Agenda

- Call to Order/ Roll Call
  - Lauren Richie, Designated Federal Officer

- HITAC Debrief & Follow-up
  - Steven Lane & Ken Kawamoto, Task Force Co-Chairs

- Overview of Standards Associated with Closed Loop Referrals & Care Coordination
  - Brett Andriesen, ONC Staff

- Presentation on 360X Project
  - Holly Miller & Jim Fisher, MedAllies
  - Vassil Peytchev, Epic

- Task Force Discussion of Closed Loop Referrals & Care Coordination
  - Steven Lane & Ken Kawamoto, Task Force Co-Chairs

- Public Comment

- Next Meeting

- Adjourn
HITAC Debrief & Follow-up

Link to ISPTF October 2018 HITAC Update
Overview of Standards Associated with
Closed Loop Referrals & Care Coordination
Relevant Links

• Direct Project Wiki - http://wiki.directproject.org/


• Cross Enterprise Basic eReferral Workflow Definition - https://wiki.ihe.net/index.php/Cross-enterprise_Basic_eReferral_Workflow_Definition
ISA Links

- ISA Section II: Admission, Discharge and Transfer
- ISA Section II: Care Plan
- ISA Section II: Images
- ISA Section II: Laboratory
- ISA Section II: Summary Care Record
- ISA Section V: Health Care Claims and Coordination of Benefits
- ISA Section V: Administrative Transactions to Support Clinical Care
Presentation on 360X Project
360X for Closed Loop Referrals
Interoperability Standards Priority Task Force

Holly Miller, MD, MBA, CMO, MedAllies
Vassil Peytchev, Lead Technical Advisor, Epic

360X Background

• 360X launched 2012 under ONC
• Developed an implementation guide to work with standards and specifications commonly used within health IT systems:
  • C-CDA for clinical content
  • Direct protocols for transport
  • XDM for establishing context
  • HL7 V2 messages for referral workflow
Technical Approach: Layers

1. Transport
2. Workflow and Context
3. Information
4. Clinical
<table>
<thead>
<tr>
<th>Layer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Info needs</td>
<td>• Future work by medical societies</td>
</tr>
<tr>
<td>Clinical Information</td>
<td>• C-CDA containing MU Common Data Set</td>
</tr>
<tr>
<td>Workflow Information</td>
<td>• Well understood, available</td>
</tr>
<tr>
<td>XDM</td>
<td>• HL7 Version 2.x messages</td>
</tr>
<tr>
<td>Direct</td>
<td>• Well understood, available</td>
</tr>
<tr>
<td>S/MIME</td>
<td>• Well understood and widely available</td>
</tr>
<tr>
<td>SMTP</td>
<td></td>
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</tbody>
</table>
Technical Approach: Workflow Requirements

• Patient Identity management capabilities
  – The Referral Initiator sends basic demographics information and a patient identifier known to them
  – The Referral Recipient must send back the same patient identifier
  – The same patient identifier must be used by both sides in any exchanges related to the referral

• Referral Identifier
  – The Referral Initiator assigns a unique referral identifier with the referral request
  – The Referral Recipient must send back the same referral identifier
  – The same referral identifier must be used by both sides in any exchange related to the referral
360X Project Goals

• Primary Goal: to improve patient care across referrals
  – Standardized type of data exchanged and method of transport
  – Transparency of progress and/or gaps in care until the loop is closed
  – A process w/ a low bar of entry for implementation
  – Add value to patients, clinicians, office staff and overall clinical workflows
Patient Story

• Arnie Pectoris, 67, obese male with new complaints of chest pain and high risk for heart disease
Current State: New Patient Referral

1. Patient requires urgent cardiology request
2. Patient given cardiology office phone number
Current State: New Patient Referral

3 Patient calls cardiology office

4 Patient informed no available appointments

Elapsed time 2 hours

Patient

Cardiology office A

www.medallies.com
Current State: New Patient Referral

5 Patient calls PCP office

6 Patient told PCP will call back
Current State: New Patient Referral

PCP Provider A

Patient

PCP office staff call patient back with another cardiologist phone number

Elapsed time 4 hours
Current State: New Patient Referral

1. Patient calls cardiology 2nd office
2. Patient given an appointment for the following day
Current State:
New Patient Referral

10 Patient experiences chest pain and calls an ambulance

Elapsed time 12 hours

11 Patient admitted to hospital, ruled out for MI
Current State: New Patient Referral

Cardiology office B

12 Patient “no show” to cardiology appointment

Elapsed time 25 hours
Current State: New Patient Referral

PCP office staff call patient to inquire about cardiology appointment as no documentation received from cardiology office. 

Elapsed time 1+ week.
360X: 1 Referral Request

Patient

Dr. Alex Allen

Urgent Request

Dr. Bob Brown
360X: 3 Referral Decline

1. Urgent Request
2. Review Availability
3. Decline + Purge

Dr. Alex Allen

Patient

Dr. Bob Brown

www.medallies.com
360X: 4 Referral Request

Dr. Alex Allen → Patient
4 Urgent Request
Dr. Carl Carlyle
360X: 5 Referral Accept

Dr. Alex Allen

Patient

4 Urgent Request

5 Accept

Dr. Carl Carlyle
360X: 7 Consultation

4. Urgent Request

5. Accept

6. - Create new patient
   - Pull discrete data into new patient record

7. - Patient consultation with cardiologist
8 Consultation to PCP

1. Urgent Request
2. Accept
3. Close Referral Loop
4. Create new patient
5. Pull data into new patient record
6. Patient consultation with cardiologist

Dr. Alex Allen

Patient

Dr. Carl Carlyle
Dr. Alex Allen

- Automatic patient match
- Data reconciliation

Me: Dr. Alex Allen

4. Urgent Request

5. Accept

6. - Create new patient
- Pull data into new patient record

Dr. Carl Carlyle

7. Patient consultation with cardiologist

8. Close Referral Loop

360X: 9 Closed Loop
Med Allies
Integrated Data. Innovative Technology

360X: Summary

1. Dr. Alex Allen
   - Urgent Request
   - Decline

2. Dr. Bob Brown
   - Review availability

3. Dr. Bob Brown
   - Accept

4. Dr. Alex Allen
   - Urgent Request

5. Dr. Carl Carlyle
   - Accept

6. Dr. Carl Carlyle
   - Create new patient
   - Pull data into new patient record

7. Dr. Carl Carlyle
   - Patient consultation with cardiologist

8. Close Referral Loop

9. - Automatic patient match
   - Data reconciliation

www.medallies.com
360X Summary

- Enhance patient care across ambulatory transitions of care through standardization of referral tracking and ability to automatically close the referral loop
- Discrete referral order ID that persists across systems until the referral loop is closed
- Administrative tracking messages that allow staff to follow up:
  - Appointment scheduled (date/time); Appointment rescheduled
  - Patient: “no show”; cancel
  - Interim consult notes (if multiple encounters included) prior to closing the loop

360X Next Steps

• Reporting for eCQM CMS Measure ID CMS50v5 Closing the Referral Loop: Receipt of Specialist Report
• Include patient’s payer information
• Expanded use cases
  – E.g. Acute to LTPAC
  – Care coordination and care team workflows
  – 360X in combination with additional technologies
• EMDI Pilot

HITAC Role

• Support that EHR vendors develop to the 360X implementation guide standards and require this functionality for future certification

• Support for the 360X standards for Patient Identity management capabilities be developed and used for all order tracking to completion

Task Force Discussion of Closed Loop Referrals & Care Coordination
To make a comment please call:

Dial: 1-877-407-7192

(once connected, press "*1" to speak)

All public comments will be limited to three minutes.

You may enter a comment in the "Public Comment" field below this presentation.

Or, email your public comment to onc-hitac@accelsolutionsllc.com.

Written comments will not be read at this time, but they will be delivered to members of the Task Force and made part of the Public Record.
Next Meeting

- November 13, 2018 10-11:30am ET
Meeting Adjourned