1. Epic and Brighttree EMDI Pilot Overview - Jeremy Akins, Nick Knowlton
   a) Jeremy Akins and Nick Knowlton provided an overview presentation of the Epic and Brighttree EMDI pilot. They explained that the key aspects of the pilot are to keep providers in their workflow, display scalability (if the program is not 'scaled' well it can cause inherited cost), have a 'project inception', brainstorm approaches to the pilot program, and to remain involved in the EMDI initiatives. It is important to consider ways of engaging in the Electronic Health Record system for acute and ambulatory settings, and to be able to compile 'lessons learned' from this engagement.
   b) Epic and Brighttree used medical equipment owned by Epic powerhouse systems for the pilot. The pilot was implemented at Oxford Health System and Greenville Health System in South Carolina.
   c) Nick Knowlton and Jeremy Akins met in early 2015 to discuss the different approaches to ease provider burden. Epic was responsive to placing orders to begin the automation process for direct secure messaging. Epic chose direct secure messaging because it aligns with 'national networks'. They were able to launch their initial set of code in 2016.
   d) Some of the results from the pilot that they were able to see at deployed sites were that they've had a strong provider adoption, thousands of orders were processed every month, the content was consistent from each site, and the activation of the pilot was straightforward. Nick Knowlton said that they only had to improve the workflows for the ordering providers.
   e) Their next steps are to introduce the pilot to their customers, build on the foundation of the pilot program, and to provide a demonstration at the Health Information and Management Systems Society (HIMSS) conference. The demonstration will explain the workflow and capabilities of their pilot with the HHA medical equipment.
   f) Jeremy Akins stated that Epic has been working on other use cases to resolve problems with direct messaging and the workflows for payers.
   g) Laura Coughlin asked if their pilot was focused on home oxygen therapy. Nick Knowlton replied that the pilot was for all product lines, and providers that practice in acute or ambulatory services.
   h) Dan Kazzaz asked if the order and demographic information are placed in an order header of a Continuity of Care Document (CCD). Jeremy Akins replied that for any transitional of care, they send a summary of care document which happens to have demographics and standard information related to a CCD document. Dan Kazzaz stated that he would like to work with Jeremy Akins to continue advancing in the EMDI program. Jeremy Akins stated that he is happy to discuss Epic's initiatives with other organizations.
MINUTES

i) Nathan Apter asked if the implementation of their pilot is open to others and if the pilot has a two-way communication where the receiving party can respond. Nick Knowlton replied that the code for the pilot is not proprietary and Epic is supportive of their customers, if they need assistance with setting it up. He added that they have the capability to send outbound direct messages and the communication end after a ‘party’ sends a transaction.

j) Dan Kazzaz announced that he began a subgroup inside of the Accredited Standards Committee (ASC) X12 that consists of electronic medical records (EMR) vendors and providers (e.g., ordering providers). He stated that all the workgroup participants can attend.

k) Pallavi Talekar asked how the metadata is sent in direct messaging. She noted that in the EMDI Implementation Guide (IG), the metadata is defined and referenced in the use case as high level details of patients or cases. Jeremy Akins replied that Epic usually sends the expected metadata in the concept of First Tier, Downstream, and Related Entities (FDR), direct messaging, or in the Consolidated Clinical Document Architecture (CCDA) format.

l) Pallavi Talekar asked if Epic and Brightree identified before and after measures on how the pilot was able to help or improve the workflow of the hospital, Durable Medical Equipment (DME), or Home Health Agency (HHA) vendor. They stated that they have qualitative measures, but they are not aware of any quantitative measures. They receive very high physician adoption for Home Medical Equipment (HME) and they've seen improvement in data quality.

m) Mike Hurley stated that they are defining the measures directly with their customers, and they label their collaboration with the payer, provider, and clearinghouse ‘ninja teams’.

2. EMDI Updates
   a) The EMDI team is releasing IG version 2.8 by the end of next week. It will include content about DME eOrder systems (this is similar to ePrescribing). The EMDI team appreciates all feedback for the EMDI Implementation Guide.
   b) The EMDI team asked for workgroup participants to submit Frequently Asked Questions (FAQs) that they may have or receive from other organizations.

3. Any New Updates from Participating Organizations
   It will be helpful for all workgroup participants to complete the pilot update slide deck in detail and submit it to the EMDI team before the next workgroup meeting.

4. Next Steps and Questions
   Dan Kazzaz stated that Secure Exchange Solutions will be hosting an EMDI luncheon on Wednesday, 03/07/2018, and that all workgroup participants are invited. Melanie Combs-Dyer stated that she would be attending the HIMSS conference this year.

DECISSIONS MADE
None.

RISKS
None.

ISSUES
None.

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*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 03/15/2018 at 3:00 PM