Health Information Exchange (HIE) Use Case Design Group

HIE Use Case Design Group Session 4 Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
July 26, 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	X	Gerard Muro, MD		Lisa Stump, MS, RPh	X
Patricia Checko, DrPH, MPH	X	Mark Raymond			
Kathy DeMatteo		Jake Star	X		
Design Group Support					
Michael Matthews, CedarBridge	X	Allan Hackney, HIT PMO		Mark Schaefer, SIM PMO	
Carol Robinson, CedarBridge	X	Sarju Shah, HIT PMO	X	Faina Dookh, SIM PMO	
Chris Robinson, CedarBridge		Kelsey Lawlor, HIT PMO	X	Kate Hayden, UCONN	X
Wayne Houk, CedarBridge	X			Kate Steckowych, UCONN	X

Summary	
Housekeeping	The meeting summary for the HIE Use Case Design Group Session 3 was unanimously accepted by Design Group members.
Care Plan Sharing	It was explained that the sharing and updating of care plans across providers giving care for a patient can be a challenge. It was noted that accountable care organizations (ACOs), as well as other organizations with focus around value-based payment models, would have an interest in this use case. It was noted that this use case should include discharge paperwork, asthma care plans for school-aged children, and participation of caregivers, including family members. It was noted that after the Design Group reviews all use cases, prioritization will include identifying areas of overlap between use cases. The Design Group discussed the process of identifying value in the use cases as they are reviewed and noted that at some level all use cases will have value so it will be important to be more specific about ways each use case will provide value for different stakeholder groups. It was noted that where possible, the use cases will be more explicit with demonstrating value propositions. It was noted that the care plan sharing use case will require more explicit definition a care plan. Design Group members unanimously agreed to keep this use case on the list of use cases.
Medical Order for Life-Sustaining Treatment (MOLST)/Physician Order for Life-Sustaining Treatment (POLST)	It was explained that the MOLST/POLST use case is related to sharing advance directives. It was noted that at Yale New Haven, the MOLST/POLST is documented as an order by the physician in the medical record, and this order triggers a note in the patient header that follows the patient in all settings of care. It was explained that there is not complete agreement about the varying levels of these orders, such as who decides upon limited interventions. It was highlighted that in the broader ecosystem, there will be even more variation. It was noted that in the long-term post-acute care community, there is no electronic exchange of information for MOLST/POLST. It was explained that Oregon passed legislation to create the first electronic registry for POLST forms, and that a few other states have set this up since then. It was flagged that the Connecticut Department of Public Health (DPH) website discusses a MOLST pilot initiative and that this should be researched if the use case is prioritized.

	It was clarified that when a patient is admitted to the hospital, their advance directive is consulted, a conversation is had with patient or spokesperson, and then this is translated into orders consistent with hospital policies in the MOLST/POLST. It was discussed that ideally, the advance directive would be part of a longitudinal record, required as patients move from one care setting to the next. Design Group members unanimously agreed to keep this use case on the list of use cases.
Disability Determination	It was explained that it can takes three to six months for a claimant's disability eligibility to be determined, which is an overwhelming amount of time for disabled, uninsured, and/or unemployed individuals to wait. It was noted that since 2009, the Social Security Administration (SSA) has had an option for obtaining medical evidence to support disability determinations, specifically using eHealth Exchange to electronically query and retrieve data from providers who have provided services to an applicant for disability benefits. It was noted that Yale New Haven has participated in this initiatives for many years, in the absence of a health information exchange (HIE). It was noted that SSA provides a $15 per transaction fee for each provider connection, which could be part of funds that support the HIE. It was noted that even if this use case does not rise to the top of the list of priorities, this use case should be considered if it does not require a big effort and could be easily accommodated. Design Group members unanimously agreed to keep this use case on the list of use cases.
Insurance Underwriting	It was explained that there is severe under-coverage for life insurance, but that leveraging eHealth Exchange participation and standardized sharing of medical information based on patient authorization could be of value. It was noted that this use case would not require huge investment in a utility at the state level, and that this could be a source of sustaining revenue for the HIE at a higher level. It was noted that insurers are very interested in this. It was noted that this use case would require patient to authorize exchange. Concern was raised about insurers having access to patient date through this use case. It was agreed that the Design Group would continue to explore this use case.
Image Exchange	It was noted how important access to prior imaging is in terms of quality, safety, and cost. It was proposed that if selected as a high-priority use case, the group should talk about various levels of exchange from simply alerting providers, to the existence of prior studies, to direct access to reports and images. It was noted that radiology is one of the few areas that has gotten fairly standardized much sooner than electronic health records (EHRs), and the difficult part would be the connections, not the sharing of images, which is already being done in EHRs. It was noted that just linking to different picture archiving and communication system (PACS) is not as demanding as storing images. Design Group members unanimously agreed to keep this use case on the list of use cases.
Population Health Analytics	It was noted that the population health analytics use case will require thinking through the electronic clinical quality measurement (eCQM) system technical approach to avoid setting up a duplicative utility.

	It was decided by the group that the population health analytics use case review would be tabled until it could be reviewed in conjunction with the public health reporting use case.
Next steps	It was noted that the Design Group will review the population health analytics and public health reporting use cases at the next meeting on Wednesday, August 2, 2017.

Action Item	Responsible Party	Due Date
Edit Use Cases based on Design Group feedback: • More carefully define "care plan" in care plan sharing use case • Research Connecticut DPH MOLST pilot is MOLST/POLST use case is prioritized	CedarBridge Group	TBD