



# ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI) EMDI Workgroup Meeting Minutes

<b>DATE:</b>	10/18/2018	<b>TIME:</b>	3:04 PM – 4:00 PM
<b>LOCATION:</b>	Teleconference		
<b>DIAL-IN #</b>	+1 (312) 757-3121	<b>ACCESS CODE:</b>	979 370 477
<b>CHAIR:</b>	Ray Wilkerson (Scope Infotech)	<b>RECORDER:</b>	Briana Barnes (Scope Infotech)

## Attendees

CMS	ELEVATING HOME	HYLAND ONBASE	KNO2
Christopher Lofts	Adam Berkshire	Mike Hurley	Alan Swenson
Candrea Smith	Heather Corbin	Scott Magers	
LOWER CAPE FEAR	MEDALLIES	SOMNOWARE	SUNCOAST RHIO
Joan Williams	Holly Miller	Raj Misra	Louis Galterio
	James Fisher	Ravi Chandran	Srujay Setty
			Christopher Sullivan

## Absentees

APRIA	BRIGHTREE	COGNOSANTE	COMPETECH
Zane Schott	Nick Knowlton	Louis Bedor	Mark Bushee
	Gary Bartlett	Douglas Floore	Greg Thornton
		Michael Lundie	Martin Vaughn
		Mary Kay McDaniel	
		Phil Surine	
CHANGE HEALTHCARE	EPIC	HEALTH AID OF OHIO	LINCARE
Nilo Mehrabian	Jeremy Akins	Carol Gilligan	Bill Moran
Craig Knier	Geoff Palka	Jennifer Sylvester	Stephanie Sisco
Laura Coughlin	Rob Klootwyk		Jeff Jackson
Evan Cox	Rob Trachtman		Kelley Gullo
	Derek De Young		Jenna Pedersen
MEDFORCE	MEDICAL SERVICES COMPANY	MEDICITY	METRO HEALTH
Nathan Apter	Judy Bunn	Brian Ahier	Ashish Masih
	Michael McGill		
NETSMART	RESMED	SALUTICS	SECURE EXCHANGE SOLUTIONS
Andy Fosnacht	Larissa D'Andrea	Joseph Crystal	Rebecca Elhassid
	Kelley Gullo	Jennifer McGirre	Dan Kazzaz
	Sarah Gyatso	Daniel Welch	Tom McGraw
	Jeannine Mar		
TOPLINE HEALTHCARE	UPMC	WALGREENS	
Mark Kimmel	Brad Dicianno	Lynda Tapp	
	Madalyn Gottschalk		
	Sandra Sentner-White		

## MINUTES

### 1. EMDI Participants Introductions

- a. Somnoware: Sonnoware provided an overview of Transforming Respiratory Chronic Care Management with Interoperability Artificial Intelligence. Raj Misra and Ravi Chandran explained that Somnoware provides a critical middleware to physicians and healthcare systems to provide a platform that brings in data from over 150 sources (i.e., respiratory health data from electronic medical records, diagnostic devices, and fitness trackers). Somnoware

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has a unified platform that has a focus in 'diagnosis workflow automation, chronic care management, and population risk analysis'. Raj Misra and Ravi Chandran noted that the core of the platform is the diagnosis workflow automation and the highest level is population risk (mining data for high risk patients to investigate them diagnostic). It was noted that Somnoware has the capability of directly messaging patient through chronic care management. Somnoware's goal in piloting with EMDI is to 'implement an end-to-end integration that allows physicians to place the order for a PAP system, send relevant order details and medical information to DME companies, allow DME companies to request additional documentation, and provide the ability to sign and date the document.' They plan to implement all three EMDI use cases using Health Level Seven (HL7) standards. Somnoware provided a workflow for the use cases called Architecture: PAP Ordering Using HL7. Louis Galterio asked if the secure messaging that they are discussing based on the Direct Protocol. Somnoware replied that they align with the messaging used by the hospitals or health systems that they work with.

- b. Lower Cape Fear Hospice: Joan Williams, Information Management Director for Lower Cape Fear Hospice Wilmington NC. Lower Cape Fear Hospice has three inpatient care centers and their Electronic Medical Record (EMR) vendor is Netsmart. Joan William explained that Lower Cape Fear Hospice would like to pilot the referral use case (EMDI use case) and will like to implement a 360-referral process. Her plan is to implement the referral use cases through phases (e.g., Phase 1: receive referrals electronically from EHR system, consume the demographic data, return acceptance message to referral source; Phase 2: post acceptance of referral with the ability to send updates for patient status). The goal of the pilot is to consume referrals with all necessary components and receive notifications or status updates of the outcome of the referral. Louis Galterio asked about the Notice of Election (NOE) notification. Joan Williams explained that the NOE can now be sent electronically to CMS.
- c. MedAllies: MedAllies operates one of the leading Direct networks and provide Direct services. Dr. Holly Miller is the CMO and clinical lead at MedAllies and Dr. James Fisher has about 15 years in Information Technology (IT), architecture development, and system engineering. MedAllies goal is to ensure a positive impact on patient care by using a standard-based functionality to improve patient referrals. They would like to use Direct Messaging, referral management strategies, and tracking functionalities in 360X.

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<b>2. EMDI Pilot Guide</b>	<ul style="list-style-type: none"> <li>a. The EMDI team have been updating the EMDI Pilot Guide (PG) based on participant feedback. The pilot guide is still formatted as a draft. It was noted that although the PG is a draft, it can be shared with other organizations. The EMDI team will give recognition to participants that contributes feedback or comments to the PG.</li> <li>b. The PG provide steps that organizations can take for piloting. It was noted that the participants can reference the checklist for the piloting process.</li> <li>c. The PG is updated to make sure that the program accommodates the needs of the participants. It is not a technical document.</li> </ul>
<b>3. EMDI Participants Update</b>	<ul style="list-style-type: none"> <li>a. Hyland OnBase: Hyland OnBase has a 5-year project called Mackinac that is in production and consists of providers and payers. Hyland OnBase also has post-acute customers (Home Health Agency, Durable Medical Equipment, Skilled Nursing Facility). Mackinac's first use case was EMDR and they also have two other use cases for appeals and prior authorization. Mike Hurley explained that Hyland OnBase has a 'Ninja Team' to discuss their different use cases like prior authorization. He noted that the ninja team for submitting claim appeals via Mackinac was very successful. The Ninja Team is currently discussing prior authorization and they are continuously developing workflows. Mike Hurley stated that they are hoping to have the requirements complete for the prior authorization use case by the end of this quarter. He added that there is not any proprietary information shared in the Ninja Team and he encourages EMDI participants that are not competitors to join.</li> <li>b. SunCoast RHIO: SunCoast RHIO is focused on a pilot in a rural area. They will discuss their pilot updates on a one-on-one call with the EMDI team. Louis Galterio stated that he is interested in learning more about the commercial payer initiatives and communicating with Hyland OnBase.</li> </ul>
<b>4. Round Table</b>	<ul style="list-style-type: none"> <li>a. The EMDI team has been collecting contact information from EMDI participant to update the Office of the National Coordinator (ONC) Interoperability Proving Ground (IPG) site. The EMDI team stated that they are open to providing an overview of the EMDI program to organizations that are in interested in joining a pilot with current EMDI participants.</li> <li>b. Louis Galterio stated that the providers don't understand how different terminology is related like interoperability and information exchange. Pallavi Talekar explained that the EMDI team can present to organizations or providers to clarify any confusion.</li> <li>c. Ray Wilkerson noted that if any EMDI participants come across any issues while piloting (e.g., pre-initiation and initiation phase), to notify the EMDI team so that they can communicate this to CMS.</li> </ul>

DECISIONS MADE
1. None.

RISKS
1. None discussed.

ISSUES
1. None noted.

AI#	ACTION ITEMS	RESPONSIBLE PERSON	DUE DATE
	None noted.		

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

**Next Meeting:** Thursday 11/15/2018, 03:00 PM ET