Health Information Exchange (HIE) Use Case Design Group

HIE Use Case Design Group Session 3 Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
July 19, 2017	2:30 pm – 4:00 pm ET	**Webinar link:** https://zoom.us/j/216423119 **Telephone**: (646) 558-8656 OR (408) 638-0968 **Meeting ID:** 216 423 119

Design Group Members					
Stacy Beck		Gerard Muro, MD	X	Lisa Stump, MS, RPh	X
Patricia Checko, DrPH, MPH	X	Mark Raymond	X		
Kathy DeMatteo	X	Jake Star	X		
Design Group Support					
Michael Matthews, CedarBridge	X	Allan Hackney, HIT PMO	X	Mark Schaefer, SIM PMO	
Carol Robinson, CedarBridge	X	Sarju Shah, HIT PMO	X	Faina Dookh, SIM PMO	
Chris Robinson, CedarBridge	X	Kelsey Lawlor, HIT PMO	X	Kate Hayden, UCONN	
Wayne Houk, CedarBridge	X			Kathryn Steckowych, UCONN	X

Summary	
Housekeeping	The meeting summary for the HIE Use Case Design Group Session 2 was unanimously accepted by Design Group members.
Use Case Inventory	The use case inventory, updated with feedback from Design Group members, was reviewed briefly on slides 6-9.
Longitudinal Health Record Use Case	It was noted that at a previous Health IT Advisory Council meeting, a Council member identified the Longitudinal Health Record use case as the highest priority use case. It was noted that this use case holds value for different stakeholders (providers, payers, and patients, for example), that the group should continue to think through value of use cases during review, and that CedarBridge will be doing a deeper dive on legal/policy and business/financial considerations once the highest priority use cases are identified. A question was raised regarding patient access to their health record. It was noted that there is going to be a use case that will address consumer-facing access through a patient portal. It was also noted that regarding consent to access a patient's longitudinal health record, there will be a series of decisions that need to be made around trust framework, consent policies, and more. A question was raised regarding ancillary management and support services accessing a patient's longitudinal health record. It was noted that ancillary providers are both a source of data that can be queried, and potentially participants who will access data. It was noted that this answer is yet to be determined. Role-based access and the eHealth Exchange initiative were discussed, and it was noted that there are very strong arguments that not just for clinicians, but also for community organizations supporting care coordination to have access to information that helps them fulfill their role in supporting patients. A Design Group member shared that the creation of the longitudinal record is foundational, and that governance questions are critical, in terms of who will be mandated to submit data and who will voluntarily submit data. It was highlighted that the role of the patient in owning and managing their data, and learning and understanding the regional and national climate around

	this topic, will be important. It was noted that many clinicians are concerned about the ability of patients redacting data from their record. Design Group members unanimously agreed to keep this use case on the list of use cases.
Care Transitions Use Case	It was noted that the Care Transitions use case could include encounter alerts. It was pointed out that there are Accountable Care Organization (ACO) care managers and other coordinators of care who would like to be alerted of transitions of care, and that there are various technologies that can help support transitions of care. It was agreed that Design Group member Jake Star's feedback on the use cases reviewed on 7/19/17 would be distributed to the larger group. It was noted that there are efforts going on at the state level, including the Department of Social Services (DSS), to transmit admission/discharge/transfer (ADT) information upon patient arrival into the emergency department. It was noted that one of the criteria that will be used to prioritize these use cases will be preexisting solutions. It was highlighted that evaluating the technology services that are being offered in current solutions will be important. Design Group members unanimously agreed to keep this use case on the list of use cases.
Clinical Encounter Alerts Use Case	It was explained that there is a synergy between use cases, and that there will be clusters of use cases that make sense to implement together. It was noted that family notifications could be explored, as well as public health surveillance. It was pointed out that the Project Notify and Patient Ping initiatives already happening in the state should be considered as this use case is developed. It was asked if it is possible to take this use case a step further to alert for abnormal labs and critical findings. It was noted that the lab results will be another use case, as well as one on medical orders. It was noted that rules-based alerting can be created on all kinds of information, which could be useful to patients, school nurses, care managers, and other stakeholders. It was noted that this use case is part of a larger subset of use cases called Care Coordination. Design Group members unanimously agreed to keep this use case on the list of use cases.
Medication Reconciliation Use Case	Kathryn Steckowych, a post-doctorate pharmacy fellow from UCONN, presented the Medication Reconciliation use case. It was noted that this use case is about identifying the most accurate list of medications a patient is taking, reconciling information with electronic health records (EHRs), discharge lists, and more. It was explained that an accurate medication list saves on costs and leads to patient safety through a reduction in adverse drug events. It was recommended that a medication reconciliation repository would need real-time updates, the ability to include prescription and non-prescription medications, and the ability to include medication allergies and vaccinations. It was asked if this use case is a model for all outpatient settings. It was noted that this use case includes any care setting or outpatient setting that involves medication reconciliation (e.g., primary care, specialty care, or home care) and that the outpatient settings are end users of the repository to help build an accurate medication list at the point of care. It was noted that payers should be added to the list of stakeholders for this use case.

	A question regarding leveraging a central HIE entity in this use was raised. It was noted that approximately 98% of pharmacies are connected to SureScripts, and that the question regarding HIE connectivity will be addressed under the business and financial considerations. It was noted that the Medication Reconciliation use case touches on a common need amongst clinicians and pharmacists. Design Group members unanimously agreed to keep this use case on the list of use cases.
Emergency Department (ED) Super-Utilizers Use Case	It was noted, upon review of the Emergency Department (ED) Super-Utilizers use case, that often when people are beginning to get engaged with local police, they do not have accurate information to give them appropriate care. It was noted that expansion of this use case to the criminal justice system would be flagged for follow up. It was noted that Chief James Cetran of the Wethersfield Police Department would be happy to participate in conversation about this use case. Design Group members unanimously agreed to keep this use case on the list of use cases.
Referral Management Use Case	It was noted that referral management between providers can be a challenge, and that there are other settings that need to be part of the referral coordination process. A Design Group member noted that this use case seems misaligned with HIE initiatives, and that it may stretch the group further than a paradigm for an HIE. It was proposed that the use case be kept on the list, but that a note be made that this use case may not be appropriate for a state utility. It was also proposed that the use case name be clarified so that it does not imply a use case different from a basic referral process. Design Group members unanimously agreed to keep this use case on the list of use cases.
Next Steps	It was noted that the Care Plan Sharing use case will be reviewed at the next HIE Use Case Design Group meeting on Wednesday, July 26, 2017.

Action Item	Responsible Party	Due Date
Distribute Jake Star's feedback on second round of use cases	CedarBridge Group	Monday 7/24/17
Edit Use Cases based on Design Group feedback • Add payers as stakeholders to Medication Reconciliation use case • Add criminal justice component to the ED Super-Utilizers use case • Change name of Referral Management use case, and make note regarding appropriateness as a state utility	CedarBridge Group	TBD
Circulate next round of use cases	CedarBridge Group	Monday 7/24/17
Read through next round of use cases	Design Group members	Wednesday 7/26/17