California Health & Human Services Agency
Center for Data Insights and Innovation
2024 Data Exchange Framework Standards Committee Meeting #3
Transcript (12:00 PM – 1:00 PM PT, October 28, 2024)

The following text is a transcript of the October 28, 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] 15:00:30

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

[Alice K - Events] 15:00:38

If you experience difficulties during this session, please type your question into the Q&A.

[Alice K - Events] 15:00:43

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

[Alice K - Events] 15:00:48

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

[Alice K - Events] 15:00:51

Live closed captioning will be available. Please click on the CC button to enable or disable.

[Alice K - Events] 15:00:57

And with that, I'd like to introduce Room Catherine.

[Rim Cothren, CalHHS CDII] 15:01:00

Thank you, Alice. And I'm very happy to see everybody's smiling faces here. But Alice, if you can bring the slides up, please.

[Rim Cothren, CalHHS CDII] 15:01:11

I appreciate everybody making it for today's meeting. This is the third meeting in our series on the Standards Committee in 2024. Today we'll continue our discussion of the content standards for notifications for admissions and discharges. And Alice, we are still not seeing the slides.

[John Helvey] 15:01:32

I can see him, Ren.

[Rim Cothren, CalHHS CDII] 15:01:34

Well, that's interesting because I see everybody's faces instead.

[Jonah Frohlich] 15:01:37

Thank you.

[Cynthia Bero] 15:01:38

Yes.

[Alice K - Events] 15:01:38

At the top of your Zoom window, there might be

[Rim Cothren, CalHHS CDII] 15:01:41

There you go. Thank you very much.

[Rim Cothren, CalHHS CDII] 15:01:44

So Zoom has done an update of obviously, and I have failed to figure it out.

[Rim Cothren, CalHHS CDII] 15:01:50

That's the way it goes. Let's go on to the next slide, please. As always, we start with our vision for data exchange in California. I'd remind people that what we're talking about today.

[Rim Cothren, CalHHS CDII] 15:02:00

is moving forward the current requirements that we have

[Rim Cothren, CalHHS CDII] 15:02:06

to send notifications of admissions and discharges. It's one of the areas where we're raising the bar a little bit above

[Rim Cothren, CalHHS CDII] 15:02:12

national requirements and the capabilities of some of the nationwide networks, that means that we're blazing the trail here just a little bit.

[Rim Cothren, CalHHS CDII] 15:02:20

Let's go on to the next slide, please. Today's agenda, we're in the middle of the welcome right now.

[Rim Cothren, CalHHS CDII] 15:02:27

We will spend a little bit of time talking about what we heard at the last meeting. I'm looking for confirmation that we got some of the things right. It was primarily some of

[Rim Cothren, CalHHS CDII] 15:02:38

the principles that we might use in making decisions as we go forward in some of the meetings. And then today we'll spend most of our time

[Rim Cothren, CalHHS CDII] 15:02:45

talking specifically about content standards for notifications.

[Rim Cothren, CalHHS CDII] 15:02:49

In some ways, this may feel a little bit like us rehashing the last meeting, but my goal today

[Rim Cothren, CalHHS CDII] 15:02:56

is to actually finalize real recommendations, what data is in, what data should be out, what data should be required, what should be optional.

[Rim Cothren, CalHHS CDII] 15:03:05

And again, we're going to focus on notifications for today, but today may be a short meeting if we heard everything right, in which case we might talk a little bit about does any of that change for events or is it the same data?

[Rim Cothren, CalHHS CDII] 15:03:20

We'll pause for public comment 10 minutes before the hour.

[Rim Cothren, CalHHS CDII] 15:03:24

And then we'll do a little bit of cleanup

[Rim Cothren, CalHHS CDII] 15:03:29

And next steps at the end. Let's go on to the next slide, please.

[Rim Cothren, CalHHS CDII] 15:03:35

Real quickly, let's see who's attending us. I'm coughran. I also have cindy.

[Rim Cothren, CalHHS CDII] 15:03:42

helping me out with today's meeting. Ray.

[Rim Cothren, CalHHS CDII] 15:03:45

Are you here?

[Rim Cothren, CalHHS CDII] 15:03:50

I didn't see Ray earlier and didn't hear from Ray. Jonathan?

[Jonathon Feit] 15:03:56

Hello. Sorry, I'm a minute late here on this.

[Jonathon Feit] 15:03:58

close out a previous one. What did I miss?

[Rim Cothren, CalHHS CDII] 15:03:59

No worries. Thank you, Jonathan.

[Jonathon Feit] 15:04:02

Present.

[Rim Cothren, CalHHS CDII] 15:04:02

You haven't missed anything yet. You missed the agenda. You'll have to read that on your own.

[Rim Cothren, CalHHS CDII] 15:04:06

I know that Danielle said that she couldn't make it today, but that Hans was going to step in her

[Jonathon Feit] 15:04:07

Got it.

[Rim Cothren, CalHHS CDII] 15:04:13

Instead, Hans, I thought I saw you out there.

[Hans Buitendijk] 15:04:15

Yeah, I'm here. Good afternoon.

[Rim Cothren, CalHHS CDII] 15:04:16

Thank you, Hunt. Evelyn?

[Evelyn Gallego] 15:04:20

Here.

[Rim Cothren, CalHHS CDII] 15:04:20

Thank you, Evelyn. Dave.

[Dave Green] 15:04:22

Yep, here, thank you.

[Rim Cothren, CalHHS CDII] 15:04:23

I know that you said you were traveling today and might not make it. Good to see your face. Thank you, John.

[Rim Cothren, CalHHS CDII] 15:04:30

Thanks, John. Shelgina?

[John Helvey] 15:04:31

Here.

[Sheljina Ibrahim Kutty] 15:04:35

Mir.

[Rim Cothren, CalHHS CDII] 15:04:35

Thank you, Manny.

[Rim Cothren, CalHHS CDII] 15:04:39

Didn't hear from Manny. Tim.

[Tim Polsinelli] 15:04:42

Good afternoon. I'm here.

[Rim Cothren, CalHHS CDII] 15:04:44

Thanks, Tim and Ken.

[Ken Riomales] 15:04:45

Good afternoon, I'm here as well.

[Rim Cothren, CalHHS CDII] 15:04:47

Thanks, Ken. Let's go on to the next slide, please, just real quickly. Those that are members of the public, we're going to be taking public comment.

[Rim Cothren, CalHHS CDII] 15:04:55

During the approximate time listed on the agenda, which was 10 minutes before the hour.

[Rim Cothren, CalHHS CDII] 15:05:00

And we will limit public comment to the time that's available

[Rim Cothren, CalHHS CDII] 15:05:04

During that time, we'll give instructions about how to participate in public comment when we come up for that.

[Rim Cothren, CalHHS CDII] 15:05:09

Members of the public can also

[Rim Cothren, CalHHS CDII] 15:05:12

Use Zoom's Q&A feature to either ask questions or make comments during the meeting. Those questions, anything Jen or there can be seen by others as well. Just as a reminder for all of the committee.

[Rim Cothren, CalHHS CDII] 15:05:25

Members, if you do use chat, please be sure to chat to everyone so that members of the public can see your comments there. But as always, I encourage everybody to come off mute and make their comments verbally instead.

[Rim Cothren, CalHHS CDII] 15:05:40

Members of the public can also send any other questions or comments to us by email. That's at dxf.

[Rim Cothren, CalHHS CDII] 15:05:50

at chhhs.ca.

[Rim Cothren, CalHHS CDII] 15:05:54

Gov.

[Rim Cothren, CalHHS CDII] 15:05:56

Let's go on to the next slide, please, and the slide after that. This is just one slide where we tried to collect together what we heard at the last meeting that we might bring forward into this meeting. Rather than read this to you, I just want to pause here for a second, let people take a quick look at what they see here, and go ahead and call out anything that you think that we got wrong.

[Rim Cothren, CalHHS CDII] 15:06:18

Anything that we missed that you think is worthy of catching here as well?

[Rim Cothren, CalHHS CDII] 15:06:49

And because I abhor silence, of course, I'm going to talk a little bit during this in particular.

[Rim Cothren, CalHHS CDII] 15:06:54

One of the things that we heard last time is that what we really wanted to do is the critical information about an event, the what, when, who, where, and why.

[Rim Cothren, CalHHS CDII] 15:07:03

I think that as we move forward today, we're going to spend a great deal of our time on one slide in particular.

[Rim Cothren, CalHHS CDII] 15:07:11

And I'd like people to remember those five things as they look at that slide.

[Rim Cothren, CalHHS CDII] 15:07:16

elements of what, when, who, where, why that are missing

[Rim Cothren, CalHHS CDII] 15:07:19

that we need to make sure get captured or vice versa. Is there data there that is not necessary because it doesn't meet this standard of the critical information that needs to be included?

[Rim Cothren, CalHHS CDII] 15:07:35

Any comments on this slide? Everybody good that we captured at least the majority of the major thoughts from last meeting?

[Rim Cothren, CalHHS CDII] 15:07:46

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

[Rim Cothren, CalHHS CDII] 15:07:50

And the slide after that. In the following slides, we really have a couple of questions that we want everybody to consider. Usually I like to pull down the slides so that we can see each other's faces.

[Rim Cothren, CalHHS CDII] 15:08:02

recommend that people come

[Rim Cothren, CalHHS CDII] 15:08:04

On camera, if you feel comfortable doing that so that when you do speak, we can still see your face and you can see the faces of those that at least are on your screen.

[Rim Cothren, CalHHS CDII] 15:08:14

But we're probably going to leave the slides up so that you can reference them.

[Rim Cothren, CalHHS CDII] 15:08:18

As you consider what's on the next slide, this was a straw model that we decided to put up mostly to get comment from you folks. I'm not saying this is right.

[Rim Cothren, CalHHS CDII] 15:08:28

It is a first cut, and we really want you to consider, does this meet the requirements described at the last meeting? It answers those five questions.

[Rim Cothren, CalHHS CDII] 15:08:37

What needs to be added? What is missing from the elements that we're calling out there?

[Rim Cothren, CalHHS CDII] 15:08:42

what is unnecessary to address those requirements?

[Rim Cothren, CalHHS CDII] 15:08:46

And anything in particular that you want to call out as minimum requirements. I want to acknowledge one of the things that one of our committee members said last time.

[Rim Cothren, CalHHS CDII] 15:08:55

is that at the time of any notification, some information may not be available.

[Rim Cothren, CalHHS CDII] 15:09:01

As you think about what is minimum, you might consider

[Rim Cothren, CalHHS CDII] 15:09:05

I will not be able to send out a notification until I have this information might be one of the tests that you'd want to

[Rim Cothren, CalHHS CDII] 15:09:14

want to raise there. And in particular, I think it was Jonathan was saying that there are some notifications

[Rim Cothren, CalHHS CDII] 15:09:21

where even critical information like a patient's name may not be available.

[Rim Cothren, CalHHS CDII] 15:09:26

And therefore, that would suggest that if that's a required element, you're not able to send a notification until that becomes available. Just think about those tests.

[Rim Cothren, CalHHS CDII] 15:09:35

And then finally, one of the um

[Rim Cothren, CalHHS CDII] 15:09:38

one of those few standards that we see for notifications in this space has been

[Rim Cothren, CalHHS CDII] 15:09:44

Provided by direct trust, we circulated that for people to consider.

[Rim Cothren, CalHHS CDII] 15:09:50

It goes further, I think.

[Rim Cothren, CalHHS CDII] 15:09:53

then the information on the next few slides, but we'd like to ask the question, should we set a minimum standard in our own policies and procedures?

[Rim Cothren, CalHHS CDII] 15:10:01

Or should we just adopt

[Rim Cothren, CalHHS CDII] 15:10:03

an existing standard which may have more information or slightly different requirements in it. And so I answer that question as well.

[Rim Cothren, CalHHS CDII] 15:10:12

Let's go on to the next slide.

[Rim Cothren, CalHHS CDII] 15:10:14

And I think we sent out the slides last Friday. If it's easier for you to pull up the slides yourselves.

[Rim Cothren, CalHHS CDII] 15:10:22

feel free to do that, but I'm feeling like we'll probably park on this one

[Rim Cothren, CalHHS CDII] 15:10:25

for most of the time today. I'm not going to read this slide at you again.

[Rim Cothren, CalHHS CDII] 15:10:30

I think that everybody here can read it. There is one thing in particular, though, that I will call out here.

[Rim Cothren, CalHHS CDII] 15:10:36

We didn't talk much last time, and I'm not anticipating that we'll talk much today.

[Rim Cothren, CalHHS CDII] 15:10:41

about the necessary, the minimum and required set of elements

[Rim Cothren, CalHHS CDII] 15:10:47

to identify the subject of an event, that patient that is being admitted and discharged in the context here.

[Rim Cothren, CalHHS CDII] 15:10:55

That's because that is one of the places where you have quite a bit of detail in the PMPs now.

[Rim Cothren, CalHHS CDII] 15:11:00

where the elements that are needed are called out. If you think that we need to address that.

[Rim Cothren, CalHHS CDII] 15:11:07

You're free to bring that up, but you'll see that

[Rim Cothren, CalHHS CDII] 15:11:09

For instance, name, date of birth, et cetera, aren't listed on this slide because they are called out in that policy and procedure.

[Rim Cothren, CalHHS CDII] 15:11:18

Also want you to note that I want us as much as we can to think about the larger set of use cases beyond just admissions and discharges from acute or subacute.

[Rim Cothren, CalHHS CDII] 15:11:29

facilities, but

[Rim Cothren, CalHHS CDII] 15:11:32

really driven by our discussion last time.

[Rim Cothren, CalHHS CDII] 15:11:35

you'll see that this slide also tends to concentrate on admissions and discharges because that's what's in front of us right now.

[Rim Cothren, CalHHS CDII] 15:11:43

Let me be quiet. I'm really interested. What gaps do people find here? What is unnecessary on this list, et cetera?

[Rim Cothren, CalHHS CDII] 15:11:53

Yes, Ken.

[Ken Riomales] 15:11:55

Not necessarily relevant to this list, but just wanted to point out we typically do a good job of

[Ken Riomales] 15:12:00

indicating that all processes must comply with applicable law.

[Ken Riomales] 15:12:05

In the case of ADTs, I don't think we've actually called out or referenced the

[Ken Riomales] 15:12:09

requirement that organizations must adhere to

[Ken Riomales] 15:12:13

sending only what's applicable.

[Ken Riomales] 15:12:15

So 42 CFR part two, for example, EDT HL7 messages still apply in that case there. So it wouldn't be a use case where

[Ken Riomales] 15:12:24

ADTs can be sent unsolicited without consideration to that.

[Rim Cothren, CalHHS CDII] 15:12:30

Thank you, Ken. I think that's a good call out, and thanks for making that not just for

[Rim Cothren, CalHHS CDII] 15:12:37

Part two, there are also California laws

[Rim Cothren, CalHHS CDII] 15:12:41

limiting information that can be exchanged about mental health and some other conditions.

[Rim Cothren, CalHHS CDII] 15:12:45

And yes, we should be sure that anything that we specify here must

[Rim Cothren, CalHHS CDII] 15:12:52

be applicable must conform to applicable laws. Well, thank you.

[Jonathon Feit] 15:13:03

I'll just add a little something, Rim.

[Rim Cothren, CalHHS CDII] 15:13:06

Sure.

[Jonathon Feit] 15:13:07

ADTs, as we've talked about before, are really not

[Jonathon Feit] 15:13:10

and EMS things, at least not yet.

[Jonathon Feit] 15:13:14

So I don't know as much about this area as anyone on this call does.

[Jonathon Feit] 15:13:20

But I would imagine given some of the work that

[Jonathon Feit] 15:13:23

I've been involved with in other places

[Jonathon Feit] 15:13:26

Is it possible to incorporate whether the

[Jonathon Feit] 15:13:29

patient is pediatric or not.

[Jonathon Feit] 15:13:33

Because in some cases that'll send you down a path

[Jonathon Feit] 15:13:37

We also see

[Jonathon Feit] 15:13:39

with some types of specialty care or certain types of triage.

[Jonathon Feit] 15:13:43

for example um

[Jonathon Feit] 15:13:45

Right now, one of the alerting mechanisms

[Jonathon Feit] 15:13:48

that is being used across the country.

[Jonathon Feit] 15:13:51

In fact, again, going back to something you had mentioned on one of the preliminary calls a couple months ago.

[Jonathon Feit] 15:13:57

looks at providing triage process

[Jonathon Feit] 15:14:01

for stroke, STEMI,

[Jonathon Feit] 15:14:04

certain other sepsis.

[Jonathon Feit] 15:14:06

So certain very high acuity

[Jonathon Feit] 15:14:10

patient types.

[Jonathon Feit] 15:14:12

Again, I'm not sure whether that's a standard operating procedure in an ADT message.

[Jonathon Feit] 15:14:17

But I do know that that

[Jonathon Feit] 15:14:19

the process of alerting the facility

[Jonathon Feit] 15:14:23

who is coming in and why

[Jonathon Feit] 15:14:25

So that it can be acted on very quickly

[Jonathon Feit] 15:14:29

is a workflow that's occurring.

[Jonathon Feit] 15:14:31

or is it possible to do that in the content

[Jonathon Feit] 15:14:35

of an ADT.

[Jonathon Feit] 15:14:38

And therefore alert the appropriate clinicians

[Jonathon Feit] 15:14:42

That has come up, for example, near me with John Muirhel.

[Jonathon Feit] 15:14:46

And the idea that if you've got a level one trauma center

[Jonathon Feit] 15:14:50

that has a neurologist on call, for example, there is a workflow to get them to the hospital.

[Jonathon Feit] 15:14:55

In the middle of the night. And I'm wondering if there's some role

[Jonathon Feit] 15:14:59

for that type of heads up, again, pediatrics is another version of that.

[Jonathon Feit] 15:15:03

to play in the messaging standard.

[Jonathon Feit] 15:15:05

Just a thought. It's not in here, then it may be someplace else, but that's something that's coming up a lot in dialogue.

[Rim Cothren, CalHHS CDII] 15:15:12

Thanks, Jonathan. So there were two things that I really heard there. First, on whether a patient is a pediatric patient, the identity is

[Rim Cothren, CalHHS CDII] 15:15:22

subject requires date of birth. I don't know if there are considerations beyond strictly the age of an individual that need to be considered there.

[Rim Cothren, CalHHS CDII] 15:15:32

So you might comment on that.

[Rim Cothren, CalHHS CDII] 15:15:34

One of the things in particular, though, that I'm really interested in hearing a little bit from among the folks here.

[Rim Cothren, CalHHS CDII] 15:15:43

The reason for admission is that's called out in HL7. I don't have that in front of me right now, but my recollection is that that is very low fidelity information. It is information like this is an emergency admission

[Rim Cothren, CalHHS CDII] 15:15:57

Or this is an elective procedure, it is very low fidelity.

[Rim Cothren, CalHHS CDII] 15:16:01

but the um

[Rim Cothren, CalHHS CDII] 15:16:03

diagnosis code.

[Rim Cothren, CalHHS CDII] 15:16:06

on discharge would be much

[Rim Cothren, CalHHS CDII] 15:16:08

better information. I'm really interested in people's thoughts concerning

[Rim Cothren, CalHHS CDII] 15:16:13

Jonathan's question about why somebody is being admitted, whether there are things we should consider there.

[Jonathon Feit] 15:16:20

Let me add one thing on the pediatric side. I think you just raised a really interesting point.

[Jonathon Feit] 15:16:25

So I'm involved in Dave Green also was involved. We worked together on this in oregon

[Jonathon Feit] 15:16:32

where there is an alerting system that focusing on pediatric patients

[Jonathon Feit] 15:16:38

with complex care needs.

[Jonathon Feit] 15:16:40

in an emergency setting and utilizing

[Jonathon Feit] 15:16:44

an interface that goes from the field to the hospital to the EHRs along the way.

[Jonathon Feit] 15:16:50

What's interesting is that the state of Oregon defines pediatrics in line with the Affordable Care Act.

[Jonathon Feit] 15:16:57

So they actually use age 26.

[Jonathon Feit] 15:16:59

as their threshold, not 18.

[Jonathon Feit] 15:17:03

Some other states use 18.

[Jonathon Feit] 15:17:05

So to the degree that you've got a date of birth, that's certainly interesting.

[Jonathon Feit] 15:17:10

But you may have an individual who is

[Jonathon Feit] 15:17:14

you know as a function of disability, as a function of cognitive ability, or they've got a childhood illness that persists

[Jonathon Feit] 15:17:23

that they may be treated. In fact, we know for sure that there are adults treated in pediatric care facilities because their condition

[Jonathon Feit] 15:17:31

So that's a very interesting point. Date of birth alone may not be yet.

[Jonathon Feit] 15:17:36

If there's some way of tying those two together. I don't want to speak out of turn about whether that's viable in an ADT.

[Jonathon Feit] 15:17:44

But if you do have the ability to say this patient

[Jonathon Feit] 15:17:48

maybe 20 years old, but you're treating somebody who is, again, for example, cognitively

[Jonathon Feit] 15:17:53

Six years old, that may be relevant to the admission process or they've got a childhood syndrome.

[Rim Cothren, CalHHS CDII] 15:18:02

Thanks, Jonathan.

[John Helvey] 15:18:05

You know, just struck a little bit by the conversation about who you know who

[John Helvey] 15:18:12

The content is good, but it's like, where can we send

[John Helvey] 15:18:16

these ADTs and what use cases and

[John Helvey] 15:18:19

age and all this other stuff. It's like

[John Helvey] 15:18:21

This is for treatment payment and operations is the primary use case around this.

[John Helvey] 15:18:27

So fitting into that.

[John Helvey] 15:18:29

notifications to a hospital on an incoming transport

[John Helvey] 15:18:34

or to the primary care for the consumer.

[John Helvey] 15:18:39

um you know

[John Helvey] 15:18:41

You know, Ken brought up a good point about 42 CFR tip part two. That's a unique thing

[John Helvey] 15:18:46

As it relates to is there consent to release that and to whom

[John Helvey] 15:18:51

But outside of that, when we're talking about ADTs for admit discharge and transfer.

[John Helvey] 15:18:56

for inpatient ED,

[John Helvey] 15:18:59

It's pretty much a TPO.

[John Helvey] 15:19:02

use case.

[John Helvey] 15:19:04

Until we get into social services. And then that's where

[John Helvey] 15:19:08

a majority of the work needs to be in defining what those use cases are and then defining also what the subset of data is that can be released to them.

[Rim Cothren, CalHHS CDII] 15:19:19

So I was about to ask you, John, about did you think that that was going to have an impact just on the consent process or on the data also? And so you're saying that it may have an impact on the data as well.

[John Helvey] 15:19:20

Thank you.

[John Helvey] 15:19:30

Yeah, because just because you, you know, in social services and you have consent

[John Helvey] 15:19:35

You know, the way I think we have to treat it is the same way we treat everything, you know, minimum necessary, right?

[John Helvey] 15:19:42

So what is it that you need to have in order for you to take action with this consumer for the services you provide?

[John Helvey] 15:19:48

doesn't mean that you need the whole medical record, right?

[John Helvey] 15:19:52

It doesn't mean that you need…

[John Helvey] 15:19:55

every ADT, right? But you might need specifically with when we're talking behavioral health

[John Helvey] 15:20:01

You know, FUA, FUM measures. Am I going in for

[John Helvey] 15:20:05

a mental health diagnosis or am I going in for a substance use diagnosis?

[John Helvey] 15:20:09

then that triggers an alert back to mental health.

[John Helvey] 15:20:13

And there are other use cases like that but

[John Helvey] 15:20:17

you know, where the destination of where this information lands has to go through a process and that process has to

[John Helvey] 15:20:25

include memo necessary even if

[John Helvey] 15:20:27

you're not a HIPAA covered entity. Just because someone's consented doesn't mean we should just download everything to you.

[John Helvey] 15:20:36

And going back to our consent call the other day, I think that's the need for that.

[John Helvey] 15:20:41

is outside of HIPAA,

[John Helvey] 15:20:43

what are the use cases and what are those data elements that

[John Helvey] 15:20:47

fit those use cases.

[Rim Cothren, CalHHS CDII] 15:20:52

All right. Thanks, John.

[Rim Cothren, CalHHS CDII] 15:20:55

I'm going to call out John and Tim both because there's a question that I have. We've heard quite a bit about that there is a need to understand

[Rim Cothren, CalHHS CDII] 15:21:06

The why.

[Rim Cothren, CalHHS CDII] 15:21:08

for an event, what is listed here is the reason for admission and the diagnosis code and description.

[Rim Cothren, CalHHS CDII] 15:21:15

I'm curious to hear from both of you, how often do you see diagnosis codes on discharges

[Rim Cothren, CalHHS CDII] 15:21:23

And how often do you see reason for admission actually filled in in some of the ADTs you're seeing? And is there something appropriate that we need to call out specifically

[Rim Cothren, CalHHS CDII] 15:21:35

for on an admission.

[Rim Cothren, CalHHS CDII] 15:21:38

When a diagnosis may not be available, but there may be a chief complaint or something like that. And that's a question open to anybody.

[Rim Cothren, CalHHS CDII] 15:21:46

But I'm calling out Tim and John specifically because in your role at an HIO, you see a large number of ADTs from a lot of different sources.

[Tim Polsinelli] 15:21:57

Yeah, this is Tim. Diagnoses on discharge is pretty common.

[Tim Polsinelli] 15:22:05

Reason for admission or chief complaint

[Tim Polsinelli] 15:22:09

sometimes those kind of get mixed

[Tim Polsinelli] 15:22:11

First of all, it's more than 50%, not 100%, somewhere probably at the 75% range. Sometimes they're coded more than likely they're free text.

[Tim Polsinelli] 15:22:22

That's how you generally know that it's a chief complaint too. It's just someone type something in right based on what the patient reported when they showed up.

[Tim Polsinelli] 15:22:30

Those are, again, 75% really ballpark numbers available on an admission message.

[John Helvey] 15:22:40

Yeah, I mean, I'll agree with Tim. I think

[John Helvey] 15:22:44

you know taking something on a chief complaint, it's an element that is manually typed in in most cases.

[John Helvey] 15:22:51

It's not a drop down, can't tie it to a diagnosis.

[John Helvey] 15:22:57

And typically.

[John Helvey] 15:22:59

it could not even mean anything. There's nobody there that is

[Tim Polsinelli] 15:23:01

That's right.

[John Helvey] 15:23:04

Unless you have a nurse doing your registration that's doing the

[John Helvey] 15:23:07

you know triage of that um

[John Helvey] 15:23:10

person coming into the ED and they

[John Helvey] 15:23:13

put something clinical down, there's no reason that we act on reason for admission.

[John Helvey] 15:23:18

In use cases, though, physicians do want to know around

[John Helvey] 15:23:23

their patients and their panels when

[John Helvey] 15:23:25

their patients gone into the ED or an inpatient unit for whatever reason.

[John Helvey] 15:23:28

So sometimes that chief complaint, having that be available and visible to the primary care.

[John Helvey] 15:23:35

that can lead them into

[Tim Polsinelli] 15:23:36

Mm-hmm.

[John Helvey] 15:23:36

you know, follow up or something like that but

[John Helvey] 15:23:39

taking something downstream, like filtering that off for a behavioral health use case

[John Helvey] 15:23:44

you know there's no physician diagnosis for chief complaint.

[John Helvey] 15:23:48

And it doesn't say that the reason for admission has to be truly

[John Helvey] 15:23:54

put in by a clinical person. Therefore, it's information, but we don't put any clinical value on it, so we don't trigger

[John Helvey] 15:24:01

messages off that. And I think that we would balk at anything being triggered off of reason for admission.

[John Helvey] 15:24:07

it would either have to come over at admitting diagnosis or a discharge diagnosis.

[John Helvey] 15:24:12

Which we do get sometimes downstream.

[John Helvey] 15:24:14

you know once the once the patient gets worked up then

[John Helvey] 15:24:18

you know admitting diagnoses do get entered

[John Helvey] 15:24:21

So we could trigger events off of that in notifications.

[Rim Cothren, CalHHS CDII] 15:24:26

To both of you again, would you recommend that there be a requirement to include a chief complaint if known, or do you think that that is

[Rim Cothren, CalHHS CDII] 15:24:36

either not useful or significant burden for those, a burden beyond its utility.

[John Helvey] 15:24:45

I find that most people put it in there and if they don't, the workflow didn't support it, right? So either

[John Helvey] 15:24:53

either the ED is overloaded

[John Helvey] 15:24:55

and wasn't supportive of somebody getting it

[John Helvey] 15:24:59

put in there right now. Typically, it shows up somewhere along the pathway

[John Helvey] 15:25:04

of the patient, but I wouldn't put any heavy burden on it.

[John Helvey] 15:25:09

Again, what is it going to do and what are we going to trigger off of it? Pretty much nothing.

[John Helvey] 15:25:15

Other than here's information for primary care if they want to know right

[John Helvey] 15:25:20

When a patient was admitted.

[Tim Polsinelli] 15:25:23

Mm-hmm.

[John Helvey] 15:25:23

And typically that would be for you know

[John Helvey] 15:25:26

primary cares that are mostly interested in that are SNF providers.

[John Helvey] 15:25:32

SNFs want to know immediately. Typically, in a lot of cases they have

[John Helvey] 15:25:36

arrangements worked out with the hospital where they're going to come in. They're going to be kind of the hospitalist for that patient.

[John Helvey] 15:25:42

Sometimes, I mean, there's different scenarios across the board

[John Helvey] 15:25:46

But, you know, SNF providers typically want to know

[John Helvey] 15:25:50

As soon as the patient was admitted.

[Rim Cothren, CalHHS CDII] 15:25:54

Thanks, John.

[Rim Cothren, CalHHS CDII] 15:25:56

Tim, anything to add to that?

[Tim Polsinelli] 15:25:56

Yeah, I don't think I'm in disagreement with John. I think it's one of those that if you have it, if the if known categorization makes sense to me.

[Rim Cothren, CalHHS CDII] 15:26:06

Okay. And I don't want to suggest that nobody but Tim and John are…

[Rim Cothren, CalHHS CDII] 15:26:11

are allowed to answer that question. Are there any other thoughts on diagnosis, chief complaint, or reason for event?

[Rim Cothren, CalHHS CDII] 15:26:18

a reason for admission. Yes, Hans.

[Hans Buitendijk] 15:26:21

Yeah, generally would support the comments made is that admission reason, you don't know what you're going to get coded wise or otherwise. It's in V2. It's not a defined set of values. It could be anything.

[Hans Buitendijk] 15:26:35

But if you have it, it's reasonable. So if knowns generally make sense

[Hans Buitendijk] 15:26:40

here for these transactions.

[Hans Buitendijk] 15:26:44

On Zhang Li, and I think that has been brought up by Danielle and others as well last time.

[Hans Buitendijk] 15:26:49

We have to be careful not overloading. So depending on what the other data is that's in the policies, procedures, and particularly on the next slide, no need to jump to that, but where there's a reference to use CDI,

[Hans Buitendijk] 15:27:02

We just want to be sure that that's not going to be interpreted as, well, everything else that you might have in USCI related to fields.

[Hans Buitendijk] 15:27:10

send that across as well, because that's going to be the too much

[Hans Buitendijk] 15:27:13

as space. I think it's a little bit more in the MSH type of area where the X's are in the required yes or no

[Hans Buitendijk] 15:27:23

that depending on what's happening, the obvious ones, date and time of message, date and time of event, they should be fairly straightforward.

[Hans Buitendijk] 15:27:31

When it gets to the organization facility, sending the message and facility and name where event occurred.

[Hans Buitendijk] 15:27:36

We just need to have more clarity what that is because the sending facility in the MSH is not always valued

[Hans Buitendijk] 15:27:43

And might not be the same as what we're talking about that's being used in different ways.

[Hans Buitendijk] 15:27:49

So I just would be careful about how we define it to have clarity and where we expect it.

[Hans Buitendijk] 15:27:55

But generally, the approach of if known makes a lot of sense

[Hans Buitendijk] 15:28:00

And then no more than that we probably need to define to make sure that we're not going to send everything always. That will be too much.

[Hans Buitendijk] 15:28:08

In light of all the consent, privacy, and other topics.

[Rim Cothren, CalHHS CDII] 15:28:13

Thanks, Hans.

[Rim Cothren, CalHHS CDII] 15:28:16

Any other thoughts there?

[Rim Cothren, CalHHS CDII] 15:28:19

Yes, Evelyn.

[Evelyn Gallego] 15:28:22

Great. This is the question, again, just looking at the attending provider name and NPI. I know we know there's someone who attends and treats the patient very different from the discharge planner, not always the same. So I don't know if it's a bonus or a value to actually include the discharge planner. Often if the one entity receiving our organization

[Evelyn Gallego] 15:28:47

receiving information or receiving the event notification needs to ask questions, who do they go to? So I don't know if it's relevant again, or is that too much information to include?

[Rim Cothren, CalHHS CDII] 15:28:58

Well, you actually got to the next question that I was going to ask is about that line. And so rather than ask a question, so what is your opinion? Do you believe what

[Rim Cothren, CalHHS CDII] 15:29:08

Who do you believe other than the subject should be identified here? Is attending provider even the right person? Is merely the discharge planner the right person? Should anybody be included?

[Rim Cothren, CalHHS CDII] 15:29:20

I'm interested in everybody's thoughts there.

[John Helvey] 15:29:27

I've personally…

[Rim Cothren, CalHHS CDII] 15:29:27

Yes, Evelyn, I saw you come off mute.

[Rim Cothren, CalHHS CDII] 15:29:30

Sorry, John.

[Evelyn Gallego] 15:29:30

Yeah, no, that was my question as well for those receiving these evenfts or, you know, the team today is what what is of value right and

[Evelyn Gallego] 15:29:41

Is it duplicate to include both or is it needed as well?

[John Helvey] 15:29:50

Yeah, I was just going to say I've never…

[John Helvey] 15:29:54

I've never been asked for

[John Helvey] 15:29:56

information on the discharge planner. I've always been asked for information on who was the attending provider, who took care of the consumer.

[John Helvey] 15:30:06

I think that

[John Helvey] 15:30:09

that gets a little challenging in the workflow at hospitals. I'm just trying to think from my days in

[John Helvey] 15:30:16

In the critical access world was, you know, how would that data get in there and who would know

[John Helvey] 15:30:23

And was there one?

[John Helvey] 15:30:25

Because there's not always necessarily a discharge planner. There is a discharging nurse, so that doesn't apply to a planner. It depends on

[John Helvey] 15:30:33

There's lots of things that that depends on so

[John Helvey] 15:30:38

But I'm interested in hearing about the use cases for discharge planner information being in there.

[John Helvey] 15:30:45

And the value of those use cases downstream.

[Evelyn Gallego] 15:30:52

I can just chime in, John, just our work on the design studio, working with um

[Evelyn Gallego] 15:30:59

ECM provider, not that they were asking for that, but they take action based on the discharge plan. And part of it is knowing who put that together. And it's not always the attending provider, right?

[Evelyn Gallego] 15:31:12

It's someone. So it is part of the workflow. Again, there wasn't an ask about including the discharge planner in the ADT event notification, but I ask again, would it be of value as if they have someone or if that information is already entered somewhere or made available by the QHIO or the intermediary?

[Rim Cothren, CalHHS CDII] 15:31:42

Yeah, Jonathan.

[Jonathon Feit] 15:31:44

Yeah, I think to tack on to Evelyn's question a little bit um

[Jonathon Feit] 15:31:50

get EMS presents some interesting use cases here.

[Jonathon Feit] 15:31:54

particular where you have mobile patients.

[Jonathon Feit] 15:31:56

So if you have folks who are underhoused

[Jonathon Feit] 15:31:58

folks who are migrant, the idea that someone has been discharged

[Jonathon Feit] 15:32:06

from a facility, but is now elsewhere.

[Jonathon Feit] 15:32:12

I think is a poignant one, especially if you want to track backwards.

[Jonathon Feit] 15:32:16

So to the degree that again

[Jonathon Feit] 15:32:18

this is still foreign to EMS. So I'm kind of casting into the wild as far as if this was something that they would use.

[Jonathon Feit] 15:32:24

this is one way that it would use, but the more we look at

[Jonathon Feit] 15:32:29

out of hospital care providers being

[Jonathon Feit] 15:32:31

for example interventionists when it comes to substance use and things like that.

[Jonathon Feit] 15:32:35

we know that particularly low income

[Jonathon Feit] 15:32:40

migrant folks, people may be going from community to community living in motels

[Jonathon Feit] 15:32:45

But these are very real use cases that we see.

[Jonathon Feit] 15:32:48

And so if somebody has been discharged from one facility and is seen somewhere else for whatever reason.

[Jonathon Feit] 15:32:54

I think it could be interesting to be able to say who discharged this person and

[Jonathon Feit] 15:32:59

And were they ready and what was going on at the time? What should have been those instructions? So the idea of being able to tie that back

[Jonathon Feit] 15:33:08

presents the opportunity for digging a little deeper.

[Rim Cothren, CalHHS CDII] 15:33:15

Thanks.

[Rim Cothren, CalHHS CDII] 15:33:20

Is there any other data that people see as missing here? Any other questions that anybody has?

[Jonathon Feit] 15:33:23

But… Go ahead.

[Jonathon Feit] 15:33:25

By the way, let me just append one quick thing.

[Rim Cothren, CalHHS CDII] 15:33:27

Yeah.

[Jonathon Feit] 15:33:29

that the use case that I just mentioned.

[Jonathon Feit] 15:33:32

is treatment. And I think it ends up being relevant because there is a debate going on

[Jonathon Feit] 15:33:39

As far as whether EMS

[Jonathon Feit] 15:33:41

accessing data is treatment or operations, for example, when it comes to quality control.

[Jonathon Feit] 15:33:47

tends to annoy me for reasons I won't go into right now.

[Jonathon Feit] 15:33:52

But the, uh.

[Jonathon Feit] 15:33:53

But this is not. This is in the context of the idea that someone is being seen again and again and again.

[Jonathon Feit] 15:33:58

And so following up on them and connecting the dots is not a matter of just making sure you're doing everything right and

[Jonathon Feit] 15:34:03

filling in information gaps. It's making sure you don't screw up something because you don't know who this person is.

[Rim Cothren, CalHHS CDII] 15:34:12

Thanks. Hans.

[Hans Buitendijk] 15:34:14

Yeah, more question on one of the topics that you raised earlier that relates to what data, and then it's a question of when.

[Hans Buitendijk] 15:34:25

The threshold to say is that for a particular event.

[Hans Buitendijk] 15:34:30

trigger what's the absolute minimum data that you must know before you are ready to send?

[Hans Buitendijk] 15:34:37

You mentioned that absence of some data

[Hans Buitendijk] 15:34:40

may indicate that you have to wait with the notification.

[Hans Buitendijk] 15:34:45

And I think that kind of clarity

[Hans Buitendijk] 15:34:47

I'm not sure how much direct trust has really clarified that

[Hans Buitendijk] 15:34:52

and others.

[Hans Buitendijk] 15:34:54

But that seems to be a quite important part to make sure that we also don't wait too long, even though you don't know everything.

[Hans Buitendijk] 15:35:02

is there already value in getting the notification out?

[Hans Buitendijk] 15:35:06

And I'm not sure where that would fit. So it's not necessarily the data itself and where it says if known or not.

[Hans Buitendijk] 15:35:13

But minimally required, otherwise don't even bother sending the notification.

[Rim Cothren, CalHHS CDII] 15:35:24

So what are people's thoughts what

[Rim Cothren, CalHHS CDII] 15:35:28

as a first

[Rim Cothren, CalHHS CDII] 15:35:30

shot, I would say that

[Rim Cothren, CalHHS CDII] 15:35:34

the information that is required that an event doesn't go out until you can check all that boxes. That means that you need to be able to discuss to determine

[Rim Cothren, CalHHS CDII] 15:35:43

what type of event you're reporting, the facility where the event is taking place, and information about the subject.

[Rim Cothren, CalHHS CDII] 15:35:49

but does not need to include some of the other information on here.

[Rim Cothren, CalHHS CDII] 15:35:54

Do people believe that that's inappropriate?

[Rim Cothren, CalHHS CDII] 15:35:58

Hans, is there someplace where you would put that line?

[Hans Buitendijk] 15:36:02

Sorry, audio off now. There are a couple of obvious ones is that if we are, because we are talking a larger list together here.

[Hans Buitendijk] 15:36:11

The obvious ones are if an a01

[Hans Buitendijk] 15:36:14

Certainly, I don't discharge disposition and date and et cetera are not critical. So you don't need to wait for that. So I think that was going to be the obvious one. I think it's the harder ones that are going to be more the challenge if you say even reason for admission is not known.

[Hans Buitendijk] 15:36:32

His daughter, any circumstances in which you would then have to wait

[Hans Buitendijk] 15:36:36

For that, I would suggest not necessarily because the fact that you already have an emission

[Hans Buitendijk] 15:36:43

date, you send the notice that there was an admission

[Hans Buitendijk] 15:36:47

there can always be follow-ups. I will be less inclined to say is that if the reason for admission is not known yet.

[Hans Buitendijk] 15:36:53

then you're going to wait. So I'm curious where others feel that is.

[Hans Buitendijk] 15:36:57

Because that might vary from

[Hans Buitendijk] 15:37:00

context it might depend on are you going from a hospital to a sniff from sniff to a hospital? Who are you notifying that it might be impacting what you have to have as a minimum?

[John Helvey] 15:37:19

Yeah, I think it's a slippery slope.

[John Helvey] 15:37:22

kind of trying to define that.

[John Helvey] 15:37:24

Oh.

[John Helvey] 15:37:26

I think it's…

[John Helvey] 15:37:30

I mean, I think there's some, I mean, unless you break it down by use case

[John Helvey] 15:37:36

Use case by use case, but then

[John Helvey] 15:37:42

Yeah, I'm not…

[John Helvey] 15:37:48

I'm not sure how to truly categorize that.

[John Helvey] 15:37:51

Outside of TPO.

[John Helvey] 15:37:54

Specifically.

[Tim Polsinelli] 15:38:00

I think about some of these and I just

[Tim Polsinelli] 15:38:03

knowing how EHRs work, there's a trigger mechanism, then someone's pushing a button, something happens, right? And that is going to cause

[Tim Polsinelli] 15:38:12

that event to be broadcast out

[Tim Polsinelli] 15:38:16

And saying, well, you didn't have the reason for admission, so hold on to it, I think is probably a difficult task for that source organization to actually do.

[Tim Polsinelli] 15:38:29

So that just sounds like a complexity, right?

[Tim Polsinelli] 15:38:32

I think when I think about the kind of the question that's asked.

[Tim Polsinelli] 15:38:36

like the things that have an X on it are the absolute minimum, right, that we need to get out the door, right? So at least someone knows that an individual was seen at a facility, showed up at a facility. I'm assuming type of event would be like admission or discharge or whatever corresponds right to that specific type of event.

[Tim Polsinelli] 15:38:54

So I think that at least gives someone the minimal amount of information to

[Tim Polsinelli] 15:39:00

decide, do they need to follow up? Do they need to make a phone call? Do they want to go visit the individual, whatever it may be.

[Tim Polsinelli] 15:39:06

The ones below, frankly, I think if known

[Tim Polsinelli] 15:39:10

makes a lot of sense. I think in many cases, many of those will be known as just part of the workflow, right? You know the admission date.

[Tim Polsinelli] 15:39:16

you may not know the type. You may not have a chief complaint, as John stated earlier, just depending on what's going on.

[Tim Polsinelli] 15:39:23

For the discharge ones, generally you're going to have

[Tim Polsinelli] 15:39:26

most of those

[Tim Polsinelli] 15:39:29

In most cases, right, that they're going to generally flow with the messages as part of the workflow.

[John Helvey] 15:39:36

Yeah, and we got all kinds of ADTs, right? You've got your initial, you got your updates, you've got

[John Helvey] 15:39:43

you know, you're discharged. So depending on when information comes in

[John Helvey] 15:39:49

you know, for example, we put on notifications to primary care providers if we get an admitting discharge

[John Helvey] 15:39:58

We get that into their view. Now that admitting discharge

[John Helvey] 15:40:04

might not necessarily

[John Helvey] 15:40:07

be the the

[John Helvey] 15:40:08

or the admitting diagnosis might not necessarily be the discharge diagnosis.

[John Helvey] 15:40:13

But if we triggered them notification around what the admin diagnosis was and it fit within a criteria in which they wanted to be notified.

[John Helvey] 15:40:21

We make sure that we follow up with the discharge so that they know that there was alignment at discharge

[John Helvey] 15:40:27

or there wasn't alignment at discharge based on the admitting. So if we communicated to them, we make sure

[John Helvey] 15:40:33

Just because the discharge diagnosis doesn't come in and play

[John Helvey] 15:40:37

into some subgroup that they want to focus in on.

[John Helvey] 15:40:41

But we already alerted them. We want to do that, help them do that reconciliation and follow up so that they know exactly what the end result was.

[John Helvey] 15:40:48

And whether that fits within their script for that patient panel.

[Rim Cothren, CalHHS CDII] 15:40:54

Thank you, John. Cindy, you've had your hand up.

[Cynthia Bero] 15:40:57

Yeah, I was, you know, I'm trying to respond to your question. I guess for me, the required elements there, the ones at the top with the X and the required column, those

[Cynthia Bero] 15:41:09

seem to need to be present in order to generate

[Cynthia Bero] 15:41:14

an event.

[Cynthia Bero] 15:41:16

And if you work your way to the right, the only column that doesn't get a check mark out of that is the why. And that's hard to define sometimes on submissions. You don't really know why because things are happening so fast. So I think

[Cynthia Bero] 15:41:32

I think as long as you've answered the basic what, when, who, and where.

[Cynthia Bero] 15:41:37

I think the event has a lot of value.

[Rim Cothren, CalHHS CDII] 15:41:42

Michelle, Gina.

[Sheljina Ibrahim Kutty] 15:41:44

Yeah. Yeah. And I agree with Cindy on like, you know, the X marks under the required for some of the, you know, fields in there, it makes sense. And from the perspective that it could be a notification.

[Sheljina Ibrahim Kutty] 15:42:02

you know to the receiver that, well, this provider has a treatment relationship with the patient and they could use that information

[Sheljina Ibrahim Kutty] 15:42:10

for other kind of data exchanges. So it totally makes sense like if even if Y is missing.

[Sheljina Ibrahim Kutty] 15:42:17

You know, the other parties notified that, yeah, the provider is seeing this patient and can utilize that information to build an attribution process or like whatever, right? So that it is still useful is what I'm saying.

[Rim Cothren, CalHHS CDII] 15:42:30

Mm-hmm.

[Rim Cothren, CalHHS CDII] 15:42:32

Dave, you have your hand up.

[Dave Green] 15:42:37

Yeah, a question on the top row here of date and time message. We've talked about some of the complexities of information coming in or maybe there's a delay in missing some critical points before sharing. Is there any concern about date and time of message making that a requirement?

[Dave Green] 15:42:53

Considering also that data is being passed through either intermediaries or QHIOs.

[Dave Green] 15:43:00

And kind of what the primary focus or goal of that would be.

[Rim Cothren, CalHHS CDII] 15:43:09

Well, I can tell you, Dave, when I wrote that down.

[Rim Cothren, CalHHS CDII] 15:43:12

that was coming out of the HL7

[Rim Cothren, CalHHS CDII] 15:43:16

fee to ADT message header, which has a requirement for a time of the message that's being sent. So this would be

[Rim Cothren, CalHHS CDII] 15:43:23

the date and time that a message was sent out that might not be, as you say.

[Rim Cothren, CalHHS CDII] 15:43:28

the date and time of the event itself and might happen later.

[Rim Cothren, CalHHS CDII] 15:43:32

Either because a hospital was sending it out later or because it spent some time in transit through the system.

[Rim Cothren, CalHHS CDII] 15:43:40

Are there concerns people have about

[Hans Buitendijk] 15:43:50

I think if the date of the event which both

[Hans Buitendijk] 15:43:54

direct crust and here are listed as an acts effectively

[Hans Buitendijk] 15:43:59

That's really the important part in a way is the date of time of message based on passing through

[Hans Buitendijk] 15:44:06

that has shifted a little bit. I'm not sure whether that's

[Hans Buitendijk] 15:44:09

for an understanding of the notification, the most critical thing.

[Hans Buitendijk] 15:44:14

because she's going to get the date of the matches

[Hans Buitendijk] 15:44:17

effectively, either it's just going to be passed through, but if there's a transformation that's going to be occurring in the middle

[Hans Buitendijk] 15:44:22

you're going to get a new date of message.

[Rim Cothren, CalHHS CDII] 15:44:25

Yep.

[Hans Buitendijk] 15:44:25

convinced that it's critical as long as you have

[Hans Buitendijk] 15:44:28

today's time of the event.

[Rim Cothren, CalHHS CDII] 15:44:30

Thank you, Hans.

[Rim Cothren, CalHHS CDII] 15:44:33

Let's move on to the next slide if we can. The next slide calls out a few things that I really wanted to bounce off of people.

[Rim Cothren, CalHHS CDII] 15:44:42

If you look through the direct trust.

[Rim Cothren, CalHHS CDII] 15:44:46

standard, it requires that there be both a machine readable and a human readable portion of a notification. Again, we're talking about notifications here.

[Rim Cothren, CalHHS CDII] 15:44:57

I'm interested in people's thoughts about whether we need to

[Rim Cothren, CalHHS CDII] 15:45:01

require a human readable portion of a notification or whether a machine readable is

[Rim Cothren, CalHHS CDII] 15:45:10

sufficient on its own.

[Rim Cothren, CalHHS CDII] 15:45:13

I think in a direct message, I believe what the direct trust was calling out was that you'd send a direct message with a human readable portion in the body and an attached HL7V2 message.

[Rim Cothren, CalHHS CDII] 15:45:25

The other two things on this slide also are for admissions and discharges should we adopt

[Rim Cothren, CalHHS CDII] 15:45:33

HL7V 2.5.1 ADT messages as the machine readable standard.

[Rim Cothren, CalHHS CDII] 15:45:40

even in a notification, again, we're talking about notifications here.

[Rim Cothren, CalHHS CDII] 15:45:44

To Hans's point.

[Rim Cothren, CalHHS CDII] 15:45:46

USCDI only being used to identify the coding standards for data in there, not an instruction to include everything in USCDI as part of the notification.

[Rim Cothren, CalHHS CDII] 15:45:59

And under three, is that what should go in a human readable portion of a message? So I'm really interested in people's thoughts about first adoption of ADT messages for machine readable component and does there need to be a human readable component of this as well.

[Rim Cothren, CalHHS CDII] 15:46:15

So, Jane, I see your hand up.

[Sheljina Ibrahim Kutty] 15:46:17

Yeah, the only problem with human readable segments I see is like when it comes to identifying the sensitive information, you know, like when it is, you have

[Sheljina Ibrahim Kutty] 15:46:31

something written over in the human readable segment says HIV or you know stuff like that it's very hard for, you know.

[Sheljina Ibrahim Kutty] 15:46:40

to process that and do any kind of logic around that to you know filter it out in some scenarios so

[Sheljina Ibrahim Kutty] 15:46:49

I think that's a challenge generally with human readable segments or notes and stuff which gets attached to the clinical data. So that's

[Sheljina Ibrahim Kutty] 15:46:58

something which I see.

[Rim Cothren, CalHHS CDII] 15:47:01

Thank you for that. I think that we're talking about here is that the human readable portion would be

[Rim Cothren, CalHHS CDII] 15:47:07

just elements of what was on the last slide and therefore clinical notes shouldn't be part of this. However, I think in

[Rim Cothren, CalHHS CDII] 15:47:15

chief complaint on admission, yes, we're talking about

[Rim Cothren, CalHHS CDII] 15:47:20

um uh

[Rim Cothren, CalHHS CDII] 15:47:21

probably free text entry fields there. And so I think that is a concern.

[Rim Cothren, CalHHS CDII] 15:47:28

Other thoughts?

[Rim Cothren, CalHHS CDII] 15:47:31

For those of you that send out notifications today, what do you see on this list that would be difficult to do?

[Rim Cothren, CalHHS CDII] 15:47:38

Jonathan, I see your hand up.

[Jonathon Feit] 15:47:42

Hi.

[Jonathon Feit] 15:47:44

Dave, can I ask you to come off mute real quick? I actually have a question for you.

[Jonathon Feit] 15:47:49

Thinking about what we did with the Eddie.

[Jonathon Feit] 15:47:52

In Oregon, the Emergency Department Information Exchange for

[Jonathon Feit] 15:47:56

those who aren't familiar with the acronym.

[Jonathon Feit] 15:48:00

wasn't one of the, it strikes me as one of the items that we worked a lot on.

[Jonathon Feit] 15:48:05

was a human readable component, was it not?

[Jonathon Feit] 15:48:08

It seems to remind me of that. And so I figured it might be something worth

[Jonathon Feit] 15:48:12

addressing because I thought there was this concern of it going in as a file or going in as a

[Jonathon Feit] 15:48:17

a technical alert was one thing, but folks want to be able to see what was coming in was that

[Jonathon Feit] 15:48:22

Does that jog a memory for you?

[Dave Green] 15:48:24

Oh, I mean, I think just generally in care collaboration um

[Dave Green] 15:48:30

The few can take raw data or take machine readable data and make, you know.

[Dave Green] 15:48:36

eloquent records to drive workflow. And so I think that that's where the human readable comes in to say, how can we push content

[Dave Green] 15:48:43

that a clinician in the front can work with or an organization who doesn't have the resources to build a mechanism to translate data into useful use cases.

[Dave Green] 15:48:53

And so, yeah, I mean, I think

[Dave Green] 15:48:55

If we're looking to serve

[Dave Green] 15:48:58

ambulatory and all the organizations that don't have a robust computing mechanism or IT services to take the data in and do things.

[Dave Green] 15:49:06

then yeah, we need to be able to show this in a way. And it's got to be a little bit higher level because the more we share, the more it becomes a kind of a complicated CCD of

[Dave Green] 15:49:16

buried information. So I agree. And all of these things you show here on this list um

[Dave Green] 15:49:21

I think are probably

[Dave Green] 15:49:24

a great place to share with clinicians.

[Jonathon Feit] 15:49:28

Awesome. I'm glad I'm not crazy. I would just add then the one element to append

[Jonathon Feit] 15:49:36

a point of speed.

[Jonathon Feit] 15:49:38

Right. So as Dave's mentioning, as far as, you know, certainly the sophistication of the data in my world, particularly on the admissions side, but again, also on, you know, who's taking the patient home.

[Jonathon Feit] 15:49:49

and when and so on.

[Jonathon Feit] 15:49:52

the discharge component, there's an element of

[Jonathon Feit] 15:49:55

ease of getting at things.

[Jonathon Feit] 15:49:57

So I guess if you're going to send through a machine readable something, you'd need someone, you'd need a process that tells someone to check

[Jonathon Feit] 15:50:05

the machine, as opposed to something that can be shown on

[Jonathon Feit] 15:50:12

you know, board of some kind

[Jonathon Feit] 15:50:14

or sent to a handset as an SMS, all of which I think are probably easier if you've got

[Jonathon Feit] 15:50:20

a human readable component.

[Jonathon Feit] 15:50:23

So speed being a

[Jonathon Feit] 15:50:25

an element of

[Jonathon Feit] 15:50:27

parts of this workflow.

[Jonathon Feit] 15:50:28

Thanks, Dave. Appreciate it.

[John Helvey] 15:50:33

I'm going to call on…

[John Helvey] 15:50:36

Tim. I mean, isn't that a service that we provide and

[John Helvey] 15:50:41

we probably would not like to have dictated. I mean…

[John Helvey] 15:50:45

We provide, we take data in and we convert it or make it usable for our customers based on how they want to receive it.

[Tim Polsinelli] 15:50:56

Mm-hmm.

[John Helvey] 15:50:57

you know some of them they just want

[John Helvey] 15:51:00

the ADT and they're going to do something with it. Some of them want a dashboard. Some of them want it in direct messaging.

[John Helvey] 15:51:07

I mean, I'm trying to understand what it is that we're trying to accomplish in

[John Helvey] 15:51:12

the proposal for notification content because

[John Helvey] 15:51:15

it's going to depend on who

[John Helvey] 15:51:18

who's receiving the content?

[John Helvey] 15:51:21

And what are their parameters around that?

[John Helvey] 15:51:23

I don't know that we can pre-script that.

[Jonathon Feit] 15:51:27

Yeah, just from my point, I was not trying to suggest going around you guys at all, just to be clear.

[Jonathon Feit] 15:51:32

simply the range of use cases is still is very, at least in my world

[Jonathon Feit] 15:51:37

varies by some additional parameters.

[Rim Cothren, CalHHS CDII] 15:51:43

So John, I want to dig into that a little bit. So would it be a reasonable thing to say that you must

[Rim Cothren, CalHHS CDII] 15:51:50

And I'm thinking not just for intermediaries, but this would apply to hospitals and SNFs and EDs as well, because they may be sending out notifications also.

[Rim Cothren, CalHHS CDII] 15:52:00

but to make a requirement that a human readable version must be made available for those that want it.

[Rim Cothren, CalHHS CDII] 15:52:06

Or what is the right thing to do here? I understand that if I just want you to push HL7 v2 messages into my EHR, please don't litter my inbox with human readable stuff. So I get that.

[Rim Cothren, CalHHS CDII] 15:52:18

What would you recommend?

[Rim Cothren, CalHHS CDII] 15:52:23

You're on mute, John.

[Rim Cothren, CalHHS CDII] 15:52:26

I'm getting better at lip reading, but not that good yet.

[John Helvey] 15:52:30

It's interesting, right? I think that

[John Helvey] 15:52:33

you know some people might like to have just a PDF document. Some people might like to have a dashboard. But I think it has to be usable, right?

[John Helvey] 15:52:42

You have to be able to take the ADT notification and make it usable for whatever

[John Helvey] 15:52:48

The recipient of that notification is.

[Rim Cothren, CalHHS CDII] 15:52:51

Okay.

[John Helvey] 15:52:51

And sometimes that takes negotiation, right? Sometimes there's

[John Helvey] 15:52:55

There's not an answer to that.

[John Helvey] 15:52:59

You know, I think the standards are is that it's either forwardable or it goes into, you know, a direct secure message in some way, shape or form.

[John Helvey] 15:53:10

Or that has to be negotiated. Like in Jonathan's case.

[John Helvey] 15:53:14

You know, you're not necessarily can force a

[John Helvey] 15:53:19

a usable method for Jonathan's case because Jonathan's case is going to change for every

[John Helvey] 15:53:24

person that he interacts with every member

[John Helvey] 15:53:27

or group that he works with

[John Helvey] 15:53:29

maybe that changes.

[John Helvey] 15:53:31

I don't know that we can come up with a

[John Helvey] 15:53:34

a definable

[John Helvey] 15:53:36

thing here other than

[John Helvey] 15:53:37

it's got to be usable.

[Rim Cothren, CalHHS CDII] 15:53:39

Yeah, thanks, John. I want to

[Rim Cothren, CalHHS CDII] 15:53:42

take us to public comment. I wasn't watching the clock well enough. And so I want to give the public a chance to chime in. Alice, if you can

[Rim Cothren, CalHHS CDII] 15:53:51

take over the slides and take us to public comment, that'd be helpful.

[Alice K - Events] 15:53:57

Thank you, Ren.

[Alice K - Events] 15:54:05

Participants may submit written comments and questions through the Zoom Q&A box.

[Alice K - Events] 15:54:10

All comments will be recorded and reviewed by CDII staff

[Alice K - Events] 15:54:15

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

[Alice K - Events] 15:54:20

If you've joined via Zoom interface, you can click raise hand at the bottom of your screen.

[Alice K - Events] 15:54:25

And if you've dialed in by phone only.

[Alice K - Events] 15:54:29

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

[Alice K - Events] 15:54:34

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

[Alice K - Events] 15:54:41

And at this time, it does not look like we have any hands raised from the public.

[Alice K - Events] 15:54:48

Oh, we just got one.

[Alice K - Events] 15:54:54

Katie, you should not be able to unmute.

[Katy Weber, MPH] 15:54:57

Hi, everyone. This is Great Discussions. I just wanted to make one comment around the discharge planner. I think that would be important to include, especially when you're trying to coordinate around social services, especially for homeless individuals, also older adults with functional cognitive disabilities.

[Katy Weber, MPH] 15:55:15

And also other social service needs, because often the admits to the ER social admits for older adults. So having that ability to coordinate with the discharge planner would be very important in those use cases.

[Katy Weber, MPH] 15:55:30

Thank you.

[Jonathon Feit] 15:55:34

um

[Alice K - Events] 15:55:35

All right. We do not have any other hands raised at this time.

[Jonathon Feit] 15:55:40

jonAllow me to add on one thing. I certainly appreciated that point from Katie.

[Jonathon Feit] 15:55:46

It was actually something I just posted something about on social media last night.

[Jonathon Feit] 15:55:51

the discharge planning function

[Jonathon Feit] 15:55:54

is being occupied by different

[Jonathon Feit] 15:55:57

organizations in different places.

[Jonathon Feit] 15:55:59

So John, I think this touches a little bit on

[Jonathon Feit] 15:56:01

what you said as well. Community paramedicine specifically is one of those sort of hybrid operating

[Jonathon Feit] 15:56:10

environments where

[Jonathon Feit] 15:56:12

they kind of float, right? So in some places they're focused on

[Jonathon Feit] 15:56:16

keeping folks comfortable in their homes and getting the care over there. In some cases they're doing street medicine

[Jonathon Feit] 15:56:21

In other cases, they are.

[Jonathon Feit] 15:56:25

basically going into a hospital and helping to navigate those older

[Jonathon Feit] 15:56:29

folks, the folks with social challenges, underhoused, et cetera, that Katie referenced

[Jonathon Feit] 15:56:35

though because that function

[Jonathon Feit] 15:56:37

is sort of interstitial, right? It sits in between a bunch of different places. Their capabilities are all over the map.

[Jonathon Feit] 15:56:45

And to John's point about making the data useful, yeah, I certainly agree.

[Jonathon Feit] 15:56:51

But I also think Dave made a prescient point in that their sophistication

[Jonathon Feit] 15:56:55

is going to be all over the map too.

[Jonathon Feit] 15:56:58

In some cases, these are organizations, and I mean technical sophistication to be clear not

[Jonathon Feit] 15:57:02

human or intellectual or clinical.

[Jonathon Feit] 15:57:05

You know, so what they're able to work with, what tools they already have we know

[Jonathon Feit] 15:57:10

that there are communities all over this country that are serving that function

[Jonathon Feit] 15:57:14

in this community paramedicine environment and are using the equivalent of google sheets

[Jonathon Feit] 15:57:19

or Excel to do that. Other places, they're actually using physical notebooks.

[Jonathon Feit] 15:57:24

And six other data systems, by the way, like in Tucson, Arizona

[Jonathon Feit] 15:57:28

Where none of them talk to each other.

[Jonathon Feit] 15:57:30

So there is a very real

[Jonathon Feit] 15:57:33

question of are we making things useful

[Jonathon Feit] 15:57:37

Or are we sort of spitting out technology that they can't consume?

[Jonathon Feit] 15:57:41

And I think Katie's quite right. And John, too, it has to work.

[Jonathon Feit] 15:57:46

But it has to jive with whatever their ecosystem is. And that's going to be all over the place.

[Jonathon Feit] 15:57:51

So I don't know in this context whether it has to be one or the other. You can have a machine readable and a human readable

[Jonathon Feit] 15:57:58

And we make them both available simultaneously? Is there any reason why we wouldn't do that?

[Jonathon Feit] 15:58:02

When that'll just be a catch-all

[Jonathon Feit] 15:58:04

to folks who have a lot of

[Jonathon Feit] 15:58:07

a lot of investment made in technology and some that have none.

[Rim Cothren, CalHHS CDII] 15:58:14

Alice, do we have any other public comment?

[Alice K - Events] 15:58:17

There are no other hands raised at this time.

[Rim Cothren, CalHHS CDII] 15:58:19

All right. Well, we are reaching the top of the hour. If you want to move us on to slide 15, just a little bit about our next meeting. Our next meeting, I don't think is until three weeks. So we have a little bit of a gap.

[Rim Cothren, CalHHS CDII] 15:58:33

Before we meet again.

[Rim Cothren, CalHHS CDII] 15:58:35

What I would like for people to do, our next meeting will be talking potentially about two different topics. We've been talking for two meetings now about the information required for notifications.

[Rim Cothren, CalHHS CDII] 15:58:45

We haven't talked about the information that must be present in an event

[Rim Cothren, CalHHS CDII] 15:58:51

from organizations that use an intermediary.

[Rim Cothren, CalHHS CDII] 15:58:55

I would like people to think a little bit about, is that any different than the information we've already talked about?

[Rim Cothren, CalHHS CDII] 15:59:02

And then we'll probably spend most of our time at the next meeting talking about how do people actually get notifications. We've been talking about what the data is.

[Rim Cothren, CalHHS CDII] 15:59:10

But now how do they get them? And think about that in terms of what minimum requirements might we want to set, if any.

[Rim Cothren, CalHHS CDII] 15:59:18

So for example, if someone only allows you to get notifications by carrier pigeon, that may not fit into your workflows, do we want to have

[Rim Cothren, CalHHS CDII] 15:59:29

a minimum bar that every organization must reach up to so that there is some common denominator. So give some thought to that.

[Rim Cothren, CalHHS CDII] 15:59:38

in the coming weeks, and that'll be our topics for next time.

[Rim Cothren, CalHHS CDII] 15:59:42

Are there any other final comments before we call today's meeting?

[Rim Cothren, CalHHS CDII] 15:59:50

Hearing none, thank you again for a