# ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI)
## DME Provider-to-Provider Workgroup Meeting Minutes

| DATE: | 04/19/2018 | TIME: | 3:04 PM – 3:57 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

| CMS | CHANGE HEALTHCARE | COGNOSANTE | HYLAND ONBASE |
|---|---|---|---|
| Christopher Lofts | Laura Coughlin | Louis Bedor | Mike Hurley |
| Candrea Smith | | | |
| **LINCARE** | **SALUTICS** | **SUNCOAST RHIO** | **SCOPE INFOTECH** |
| Stephanie Sisco | Joseph Crystal | Louis Galterio | Vidya Sridhar |
| | | Christopher Sullivan | Pallavi Talekar |
| | | | Ray Wilkerson |

## Absentees

| APRIA | BRIGHTREE | COMPETECH | EPIC |
|---|---|---|---|
| Zane Schott | Nick Knowlton | Mark Bushee | Jeremy Akins |
| Dan Starck | | Greg Thornton | Derek De Young |
| Ian Worden | | Martin Vaughn | |
| **MEDFORCE** | **MEDICAL SERVICES COMPANY** | **MEDICITY** | **METRO HEALTH** |
| Nathan Apter | Judy Bunn | Brian Ahier | Ashish Masih |
| | Michael McGill | | |
| **NETSMART** | **RESMED** | **SECURE EXCHANGE SOLUTIONS** | **TOPLINE HEALTHCARE** |
| Andy Fosnacht | Larissa D'Andrea | Rebecca Elhassid | Mark Kimmel |
| | Kelley Gullo | Dan Kazzaz | |
| | Sarah Gyatso | Tom McGraw | |
| | Jeannine Mar | | |
| **UPMC** | | | |
| Brad Dicianno | | | |
| Madalyn Gottschalk | | | |
| Sandra Sentner-White | | | |

| MINUTES |
|---|

1. **New Organizations Introduction**
    a. Salutics has joined the DME Provider-to-Provider Workgroup.
    b. Salutics is a Health Information Technology (IT) company that specializes in analytics and validation of big data and information exchanges. They use Health Level 7(HL7), Accredited Standards Committee (ASC X12), and Clinical Documentation Improvement (CDI) data extractions, and they are integrated with 60 commercial EMRs (Electronic Medical Records).
    c. Pallavi Talekar stated that the purpose of the workgroup is to collaborate and partner with organizations while discussing the EMDI program initiatives and use cases (order, additional documentation request, and signature). The workgroup participants also discuss possible solutions and the EMDI team express improvements and future initiatives. There will also have key speakers that will discuss their EMDI program and piloting experience.

**2. Overview of EMDI Pilots by SunCoast RHIO**

 a. Louis Galterio provided an overview of SunCoast RHIO's pilot progress.

 b. SunCoast RHIO has been changing and they have been having effective discussions about client involvement. They were focused on the return on investment, care intermediaries, care coordination, and centralized administration.

 c. Louis Galterio provided an overview of the project participants, coverage areas, partners, direction, barriers, and constraints. Their previous participants covered three counties and included three hospitals and one Durable Medical Equipment (DME) vendor (DeSoto Memorial Hospital, Sarasota Memorial Hospital, Fawcett Memorial Hospital, and Unity Medical DME).

 d. Louis Galterio stated Desoto Memorial Hospital has their own Home Health Agency (HHA) and they have a large hospital called Sarasota Memorial in the same region. Desoto and Sarasota Memorial Hospital use the same technology for exchanges (e.g., Direct Messaging). Fawcett Memorial Hospital uses a DME vendor called Unity Medical. Louis Galterio stated that Unity Medical DME was excited about the idea of being involved in the project, since this may be an incentive to give back to the hospitals.

 e. Louis Galterio described the coverage areas of the project. Their previous coverage areas were in the middle region of Southwest Florida, which included referral patterns of participating hospitals, DME vendors, and HHAs.

 f. SunCoast RHIO has previous partners with Health Information Service Providers (HISPS) (e.g., Imprivia), Health Information Handlers (HIHs) (e.g., MedForce), Image Research Tallahassee, MedTranDirect, CMS, and the EMDI team. Louis Galterio noted that Image Research Tallahassee is owned by Christopher Sullivan.

 g. SunCoast RHIO can be considered a HISP, although they do not provide certifications.

 h. SunCoast RHIO is in the process of emphasizing Direct Messaging and electronic Signatures (eSignature). They suggest for their providers to use direct messaging. They are still learning how to resolve issues with eSignature, since many providers do not have the common signature platform and are still complying with the state platform.

 i. Louis Galterio stated that they are also focused on attracting additional participants to the project based on their clients and defining the gap between the communication of providers.

 j. Some of the barriers and constraints of the project are that there isn't any obvious incentive to the hospital; there is minimal funding to cover planning and project administration; and the marketing is not targeted to decision makers.

 k. Louis Galterio explained that hospitals need a clear incentive and they now target Chief Operating Officers (COOs) and Chief Technology Officers (CTOs) for discussions about the project. Pallavi Talekar asked how they present piloting to hospitals without an incentive. Louis Galterio explained SunCoast RHIO's changes in approach and participants. Some of the changes of participants were: DeSoto Champion is now led by Hospital Pharmacy; they have additional DME partners like Altrek Surgical and LLC Naples; Sarasota Memorial Hospital has a new director; and Charlotte HCA Fawcett has a new CFO. Louis Galterio stated that at Sarasota Memorial Hospital the nurse oversees discharges and referrals. He noted that Sarasota Memorial Hospital does not want to share any data or information if their new processes are efficient, since they are a for-profit organization and they are trying to conceal that information from their competition.

 l. Louis Galterio stated that he thinks it is interesting that the common goals and interest of Medicare and Medicaid overlap. The Medicare Administration and Seema Verma are introducing the same concept and aligning with Medicare initiatives, which is giving more power to the state.

 m. SunCoast RHIO is now focused on the ROI in quality metrics (e.g., hospital, bundle payments, CPCs) and the admissions rate. Louis Galterio stated that he always hears from his clients how they wish they could reduce the administrative inquiries for hospital admissions. He stated that using bundled payments works for providers because it eliminates specific requirements.

 n. Louis Galterio stated that his 'examples of financials' (e.g., percent of beneficiaries with PAC tied to revenue, emphasis on patient involvement, hospital/provider impact, expressed requirement of hospitals to protect competitive advantage/population health, care management across pilots) can also relate to payers. He noted that SunCoast RHIO is trying to change the cost and value, so hospitals can gain control.

 o. Louis Galterio provided a list of what CMS can help with for the project, like marketing or supplying providers (e.g., hospitals) with tools for compliance. Pallavi Talekar stated that she can discuss these questions with CMS.

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3. **EMDI Measures Overview**
   a. Pallavi Talekar stated that the EMDI team has been making process changes for efficiency and she will announce some of these changes in upcoming workgroups.
   b. She explained that they will be providing measures to the participants to measure the performance of the EMDI program. It will be a requirement for participants to submit responses to the measures and she will need participant's feedback to finalize it.
   c. Pallavi Talekar stated that the current participants will be the first pilot implementers in the EMDI program that will assist with the evaluation of the program. Pallavi Talekar noted that the measures will not contain any sensitive information.
   d. The 'focus goal' of the EMDI program is to reduce provider burden and use 'health IT protocols to establish secure communication between providers to share medical documentation.' The four objectives (process, provider, financial, growth) of the goal will have relevant measures. The measures will be both tangible and intangible. This will depend on if it is outcome related (calculated) or survey related (scaled) measures.
   e. The measures will be collected on a pilot level. The outcome related measures will be assigned to one representative per pilot and the survey related measures will be assigned to three other personnel that are involved in the pilot's workflow. This can be providers, physicians, physician groups, or individuals involved with the document management system. The measures will be collected before and after piloting. The measures will not disclose any sensitive information. Pallavi Talekar stated to let her know if there are some measures that participants will not want to disclose to CMS or other participants.
   f. Pallavi Talekar provided an overview of the measures. She stated that she would provide a checklist to understand the various steps for the manual processes. She noted that participants should see a reduction in some of the measures after piloting.
   g. The EMDI Collaboration and the CMS.gov site will have a section that displays lessons learned and pilot success stories. Louis Galterio stated that the measures align with the hospital goals and project. He noted that the hospitals would rather visit this information on the CMS.gov site.

4. **Pilot Status Updates**
   Pallavi Talekar reminded all participants to complete the pilot update slide deck before each DME Provider-to-Provider workgroup. The pilot update slide deck updates CMS on their progress and participants will get 'recognized' for this.

5. **Next Steps**
   Pallavi Talekar will send the EMDI measures document to all workgroup participants for feedback.

| **DECISIONS MADE** |
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| 1.    None. |

| **RISKS** |
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| 1.    None discussed. |

| **ISSUES** |
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| 1.    None noted. |

| AI# | ACTION ITEMS | RESPONSIBLE PERSON | DUE DATE |
| --- | --- | --- | --- |
| 709* | Send the EMDI measures document to all workgroup participants for feedback. | Pallavi Talekar | 05/11/2018 |

\* Action Item numbers are assigned from an internal-facing list and may not be sequential between meetings.

**Next Meeting**: Wednesday 05/17/2018, 03:00 PM