	ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI)	
SCOPE INFOTECH, INC.	**DME Provider-to-Provider Workgroup Minutes**	

DATE	01/18/2018	TIME:	3:03 PM – 3:45 PM	
LOCATION	Teleconference			
DIAL-IN #	+1 (312) 757-3121	ACCESS CODE:	979 370 477	
CHAIR	Melanie Combs-Dyer (CMS)	RECORDER:	Briana Barnes (Scope Infotech)	

ATTENDEES	LCDR Melanie Edwards (CMS)	Phil Surine (Cognosante)	Mark Kimmel (Topline)
	Zane Schott (Apria)	Jennifer Sylvester (Health Aid of Ohio)	Madalyn Gottschalk (UPMC)
	Nick Knowlton (Brightree)	Mike Hurley (Hyland OnBase)	Pallavi Talekar (Scope Infotech)
	Laura Coughlin (Change Healthcare)	Scott Magers (Hyland OnBase)	Ray Wilkerson (Scope Infotech)
	Douglas Floore (Cognosante)	Andy Fosnacht (NetSmart)	
	Mary Kay McDaniel (Cognosante)	Roxie Murray (ResMed)	

ABSENTEES	Epic Representatives	Medical Service Company Representatives	Suncoast RHIO Representatives
	Lincare Representatives	Medicity Representatives	Unity Medical Representatives
	MedForce Representatives	Metro Health Representatives	

M I N U T E S

1. EMDI Updates
   a) EMDI IG Updates and Feedback:
      i. Pallavi Talekar stated that she is preparing to release Implementation Guide (IG) version 2.7. IG version 2.7 will include descriptions of HL7 CDP1 (Clinical Documents for Payers–Set 1) and CCDAs (Consolidated Clinical Document Architecture). This version will have specific instructions for specific stakeholders (e.g., hospitals, health information handlers (HIHs)).
      ii. Pallavi Talekar stated that she will be contacting organizations to assist with improving the IG. She noted that the EMDI team are planning to incorporate the IG through a Standard Development Organization (SDO) and organizations will receive credit for providing feedback. She would like for the organizations to provide feedback on the metadata listed in the IG for each use case. She asked if 'beneficiaries' and 'subscribers' should be included in this metadata. Mike Hurley believes that it is best to minimize elements that are not required. He suggested scheduling a meeting between the EMDI team and himself to compare metadata and stated he would try to provide effective data elements for the EMDI pilots.
   b) EMDI Collaboration Website:
      i. Ray Wilkerson stated that the EMDI use cases are now located in the ONC Interoperability Standards Advisory (ISA). The ISA helps direct users to other sites and documents. He noted that the plan is for organizations to visit the use cases on the ISA and be able to navigate to the EMDI public websites. He added that the EMDI team have been invited to address comments on other initiatives in the ISA.
      ii. Ray Wilkerson stated that he is enhancing the Collaboration Provider-to-Provider site to include all organizations that are involved in a pilot. He is improving the EMDI homepage on the Collaboration site to increase the number of organizations that view the page. This site will include graphics to project the goal of the EMDI team. It will also include brief descriptions and a Frequently Asked Questions (FAQ) section. Ray Wilkerson explained that the EMDI team is open to receiving questions or possible answers for the FAQ from all organizations in the workgroup. Mike Hurley stated that some of the FAQs should mention a list of resources that are available for piloting and ways to begin the EMDI pilot.
   c) Schedule Change for Workgroup Meeting:
      i. Pallavi Talekar stated that the occurrence of the DME Provider-to-Provider Workgroup will change from biweekly to monthly. She noted that upcoming workgroups will be every third Thursday of the month and the next meeting will be 02/15/2018. She asked all organizations to submit the pilot update slide deck before every workgroup meeting and if they have no updates to provide, to just state that in the slide deck.

2. TOPLINE Healthcare EMDI pilot Overview – Mark Kimmel
   a) Mark Kimmel presented a Pilot Demonstration for Topline. Topline Healthcare is the first company to complete an EMDI pilot on Codeable Language. He added they requested a second pilot and are now working on their third pilot.

b)	Mark Kimmel explained Topline Healthcare first pilot focused on prior authorization for Power Mobility Devices (PMD). He noted that he completed another pilot with a Methadone clinic and he is expanding this pilot to the outpatient setting. He noted he has been working with CMS on this pilot for over a year and they helped over 40% of the population in a 12-month period. He added that to complete this pilot, he had to reach out to other organizations like the Centers for Disease Control and Prevention (CDC) and the American Academy of Addiction Psychiatry (AAAP). His team is currently working on a pilot that focus on structured data notes in the State of Florida.
c)	Mark Kimmel noted many lessons learned:

      i.   Focus on a specific objective: Do not make the issues within the pilot the focus.

      ii.   Believe in the process: He stated that he had great support from CMS (LCDR Melanie Edwards) and the Scope Infotech EMDI team to assist with any issues.

      iii.   Do not be afraid to fail: He stated that they failed in many ways. For instance, he noted they failed with the provider-to-provider communication via portal. He explained that they were able to map elements in the HL7 field and this communication worked, as well as the signatures.

      iv.   Set clear objectives: He stated that his objective is to create a better environment for patients. He explained that when setting objectives, it is best to know the CMS regulations that affects the pilot.

3.   Any new updates from participating organizations

    Mike Hurley stated that Mark Kimmel's presentation was helpful. Mike Hurley explained Mackinac, which is used amongst payers, providers, and post-acute customers. He stated that Mackinac is used in Ohio and Kentucky but they are expanding it in other States, use cases, and skilled nursing facilities.

4.   Next Steps and Questions

   a)   Pallavi Talekar stated that Laura Coughlin asked a question for organizations that are in home oxygen setting. She asked about the percent of home oxygen requests that are ordered from a hospital discharge scenario versus the percent of home oxygen requests that are directly ordered from an ambulatory setting, like the physician's office. Roxie Murray stated that she can offer insight to the question.

   b)   The next step for the workgroup is to send IG version 2.7 to organizations for review and feedback.

   c)   The EMDI team encouraged organizations to submit any FAQs or FAQ requests.

   d)   Pallavi Talekar stated that the EMDI team would like to have an organization present their EMDI initiatives, processes, or ideas in the upcoming workgroups.

DECISIONS MADE

None.

RISKS

None.

ISSUES

None.

AI#	ACTION ITEMS	RESPONSIBLE PERSON	DUE DATE
669*	Schedule a meeting with Mike Hurley to discuss metadata.	Pallavi Talekar	02/23/2018

* Action Item numbers are captured from the EMDI project log that houses internal and external content for tracking purposes.

Next Meeting: DME Provider to Provider Workgroup Meeting on 02/15/2018 at 3:00 PM