California Health & Human Services Agency
Center for Data Insights and Innovation
2024 Data Exchange Framework Standards Committee Meeting #2
Transcript (1:00 PM – 2:00 PM PT, October 18, 2024)

The following text is a transcript of the October 18, 2024 meeting of the California Health and Human Services Agency and Center for Data Insights and Innovation Data Exchange Framework Standards Committee. The transcript was produced using Zoom's transcription feature. It should be reviewed concurrently with the recording – which may be found on the CalHHS Data Exchange Framework webpage to ensure accuracy.

[Alice K - Events] 16:01:17

Have a great meeting

[Alice K - Events] 16:01:39

Hello and welcome. My name is Alice and I'll be in the background answering any Zoom technical questions.

[Alice K - Events] 16:01:45

If you experience difficulties during this session.

[Alice K - Events] 16:01:47

Please type your question into the Q&A.

[Alice K - Events] 16:01:51

individuals in the public audience who have a comment may insert it in the Zoom Q&A.

[Alice K - Events] 16:01:55

Public comment will also be taken towards the end of the meeting.

[Alice K - Events] 16:01:59

Live closed captioning will be available.

[Alice K - Events] 16:02:01

please click on the CC button to enable or disable.

[Alice K - Events] 16:02:05

With that, I'd like to introduce Rim Coffrin.

[Rim Cothren] 16:02:07

Thank you, Alice, and thank you everyone for attending today's meeting on a Friday afternoon. I do appreciate that.

[Rim Cothren] 16:02:16

This is the second meeting of the 2024 Standards Committee.

[Rim Cothren] 16:02:20

And we'll get right to it. I do want to just note for people, we do appreciate you keeping yourselves on video. I think it makes it easier

[Rim Cothren] 16:02:30

to have an involved discussion here.

[Rim Cothren] 16:02:33

Scroll on to the next slide, please. We always start off with our vision for the data exchange framework.

[Rim Cothren] 16:02:41

In particular, one of the things that we're going to really be starting to deal with today is standards around notifications of admissions and discharges. I want us to think a little bit more broadly than that.

[Rim Cothren] 16:02:53

But along with the DXF being new to California, we are talking about a type of exchange that is not widespread in the country.

[Rim Cothren] 16:03:02

And that we're trying to push forward here in California as well. And I appreciate all of you coming along with us for that journey.

[Rim Cothren] 16:03:10

Let's go on to the next slide, please, just real quickly. The agenda today, well, we're going to do the welcome. That's what we're doing now.

[Rim Cothren] 16:03:17

I'm going to spend a very small amount of time

[Rim Cothren] 16:03:20

trying to frame the discussion of event and notification standards largely to help you understand

[Rim Cothren] 16:03:27

What I envision for us to talk about over the next

[Rim Cothren] 16:03:31

three to five meetings.

[Rim Cothren] 16:03:34

But we'll spend most of our time

[Rim Cothren] 16:03:36

really talking about content standards for notifications today. We'll pause approximately at 10 before the hour for public comment, and then we'll wrap up with a couple of minutes on next steps.

[Rim Cothren] 16:03:48

And if there are any good closing remarks.

[Rim Cothren] 16:03:51

Let's go on to the next slide, please.

[Rim Cothren] 16:03:55

We'll do a roll call here real quickly to make sure who's here. Ray, are you here?

[Ray Duncan] 16:04:08

President.

[Rim Cothren] 16:04:09

Yeah, I thought I'd seen you on the list.

[Rim Cothren] 16:04:13

Jonathan.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:04:16

present her. Seriously.

[Rim Cothren] 16:04:17

Thank you, Jonathan. Danielle.

[Danielle Friend] 16:04:20

Yep, here.

[Rim Cothren] 16:04:21

Thanks, Danielle. Evelyn.

[Rim Cothren] 16:04:24

Thanks, Evelyn. Dave.

[Evelyn Gallego, EMI Advisors] 16:04:24

Here.

[Dave Green] 16:04:26

Here, thank you.

[Rim Cothren] 16:04:28

Thanks, Dave. John.

[Rim Cothren] 16:04:32

Didn't hear from John and didn't see John.

[Rim Cothren] 16:04:35

So Gina?

[Rim Cothren] 16:04:41

Didn't hear from you, but I thought I saw you out there.

[Sheljina Ibrahim Kutty] 16:04:46

here.

[Rim Cothren] 16:04:46

Thank you, Manny.

[Mani Nair] 16:04:47

Good afternoon, we're here.

[Rim Cothren] 16:04:49

Thanks, Manny. Tim.

[Sheljina Ibrahim Kutty] 16:04:51

I'm here, yeah.

[Tim Polsinelli] 16:04:51

Here.

[Rim Cothren] 16:04:53

Thanks, Tim and Ken.

[Ken Riomales] 16:04:57

I'm here.

[Rim Cothren] 16:04:58

Thanks, Ken.

[Rim Cothren] 16:05:00

Let's go on to the next slide just real quickly. We will be pausing for public comment again, probably about 10 before the hour.

[Rim Cothren] 16:05:09

And we will take an amount of time allocated for public comment.

[Rim Cothren] 16:05:15

Members of the public may also use Zoom's Q&A feature to ask questions or make comments during the meeting.

[Rim Cothren] 16:05:22

Or can email any of their questions or comments

[Rim Cothren] 16:05:25

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to us at CDII using the DXF email. That's dxf

[Rim Cothren] 16:05:32

at CHHS.

[Rim Cothren] 16:05:34

If people here in the standards committee aren't used to the Q&A function as we normally use it in these meetings, you can see the Q&A that public may post there. I welcome you to look at what their comments are. It may help you think about some of your own ideas or some of the questions that they answer.

[Rim Cothren] 16:05:56

excuse me, that they ask there.

[Rim Cothren] 16:05:58

Let's go on to the next slide, please. Just very briefly, I wanted to touch on our last meeting. You were all present for that meeting.

[Rim Cothren] 16:06:07

If I were summarizing what we heard.

[Rim Cothren] 16:06:11

It's that you wanted CDI, that you recommended CDII advance the requirements for DXF for all participants from USCDI version 2 to version three.

[Rim Cothren] 16:06:21

no later than January 1st, 2026 to align with federal requirements. In particular, we talked about whether that should be a recommendation for all participants. And what we heard there was yes.

[Rim Cothren] 16:06:36

We also heard you recommend

[Rim Cothren] 16:06:39

that we not name a specific USCDI version in the PNPs, but instead ensure DXF remains aligned with federal requirements for USCDI as they are advanced by ONC.

[Rim Cothren] 16:06:51

And then finally, to provide more than six months runway for participants

[Rim Cothren] 16:06:56

to implement USCDI version three.

[Rim Cothren] 16:06:59

And that really means that

[Rim Cothren] 16:07:01

make changes to the PNPs that specify the USCDI version earlier as opposed to postponing the

[Rim Cothren] 16:07:10

the date so that you know, we've discussed the recommendations that

[Rim Cothren] 16:07:16

CDII and uh

[Rim Cothren] 16:07:19

Anticipate soon launching an amendment to the relevant

[Rim Cothren] 16:07:23

PNP to begin to implement this. So thank you for that. And we're starting on that path now.

[Rim Cothren] 16:07:30

Let me pause there. I'm interested if anybody

[Rim Cothren] 16:07:34

heard things differently.

[Rim Cothren] 16:07:36

then we heard and think that there needs to be an adjustment to any of these recommendations.

[Rim Cothren] 16:07:50

Cool. Then let's go on to the next slide, please. And the slide after that.

[Rim Cothren] 16:07:55

So I just want to touch very briefly on where we are with notifications, with event notifications right now.

[Rim Cothren] 16:08:03

The technical requirements for exchange p and p

[Rim Cothren] 16:08:06

requires that hospitals and emergency departments

[Rim Cothren] 16:08:09

Send notifications of ADT events.

[Rim Cothren] 16:08:13

and encourages skilled nursing facilities to also send notifications of ADT events.

[Rim Cothren] 16:08:20

Importantly, ADP event is defined in our policies and procedures within the glossary.

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[Rim Cothren] 16:08:26

to me at a minimum admissions

[Rim Cothren] 16:08:29

and discharges from hospital emergency departments and skilled nursing facilities. It does not include

[Rim Cothren] 16:08:39

intra facility transfers, although they are not prohibited. So we're really talking about admissions and discharges.

[Rim Cothren] 16:08:49

Let's go on to the next slide. What you see missing from all of that.

[Rim Cothren] 16:08:53

is that there are no standards associated with the requirements

[Rim Cothren] 16:08:58

for those transactions. And so that's what we're going to be talking about today.

[Rim Cothren] 16:09:03

So I wanted to pause here for just a second and talk about the terminology that at least Cindy and I tried to use when we're talking about things. And so you'll probably hear me using similar terminology today. So first of all, when we talk about a recipient, that is the ultimate organization or individual that's requested notifications.

[Rim Cothren] 16:09:25

And is the recipient of those notifications. So that might be my PCP, it might be a specialist that's caring for me. It might be my health plan.

[Rim Cothren] 16:09:35

The roster is a list of individuals that a recipient sends to organizations that have events to request them. So my PCP might create a roster that has my name and my identity on it and send it out to hospitals and emergency departments

[Rim Cothren] 16:09:52

So she remains…

[Rim Cothren] 16:09:55

informed about my admissions and discharges.

[Rim Cothren] 16:09:58

The originator is the source of those events. So within the DXF today, that's hospitals

[Rim Cothren] 16:10:05

Emergency departments

[Rim Cothren] 16:10:08

And skilled nursing facilities. But as we talk today, I'd like you to think broader than that. There may be events that aren't just admissions and discharges.

[Rim Cothren] 16:10:18

to acute and subacute facilities, which you can imagine that there might be events that are important to

[Rim Cothren] 16:10:26

communicate as well, such as release from incarceration

[Rim Cothren] 16:10:30

were losing my job, which also would have an impact on my health. So think broader about the originators than that.

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[Rim Cothren] 16:10:40

The event is what actually happens to me.

[Rim Cothren] 16:10:43

So that is some transition in my care or some other change in my status, such as an admission to a hospital

[Rim Cothren] 16:10:53

or a discharge from a hospital

[Rim Cothren] 16:10:55

or losing my job. So that is the event.

[Rim Cothren] 16:10:59

the notification is what is actually sent and received by the recipient.

[Rim Cothren] 16:11:05

And so today we're going to talk about notifications and not events.

[Rim Cothren] 16:11:10

Next week, next meeting.

[Rim Cothren] 16:11:12

hopefully we'll be talking about events, but today we're going to concentrate

[Rim Cothren] 16:11:17

on what the recipients learn about the event.

[Rim Cothren] 16:11:21

with the thought that that should drive the content of the event, it needs to at least communicate enough information so that the notification is satisfied.

[Rim Cothren] 16:11:31

And then finally, there's this concept of intermediaries.

[Rim Cothren] 16:11:35

that in the simple world, my PCP might ask.

[Rim Cothren] 16:11:39

The hospital in the area for my admissions and discharges. But if there is a QHIO or other intermediary operating here, my PCP may be working with that QHIO or intermediary and doing all these transactions through that intermediary rather than directly.

[Rim Cothren] 16:11:57

If we go on to the next slide, this kind of gives you a picture of

[Rim Cothren] 16:12:06

what we're talking about. So the originators like a hospital

[Rim Cothren] 16:12:10

An event happens, they process the event against the roster.

[Rim Cothren] 16:12:14

And they send out notifications to a subscriber if there's a match.

[Rim Cothren] 16:12:20

And in the second, this is when an intermediary is involved. The originator sends events to the intermediary, and that's why we're going to talk about event content.

[Rim Cothren] 16:12:30

And the intermediary processes the event against the roster and sends out a notification if there is a match.

[Rim Cothren] 16:12:38

And again, in the initial use case, the originators are hospitals, EDs, and SNFs. Any participant may submit a roster and subscribe to notifications.

[Rim Cothren] 16:12:47

So the recipients here

[Rim Cothren] 16:12:49

aren't necessarily just limited to my PCP as the CMS rule does. It might be a broader group of potential participants.

[Rim Cothren] 16:12:58

But again, I want us to think as we can today about the broader context beyond just admissions and discharges to hospitals, EDs, and SNFs.

[Rim Cothren] 16:13:09

Let's go on to the next slide, please. And I've kind of alluded to this several times.

[Rim Cothren] 16:13:14

We anticipate that we're going to talk about four different topics as we go through the discussion.

[Rim Cothren] 16:13:19

on event notification today we're going to

[Rim Cothren] 16:13:23

focus on the content

[Rim Cothren] 16:13:25

of notifications.

[Rim Cothren] 16:13:27

And next meeting, we'll talk about the content

[Rim Cothren] 16:13:32

for events that would be communicated to an intermediary in order to create notifications.

[Rim Cothren] 16:13:40

In the third and fourth meetings, we'll talk about how that information is actually transported.

[Rim Cothren] 16:13:46

Now, it's going to be difficult for us to talk about content without thinking about what the format of that message is.

[Rim Cothren] 16:13:53

I'd like us to focus as much on content today as we can.

[Rim Cothren] 16:13:57

But recognizing that if we say, well.

[Rim Cothren] 16:14:00

an event is almost always an HL7V2 message, and it's hard to think about content without thinking about that format.

[Rim Cothren] 16:14:07

recognize that, but let's try to think about content today.

[Rim Cothren] 16:14:13

On to the next slide.

[Rim Cothren] 16:14:14

And I am now done talking at you for the most part. If we go on to the next slide.

[Rim Cothren] 16:14:21

just uh

[Rim Cothren] 16:14:23

Real quickly, we did get some recommendations from some outside sources. They were in your read ads.

[Rim Cothren] 16:14:30

If you didn't get a chance to take a look at those.

[Rim Cothren] 16:14:33

I'd encourage you to after the meeting today, but we've tried to summarize a little bit of the information that was there already.

[Rim Cothren] 16:14:40

First of all, we have recommendations from the DXF Community Sandbox.

[Rim Cothren] 16:14:45

It's an organization that brings together a number of stakeholders.

[Rim Cothren] 16:14:49

to work through use cases. And one of their first use cases was notifications of admissions and discharges. So they have recommendations for content.

[Rim Cothren] 16:14:59

And then direct trust, we heard from direct trust in a task meeting earlier during the year.

[Rim Cothren] 16:15:05

about a particular standard that they have published

[Rim Cothren] 16:15:09

for notifications of admissions and discharges. We go on to the next slide. This summarizes those

[Rim Cothren] 16:15:17

set of recommendations. And we may come back to this slide during our discussion today so that you can take a look at at least what these two organizations recommended and cite places where you agree with or disagree with some of these recommendations.

[Rim Cothren] 16:15:33

We should think of that in context of what is required

[Rim Cothren] 16:15:37

What is optional, but would be good to know, or what might be required if it's known. You'll see a few of these will say.

[Rim Cothren] 16:15:45

Yes, if known that you're required to pass us on if you know that information.

[Rim Cothren] 16:15:52

One more slide from me then, if we go on to the next slide, just noting that the direct trust standard specifically calls out a separate set of guidelines

[Rim Cothren] 16:16:03

for human readable content. So it's it suggests

[Rim Cothren] 16:16:08

content that is part of

structured

attachment plus

human readable content.

Again, today I want to focus us on what the content should be, but as we get to transport and format, bear in mind that direct trust actually

separated out human readable

from machine readable content. And it might be something for you to think about today as well.

So.

Next slide is what I really want to talk about today.

What should the standards for content of a notification be?

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[Rim Cothren] 16:16:47

And which elements of the defined standard should be required.

[Rim Cothren] 16:16:52

Required if known.

[Rim Cothren] 16:16:54

or optional under the DXF.

[Rim Cothren] 16:16:56

I think we're going to start off by rolling us back to slide 14, which has that big table. I am going to shut up and I'm really interested if you look through, for example, things that you see here. Are there things that you think are

[Rim Cothren] 16:17:13

critically important things that you think are unnecessary and should be eliminated in order to simplify things for the recipient

[Rim Cothren] 16:17:21

what do you agree with and disagree with and things you see here

[Rim Cothren] 16:17:26

Yes, thank you for raising your hand and getting us started.

[Sheljina Ibrahim Kutty] 16:17:31

Hi, Shalgina here. So I think I'm a little under the insurance information when I look at the table, I'm a little confused when it says plan ID. Does it mean the policy number or it means the actual plan?

[Sheljina Ibrahim Kutty] 16:17:50

you know description from like what kind of plan it is so

[Sheljina Ibrahim Kutty] 16:17:56

I think that needs to be a little clarified there. And if it is not the policy number of the insurer, like, you know, then I think that has to be added

[Sheljina Ibrahim Kutty] 16:18:08

In the list.

[Rim Cothren] 16:18:10

And I'll be honest with you, it's been a while since I've read the standard. I don't know what was specified there either, but your comment, I think is a good one. If you believe it needs to be

[Rim Cothren] 16:18:21

the policy number.

[Rim Cothren] 16:18:23

then that's that's

[Rim Cothren] 16:18:25

the type of input that we're seeking here today.

[Sheljina Ibrahim Kutty] 16:18:28

Okay. And one more comment I have, and then I'll go on mute. I see we, you know, I see the diagnosis information is in the list and I was wondering why don't we have the procedure related information

[Sheljina Ibrahim Kutty] 16:18:42

listed out here just

[Rim Cothren] 16:18:49

And I take it from your comment that you believe that procedure should be included.

[Sheljina Ibrahim Kutty] 16:18:54

Yeah, I think so.

[Rim Cothren] 16:18:56

And it's one of the things that I really am looking to

[Rim Cothren] 16:19:00

this group to provide guidance on

[Rim Cothren] 16:19:02

is what is the minimal information that should be in an event

[Rim Cothren] 16:19:06

excuse me, in a notification.

[Rim Cothren] 16:19:09

And what should be retrieved by a query back to the organization to learn more about the event. And so what I'm hearing here is the procedure along with the diagnosis

[Rim Cothren] 16:19:19

The procedure would be important to receive in the event itself.

[Rim Cothren] 16:19:26

Yes, Dave.

[Dave Green] 16:19:27

Yeah, Rem, a quick question on how we frame the standard. I think looking at what the ultimate requirement or what we're trying to accomplish with this type of data sharing, I think we're going to find that every recipient potentially has a different goal in mind to do with this information, i.e. health plans versus primary care versus a mental health

[Dave Green] 16:19:49

behavioral health agent or group, finding a common denominator

[Dave Green] 16:19:53

is going to be kind of critical here. Can you clarify one thing for me? What we're looking at sandbox and direct trust. These are just two standards that have been presented. These aren't

[Dave Green] 16:20:04

the baseline requirements. We're just looking at validating these as two continual standard, two current standards

[Dave Green] 16:20:10

Considering we also have COP standards and a few other things out there. Is that correct?

[Rim Cothren] 16:20:17

Well, I would stop short of saying that we're validating these two.

[Rim Cothren] 16:20:21

We presented these two as just food for thought.

[Rim Cothren] 16:20:25

You may completely disagree with everything you see here and that is fine.

[Rim Cothren] 16:20:29

And I'm also not saying that we would adopt either of these two standards. I'm just looking for input from you in what you think should be included

[Rim Cothren] 16:20:39

And this is just food for thought.

[Dave Green] 16:20:43

Okay, that's helpful. Thank you.

[Rim Cothren] 16:20:46

Evelyn, I see your hand up.

[Evelyn Gallego, EMI Advisors] 16:20:49

Yeah, this is just to clarify on the sandbox. Again, these are sandbox standards. These are built off ADT. So HL7, ADT standards.

[Evelyn Gallego, EMI Advisors] 16:21:03

And also what is, if you look at what Rim shared out, you know, it has segments for PID and

[Evelyn Gallego, EMI Advisors] 16:21:10

PV2. So I think these are things that are already included in some ADT message or event notification. So it's just thinking through, it's very robust.

[Evelyn Gallego, EMI Advisors] 16:21:23

And so it's deciding based on that large list, what is this minimum data set? We grapple with this within the

[Evelyn Gallego, EMI Advisors] 16:21:30

with the co-design group where what is needed, right? What is that minimum set needed? So again, building off existing national standards so that it's not sandbox standards just based on national standards.

[Rim Cothren] 16:21:45

Thank you for that. It's a good

[Rim Cothren] 16:21:48

good distinction.

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[Rim Cothren] 16:21:51

at least when I was reading through your recommendations there, I was mostly concerned about things that you considered

[Rim Cothren] 16:21:59

mandatory and optional as opposed to specifying particular standards. So thanks for that.

[Rim Cothren] 16:22:05

John, I see your hand up.

[Rim Cothren] 16:22:07

By the way, John, thanks for joining us today. Since you missed last meeting, if you want to introduce yourself and the organization you're with, just for everybody else here on the committee, feel free to do that.

[John Helvey] 16:22:11

Thank you.

[John Helvey] 16:22:14

So good.

[John Helvey] 16:22:21

Thank you. Thank you, Ram. John Helby, Sac Valley MedShare ceo

[John Helvey] 16:22:27

And the…

[John Helvey] 16:22:29

you know we're talking about scanners, we're talking about data fields, things like that

[John Helvey] 16:22:34

you know people talk about mandatory

[John Helvey] 16:22:37

We also have to take into consideration that some systems that are out there

[John Helvey] 16:22:43

do not have all the clinical data in

[John Helvey] 16:22:47

what is the registration system? That's necessary to flow back

[John Helvey] 16:22:51

into the registration system

[John Helvey] 16:22:53

sometimes diagnosis procedures, those things come in other clinical documents that

[Rim Cothren] 16:22:56
Okay.

[John Helvey] 16:22:59

can be used later for triggering alerts but

[John Helvey] 16:23:04
Hello.

[John Helvey] 16:23:05

Typically, it's not necessarily from the ADT messages of the source right

[John Helvey] 16:23:11

And the other thing I'll put in and I'll point out there is that when we're doing alerts

[John Helvey] 16:23:15

doing alerts based off of an issue right so

[John Helvey] 16:23:19

doing an alert off the initial admin

[John Helvey] 16:23:23

where all the data might not necessarily be included in that initial learn from the ADT.

[John Helvey] 16:23:28

But it'll come in updates throughout the episode of care for that consumer.

[John Helvey] 16:23:34

And then the discharge is kind of that final setting

[John Helvey] 16:23:38

where most of the complete data comes forward

[John Helvey] 16:23:42

if clinical data from

[John Helvey] 16:23:44

the system is also included in the ADP. Otherwise, it has to kind of

[John Helvey] 16:23:48

come from other documentations or

[John Helvey] 16:23:51

You know, I see that diagnosis codes or things of that nature

[John Helvey] 16:23:55

Those are things that we have to work on to try to

[John Helvey] 16:23:58

you know tell members and participants

[John Helvey] 16:24:01

you know paint their fda fum measures for

[John Helvey] 16:24:05

quality and for CalAid. So just want to put that out there.

[Rim Cothren] 16:24:09

Thanks, John.

[Rim Cothren] 16:24:10

Before I let you go, John, first of all.

[Rim Cothren] 16:24:14

You're pretty quiet. I could hear what was going on, but if you can get any closer to the microphone, that might be helpful.

[Rim Cothren] 16:24:20

I wanted to follow up with you with a question. Are you suggesting that

[Rim Cothren] 16:24:26

the notification of an admission.

[Rim Cothren] 16:24:28

And a notification of a discharge might have different mandatory content because more information is available. Are you suggesting that admission might have update notifications as information is learned?

[Rim Cothren] 16:24:41

how would you deal with the fact that information is added after an admission?

[John Helvey] 16:24:51

Is this better? Okay.

[Rim Cothren] 16:24:52

It is much better. Thank you, John.

[John Helvey] 16:24:55

So I think that you know that

[John Helvey] 16:24:59

the criteria should be, if you have this data send it

[John Helvey] 16:25:02

So if the data is available, send it.

[John Helvey] 16:25:04

whether it's in an admit or whether it's in a discharge.

[John Helvey] 16:25:09

So the more complete, the more full the ADTs are the better

[John Helvey] 16:25:13

better for everybody.

[John Helvey] 16:25:16

I'm just the only thing I'm saying is that some of the content might not necessarily be

[John Helvey] 16:25:21

some of the clinical content might not necessarily be in the message

[John Helvey] 16:25:25

Because it's a limitation of where the key message is coming from.

[John Helvey] 16:25:31

within from the source. If it's coming from a strictly a registration system where there's no

[John Helvey] 16:25:36

clinical reconciliation done like

[John Helvey] 16:25:39

data is not moved from the

[John Helvey] 16:25:41

from the true electronic medical record into the registration system where the ADT comes from then

[John Helvey] 16:25:46

you know we might not get it, but we're going to get it in other clinical documentation.

[John Helvey] 16:25:51

And then the last thing we probably want to do is

[John Helvey] 16:25:53

bombard people with

[John Helvey] 16:25:56

you know updates right so we're gonna

[John Helvey] 16:25:58

you know having that initial ADT go out

[John Helvey] 16:26:02

that includes the uh

[John Helvey] 16:26:07

reason for admission, for example, maybe that's

[John Helvey] 16:26:10

Maybe what's triggered…

[John Helvey] 16:26:13

you know a notification out to the providers

[John Helvey] 16:26:17

It might not necessarily drive off of diagnosis, but we want to drive off the most

[John Helvey] 16:26:23

identifiable source, like most complete source. So if you got ICD-10, you got a diagnosis

[John Helvey] 16:26:28

we want to notify off that. But if we don't.

[John Helvey] 16:26:30

have that, then we've got to notify off the closest thing to that.

[Rim Cothren] 16:26:36

Thanks, John.

[Rim Cothren] 16:26:39

Jonathan, I see your hand up.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:26:45

Nope. Thanks. Can you hear me now?

[Rim Cothren] 16:26:47

Yes.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:26:48

All right.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:26:50

I don't want to sidetrack the conversations.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:26:54

I don't know how much you're reading what's in the chat, but that's where you asked us to put things, right?

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:00

So I put some notes in there.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:02

I just wanted to elaborate on that.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:04

So first of all, in case

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:06

If anyone isn't familiar, EMS, fire, et cetera, they don't use ADTs.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:12

That's probably its own conversation.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:14

Because the main reason why they don't use ADTs has to do with asynchronous documentation.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:19

And problems of John Doe's, etc.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:22

So getting data

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:24

in getting data out when you don't necessarily know the person at the time

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:29

causes some issues. So I just kind of want to hang that on the wall here.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:34

Because they are part of this ecosystem, right? So

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[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:38

In exchange for that.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:40

There are other types of notifications and alerts that are used in ambulances.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:47

For example, to queue up triage related to stroke, STEMI, sepsis, trauma.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:54

And essentially let the

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:27:57

receiving facility know that the patient's coming

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:01

And that, in fact, Rem, of course, you and I have talked about that extensively. That was one of the early use cases that was presented around sort of the

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:09

vision for DXS.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:10

So at some point, I think we might want to whether here

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:15

or another point, dig into

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:17

what's in those notifications?

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[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:19

How are they different and how are they used?

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:22

I just kind of want to put to the group here that there are notifications being sent around the ecosystem outside of the structure of an ADT.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:31

Because again, ADT is not used, although at some point there are people trying to get EMS and fire

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:36

folks utilizing those.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:39

So there are some prerequisites in terms of

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:41

documentation, when you document, how much information you're getting

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:46

basically the ability to close the loops that are sort of prerequisite. So if and when we want to start engaging mobile medicine

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:54

in the ADT process.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:55

we should start talking about how we're going to make that a reality

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[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:28:59

for those providers who today wouldn't really do that even if they wanted to.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:29:03

But the part that I did want to highlight, I actually screen grabbed this for myself.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:29:07

Where you have in the initial use case.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:29:10

And the second bullet was any participant may submit a roster to subscribe to notifications.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:29:16

That is fascinating.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:29:18

Because there is an emerging aspect of mobile medicine called community paramedicine or mobile integrated health, co-response. They go by a lot of different names. What it really has to do with taking care of either chronically ill

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:29:32

Or as I described them, chronically acute patients, patients who may be putting things in their bodies, for example, that make them sick.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:29:38

over and over and over again. And for patients who are in substance abuse.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:29:44

related programs who are uncontrolled diabetes, COPD, uncontrolled CHF, other types of chronic issues, special health needs, and complex care. There is a very fast growing focus on enabling emergency responders to provide a flavor of

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[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:05

chronic care management. Because without that, these folks are going to likely end up in the back of an ambulance again.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:11

And street medicine falls into that as well. So in places like San Francisco, this is a very big deal.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:18

And Los Angeles is just a lot of places so

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:22

that part of this ecosystem is really interesting.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:25

If you've got a patient who is known to be showing up in the ED a lot.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:30

Or is going to be calling EMS a lot and they are discharged.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:34

sending a proactive notification to the regional emergency response team and their

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:41

sub practice that can focus on this group or this patient cohort or their uh

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:48

contracted, for example, one of the signatories to the DXF is a program called Conejo.

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[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:30:54

Inventor accounting that is focusing on substance use related patients, and they are specifically working with the local fire and EMS agencies to help

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:31:03

keep these folks out of the back of an ambulance, help them avoid overdoses. If a patient ends up in the ED,

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:31:12

who is in that program, enabling them to have a notification of that sent to them so they can do a proactive follow-up is brilliant.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:31:21

So it would be really exciting to start to engage that part of this community. Alameda has one of those as well. There are just a bunch of these around the state.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:31:30

And they could really benefit from a proactive notification saying, we've seen your patient

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:31:35

you should come check on them. Again, I don't know if that's the specific concept of that second bullet rim, but that's where my head immediately went to. And that would provide

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:31:45

an instant use case where they would i mean

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:31:48

Like that. Because right now that's a big question. How do we know that our patient who we're supposed to be seeing, our client, whatever you want to call it.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:31:56

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has been seen in an emergency department that's outside our immediate jurisdiction, especially if you're in municipal service.

[Rim Cothren] 16:32:01

Thanks, Jonathan.

[Rim Cothren] 16:32:04

Before you go back on mute, just real quickly.

[Rim Cothren] 16:32:08

You might notice in the chat that Evelyn asked what standards EMS community uses. You want to talk to that for 30 seconds?

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:32:18

Yeah, 30 seconds tends to go fast when I'm speaking, doesn't it? Sorry about that, guys.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:32:23

um the uh

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:32:26

There are and there aren't.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:32:28

The standard is Nempsis. That's the National EMS Information System.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:32:32

It is a robust standard that does not deal with this use case directly.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:32:37

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So in fact, it is a big discussion there. And one of the things that I have been trying actively to do is to keep the Nempsis organization and the Nempsis stakeholders from reinventing wheels like this one.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:32:50

They should be learning. We should be learning from each other. And I guess to the degree that I'm kind of your mole

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:32:55

going back and forth. But I've sent several notifications to people about this meeting. I'm going to try to send this recording out to people. They need to hear it.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:03

So.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:05

That's there. There are, as I mentioned, there are organizations that are providing those pre-hospital alerts, right? Sort of on the way in, queue up triage.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:15

There are other organizations that are doing follow-up. So if the patient's ready to be discharged.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:22

And or to send or to send

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:25

sort of try to provide that follow-up post-discharge. That part's a little looser.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:31

So I definitely think, Evelyn the there is

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:34

This is an opportunity. Yeah, I think that I just saw that. It really is. I think there's a lot of people working on it. The biggest problem is they're working on it separately.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:42

So to the degree that they can come together or we start to cross talk

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:47

My biggest concern in that regard is not only the reinvention of the wheel, but that they're going to come up with a solution they like. And it's going to, again, be sort of existing in an own parallel silo

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:33:55

just because it was done over there as opposed to over here and so on.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:34:00

This particular topic has a lot of tentacles off of it that a lot of people are working.

[Rim Cothren] 16:34:05

Thank you, Jonathan.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:34:06

So sorry, not 30 seconds. It was more like 90 but

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:34:08

Who's counting?

[Rim Cothren] 16:34:10

All right.

[Rim Cothren] 16:34:13

I wanted to summarize a couple of things that I heard and then ask you a couple of questions from people. So we started off with

[Rim Cothren] 16:34:20

Shelgina talking to us a little bit about insurance information. I took it from your comments. Do you think insurance information is going to be an important thing to include when we can?

[Rim Cothren] 16:34:28

I heard from John say that we should be including as much information as we can, knowing that not all information will be

[Rim Cothren] 16:34:39

available. However, we need to bear in mind alert fatigue in doing that. So not lots of updates.

[Rim Cothren] 16:34:47

I also kind of in passing think I heard from John a recommendation that the diagnosis information should be included. John, if you didn't mean that, then that would be one of my questions is to what extent do we think diagnosis

[Rim Cothren] 16:35:01

or reason for admission

[Rim Cothren] 16:35:02

or chief complaint or something like that needs to be included. And then my other question that I'm really interested in thoughts about

[Rim Cothren] 16:35:11

Are there other things on here that surprised you that you would say, no.

[Rim Cothren] 16:35:16

or things that are missing that you would say yes. As an example.

[Rim Cothren] 16:35:22

Attending, referring, admitting.

[Rim Cothren] 16:35:26

doctor being on here, how important is that to include?

[Rim Cothren] 16:35:31

Well, I got a lot of hands up. That's a good start. Manny, yes.

[Mani Nair] 16:35:35

So I think there are several use cases where this event notification is used by these participants. The basic thing that what we really need is

[Mani Nair] 16:35:45

Can we really identify the person of interest from a health plan standpoint as a member, from a provider standpoint, it could be a patient

[Mani Nair] 16:35:54

And while the event happened so we know where the admission or discharges is happening consistently

[Mani Nair] 16:36:00

then why there is an admit and what happened in a part of the discharge. So we can use that information for care transition purposes.

[Mani Nair] 16:36:11

Today, based on what you see here on the screen, we do get some of those fields of what we marked as yes.

[Mani Nair] 16:36:18

But there is no consistency and in a standard in those fields. For example.

[Mani Nair] 16:36:24

we see diagnosis code in the description column in some of those ERD notifications, not just only saying yes or no, it's just applying the standard on those fields is very important for us to know.

[Mani Nair] 16:36:34

that is consistently getting followed. That's one.

[Mani Nair] 16:36:37

Second, sometimes the NPI, while these admissions are happening and stuff like that, it's coming from a parent health system level.

[Mani Nair] 16:36:44

not necessarily where the facility where the admittance discharges are happening.

[Mani Nair] 16:36:49

I think we should really apply those standards in those messages. We can appropriately then get the right information

[Mani Nair] 16:36:55

for the cat transition purposes.

[Rim Cothren] 16:36:58

Thank you, Manny.

[Rim Cothren] 16:37:02

Danielle, I see your hand up.

[Danielle Friend] 16:37:05

Yeah, I think I just had some feedback overall of, you know, what we talked about today. I think this table, these tables can miss some of the nuance around the actual event type that's occurring, maybe the system that's sending it. That gets hard to say like these should always, always be sent. I know we've got the if known in there, but I think it varies widely and it'd be good to see how much we can align with direct arrest.

[Danielle Friend] 16:37:25

And some of the stuff that's already existing today and then maybe have some deep dives with them on

[Danielle Friend] 16:37:31

Hey, why didn't you put attending doctor in the standard? And should we

[Danielle Friend] 16:37:36

you know, maybe there's a reason that we haven't talked about here or it is one of the reasons we can discuss of, you know, it's not applicable for most events.

[Danielle Friend] 16:37:45

So we could do some more alignment here, I think would be a good exercise.

[Rim Cothren] 16:37:50

Great. Thank you, Daniel.

[Rim Cothren] 16:37:52

Dave, I see your hand up.

[Dave Green] 16:37:54

Yeah, real quick, just love to double down on Daniel's comment about aligning to existing standards. I think that that would be something that we can get across the whole state where everyone's already aligned to a standard and can support it. That's going to help us hit that common denominator and scale fast. That's my first comment. Second comment is understanding that skilled nursing is still

[Dave Green] 16:38:18

optional to participate. We're fully supportive in getting organizations online that are willing to join. The standard between an acute system and a skilled nursing system likely should be different just in terms of how data is codified and all that in the skilled nursing EHRs. And so just a consideration that a standard for one may look a little different for a standard for the other.

[Dave Green] 16:38:43

And so I just want to make sure that that's called out.

[Rim Cothren] 16:38:46

Thanks, Dave.

[Rim Cothren] 16:38:49

John, I see your hand up.

[John Helvey] 16:38:52

Yeah, it's just confirming that you heard me correctly

[John Helvey] 16:38:56

And that I think that

[John Helvey] 16:38:58

the ADT should have is

[John Helvey] 16:39:01

complete information as possible, including what was pre-mentioned

[John Helvey] 16:39:05

by another participant here, procedures, right?

[John Helvey] 16:39:08

diagnosis, submitting diagnosis, discharge diagnosis

[John Helvey] 16:39:13

presenting problem, right?

[John Helvey] 16:39:15

All of that stuff, doctor, everything that's on that list

[John Helvey] 16:39:20

should be included if it's available.

[John Helvey] 16:39:23

And I think that there's an opportunity for

[John Helvey] 16:39:27

for the correct trigger events to happen

[John Helvey] 16:39:29

and cadence right so

[John Helvey] 16:39:31

knowing your patient has been admitted into the hospital, either an ED or an inpatient.

[John Helvey] 16:39:38

then then it might get a follow-up with

[John Helvey] 16:39:41

the admitting discharge when it becomes available because it's not available in that initial message

[John Helvey] 16:39:46

typically it's available after the doc has seen them and after the doc is done

[John Helvey] 16:39:50

you know some work with that consumer

[John Helvey] 16:39:53

And then the discharge should be that wrap up, close up so

[John Helvey] 16:39:56

You heard me correctly and I'm agreement with full ADT.

[Rim Cothren] 16:40:04

Great. Thank you, John.

[John Helvey] 16:40:06

Thank you.

[Rim Cothren] 16:40:09

So I'm going to ask another question here.

[Rim Cothren] 16:40:14

We've

[Rim Cothren] 16:40:16

I had tried to encourage us to think beyond just admissions discharges to acute and subacute facilities. I really heard Dave's comment about that even

[Rim Cothren] 16:40:26

between acute and subacute that there may need to be a change in standards.

[Rim Cothren] 16:40:30

If we wanted to extend this just a little bit to encounters and alert when I go see a specialist.

[Rim Cothren] 16:40:38

If we extend to other types of events.

[Rim Cothren] 16:40:43

How much do people's thoughts, how much

[Rim Cothren] 16:40:46

Do your thoughts change about the information that should be

[Rim Cothren] 16:40:51

transmitted under those circumstances.

[Rim Cothren] 16:40:56

If at all, is the important information

[Rim Cothren] 16:41:00

that an encounter happened, who it happened with

[Rim Cothren] 16:41:05

When it happened and a reason, or is there more for that? Tim, I see your hand up.

[Tim Polsinelli] 16:41:10

Yeah, Rem, I think you just

[Tim Polsinelli] 16:41:12

hit on what I was going to say. I think as we start expanding this out

[Tim Polsinelli] 16:41:16

to different types of venues

[Tim Polsinelli] 16:41:19

the common denominator to take dave's

[Tim Polsinelli] 16:41:22

phrase there gets a little bit smaller, right? It really gets down to

[Tim Polsinelli] 16:41:27

who, what, when, where type of thing.

[Tim Polsinelli] 16:41:30

And then the fifth one that I think of, which I think we're kind of hinting at here is the why.

[Tim Polsinelli] 16:41:36

which really allows the alert

[Tim Polsinelli] 16:41:38

in whatever capacity to be actionable. And I think when you think about an emergency room visit.

[Tim Polsinelli] 16:41:45

What is the definition of a why? What needs to be included on an admission versus a discharge? What should be included on

[Tim Polsinelli] 16:41:52

a skilled nursing facility visit, what should be included

[Tim Polsinelli] 16:41:55

Rem, in your example, if someone loses their job, what's the why that we have to capture? That's where I see

[Tim Polsinelli] 16:42:01

that why perhaps being different in the different

[Tim Polsinelli] 16:42:05

types of alerts. But I think at the end of the day, a common set is

[Tim Polsinelli] 16:42:10

who, what, where.

[Tim Polsinelli] 16:42:12

and when.

[Tim Polsinelli] 16:42:15

who the patient is, who the individual is, what type of event.

[Rim Cothren] 16:42:16

Do you have…

[Tim Polsinelli] 16:42:19

where did it take place?

[Tim Polsinelli] 16:42:22

When did it take place? I think those are the four things that at least someone needs to know to attempt to take some type of action.

[Tim Polsinelli] 16:42:29

when they receive it.

[Rim Cothren] 16:42:31

Thanks, Tim. One of the things I kind of ask everybody to think about a little bit is Tim's question about why and how you deal with that across different settings.

[Rim Cothren] 16:42:40

To the extent that we can provide guidance now, that might be good.

[Rim Cothren] 16:42:43

to the extent that we might need to change that over time.

[Rim Cothren] 16:42:47

so be it. But I think that it's still useful for us to be thinking about how do we deal with why. Evelyn, I see your hand up.

[Evelyn Gallego, EMI Advisors] 16:42:56

Yeah, so I'm just thinking, again, when we get into like transitions of care, right? So there's a change in status. And I think of an event happening and maybe that's for us to define. You brought up like a consult, right? Maybe someone's going in and it's not a referral, but they are, you know, they've gone to see another provider to inform their care.

[Evelyn Gallego, EMI Advisors] 16:43:18

So it's really thinking through when I see these, these are really acute.

[Evelyn Gallego, EMI Advisors] 16:43:24

Something happened and someone needs to be notified to take immediate action on it while something is part of longitudinal

[Evelyn Gallego, EMI Advisors] 16:43:31

care, right? So I think being able to differentiate those and what standards to use is important. I did want to highlight though, based on the previous discussions, I think what we see in the field

is that if everyone, if we use different standards, it's sort of coming to an agreement because I know what looking at the direct work and HL7,

[Evelyn Gallego, EMI Advisors] 16:43:55

from discussions with the code design group was that

[Evelyn Gallego, EMI Advisors] 16:44:00

Even though the HL7V2, it's a mature standard, right? So it's been around, but there's low adoption on the post-acute care side. And often you can have the initiating entity like the hospital push out a V2 message, but if the receiving entity doesn't have a way to absorb that and receive it, there needs to be another standard use, which is the beauty of the sandbox. It helps

[Evelyn Gallego, EMI Advisors] 16:44:25

illustrate and visualize that. But we really, you know, direct really helps support that if the hospital is going to send it out in that language as a V2 message, that they can be able to transcribe that and bundle that in as a direct, as a secure message, which worked because then the receiving entity can receive it that way. So I think it's for us just thinking through, I don't

[Evelyn Gallego, EMI Advisors] 16:44:47

We want to promote common use of standards, but also acknowledge that there's different routes

[Evelyn Gallego, EMI Advisors] 16:44:55

for sending and receiving the information.

[Evelyn Gallego, EMI Advisors] 16:44:57

And that should still be standard, right? To John Healy's point is that

[Evelyn Gallego, EMI Advisors] 16:45:02

You know, we have 12, what are they, ADT within the V2, there's 12 or 13 ADT messages. Getting agreement what you want to include in that. And so there's consistent because right now it's not from what I hear and understand about California, it's at the implementation level that these are decided.

[Rim Cothren] 16:45:23

Thanks, Evelyn. John, I see your hand up.

[John Helvey] 16:45:28

Yeah, two points um

[John Helvey] 16:45:30

I'll go to my second point because that's the one I remember the most

[John Helvey] 16:45:34

You know, the ADTs coming out

[John Helvey] 16:45:37

from organizations are use case specific.

[John Helvey] 16:45:41

right and so

[John Helvey] 16:45:43

you know when you get ADTs into a QHIO that can then

[John Helvey] 16:45:48

move things in different ways to the why

[John Helvey] 16:45:52

Right.

[John Helvey] 16:45:53

When we get ADTs, we can trigger notifications to the y

[John Helvey] 16:45:58

The second point that now I said that

[John Helvey] 16:46:02

means that we got to kind of establish some standards around why

[John Helvey] 16:46:06

And having those categories or having those groups

[John Helvey] 16:46:11

established and defined

[John Helvey] 16:46:13

also allows us to establish what is the minimum necessary for them to be aware of.

[John Helvey] 16:46:19

What's the appropriate information? Because everything in the ADT might not be appropriate

[John Helvey] 16:46:26

to be shared in the notification outl depending on the why

[John Helvey] 16:46:30

So if we're going to get down into these other use cases that

[John Helvey] 16:46:35

extend beyond healthcare providers

[John Helvey] 16:46:37

We got to get to the why and we got to get to the what

[John Helvey] 16:46:43

is shared. So just wanted to tack that on to Tim's point as well.

[John Helvey] 16:46:47

Thanks.

[Rim Cothren] 16:46:48

Thanks, John.

[Rim Cothren] 16:46:55

Any other comments on

[Rim Cothren] 16:46:57

on this topic.

[Rim Cothren] 16:47:08

Well, seeing none, I think that what we'll probably end up doing for our next meeting

[Rim Cothren] 16:47:15

I would, given that there was at least some support for adopting

[Rim Cothren] 16:47:20

something at least close to the direct trust standard, I would invite people to take a look at that one in a little bit more detail. It's a long document, and I'm sure that the summary here did not do it justice.

[Rim Cothren] 16:47:33

Think about that a little bit. I'd also like to

[Rim Cothren] 16:47:35

have people think a little bit about the why question that Tim raised and

[Rim Cothren] 16:47:42

John's thoughts about

[Rim Cothren] 16:47:47

use cases and those that send events and what information is necessary for those. I think that our desire here

[Rim Cothren] 16:47:56

is to establish some minimums

[Rim Cothren] 16:47:59

that we would expect to be included.

[Rim Cothren] 16:48:03

But leaves the door open for useful information. I'd ask people to think about that a little bit too. Is that the right way to be thinking about this so that we

[Rim Cothren] 16:48:13

continue to

[Rim Cothren] 16:48:15

move us towards standardization, but leave the door open for broader use cases.

[Rim Cothren] 16:48:24

Jonathan, yes, I see your hand up.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:48:28

All right. There we go. Being brief, just again, since you mentioned the

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:48:33

the word minimum, and I would be remiss not to zealously advocate for my peeps.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:48:39

To the degree that

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:48:42

you know rim coughran's the back of an ambulance.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:48:44

Hopefully not, but if you were, what if I found out later who you are?

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:48:49

So, you know, you're a John Doe now, you're not a John Doe forever.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:48:54

To the degree that we want to think through reconciliation of data

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:48:58

Well, that's an important piece, right? Anytime we start to see the word minimum, it gets EMS folks a little wonky.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:08

Because minimum maybe are you breathing, right? We figure out the rest later.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:12

And so once you're in the system over there.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:15

But it turns out you're my patient

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:18

over here right or however my fingers need to go

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:20

to make the point. I just want to throw that out there that when we start to think about minimums, we put a little bit of an asterisk.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:28

Because this is an increasingly important part

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:31

And as the fentanyl crisis gets worse.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:35

This is getting bigger, not smaller.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:37

um you know patients getting cared for in alleyways and we don't know who they are until they wake up hopefully later

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:44

And then they went in to the ED again, but through another door

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:48

Next time, that's a reality that these agencies participate in every day.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:54

So minimum is great.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:56

Flexible minimums better.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:49:58

with a way of getting that information back to them and identifying this was in fact my patient.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:02

Because they may need that information. They may want to do the follow-up, keep them off the sauce going forward. So it's not a nice to have. It's a matter of I can keep you alive.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:12

By the way, some of the most emotional work research on this topic has come out of Alta Bates Medical Center in Alameda County.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:21

On what happens when you send somebody who's coming to the ed

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:26

They have been rehabbed. They're cleaned up, they've gotten back out into the streets

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:30

And they don't have that support right away, the death rate goes up by integers. It's really quite depressing.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:36

So the ability to again say i i brought you in, now you're discharged and I can notify you, but I didn't know who you were before.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:42

That can be a really compelling use case when it comes to some really emotional

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:47

substance use challenges in our state.

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:50

Thank you. And if anyone has any questions on that, I know I threw a lot at you right there. So I'm happy to answer any other questions folks may have about that type of use case.

[Rim Cothren] 16:50:51

Thank you, Jonathan.

[Rim Cothren] 16:50:59

Thanks, Jonathan. And at least one of the things that I heard there that we might want to think about

[Jonathon Feit - Beyond Lucid (www.BeyondLucid.com)] 16:50:59

Cool.

[Rim Cothren] 16:51:07

I've been focusing on notifications at the time of an event.

[Rim Cothren] 16:51:12

Jonathan raises the question about notifications that happen long after an event to reconcile something. It's an interesting use case that hadn't occurred to me that we might want to think about as well.

[Rim Cothren] 16:51:24

I do want to point people real quick that Ray dropped a relatively long note in the chat. I invite people to take a look at that.

[Rim Cothren] 16:51:33

Ray, we're getting into our public comment period, but if you want to come off mute and talk about

[Rim Cothren] 16:51:39

of those pilots a little bit, that might be really useful for the group to hear about.

[Ray Duncan] 16:51:45

Sure. Probably not enough time to talk about them in

[Ray Duncan] 16:51:49

Too much detail, but…

[Ray Duncan] 16:51:52

We wanted to get some experience with fire notifications, even though Epic is not yet

[Ray Duncan] 16:51:59

supporting those

[Ray Duncan] 16:52:02

So we worked with Elevance to kind of build our own plumbing to do that and filter the information down and deliver it to PCPs for patients.

[Ray Duncan] 16:52:12

that's been in production several years. We have a lot of experience with that and we also

[Ray Duncan] 16:52:21

did the CMS data point of care project are using the DPC API

[Ray Duncan] 16:52:28

And we pick that information up every day and filter it down, turn it into in-basket messages and deliver it to PCPs.

[Ray Duncan] 16:52:38

So I could circulate some examples of what those in-basket messages look like if you want to the group after the meeting.

[Ray Duncan] 16:52:48

So we have at least a couple of years experience with both of those and they

[Ray Duncan] 16:52:52

They do get looked at quite a bit. We also run analytics on

[Ray Duncan] 16:52:58

to what extent the PCPs

[Ray Duncan] 16:53:00

pay attention to them and to what extent they ignore them.

[Rim Cothren] 16:53:05

Great.

[Ray Duncan] 16:53:05

So we have some of those numbers as well.

[Rim Cothren] 16:53:08

Yes, Ray, if anything that you can share, if you

[Rim Cothren] 16:53:15

I want to share it with either me or Catalina that's on the call here also. We can make sure it gets out to the group. I think that'd be useful.

[Ray Duncan] 16:53:22

Sure.

[Rim Cothren] 16:53:22

And I'll put that invitation out to everyone in general if there's experience that your organization has had in this area.

[Rim Cothren] 16:53:30

And you want to share some of the standards that you found useful or especially some of the things that haven't been useful

[Rim Cothren] 16:53:37

feel free to share that with us as well, and we'd be more than happy to get that out to the other members of the standards committee.

[Rim Cothren] 16:53:45

Alice, why don't we turn to public comment?

[Rim Cothren] 16:53:48

If we could.

[Alice K - Events] 16:53:55

It's intensely submit written comments and questions through

[Rim Cothren] 16:53:59

We can't really hear you, Alice.

[Alice K - Events] 16:54:03

Thank you.

[Alice K - Events] 16:54:05

Participants may submit written questions and comments through the Zoom Q&A box. All comments will be recorded and reviewed by CDII staff.

[Alice K - Events] 16:54:14

to make a verbal comment, members of the public must raise their hand for Zoom facilitators to unmute them.

[Alice K - Events] 16:54:19

If you've joined via Zoom interface, you can click raise hand at the bottom of your screen, and if you've dialed in by phone only.

[Alice K - Events] 16:54:27

Press star 9 to raise your hand and listen for your number to be called.

[Alice K - Events] 16:54:33

All individuals will be given two minutes. Please state your name and organizational affiliation when you begin.

[Alice K - Events] 16:54:40

It looks like first up we have Soren M.

[Alice K - Events] 16:54:44

Soren, you should now be able to unmute.

[Rim Cothren] 16:55:00

Soren, if you're speaking, we cannot hear you.

[Alice K - Events] 16:55:11

We'll check in again after.

[Alice K - Events] 16:55:15

Dan C, you should now be able to unmute Dan.

[Dan Chavez] 16:55:19

Good afternoon, Dan Chavez, Executive Director Skyo.

[Dan Chavez] 16:55:24

excellent conversation and discussion. Thank you all.

[Dan Chavez] 16:55:28

A couple points.

[Dan Chavez] 16:55:31

some not necessarily question, but for further discussion

[Dan Chavez] 16:55:34

Roster management, generation.

[Dan Chavez] 16:55:38

expectations, assumptions, and the like.

[Dan Chavez] 16:55:40

might be helpful to this discussion.

[Dan Chavez] 16:55:42

Because it speaks to the use cases.

[Dan Chavez] 16:55:46

Right. And the uses

[Dan Chavez] 16:55:48

So what goes into a roster? What's appropriate, what's not?

[Dan Chavez] 16:55:53

might be very helpful as to the why that Helvey and Possonelli

[Dan Chavez] 16:55:58

articulated. I think we're expanding use cases to include CBOs

[Dan Chavez] 16:56:05

And the social drivers of health.

[Dan Chavez] 16:56:08

perhaps even non-covered entities

[Dan Chavez] 16:56:10

So I think it is really important to be congruent on what happens

[Dan Chavez] 16:56:15

as it relates to the generation of a roster.

[Dan Chavez] 16:56:18

Friendly reminder, asking for validation, not necessarily this afternoon that

[Dan Chavez] 16:56:24

consent and patient wishes

[Dan Chavez] 16:56:27

prevail over this workflow.

[Dan Chavez] 16:56:29

Which is both the roster generation

[Dan Chavez] 16:56:33

as well as the response, as well as the ADT distribution.

[Dan Chavez] 16:56:37

And I say that because of the work that's being generated with DHCS with regards to consent.

[Dan Chavez] 16:56:45

And again, certainly agree with Mr. Helvey that if data is available, it should be shared.

[Dan Chavez] 16:56:52

I know that's a tough one when we're having a standards conversation, but as it relates to the expansion of use cases.

[Dan Chavez] 16:57:01

especially in terms of presenting complaint, that would be incredibly useful.

[Dan Chavez] 16:57:06

And then the final point

[Dan Chavez] 16:57:08

is establishing a guideline

[Dan Chavez] 16:57:12

And a presentation on who and where the expectation for a fix is.

[Dan Chavez] 16:57:18

It's not the intermediary. It's not the QHIO. It's the source of data.

[Dan Chavez] 16:57:24

Oftentimes the QHIOs, and we're beginning to do this and see this, is the expectation is that the QHAO will fix the data shortfall. We cannot generate data that's not there. It's got to come from the source.

[Dan Chavez] 16:57:39

Thank you.

[Rim Cothren] 16:57:39

Thank you very much, Dan.

[Rim Cothren] 16:57:43

Alice, do we have any other public comment?

[Alice K - Events] 16:57:47

We have no other hands raised at this time.

[Rim Cothren] 16:57:55

Why don't we move ourselves along to the last slide, please, just a little bit on upcoming meetings. Our next meeting is scheduled

[Rim Cothren] 16:58:05

for October 28th.

[Rim Cothren] 16:58:07

That's a little under two weeks from today. I think one of the things that we'll be trying to do at that meeting is we'll summarize some of what we heard from this conversation, see if there are different thoughts about that.

[Rim Cothren] 16:58:19

And the plan was for us to begin

[Rim Cothren] 16:58:23

talking about the other side of this, what events might be communicated. I think to Dan's comment.

[Rim Cothren] 16:58:30

ensuring that the information gets to intermediaries if they're being part of this picture.

[Rim Cothren] 16:58:35

I again would encourage people, if you have things that you think might be useful to the standards committee for us to share, feel free to send them on to us.

[Rim Cothren] 16:58:46

If there isn't anything else, then I will let people go and it gives you two