



ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI) EMDI Workgroup Meeting Minutes

DATE:	11/15/2018	TIME:	3:03 PM – 3:47 PM
LOCATION:	Teleconference		
DIAL-IN #	+1 (312) 757-3121	ACCESS CODE:	979 370 477
CHAIR:	Ray Wilkerson (Scope Infotech)	RECORDER:	Briana Barnes (Scope Infotech)

Attendees

CMS	BRIGHTREE	ELEVATING HOME	EMI ADVISORS
Christopher Lofts	Nick Knowlton	Danielle Pierotti	Grace Castro
Candrea Smith			
EPIC	HYLAND ONBASE	KNO2	LINCARE
Jeremy Akins	Scott Magers	Alan Swenson	Jeff Jackson
MEDSIDE	MEDALLIES	SOMNOWARE	SCOPE INFOTECH
Victor Vaysman	Holly Miller	Ravi Chandran	Pallavi Talekar
	James Fisher		

Absentees

AMEDISYS	APRIA	COGNOSANTE	CHANGE HEALTHCARE
Ed Swan	Zane Schott	Louis Bedor	Nilo Mehrabian
John Tesch		Douglas Floore	Craig Knier
Robert Tanory		Michael Lundie	Laura Coughlin
		Mary Kay McDaniel	Evan Cox
		Phil Surine	Sandra Klapprodt
COMPETECH	EPIC	HEALTH AID OF OHIO	LOWER CAPE FEAR
Mark Bushee	Jeremy Akins	Carol Gilligan	Joan Williams
Greg Thornton	Geoff Palka	Jennifer Sylvester	
Martin Vaughn	Rob Klootwyk		
	Rob Trachtman		
	Derek De Young		
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 Implementation Guide v3.2**
 - a. The EMDI team released Implementation Guide version 3.2. This IG includes input or comments that was provided by participants (i.e., EMI Advisors). This updated version is posted on the EMDI Collaboration site.

MINUTES

- b. Ray Wilkerson provided an overview of all the updates that was made in the IG for the release of version 3.2. All the updates are in the Records of Changes section in the IG.
- c. The EMDI team has memberships to the Health Level Seven (HL7) Community. The EMDI team has been leveraging this membership and members of the EMI Advisors to identify interoperable standards.

2. EMDI Use Case Review: Orders

- a. Ray Wilkerson provided background information about the EMDI use cases. The provider-to-provider communication came about because of the common issues that CMS identified between the providers and payers. They've identified that manual document exchanges using fax machines can cause miscommunication with providers and payers. CMS is focused in eliminating paper and faxed-based solutions for exchanging documents, since it makes it difficult for organizations to adopt workflows that focus on interoperable communication.
- b. The EMDI team asked if the workgroup participants have any issues or feedback about the EMDI order use case. Nick Knowlton stated that Brightree is having internal discussions about other workflows that they can execute for the Durable Medical Equipment (DME) orders. Brightree is one of the pilot participants that implemented the order use case by using Direct Secure Messaging with Epic. Nick Knowlton stated that Brightree also receives orders through HL7 version 2 messaging standard, which also include signatures. He added that they are focused on patient orders and that he has a solution that generate items for face-to-face encounter notes. Brightree has a REST-Based Application Program Interface (API) system that address and has an aligned workflow with DME suppliers and Electronic Health Record (EHR) systems. He stated that one lessons learned from executing the EMDI order use case is that physicians are more acceptable to adopt new workflows, if it does not disrupt their current workflow. Nick Knowlton stated that there are different ways to support EMDI order use case one and EMDI additional documentation request use case two, but the signature use case three is still being analyzed by vendors to understand how it can be implemented.
- c. Jeremy Akins explained that Epic customers are building on the functionality of the order use case using Direct Secure Messaging. He emphasized that one of his lessons learned from implementing the use case is to make sure that the workflow does not burden the physician.
- d. Scott Magers stated that although Hyland OnBase works with hospitals, post-acute settings, and payers they haven't really discussed physician adoption on the work that they are currently working on.
- e. Victor Vaysman stated that physicians are mostly interested in the EMDI signature use case. Physicians agrees with a portal-based system, since it easier and faster than fax. Victor Vaysman noted that if the use case is a part of physician's normal workflow and the functionality of their EHR system, then they will be less hesitant to implement new workflows.
- f. The EMDI team stated that many EHR vendors are interested in using HL7 v2 and Fast Healthcare Interoperability Resource (FHIR). Many organizations receive feedback from their customers on implementing the order use case to make sure that they are making an investment that will be of interest to their customers.

3. EMDI Participants Update

- a. The EMDI Workgroup in December will be cancelled. The EMDI Workgroup series will resume in January 2019 to discuss participants accomplishments for the year of 2018 (i.e., identify necessary standards for the future, highlight participants accomplishments, additional pilot opportunities). This workgroup will include CMS attendance and introductions of new participants.
- b. The EMDI team will continue to have one-on-one discussions with participants.

4. Round Table

- a. The upcoming Pilot Guide will include tiered level pilot approach and different levels of pilot adoption. This guide will help organizations in different level of interoperability with piloting in EMDI.
- b. Holly Miller discussed the 360Exchange (360X) initiative. She noted that MedAllies is looking forward to utilizing 360X in a pilot and working with EHR vendors, and referral partners. The goal of the 360X initiative is to enhance referral management by tracking a referral through a unique protocol (i.e., unique id number) to close the referral loop. The 360X initiative can be used in acute and Long Term Post-Acute Care (LTPAC).
- c. The EMDI team is open to collecting agenda points from participants for the EMDI Workgroup. The EMDI team will discuss the EMDI additional documentation request (ADR) use case in the upcoming workgroups.

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 01/17/2019, 03:00 PM ET