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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Orlando, FL** | | | **Date: January 11, 2016 Time: 9:00 – 5:00** | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Penny Probst |
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| **Quorum Requirements Met:**  Yes | | | | | |
|  | | | | | |
| **First Name** | | **Last Name** | | **Affiliation** | |
| Maxim | | Abramsky | | Edifecs | |
| Liora | | Alschuler | | Lantana | |
| Tony | | Benson | | BCBSAL | |
| Laurie | | Burckhardt | | WPS | |
| David | | Burgess | | Labcorp | |
| Mary Lynn | | Bushman | | National Government Services | |
| Patrick | | Cannady | | American Dental Association | |
| Laurie | | Darst | | Mayo Clinic | |
| Durwin | | Day | | HCSC \*\*\*co-chair\*\*\* | |
| Robert | | Dieterle | | CMS/ONC Contractor | |
| Craig | | Gabron | | PGBA \*\*\*co-chair\*\*\* | |
| Reed | | Gelzer | |  | |
| Christol | | Green | | Anthem | |
| Frieda | | Hall | | Quest Diagnostics | |
| Phil | | Heinrich | | DHCS | |
| Robin | | Isgett | | BCBS of SC | |
| Lenel | | James | | BCBSA | |
| Jocelyn | | Keegan | | Navinet | |
| Matt | | Klischer | | CMS | |
| Paul | | Knapp | | HL7 FMWG - FHIR | |
| Debbi | | Meisner | | Change Healthcare | |
| Behnaz | | Minaei | | FDA | |
| KP | | Sethi | | Lantana | |

**Agenda Topics**

1. Connectathon Summary
2. FDA UDI Update
3. Industry Updates
4. BlueButton on FHIR
5. FHIR EOB Resource
6. NCVHS Hearing Survey

Supporting Documents:



Minutes/Conclusions Reached:

1. Connectathon Summary (Lenel James)

* There was a total of 110 attendees , which is the largest attendance to date
* There was good payer participation: UHC/Optum, Anthem, HCSC, Navinet, Edifecs, RelayHealth, McKesson, Cigna and HealthSpring, BCBS AL, Michigan Health Network (aligned with BCBS MI), and others
* The Payer User Group sponsored an informal debrief which provided the following:
  + Preparation prior to the event is essential to success
  + Payer User Group is going to develop a checklist so participants can be prepared
  + Breakout sessions for smaller focus groups may be beneficial. It gets rather noisy
  + They are looking at options for the next connectathon to make it more convenient for payers

1. FDA UDI Update (Behnaz Minaei)

* Behnaz shared a presentation with the group to explain the UDI
* She outlined the FDA Rule and the ONC Rules/Requirements
* The recommendation to the Orders and Observations (O&O) group is for transmission of the UDI, to include both in DI and 5 production identifiers as fully discreet identifiers
* AWG is a co-sponsor on the O&O PSS for UDI. Laurie will attend the O&O calls to ensure the AWG interests are represented

1. Industry and Other Updates

* WEDI (Durwin)
  + The May conference will include 2 Attachment sessions on Wednesday. Bob Hoffman (VA) will present how the VA is using attachments and John Kelly (Edifecs) will present their latest initiatives
* NCVHS (Durwin)
  + Hearings will be held 2/16/16. Attachments will have a big role.
  + A questionnaire was sent to the AWG, and will be completed by the group later this week.
* ONC/HL7 Transition of Care (Bob)
  + The provider association community was surveyed about the use of electronic data interchange for transition of care
  + There were 600+ responses
  + Bob will present the detailed results later in the week
* X12
  + The next meeting is in Portland, January 25 - 29, 2016
  + The 7030 public comment schedule is posted on the iMeetCentral Documentation Library space
* Liora is involved in a project and requested input from those in the group that have pilot experience - past, present or planned for the future. Per Jocelyn, Navinet is in the process of including attachments in their claims processing product. It may be both API and transaction base.

1. BlueButton on FHIR (Mark Scrimshire)

* They are building a standards based API for BlueButton
* Communities of trust: DirectTrust and NATE (consumer facing)
* POET = Pre Oauth Entity Trust
* https://github.com/ekivemark/poet
* The slides are available on [slideshare.net/ekivmark](http://www.slideshare.net/ekivmark)

1. FHIR EOB Resource (Paul Knapp)

* Paul reviewed the updates to the EOB resource, which is on the FHIR website
* The resource is very flexible
  + Profiles (equivalent to implementation guides) will add cardinality to make the resource usable
  + Code sets are displayed by way of example
  + Profile governance: The intent is to register profiles so they can be reused. Paul suggests people representing jurisdictions/countries coordinate and create base profiles.
  + Mark's work would be a profile on the EOB Resource
* Enrollment request/response resources are still stubs
* Eligibility request/response resources are "done". They have not been reviewed by AWG.
* The DSTU Timeframe: They originally planned the DSTU 2.1 ballot in May. But, work is still needed. They discussed DSTU 3.0 for the September ballot. Paul is encouraging a September ballot so there is more time for this group to review the resources. Paul will try to have everything for May and would like to have active review before then.
* The SendAttachment resource is intended to be lighter than the current attachments efforts.
* The DocumentManfiest resource did not allow an actual document to be sent. They are correcting this for May
* A Payer request to provider is missing from the resource list

1. NCVHS Hearing Survey (Durwin)

* The questionnaire is posted on the AWG website
* Since the testimony times is brief, it was suggested that only the high level points are noted and include reference to the written testimony, which has detailed responses
* It was suggested that a preamble be included that summarizes our previous testimony and recommendations
* Questions and proposed responses:

**Q**: How were the proposed standard and code sets developed? (Please provide timeline and industry input in the development; process for vetting, etc.)

**A**: The approach that is in the Supplemental Guide will be used as the response to this question.

**Q**: Has there been an industry-wide representation of stakeholders that have agreed with the Proposed Standard and code sets?

**A**: Yes

**Q**: What lessons learned from previously adopted standards have been applied to the proposed standard and code sets?

**A**: Lessons learned from the NGS pilot were shared. Also, based on the WEDI survey, most providers don't implement a significant portion of the standard. Education, communication, outreach, cost-benefit analysis are critical. Implementing multiple standards is problematic and a staggered implementation approach is recommended

**Q**: What testing (including pilots) of the proposed standard and code sets have been done?

**A**: This is not HL7's purview, but we can report organizations that have implemented or piloted Attachments. We may have to reach out to SDWG for input. There are organizations (esMD, Mayo, WPC) that have been exchanging attachments in production.

**Q**: Which stakeholder entities were included in the testing (pilots included)?

**A**: see above

**Q**: Was the sample size for the pilot/testing statistically significant?

**A**: see above

**Q**: What were the outcomes of the testing (pilots included)?

**A**: see above

**Q**: Does the proposed standard comply with and support existing standards used in other transactions and programs (for example, Meaningful Use)?

**A**: Yes

**Q**: In addition to the use of the proposed standards and code sets in health care claims transaction (Claim Attachments), what other transactions can the standard support (for example, eligibility, prior authorization, post-paid claim audits).

**A**: Prior auth, referral, notification and post-adjudicated claims are supported by the standard. There are multiple uses for attachments for both administrative and clinical purposes.

**Q**: Do the proposed standard and code sets support the intended business function/intended use?

**A**: Yes

**Q**: Does it provide a complete set of information needed to achieve the purpose of the transaction?

**A**: Yes based on current knowledge of business needs

**Q**: Does the standard achieve the transaction in the fastest, simplest, and cost –effective manner?

**A**: Yes - see above

**Q**: What is the potential impact of the standard to various health care entities (providers, payers, etc.) on the daily workflow/transaction process; administrative costs, required capabilities and agility to implement the operating rules changes?

**A**: There will be a big impact with good ROI. Details are in the CDP1, which Durwin will copy. The transformation will be phased and over time.

**Q**: Does the proposed standard provide efficiency improvement opportunities for administrative and/or clinical processes in health care?

**A**: Yes. Bob will provide esMD notes to Durwin

**Q**: Has the potential for decrease in cost and improved efficiency been demonstrated by using the proposed standard?

**A**: Yes. Reference Mayo, WPS, and esMD

**Q**: Does the proposed standard and code sets support changes in technology and health care models? Does it support different forms of performing the transactions they relate to? Does it support the new, emerging alternative payment models?

**A**: We cannot write proposed standards on future technology; however, we encourage you to present a methodology of adoption that allows for the flexibility to allow for evolving technologies. CDA and other HL7 standards support the data content

**Q**: How will the proposed standard provide consistency or limit the degree of variability to achieve optimal intended results?

**A**: Required portions of the standard are highly constrained and based on standard code sets and data models.

**Q**: How will the proposed standard and code sets demonstrate or ensure ease in adoption and use?

**A**: By having highly specified standards, it minimizes implementation uncertainty.

**Q**: Will system changes be required by the industry to implement the proposed standard and code sets?

**A**: Yes

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| Actions   * **Bob Dieterle**: provide esMD notes to Durwin for NCVHS survey response |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Orlando, FL** | | | **Date: January 12, 2016 Time: 9:00– 5:00** | | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Durwin Day | |
|  | | | | | | |
| **Quorum Requirements Met:**  Yes | | | | | | |
|  | | | | | | |
| **First Name** | | **Last Name** | | **Affiliation** | |
| Laurie | | Burckhardt | | WPS | |
| Mary Lynn | | Bushman | | National Government Services | |
| Patrick | | Cannady | | American Dental Association | |
| Laurie | | Darst | | Mayo Clinic | |
| Durwin | | Day | | HCSC \*\*\*co-chair\*\*\* | |
| Robert | | Dieterle | | CMS/ONC Contractor | |
| Craig | | Gabron | | PGBA \*\*\*co-chair\*\*\* | |
| Christol | | Green | | Anthem | |
| Phil | | Heinrich | | DHCS | |
| Robin | | Isgett | | BCBS of SC | |
| Lenel | | James | | BCBSA | |
| Chris | | Johnson | | BCBS of AL | |
| Jocelyn | | Keegan | | Navinet | |
| Praveen | | Kare | | McKesson | |
| Matt | | Klischer | | CMS | |
| Debbi | | Meisner | | Change Healthcare | |
| Shane | | Loney | | McKesson | |
| Erin | | Murphy | | Cognosante | |
| Michael | | Nichols | | BCBS of SC | |
| Mark | | Pilley | | SHS | |
| Penny | | Probst | | Highmark, Inc | |
| Corey | | Spears | |  | |
| Walter | | Suarez | | Kaiser Permanente | |
| Daniel | | Vreeman | | Regenstrief Institute, Inc | |

**Agenda Topics**

1. Co-chair Meeting Update
2. NCVHS Hearing Survey (cont'd)
3. Attachments Supplemental Guide Update Review
4. Relevant and Pertinent Survey Results

Supporting Documents: posted on the AWG website as indicated

Minutes/Conclusions Reached:

1. Co-chair Meeting Update

* The Attachments WG has an open co-chair slot 9Durwin). Vote near the Registration desk
* DSTU is now STU (Standard for Trial Use). They are working standards, so "draft" was removed
* HL7 is planning a certification course for HL7 Professional. There will be an industry surveys to determine if the certification has value.
* The AWG received a gold star again for work group health. The next few conference calls will include WGH items to keep us up to date.
* The May room assignments are due by 1/22/16. Craig will request a room in case we decide to go.

1. NCVHS Hearing Survey (cont'd)

**Q**: What amount of time is needed for the industry to implement the proposed standard?

**A**: Two - three years from final rule publication with the first year devoted to the development of the new capabilities to support the transactions. The second year would focus on implementing the exchange of the attachment standards. Business workflows need to be considered and redesigned. Using HL7 standards and LOINC codes will be relatively new to Payers that currently process EDI transactions. Providers have experience with clinical information exchange in their clinical environment, but not in their administrative departments. Vendors and clearinghouses will need to be early adopters.

**Q**; Has HL7, ASC X12 & LOINC developed strategies to measure the impact of adopting the proposed standard on the industry?

**A**: No. HL7 develops the standards. HL7 works with other organizations (OC, WEDI) to understand the industry's needs. The AWG needs to set criteria to measure industry adoption.

**Q**: What is the envisioned product life cycle, i.e., how long will the proposed claim attachment standards meet industry needs and what is the frequency and size of maintenance updates to the standards and associated code sets?

**A**: Address the flexibility of CDA templates, the ability to implement business needs with the use of unstructured document types as a structured document is developed. Include a roadmap to cycle new versions of the standards and backward compatible are important.

**Q**: Has HL7, ASC X12 & LOINC developed metrics to measure the effectiveness and value of adopting the proposed standard? What are they?

**A**: See response to strategy question

**Q**: Does the proposed standard incorporate privacy, security and confidentiality?

**A**: No. This is out of purview of the SDO and is addressed in other regulation (HIPAA Privacy and Security)

**Q**: How will the attachment standard support interoperability and efficiencies in a health care system?

**A**: It eliminates manual paper processes and allows for automated data processing

**Q**: Can the proposed standard be enforced? How?

**A**: Yes, through the conformance statements defined in the standards and user compliance with the regulation.

**Q**: Why should NCVHS recommend the adoption of the standard and code sets?

**A**: This will be pulled from previous presentations

1. Attachments Supplemental Guide Update Review

* The group reviewed the updates made over the holidays
* The group agreed with the changes reviewed
* Section 3.3
  + There was a side bar discussion about the difficulty in finding the Attachments documents on the HL7 website.
  + It was suggested guidance be included in the ACP How-To guide
* Section 3.4
  + A minor change was made to the OID for ICD-10. This change was accepted by the group
* Section 3.5
  + Debbi will update the section and appendix references after all changes have been made
  + The first two paragraphs of section 3.5.2 were rewritten for clarification. There were no comments submitted
* Section 3.6
  + Where to find the RFC standards was added to the list of Additional References in section 3.1.5 (IETF - Internet Engineering Task Force)
* Section 4
  + The definition of LOINC was added here and in the appendix

1. Relevant and Pertinent Survey Results (Bob Dieterle)

* ONC wanted information on how providers were using C-CDA. It was a response to the criticism that they are getting too much information.
* The overall message is that about half of the respondents are sending/receiving C-CDA. About 45 -50% using it more than 2 years
* The survey/presentation will be posted on the SDWG website

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| Actions   * **Durwin/Craig**: confirm if HL7 signed the attachments collaborative cooperative effort. * **Durwin/Craig**: Get feedback from CQI (Walter) to find out what their strategy. |

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| **HL7 Attachments Working Group Meeting Minutes**  **Location: Orlando, FL** | | | **Date: January 13, 2016 Time: 9:00– 5:00** | | | |
| **Facilitator** | Durwin Day | | **Note taker(s)** | | Penny Probst | |
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| **Quorum Requirements Met:**  Yes | | | | | | |
|  | | | | | | |
| **First Name** | | **Last Name** | | **Affiliation** | |
| Tony | | Benson | | BCBSAL | |
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| Jocelyn | | Keegan | | Navinet | |
| Matt | | Klischer | | CMS | |
| Debbi | | Meisner | | Change Healthcare | |
| Lisa | | Nelson | | Life Over Time Solutions/"Janie Appleseed" | |
| Viet | | Nguyen | | Systems Made Simple | |
| Michael | | Nichols | | BCBS of SC | |
| M'Lynda | | Owens | | Cognosante | |
| Penny | | Probst | | Highmark, Inc | |
| Brian | | Scheller | | Healthwise | |

**Agenda Topics**

1. Attachments Supplemental Guide Update Review (cont'd)
2. Care Plan Proof of Concept (PoC)
3. May Working Group Meeting in Montreal
4. Future Direction of the Work Group

Supporting Documents:



Minutes/Conclusions Reached:

1. Attachments Supplemental Guide Update Review (cont'd)

* Section 4 (continued)
  + Major changes were made to this section
* Section 6
  + There was a lengthy discussion about the referral and prior authorization process. The group needs a better understanding before this section can be complete.
* Debbi will make all changes agreed to and send the update to Durwin and Craig to post so the group can review.
* There was discussion about the conformance statements for the STU version. It was noted that use of SHALL, etc makes it a conformance statement. It doesn't need to have the actual statement format. The formatted conformance statements against CDA will be added to a separate section and can be testable.

1. Care Plan Proof of Concept (PoC) - (Lenel and Lisa)

* Lenel provided an overview of the PoC (see presentation above)
* Lisa provided the technical approach and explained that the focus was on human readable, not machine to machine
* The project is still in progress
* Project documents are posted on the Patient Care wiki
* There was a discussion after the presentation about how regulation would impact this, as standards cannot easily be changed after they've been mandated by regulation. Changes have to be considered carefully. A minimally disruptive STU maintenance process is needed. Version changes should only occur when substantive changes are made.
* It was noted that there are challenges with the administrative and clinical standards working together

1. May Working Group Meeting

* A straw poll was taken to determine how many work group members are able to go to Montreal. The majority of the group is able to go.
* HL7 has a letter of business justification that can be sent to an organization's decision maker, if needed. The request should be sent to Karen Van Hentenryck ([karenvan@hl7.org](mailto:karenvan@hl7.org)) or Lillian Bigham ([lbigham@hl7.org](mailto:lbigham@hl7.org))

1. Future Direction of the Work Group

* EOB on FHIR will be the next focus. The PSS will have to be updated as it is currently written for CDA
  + Lenel made a motion to update the PSS to EOB on FHIR with Financial Management and the appropriate FHIR work group as a co-sponsors then send through approval process
  + Laurie second
  + Discussion: It was noted that there should be better communication with co-sponsors, especially for the UDI project I O&O.
  + Vote: 12 Approve, 2 Abstain, 0 Disapprove
* There was discussion of changing the work group name to better reflect the expanding scope. IT was suggested that this be deferred until after the regulation is published so as to not confuse the industry

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| Actions   * **Durwin/Craig**: update the EOB PSS * **Debbi**: update the guide as agreed and sent to Durwin and Craig for posting. |

Adjourned 4:30 ET

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| Next Meeting / Preliminary Agenda Items  2/2/16 - 2:30 - 3:30 ET  Phone Number: +1 770-657-9270, Participant Passcode: 8632591   * WGM Follow up * Open Discussion |