. Layout & Format - Today**
2. Annotation & Feedback
3. Clinical Content → Reassign to Provider Teams
4. Communication & Sharing
5. Patient Single Sign-on → Reassign to Technical Work Stream

# For Today's Discussion: Layout & Format Prioritized

- Use a simple, usable format with language and terms that can be easily understood.
- Provide a centralized, master medication list for management.
- Provide a method for visualization that supports the patient to more easily identify the medications.
- Support multiple levels of views for the med list that allows for drill-down specificity (i.e. patients should be able to control the view to filter as needed such as viewing medications by the required date and time for dosages).

# Demonstration Scenario : Patient Managing Medications from Multiple Doctors

## Meet Mary A



Mary A is 78 years old, has had Epilepsy for over 20 years, hypertension, severe arthritis in both knees, asthma since childhood and mild depression that her daughter gives her St Johns Wort for. Mary is seen by three different physicians in three different clinics: Her primary care doctor, Dr. Prikar, her respiratory specialist, Dr. Respa is at DHH Respiratory Clinic and her neurologist, Dr Synapz is at University Neurology Clinic.

Unfortunately, Mary's longtime primary care physician is retiring and closing the office. Mary would like to obtain her medication list from each of her current doctors. Mary wants to review them with her new primary care doctor, Dr. Aiker, tomorrow afternoon when she goes in for their first visit.

**This is a hypothetical scenario for demonstration purpose and does not include health information from any known person.**



# App Presentations

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# Usability Work Stream Sprint Cycle Overview

	March 16	April 13	May 11	June 8
<b>Work Stream Pre-work</b>	Compile best practices for Layout & Format enhancements	Compile best practices for Annotation & Feedback enhancements	Compile best practices for Communication & Sharing enhancements	
<b>Apps Demonstrate*</b>	<b>Current State</b>	<b>Layout &amp; Format</b>	<b>Annotation &amp; Feedback</b>	<b>Communication &amp; Sharing</b>
<b>Work Steam Provides Feedback on</b>		App Developers changes to Layout & Format	App Developers changes to Annotation & Feedback	App Developers changes to Communication & Sharing
<b>Work Stream Discusses the Future State</b>	Discuss best practices and proposed changes for Layout & Format	Discuss best practices and proposed changes for Annotation & Feedback	Discuss best practices and proposed changes for Communication & Sharing	

\* App demonstrations based on Mary A

# For Discussion April 13<sup>th</sup>: Annotation & Feedback Prioritized

Allow for an interactive med list, so that the patient may add/provide feedback.

# Upcoming ONC-sponsored Med List Project Events in March

Join Us!

ONC will be hosting an ***Interoperability in Action Day*** on Monday, March 20<sup>th</sup> from 12:30pm-2:30pm EST. This will be an online webcast only.

This daylong event is designed to highlight many of the successful standards and technology engagements ONC had last year to advance interoperability. There will be presentations highlighting interoperability from coast to coast .

The ***Med List Effort will be provided a 2-hour session for demonstrations.***

REGISTER HERE: <https://www.healthit.gov/InteropActionDay>

# Summary and Next Steps

## 2017 Sprint Cycle Begins

- Next Usability Work Stream Call on Thursday, April 23<sup>th</sup> 3-4PM EST
- Next Technical Work Stream Call on Thursday, March 30<sup>th</sup> 3-4PM EST

**\*NEW\*** Med List Info Page (Just informational not collaborative):

[www.healthIT.gov/ONCMedListInfo](http://www.healthIT.gov/ONCMedListInfo)

**Current Participant Med List Info Page** : <https://oncprojecttracking.healthit.gov/wiki/display/OEITIML/Main+Project+Information+Page>

Refer additional participants by emailing [tricia.wilkins@hhs.gov](mailto:tricia.wilkins@hhs.gov) cc: [anastasia.perchem@hhs.gov](mailto:anastasia.perchem@hhs.gov)



The Office of the National Coordinator for  
Health Information Technology

## For Your Reference

**Additional Usability Work Stream Enhancements Not Discussed On 3/16/2017**





# Clinical Content Prioritized → Reassign to Provider Teams

- Provide clarity on dosing and instructions.
- Include alerts as part of the functional features of med list management for drug-drug interactions, contradiction warnings, and dose warnings.
- Include patient goals within the med list.
- Reason for medication: a. How long it should be taken; b. How long it was taken; c. Ability to discontinue.

# Communication and Sharing Prioritized

- Allow for communication between users including the patient, primary care provider, pharmacist, and all other providers (i.e. specialists) to aid in the medication reconciliation process.
- Remove barriers to allow caregiver access to the medication lists.
- (Privacy Issue: Allow patients the ability to provide permissions for access to providers and caregivers; ease the process and allow for more transparency across the healthcare continuum.
- Educate physicians on the use of the med lists and the importance of incorporating the medication information into the patient's health records.

# Patient Single Sign-on Prioritized → Reassign to Technical Work Stream

- Establish/leverage a cross organization framework to support patient single sign-on workflows from third party applications.
- Implement workflows for real patients in a production environment preferably using workflow Alternative 1 to implement Medication Dispense FHIR Resource to incorporate pharmacy dispense records, but if necessary as an intermediate milestone using Alternative.

# Not Ranked = Remains a priority, but not for June deadline or not for Usability Work Stream.

- 11. Include pharmacy records and pharmacy information so that patients and providers can identify and trace medications, as needed. (Additional Data Source)
- 12. Use medication data to improve medication management approaches, research, and allow for community sharing and learning. (Communication & Sharing)
- 16. Privacy Issue: Provide balance between permissions for patients to restrict access to certain types of medications (e.g. mental health-related medications) and the associated safety issues/concerns by restricting access to this information. (Communication & Sharing)
- 17. Privacy Issue: Provide health plans access to medication lists for purposes of care coordination and care management. (Communication & Sharing)
- 18. Educate patients and providers on the effective and efficient use of the medication lists. (Use Instructions/User Guidance)
- 19. Understand and educate on the practicality of the med lists and provide a longitudinal view of what historically worked and what does not work. (Use Instructions/User Guidance)
- 22. Health plan accessibility to medication lists where it will be used for care coordination and care management. (Communication & Sharing)