



Empowering Individuals through Interoperable Medication Lists

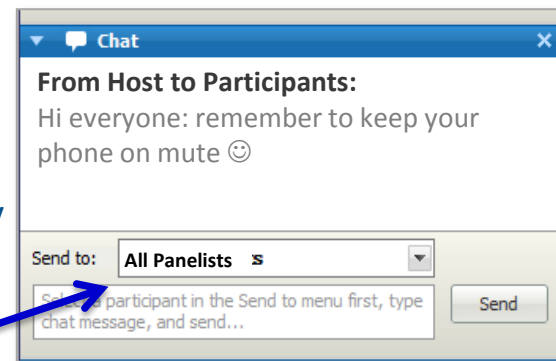
Usability Work Stream Meeting

04/13/2017



Meeting Etiquette

- Remember: If you are not speaking, **please keep your phone on mute.**
 - » Please note, the Host may mute any open lines to prevent disruptions during the meeting.
 - » If you find yourself muted by the Host and wish to speak, you will need to send a “Chat” to the Host to be unmuted.
- **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
- 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

5 Minutes

- Welcome and Opening Remarks
- Session Goals

- Discussing best practices for annotation and feedback enhancements

50 Minutes

- Work Session**
- Work Stream discussion of enhancements for feedback and annotation
 - Continue last call's discussion on format & layout

5 Minutes

Wrap Up and Next Steps

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 - Today

3. Clinical Content → Reassign to Provider Teams

4. Communication & Sharing

5. Patient Single Sign-on → Reassign to Technical Work Stream

For Today's Discussion: Annotation & Feedback Prioritized

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

- Adherence
- Questions on instructions
- Patient reported outcomes (i.e. resolution of symptoms or side effects)
- What functionality constitutes an “interactive” med list?

Continued: 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).

Usability Work Stream Sprint Cycle Overview

	March 16	April 13	May 11	June 8
Work Stream Pre-work	Compile best practices for Layout & Format enhancements	Compile best practices for Annotation & Feedback enhancements	Compile best practices for Communication & Sharing enhancements	
Apps Demonstrate*	Current State	Layout & Format	Annotation & Feedback	Communication & Sharing
Work Steam Provides Feedback on		App Developers changes to Layout & Format	App Developers changes to Annotation & Feedback	App Developers changes to Communication & Sharing
Work Stream Discusses the Future State	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 May 11th: Annotation & Feedback Prioritized

- We will hear from app teams how they are addressing annotation and feedback enhancements.
- FDA Presentation on Medication Reconciliation Project

Summary and Next Steps

2017 Sprint Cycle Begins

- Next Usability Work Stream Call on Thursday, May 11th 3-4PM EST
- Next Technical Work Stream Call on Thursday, April 27th 3-4PM EST

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

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 cc: anastasia.perchem@hhs.gov

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)