ELECTRONIC MEDICAL DOCUMENT INTEROPERABILITY (EMDI)
EMDI Workgroup Meeting Minutes

DATE:	01/17/2019	TIME:	3:03 PM – 4:00 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	AMEDISYS	APRIA	BRIGHTREE
Melanie Combs-Dyer	Ed Swan	Zane Schott	Gary Barlett
Candrea Smith	Robert Tanory		Kim Catts
BRYJ	**careMESH**	**CHANGE HEALTHCARE**	**EMI ADVISORS**
Mike Hurley	Catherine Thomas	Laura Coughlin	Lynette Elliott
EPIC	**HYLAND ONBASE**	**HOMECARE HOMEBASE**	**LINCARE**
Jeremy Akins	William Canter	Neal Reizer	Jenna Pedersen
MEDALLIES	**MEDICAL SERVICES COMPANY**	**MEDSIDE**	**SOMNOWARE**
Sheila Conciatori	Michael McGill	Victor Vaysman	Raj Misra
James Fisher			
Alexander Kroohs			
Holly Miller			
Alicia Colletta			
SUNCOAST RHIO	**SCOPE INFOTECH**		
Srujay Setty	Nandini Ganguly		
Christopher Sullivan	Pallavi Talekar		

Absentees

COGNOSANTE	COMPETECH	ELEVATING HOME	HEALTH AID OF OHIO
Louis Bedor	Mark Bushee	Adam Berkshire	Carol Gilligan
Douglas Floore	Greg Thornton	Heather Corbin	Jennifer Sylvester
Michael Lundie	Martin Vaughn		
Mary Kay McDaniel			
Phil Surine			
KNO2	**LINCARE**	**LOWER CAPE FEAR**	**MEDFORCE**
Alan Swenson	Bill Moran	Joan Williams	Nathan Apter
Therasa Bell	Stephanie Sisco		
	Jeff Jackson		
	Kelley Gullo		
MEDICITY	**METRO HEALTH**	**NETSMART**	**ResMed**
Brian Ahier	Ashish Masih	Andy Fosnacht	Larissa D'Andrea
			Kelley Gullo
			Sarah Gyatso
			Jeannine Mar
SECURE EXCHANGE SOLUTIONS	**SALUTICS**	**TOPLINE HEALTHCARE**	**UPMC**
Rebecca Elhassid	Joseph Crystal	Mark Kimmel	Brad Dicianno
Dan Kazzaz	Jennifer McGirre		Madalyn Gottschalk
Tom McGraw	Daniel Welch		Sandra Sentner-White
WALGREENS			
Lynda Tapp			

MINUTES

1. Introductions

a.   Catherine Thomas is the Vice President of customer engagement at CareMESH and has about 20 years of experience.

b.   CareMESH provides solutions for care transition and care coordination workflows. They have expanded their capabilities to create digital referral workflows for communication between providers on a national scale, which is helpful to providers that are utilizing different Electronic Health Record (EHR) platforms.

c.   Catherine Thomas discussed providers' challenges in the transition of care sector. (i.e., use the example of having different ways to distribute outbound information).

d.   CareMESH is designed to support transmissions with Electronic Health Records (EHRs) integration and they have imbedded capabilities of digital models (i.e., hospital discharge model). A receiving provider can receive a Direct secure message, email, or text by accessing CareMESH and retrieving the secured digital message. CareMESH provides a bidirectional communication platform between different types of providers (physicians, therapists, and others).

e.   Catherine Thomas displayed the native user interface components of CareMESH. She noted that it is intuitive and easy to use, and that it is available via web or as a mobile application (i.e., Google Play or Apple Store). Information can enter CareMESH as a Consolidated Clinical Document Architecture (CCDA) and become displayed in a universal format. This will be on the front end.

f.   CareMESH also has a fully integrated solution for Application Program Interfaces (APIs) and Fast Healthcare Interoperability Resources (FHIR).

g.   CareMESH aligns with the EMDI program because they are focused on addressing the same healthcare challenges of improving bi-directional, structured medical record sharing; creating secure, accelerated workflow processes; reducing reliance on fax, paper, postal mail; reducing data entry and associated errors; and reducing provider burden.

h.   Melanie Combs-Dyer asked what technology CareMESH uses. Catherine Thomas stated that CareMESH is housed on the google cloud and leverages different technologies depending on requirements. They work with Direct Secure Messaging, and FHIR APIs. They have many established systems with EHRs, and they offer many options for connecting and leveraging standards to communicate with providers.

i.   Melanie Combs-Dyer asked if CareMESH provides services to patients. Catherine Thomas replied that they are currently focused on clinician-to-clinician communication, but they are planning to do outbound secure messages to patients sometime this year.

j.   Pallavi Talekar highlighted that CareMESH did a demonstration for the EMDI team and she noted that CareMESH has a provider directory in which they can reach out to any physician that has a Direct address, but can also reach out to physicians without an address (in which the message remains secured).

k.   Catherine Thomas agreed to have the CareMESH presentation posted on the EMDI Collaboration site for others to review.

l.   Holly Miller asked about CareMESH's interface related to their workflow. Catherine Thomas explained that CareMESH does a single sign-on with EHR system and leverages the workflows related to the recipient component and potential customers. Catherine Thomas stated that they are open to demonstrate what they have accomplished with their tool.

MINUTES

2. Proposed Rule Mapping to EMDI

    a. Lynette Elliott (an active participant in the EMDI program) provided an overview of the Policy Drivers, the background of the CMS Prospective Payment Systems (PPS), the total PPS rules for Fiscal Year 2019, and the Inpatient Prospective Payment System (IPPS), Long Term Care Hospital (LTCH), Inpatient Psychiatric Facility (IPF), and the Inpatient Rehabilitation Facility (IRF) for the 2018 Final Rule relevancy to EMDI. She also discussed the Conditions of Participation (CoP) Request for Information (RFI) comments.

    b. Lynette Elliott highlighted that there are many legislations (i.e., 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, 2010 Affordable Care Act (ACA), 2014 Improving Post-Acute Care Transformation, 2015 Medicare Access & CHIP Reauthorization Act (MACRA)) that led to the 2016 21st Century Cures Act.

    c. The 21st Century Cures Act includes regulations, like the Office of the National Coordinator for Health IT (ONC) Trusted Exchange Framework & Common Agreement (TEFCA), ONC Information Blocking, CMS Interoperability, and CMS PPS. Lynette Elliott highlighted that information blocking is important for the exchange, protection, and use of information.

    d. The PPS is a method of reimbursement, in which there are separate PPSs for reimbursement for different setting (Acute Inpatient Hospitals, Home Health Agencies, Hospice, Hospital Outpatient, Skilled Nursing Facilities, IPF, IRF, and LTCH). There is a total of five final PPS rules for 2019 of all the different care settings. Lynette Elliott noted that the IPPS and LTCH 2018 Final Rule was more patient-centered to enhance the engagement between providers and patients. She noted that CMS must update payment rates for IPPS hospitals annually which targets 3,330 acute care hospitals and 420 LTCHs.

    e. The IPPS and LTCH 2018 Final Rule also includes updates to the CMS EHR Incentive Programs, which was renamed to Promoting Interoperability Program. Promoting Interoperability focuses on the exchange and access of data. She highlighted that participants are required to report on four objectives (E-prescribing, Health Information Exchange, Provider-to-Patient Exchange, Public Health and Clinical Data Exchange).

    f. Lynette Elliott discussed the key provisions of IPPS/ LTCH, IRF, and Hospice Wage Index Final Rules and how it is relevant to the EMDI program:

        i. IPPS/LTCH Final Rule: The HIE goal rewards Medicare Eligible Providers who use their CEHRT to send electronic referrals and other health information to other providers (Section VIII.8.D.5). It allows hospitals to receive referrals electronically, which is one of the factors important to EMDI (Section VIII.8.D.5 (4)). Also, EMDI target providers include Medicare Eligible Providers. These providers are required to use CEHRT and thereby will adopt systems that allow the interoperable exchange of data for provider to provider data exchange (Section VIII.8.D.3). The adoption of CEHRT defined standards for transitions of care support EMDI objectives for provider-to-provider data exchange (Section IV.B)

        ii. IRF Final Rule and Hospice Wage Index: The Data Element Library (DEL) can be accessed by Medicare providers and their solution providers to design health IT systems that support the exchange of standardized patient assessment data. The DEL is specific to post-acute care tools: MDS, IRF-PAI, LCDS, OASIS, HIS and FASI. This is relevant for EMDI target providers exchanging assessment information with other providers (Section I.D).

    g. Many providers provided comments on the IPPS, SNF, IPF, and IRF CoP RFIs, as well as the Hospice Wage Index RFI. These providers submitted over 124 comments, in which 73 percent of the commenters opposed the new CoPs. Lynette Elliott explained that many of the commenters were concerned about implementing new regulations about interoperability before the release of ONC's information blocking rule, that requiring providers that were not eligible for EHR incentive payments to adopt EHRs to comply with CoPs would be costly and time-consuming, they believe that existing and pending regulations are sufficient to address electronic health information exchange and interoperability. There were other commenters with a different perspective and believed that these regulations were necessary to prevent information blocking and would also improve patient access to health records.

    h. Neil Reizer stated that he would like to understand the potential impact of the rules on the provider community. He stated that he is supportive of the rules, but he believes that it may cause some challenges, since it may be sometime before post-acute settings reach the level of having certified EHRs. Lynette Elliott explained that the EMI Advisors team worked on Longitudinal Coordination of care and worked on a model that is published as a Health Level Seven (HL7) standard. The EMI Advisors team have provided a dataset to smaller companies or provider associations to share with other clinical providers. Lynette Elliott noted that this was valuable, and it may benefit providers to know about their data and how they can reconcile and exchange the existing data or data sets. Ray Wilkerson will share contact information between Neil Reizer and Lynette Elliott.

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3. Round Table

    a.   The EMDI team will discuss the EMDI Measures and clinical questions for the next workgroup on Thursday, 02/21/2019 and will update the documents from today's discussion on the EMDI Collaboration site.

    b.   The EMDI team will be attending the Healthcare Information and Management Systems Society (HIMSS) Conference in Orlando, Florida next month, and asked if any workgroup participants will be attending who are open to meet at the conference. Dr. Holly Miller, Ed Swan, Catherine Thomas, and William Canter will be attending the HIMSS Conference next month.

DECISIONS MADE

1.   None.

RISKS

1.   None discussed.

ISSUES

1.   None noted.

AI#	ACTION ITEMS	RESPONSIBLE PERSON	DUE DATE
823*	Share contact information between Neil Reizer and Lynette Elliott.	Ray Wilkerson	01/25/2019

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

Next Meeting: Thursday 02/21/2019, 03:00 PM ET

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