

Health Information Exchange (HIE) Use Case Design Group

HIE Use Case Design Group Session 5 Meeting Summary

Meeting Date	Meeting Time	Location – Zoom Web Conference
Aug 2, 2017	2:30 pm – 4:00 pm ET	Webinar link: https://zoom.us/j/657371924 Telephone: (646) 558-8656 OR (408) 638-0968 Meeting ID: 657 371 924

Design Group Members

Stacy Beck		Gerard Muro, MD	X	Lisa Stump, MS, RPh	X
Patricia Checko, DrPH, MPH	X	Mark Raymond	X		
Kathy DeMatteo		Jake Star	X		

Design Group Support

Michael Matthews, CedarBridge	X	Allan Hackney, HIT PMO		Mark Schaefer, SIM PMO	X
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	X
Greg Petrossian, CedarBridge	X			Kate Steckowych, UCONN	X

Summary

Welcome/ Housekeeping	Two new attendees were introduced, Patrick Sturgeon and Becky Kap from Anthem. Patrick is the manager leading enterprise supplemental data for HEDIS reporting for western commercial business. Becky Kap is the director of HEDIS reporting for commercial, Federal Employee Program (FEP), Community Participating Option (CPO) plans, and Blue Medicare plans.
Comments on 7/26/17 Minutes	Design Group members agreed to approve the meeting minutes from last session (July 26).
Review Meeting Schedule	Members agreed that the HIE Use Case Design Group’s recommendations will be provided to the Health IT Advisory Council on September 17 th , 2017. It was discussed that the HIE Use Case Design Group will begin to consolidate the current 30 use cases into a list of 10 prioritized use cases in the first phase, then will further consolidate to identify 3-5 final use cases in the second phase.
Use Case: Population Health Analytics	It was discussed that the population health analytics use case intersects with the work of the Electronic Clinical Quality Measurement (eCQM) Design Group. A central clinical data repository enables vision into the longitudinal health record of a patient to inform provider decision making and to extract data for population health analytics. Design Group members pointed out that the capability and infrastructure needed for reporting and analytics is an important component of this use case. Members also emphasized the need to differentiate what “population health” means versus “care coordination,” as it pertains to insurance payers. The importance of population health analytics is to address population health issues in order to improve outcomes. The members agreed that policies around access to patient data and how it can be manipulated were important considerations, and members indicated the need for policies to stipulate what can be permitted within the HIE entity. The group agreed to keep this use case on the list.
Use Case: Public Health Reporting	It was discussed that public health reporting is being addressed, in part, by the Immunization Information System (IIS) work stream. The advantage of eliminating point-to-point connections that are currently in place for public health reporting, and instead leveraging a hub connection to the HIE, was discussed. Members emphasized that provider stakeholders have repeatedly asked for a reduction in the burden of public health reporting, and therefore requested reportable labs and syndromic surveillance reporting be included as part of the HIE entity’s capabilities. The group agreed to keep this use case on the list.

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Use Case: Lab Results Delivery	Members emphasized the need to differentiate between the delivery of lab results and lab orders. The value proposition of this use case is the ability to have lab results sent electronically to providers and reduce point-to-point connections by having the HIE act as a hub. Members asked for clarification around the push and pull of data. Lab results must be pushed from the lab to the HIE and then pushed to the necessary physician. Currently, resources are being wasted by the manual process of finding lab results, resulting in delayed procedures and other negative impacts. It was pointed out that reporting to the state would be a separate function, and that it would be the lab's responsibility to validate data being pushed to the HIE. Currently, lab reports are sent directly to the state and local health departments before providers receive them. It was noted that the Anthem HEDIS team is concerned by duplicative efforts as they are building out a data mart for HEDIS reporting. The group agreed to keep this use case on the list.
Use Case: Social Determinants of Health	Literature suggests that, from the value based care perspective, providers and health systems should include multiple environmental and community factors when making care decisions. Enabling community members' access to care plans and social determinant information allows providers to more effectively deliver "whole person" care. The group agreed to keep this use case on the list.
Use Case: Research / Clinical Trials	The group provided an example of a patient who is participating in a clinical trial and has a medical event when out of town that directly relates to the medication or research of the clinical trial. This use case is a straightforward service for cohort studies and alerts. It was mentioned that health systems want to get compensated for their data value and are aware of who, how, and what their data is being used for. It was questioned who would pay for this service or if it would be built in to the system. Pharmaceutical companies could potentially pay for the service relating to drug trials and clinical groups could pay to utilize clinical research data. Consent management was emphasized as an issue to consider. Leveraging this capability for clinical trial recruitment and EHR integration was discussed as a strong use case. The ResearchMatch Network funded by the National Institutes of Health (NIH) and maintained by Vanderbilt University was mentioned as a potential partner. The group agreed to keep this use case on the list.
Use Case: Patient Portal / Personal Health Record	The example of a patient who complained about having "a different portal for every organ in my body" was discussed as an issue that could be resolved by this use case. Patients would like a consolidated and integrated view of their health data. It was confirmed that this is the greatest desire of patients but must include controls and processes for caregivers to access. The importance of pulling data from primary care is essential. This capability would be layered on top of the foundational components of the HIE. The group agreed to keep this use case on the list.
Use Case: Patient-Generated Data	The importance of capturing patient-rated outcome results and wearable data was discussed. The velocity of changes occurring in the wearable field and liability issues were mentioned as a reason to not prioritize this use case. Controls would need to be set in place to ensure that physicians are receiving valuable, relevant data from patients. The complexity for managing such data was discussed as an expensive deterrent. The group agreed to remove this use case from the list.
Next steps	It was asked to have a one-off meeting with colleagues from Anthem to bring them up to speed on the Design Group as they may have further involvement down the road.

Action Item	Responsible Party	Due Date
<ul style="list-style-type: none"> Engage Anthem to inform them of the HIE Use Case Design Group activities 	CedarBridge Group	8/8/17