



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

<b>DATE:</b>	10/17/2019	<b>TIME:</b>	3:00 PM – 4:00 PM ET
<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	APRIA	BRYJ INC.	EHEALTH EXCHANGE
Christopher Lofts	Zane Schott	Mike Hurley	Jay Nakashima
Candrea Smith			
ELECTROMED	EMI ADVISORS	EPIC	KNO2
Stephanie Labelle	Lynette Elliott	Jeremy Akins	Alan Swenson
MEDALLIES	SCOPE INFOTECH		
Sheila Conciatori	Nandini Ganguly		
Alex Kroohs	Pallavi Talekar		
Holly Miler	Ray Wilkerson		

### Absentees

AMEDISYS	AMEDISYS	BRIGHTREE	CAREMESH
Ed Swan	Ed Swan	Gary Bartlett	Catherine Thomas
John Tesch	John Tesch	Kim Catts	Justin Sims
Robert Tanory	Robert Tanory	Nick Knowlton	Peter Tippet
CERNER	CHANGE HEALTHCARE	DIRECTTRUST	DIRECTTRUST
Hans Buitendijk	Nilo Mehrabian	Scott Stuewe	Scott Stuewe
John Travis	Mario Jarrin		
	Laura Coughlin		
HEALTHSPLASH	HEMOCARE HOMEBASE	HYLAND ONBASE	LINCARE
Roxie Murray	Neal Reizer	Scott Magers	Bill Moran
			Stephanie Sisco
			Jeff Jackson
			Kelley Gullo
			Jenna Pedersen
MEDSIDE	NETSMART	NEWWAVE	SOMNOWARE
Victor Vaysman	Andy Fosnacht	Joshua Myers	Ravi Kumar Chandran
		Aaron Seib	
		Vignesh Rajan	
SUNCOAST RHIO			
Louis Galterio			
Srujay Setty			
Christopher Sullivan			

### MINUTES

#### 1. CMS' Final Discharge Planning Rule

- a. Ray Wilkerson asked if any of the workgroup participants heard about CMS' Final Discharge Planning Rule. Alan Swenson heard about this rule and noted that this rule may affect Kno2's representative of the post-acute care (PAC) groups and it may influence providers that Kno2 provides interoperability solutions to.
- b. Lynette Elliott provided an overview of the CMS Discharge Planning Rule.

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- i. The CMS Discharge Planning Rule was issued on 09/30/2019, but it does not go into effect until 11/29/2019.
  - ii. The CMS Discharge Planning Rule will revise the discharge planning conditions of participation (CoPs) for hospitals, critical access hospitals (CAH), and home health agencies (HHAs). It also addresses the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT Act) of 2014.
  - iii. The final rule applies to all classification of hospitals as well as home health agencies like psychiatric hospitals, long-term care hospitals (LTCHs), rehabilitation hospitals, CAH, children's hospitals, and cancer hospitals.
  - iv. The final rule aligns with CMS' Promoting Interoperability initiative. It was noted that the rule promotes the seamless exchange of patient information between health care settings and ensuring that a patient's healthcare information follow them after discharge from a hospital or a PAC provider.
  - v. The rule will affect the hospital's discharge planning process, it will enforce patients having access to their records, and it will provide a discharge planning evaluation. The hospital's discharge planning process should 'focus on the patient's goals and treatment preference; and include the patient or caregivers as active partners in the discharge planning for post-discharge care.'
  - vi. The hospitals will also be required to 'ensure that patients have the right to access their own medical records upon oral and written request in the format requested by the patient (i.e., electronic format) and within a reasonable timeframe.'
  - vii. The discharge planning evaluation should 'allow for a timely arrangement of post-hospital care prior to discharge; include evaluation of the likely need for, availability of, and patient access to non-health care services and community-based care providers; and provide patients and their caregivers with assistance selecting a PAC provider, including the sharing of HHA, skilled nursing facility (SNF), Inpatient Rehabilitation Facility (IRF) or LTCH data on quality and resource use measures relevant to the patient's goals of care and treatment preferences.'
  - viii. The hospitals must include a discharge plan, share provider information, inform patients of the freedom to choose such providers and disclose and share financial information.
  - ix. Hospitals must include in the discharge plan a list of Medicare-participating HHAs, SNFs, IRFs or LTCHs that are available and serve the patient's geographic area. It was noted that CMS does not specify how this list should be recorded or formatted.
  - x. Hospitals must share information it has, about the providers and suppliers that are in managed care organization's network and must make the patient aware of the need to verify that providers and suppliers are in network; therefore, it will be up to the patient to verify the providers and suppliers in their network.
  - xi. Hospitals must inform the patient or the patient's representative of the freedom to choose among participating Medicare providers and suppliers of post-discharge services.
  - xii. Hospitals must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as well as any HHA or SNF that has a disclosable financial interest in the hospital.
- c. Ray Wilkerson asked how HHAs can prepare for the rule. Lynette Elliott replied that HHAs are required to: develop and implement an effective discharge planning process, but CMS seems to be keeping this requirement broad to make sure that they are not enforcing any burdensome processes on facilities; provide patients and their caregivers assistance in PAC provider selection, including the sharing of HHA, SNF, IRF or LTCH data on quality and resource use measures; provide all necessary medical information pertaining to the HHA patient to the receiving PAC, facility or health care practitioner; and comply with requests for additional clinical information made by the receiving facility or health care practitioner.
- d. Lynette Elliott highlighted that the CMS Final Discharge Planning Rules goes into effect September 2019, Alan Swenson asked what it means that the rule goes into effect next month and if there are penalties for hospitals that are not able meet the rule requirements yet. Lynette Elliott replied that all of the requirements are in the CoP, so if the hospitals are going to qualify with the CoP then they have to follow these rules; it is not clear on when the rules will be enforced or policed. This rule is regulations under other CMS policies that are already active. This rule is not solely focused on penalizing hospitals or organizations, but it is more focused on aligning with the CMS' value-based payment model.
- e. Pallavi Talekar asked if PAC will be able to follow the rule without an electronic interoperable workflow. Lynette Elliott stated that many of providers are still paper-based and not incentivized to have an electronic system,

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although they are still able to support patient care. These providers will have to continue supporting the care of the patient.

**2. HIMSS20 Interoperability Showcase**

- a. Kno2 will be demoing in the 360Exchange (360X) at the Healthcare Information and Management Systems Society 2020 Interoperability Showcase.
- b. Many of the EMDI Workgroup participants attended the HIMSS conference in the past. Zane Schott attended the HIMSS interoperability showcase as an exhibitor and an attendee and explained that Leading Age is having their own national conference which will highlight the CMS Discharge Planning Rule. Candrea Smith highlighted that either Joyce Davis or Ibraheem Oladimeji attends the HIMSS Conference.
- c. Ray Wilkerson provided an overview of the HIMSS Conference and the HIMSS Interoperability Showcase. Pallavi Talekar and Ray Wilkerson attended this conference twice.
- d. The HIMSS Interoperability Showcase had the highest percentage of C-Suites attendees or 'decision makers.' It was noted that 'decision-makers' and influencers make up about two thirds of the HIMSS attendees demographics
- e. Ray Wilkerson provided an overview of the HIMSS 2019 Interoperability Showcase accomplishments: nearly 11,000 visitors attended, making it the highest trafficked area on the floor; visitors spend an average of 40 minutes at the exhibit; attendees gave the exhibit the highest satisfaction rating on the show floor; and more than 85 organizations and 127 demonstrating technologies and initiatives participated.
- f. The interoperability showcase participants include government agencies, national programs, vendors, non-profit organizations, payers, providers, academia, health information exchanges (HIEs), standard development organizations, consulting firms, and more. These stakeholder and participants are able to demonstrate the impact of standards-based interoperability by showcasing systems exchanging in real-time to improve care, outcomes, and experiences, regardless of nationality or region.
- g. A stakeholder or an organization can participate in the showcase through connected demonstrations, an education theater, and a marketplace. The connected demonstration consists of seven to ten participating organizations that collaborate with one another to demonstrate different use cases in a single story focused on an individual or family in order to explore interoperability solutions. The HIMSS Interoperability Showcase Education Theater hosts 60-minute sessions on emerging topics impacting interoperability today. The marketplace is an area of kiosks that allows individual organizations and attendees to interact one-on-one. Attendees receive personal demos and can ask specific questions of organizations paving the way in healthcare interoperability. There is also a new Application Program Interface (API) marketplace that exchange in real-time with others that are transmitting APIs. The API marketplace requires no pre-testing.
- h. The EMDI team encourage all participants to review the list of topics for HIMSS 2020 and decide which topic aligns with their organizations. The list includes The Quiet Hospital, Opioid Management and Risk Prevention, Reducing Sepsis through Early Detection, Transplant, Maternal & Newborn Health, Care Continuity, Patient Centered Care: Living with Heart Disease, Cancer: From Bench to Bedside, Vaccines & Preventing the Unseen, Digital Health at Home for the Whole Family, CommonWell Demonstration, Care Continuity using 360X across the Spectrum of Care, and Unlocking Analytics to Improve Medication Safety & Cost Efficiency.
- i. Alan Swenson and Dr. Holly Miller are participating in a demonstration with 360Exchange (360X), which is one of the EMDI pilots. This topic, Care Continuity using 360X across the Spectrum of Care, was sponsored by DirectTrust, Office of the National Coordinator (ONC), and Integrating the Healthcare Enterprise (IHE)
- j. The HIMSS Interoperability Showcase is valuable to the EMDI initiative because it demonstrates the EMDI use cases with other health IT organizations in real-time; Participating in a showcase can count toward EMDI pilot testing; organizations can collaborate with EMDI participants; and it can assist with measuring how provider burden can be reduced through interoperable workflows.

**a. Round Table**

- a. Ray Wilkerson will provide the EMDI Workgroup participants with additional information and links about the HIMSS 2020 Interoperability Showcase.
- b. The EMDI team will have a 2019 year- end workgroup review, and a 2020 planning session during the next EMDI Workgroup on Thursday, 11/21/2019.

**DECISIONS MADE**

- 1. None.

RISKS
1. None discussed.

ISSUES
1. None noted.

AI#	ACTION ITEMS	RESPONSIBLE PERSON	DUE DATE
1027*	Provide the workgroup participants with additional information and links about the HIMSS 2020 Interoperability Showcase.	Ray Wilkerson	10/25/2019

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

**Next Meeting:** Thursday 10/21/2019, 03:00 PM ET