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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Nashville, TN** | | | **Date: April 27, 2015 Time: 9:00– 5:00** | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Penny Probst |
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| **Quorum Requirements Met:**  Yes | | | | | |
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| **First Name** | | **Last Name** | | **Affiliation** | |
| Kim | | Allen | | BCBS AR | |
| Tony | | Benson | | BCBSAL | |
| Dennis | | Brinley | | Highmark | |
| Laurie | | Burckhardt | | WPS | |
| Mary Lynn | | Bushman | | National Government Services | |
| Terrence | | Cunningham | | AMA | |
| Laurie | | Darst | | Mayo | |
| Durwin | | Day | | HCSC \*\*\*co-chair\*\*\* | |
| Robert | | Dieterle | | CMS/ONC Contractor | |
| Lorraine | | Doo | | CMS | |
| Robin | | Isgett | | BCBS of SC | |
| Lenel | | James | | BCBSA | |
| Susan | | Langford | | BCBS TN | |
| Debbi | | Meisner | | Emdeon | |
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| Cathy | | Plattner | | Kaiser Permanente | |
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| Corey | | Spears | | HealthGen | |
| Walter | | Suarez | | Kaiser Permanente | |
| Derek | | White | | Humana | |
| Sherry | | Wilson | | Jopari | |

**Agenda Topics**

1. Agenda Review
2. Industry Updates
3. Overview of FHIR Resources
4. Attachments Supplemental Guide Review

Supporting Documents:

  

Minutes/Conclusions Reached:

1. Agenda Review

* Tuesday Q1 - Added Structured Data Capture to the FHIR BlueButton analysis discussion
* Moved FHIR to Monday Q3

1. Industry Updates

* X12 (Laurie Burckhardt)
  + X12N announced at the January Standing Meeting that the next version will be 7030. This doesn't impact the version 6020 recommended to NCVHS for attachments
  + X12N is working with WEDI and HL7 on the Attachments How-To Guide
  + In response to a question, Laurie explained the BAR process used by X12 to evaluate the benefits of moving the transactions forward
  + There was discussion about the 278 process flow issues. Part of the issue is that in many cases the authorizations are done through different software than the X12 transactions. There may be some automation possible depending on the authorization criteria.
* WEDI (Laurie Burckhardt/Laurie Darst)
  + WEDI is ready to distribute the EHR vendor survey for use of HL7 standards
  + The Attachments Collaboration WG has completed the WG Guiding Principles document and is ready to move onto the How-To document itself
  + The annual WEDI Conference is in Scottsdale, AZ, May 18. There will be a session to look at underutilized transactions. There will be focus on ICD-10. Other sessions: think tank for ICD-10, virtual clipboard. WEDI will share information gathered during the underutilized transaction discussion with NCVHS
  + Durwin explained the virtual clipboard initiative based on the MGMA meeting in December.
* NCVHS (Walter)
  + There will be two areas of focus for the February hearing: 1) status of Operating Rules for claims, prior auths, enrollment, and premium payment; and 2) industry input for evaluation criteria to be used by the review committee
    - 1) Draft operating rules were presented. There will be no recommendations until final operating rules, which are due in the fall, are submitted, There is another hearing scheduled in September to make final recommendations. NCVHS is sharing information received during the hearings with CORE. CORE is being asked to incorporate some of the findings.
    - 2) NCVHS received good feedback and valuable suggestions from the industry. The first hearing is June 16-17, 2015. They are currently inviting individuals to provide testimony. The panel questions will include comments about the recommendations from the February meeting. The review committee's focus will be to review the transactions adopted under HIPAA and ask the industry how the standards and operating rules are working. There will be qualitative and quantitative criteria. They do not expect to recommend major adjustments.
  + NCVHS is planning to schedule a separate hearing for Attachments specifically. This will probably be in the September timeframe.
* CDP1 (Bob)
  + The templates have been finished
  + The externally defined CDEs are currently out for review.
  + Examples are not yet completed
* HL7 Payer's User Group (Durwin)
  + The group was established at the January WGM in San Antonio
  + Membership is free for HL7 voting members. Non-voting members and non-HL7 members are charged a $100/yr registration fee
  + This is an opportunity to discuss topics other than attachments
  + Calls will be scheduled monthly. The next call will be the first Wednesday of May. The tentative speaker will be from ONC to discuss the MU3 impact payers.
* CMS (Lorraine)
  + There has been discussion about the need to continue including version adoptions in regulation. It is more nimble to exclude versions. Analysis of options is being done.
  + Pilots are needed to prove that proposed items demonstratively work. Better participation/proof of functionality is needed.
  + Delayed implementations are not fair to the industry. There has never been an on-time implementation.
  + There was some discussion about the issue of consensus by stakeholder type, transparency issues, and due date issue.
  + CMS is prohibited from working on the patient identifier.
  + Regulation is focusing on industry business needs.
* HIMSS15 (Durwin)
  + Durwin shared FHIR brochures that were handed out at HIMSS (see Supporting Documents above). The HL7 booth ran out of the FHIR brochures that Durwin shared
  + There were two very good HL7 sessions: 1) Stan Huff presented the Argonaut project (flyer attached above). The presentation is on the HL7 site. 2) Graham Grieve presented an Intro to FHIR. The presentation is on the HL7 website
  + The Corepoint document attached above includes an explanation of FHIR related to V2 and V3
  + Durwin reviewed the documents:
    - Introducing HL7 FHIR
      * Advantage of FHIR: don't have to know RIM
    - HL7 Argonaut Project
      * There was discussion of the scope of this project. Argonaut is creating profiles for the FHIR resources, focusing on C-CDA R2 for Meaningful Use set. AWG should be involved to make sure the profiles meet our needs
      * Mapping is currently under way
    - What is HL7 FHIR (Corepoint)
      * Page 8 shows the value to payers

1. Overview of FHIR Resources

* It was clarified that the NPRM for MU3 is pointing in the direction of FHIR rather than requiring it
* There was discussion on how to socialize good information about FHIR. Some communications/publications seem to indicate that FHIR is being widely used, which is not the case. A value proposition and explanation of FHIR readiness is needed.
* The goal is to have the FHIR Normative standard by 2017. It is unclear whether there will be another DSTU before then

1. Attachments Supplemental Guide Review

* Comments posted by Debbi Meisner were reviewed by the group.
* There was discussion about the title of the document. It was suggested that those who had comments or suggestions include them in their ballot comments.
* There was discussion about the inclusion of CDP1 in this document. Also, the question of including it throughout the document vs in an appendix was discussed. It was noted that this document should be very clear on required usage. No real decision was made. This should be included in ballot comments for resolution.
* There was discussion about including a 'tool kit' in the Introduction section of the document which would list all related documents (HL7, X12) that would be needed to implement attachments.
* There was discussion about where the Acronyms/Definitions should be. This will be submitted as a ballot comment for further discussion
* There was a general comment about the consistent use of 'Attachments' vs 'Additional Attachment Information' throughout the document
* There was a general comment about the proper use of 'i.e.' and 'e.g.'

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| Actions |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Nashville, TN** | | | **Date: April 28, 2015 Time: 9:00– 5:00** | | | |
| **Facilitator** | Durwin Day | | **Facilitator** | | Durwin Day | |
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| **Quorum Requirements Met:**  Yes | | | | | | |
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**Agenda Topics**

1. Supplemental Guide Review (cont'd)
2. Attachments How-To Guide
3. HIMSS15 HIE Symposium

Supporting Documents



Minutes/Conclusions Reached:

1. Supplemental Guide Review – (cont'd)

* There was a discrepancy between the Word document being reviewed and the pdf posted on the ballot page. After review, it was determined that the differences were not significant: 1) The Publication Group deleted the forward because it should not have been included. This caused a difference in section numbering. 2) Section 2.4.2 - Added 'Clinical Document or Payers' before '(CDP1)', 3) Section 3.7.1 - Changed 'Attachments Information' to 'Attachment', 4) Section 4.2.2 – Bob’s comment was deleted from the first bullet of the bulleted list and 5) Section 3.3 – this section was added back in and it should be removed as it is duplicative
* Section 3.6.1 – There was discussion about the inclusion of X12 information in the HL7 guide. It was suggested a comment be submitted recommending that the X12 information be moved to an appendix
* Section 3.6.4 – It was suggested to move Understanding Attachment Activities to precede the table in 3.6.2
* Section 3.6.4.1 – there was discussion about the use of the word ‘standards’. Implementation Guides are not standards. ‘Specifications’ was suggested. There was discussion as to the purpose of this document. It should be limited to technical instruction.
* Section 3.6.4.2 – The verbiage explaining the table could be removed if the table was revised
* Section 3.8 – The HL7 Organization information should be moved to the beginning of the document, if it has to be included
* Section 4.1 – it was suggested that the high-level information be included and the rest of it removed. Adding a link to the C-CDA information on the website was suggested.
* Section 4.2 – The tables should be reconciled into one table.
* Section 4.3 – more discussion is needed to determine restrictions on unstructured documents
* Sections 5.1, 5.2, 5.3 and 5.4 – various typos and inconsistencies were identified. Comments will be submitted
* Section 6 – The examples should be limited to the HL7 part of the process, not the entire process
* Section 7 – Item 2 seems to belong in the How-To Guide. A comment will be submitted for this

1. Attachments How-To Guide (Laurie Burckhardt)

* The AWG list of sections below was used as a base for discussion.
  + X12 Background – 277/275. This would include where the information is, IGs, packaging in BDS, etc. May be able to pull pieces of the TR2 to include here. Assigned to: Mary Lynn with Laurie backup
  + HL7 purpose and scope – background, purpose, scope, where to find IGs, what schemas are, how validation works. Business case and value. Include ability to meet minimum necessary requirements as a value. Assigned to: Durwin and Craig (Purpose and Scope) and SDWG (Schematron – Serafina will contact them)
  + LOINC/OIDs –what they are, how they work together. Assigned to: Daniel - Online and RELMA l(LOINC), Lenel/Durwin (OIDs)
  + Documentation that feeds into implementing attachments – break down by audience (developer, BA, end user (providers, payers), etc). This will have to be maintained. Mary Kay may have a list we can use as a starting point. Assigned to Mary Kay
  + Implementation options (DAMs, functional behavior guide, etc). This should include evolution path – what we are looking for on day one and beyond. Where to start, why to move to next step. Transport (may get its own section). Unstructured to structured. Assigned to Bob
  + Glossary – definitions, acronyms, etc. Assigned to Mike
  + Training/Education options. Assigned to Lenel and Christol
  + Minimum necessary – IT include privacy in development discussions. Should also include HITECH restrictions on patient paid services. More how to handle operationally here. Assigned to Doreen
  + Include disclaimer that this is not all encompassing concerning regulation and related details
* The group reviewed the document Bob created for Implementation Options
  + The role of Trading Partners should be included in joint content
  + The How-To should provide guidance on the use of Structured and Unstructured documents.
* Information should be included so that vendors and providers can work together to do attachments. Vendors understand the provider-to-provider process, but may not understand that the provider-to-payer process is different.
* We need to determine what the focus is. The first round should focus on revenue cycle. Providers need to know what to expect and how to get it out of the EHR. Parameters around unsolicited are needed. There was discussion about the advantages and disadvantages of solicited and unsolicited attachments. Future discussion on error handling is needed.
* All scenarios have to be accommodated. Not all information is in EMRs.
* Minimum Necessary is a policy decision. A statement should be included that the expectation is that individual review of this will be done.
* A ‘tool kit’ list of documents is needed. It should include: CDA, C-CDA R2, Attachments Supplemental Guide, How To Document, 277RFI, 275 claim, 278 Request for Attach, 275 Prior Auth, CDP1
* A Meaningful Use Impact section may be needed. The MU certification has to be separated from creating unstructured for other uses.

1. HIMSS15 Symposium (Lenel)

* See presentations in the Supporting Documents above
* Interoperability Roadmap from HIMSS15 (Lenel)
  + ONC has a definition of Interoperability (slide 1)
  + There is a Common Clinical Data Set of approximately18 items
  + The challenge is how to test and monitor achievement of interoperability
  + The Roadmap specifically excluded administrative and focused on clinical functions. There were comments that convergence is needed.
* HIE Symposium at HIMSS
  + Lenel shared several short videos
  + Cal Index - <https://www.calindex.org/>
  + Exchange (HIE) - <https://youtu.be/kDhjRPhUu8A>
  + Connect Testimonial - <https://www.youtube.com/watch?v=JEOLvW1nIB0>
* Arkansas Experience (Kim)
  + Episode Bundling: Innovative Approach for Payment Reform (see slides)
  + Kim shared the ‘wins’ for the PCMH strategy
* ONC Report to Congress (Walter)
  + Focus on state of HIEs and barriers to exchanges.
  + 'Blocking' - efforts to deliberately block exchange of health info and who was doing it
  + The report was based on anecdotal reports. A big barrier was large vendors who control the exchange of information. Supposedly, they are creating strategies that impose barriers to the exchange of data, like charging for exchange, or charging to exchange to networks outside vendor networks
  + Vendors were summoned to testify to congress. As a result, Epic announced that they would not charge for data exchange through 2020. There is a move toward openness of information exchange.
  + FFS incentivizes providers to do more and therefore works against the business case for exchanging data. There is a need to transform payment system
  + The problem is not the standards or the technology, it is the current FFS system
* Interoperability and Innovative HIE (Lenel) – see slides
  + Baystate Health, Massachusetts
  + Cal Index
  + NC State Health Plan

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| Actions   * none |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Nashville, TN** | | | **Date: April 29, 2015 Time: 9:00– 4:00** | | | |
| **Facilitator** | Durwin Day | | **Facilitator** | | Penny Probst | |
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| **Quorum Requirements Met:**  Yes | | | | | | |
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**Agenda Topics**

1. Attachments How To Guide (cont'd)
2. 3 Year Plan Review
3. Status of CDP1 Draft
4. Future Project for Consideration
5. Next Steps

Supporting Documents

Minutes/Conclusions Reached:

1. Attachments How To Guide (cont'd)

* There was discussion of options for the ‘tool kit’ listed above: linking to the HL7 standards website, AWG maintain a resource site with links. The list was modified to include LOINC and the 837 transactions. Further discussion is needed.
* There was discussion as to where the How-To Guide is to be posted. It was determined that posting it on the WEDI website with both X12 and HL7 posting links to it would be the best approach
* It was suggested to add a list of helpful links, such as CDA quick Reference, Lantana reference, xml for dummies, the X12 ARM
* The original (2005) HL7 Archived How-To document was reviewed for any relevant information that could be used. Much of it is outdated. The MIME information may be useful.
* It was suggested to include a base skill set needed to implement attachments.

1. 3 Year Plan Review

* The current 3-year plan was reviewed and updated based on discussion. Durwin will check with Craig to determine if we used the correct document as a base.
* There was discussion of the process for requesting new attachments. It is currently in the Attachments Supplemental Guide.
* Regenstrief needs to be update with new documents.
* It was suggested that another WEDI attachments survey be done
* A PSS is needed for FHIR

1. Status of CDP1 Draft (Bob)

* The latest draft will be posted on Monday (5/4/15)
* Bob reviewed the changes he made
* There are some tables and examples that will not be complete for the 5/4/15 release
* Bob will have the last block ballot for CDE on Tuesday ( 5/5/15) so we can vote the following week
* There was discussion about the voting process. The next step would be for this group to vote to move it to publication as a DSTU. In 3 years, it will either go back for another DSTU or go normative.
* DSTU can be cited in regulation
* There is an option to name C-CDA R2 in regulation with CDP1 optional. There is precedence for doing this

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1. Future Project for Consideration (Bob)

* The Argonaut Project is MU data set oriented
* A suggestion is to do CDP1 on FHIR after it is published because it constrains all section and would create a representation of everything. This is not a simple task.
* We can reuse Argonaut's work after it's finished
* This work would be done after BlueButton.
* This would be dependent on the Argonaut work and the publication date of CDP1. A PSS for future date on 3 year plan will be created

1. Next Steps

* There was discussion about the need for weekly calls. It was decided that the calls will be kept on the calendar and canceled if they are not needed. The 5/5/15 and 5/19/15 calls will be canceled.
* Call Topics: Attachments Supplement ballot comments, CDP1 updates/comments.
* Walter noted that NCVHS will have to make recommendation on the standards after the September hearing.
* There was an informal conversation about the pros and cons of after the meeting adjourned.

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| Actions   * **Durwin**: work with Craig to update the 3-year plan. |

Adjourned 4:00 PM CT

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| Next Meeting / Preliminary Agenda Items  5/12/15 - 2:30 - 3:30 ET  Phone Number: +1 770-657-9270, Participant Passcode: 8632591   * CDP1 * Ballot Comments * AWG OOC follow-up |