The Office of the National Coordinator for Health Information Technology

Health IT Advisory Committee

Interoperability Standards Priorities Task Force

Ken Kawamoto, Co-Chair
Steven Lane, Co-Chair

October 23, 2018

Agenda

- Call to Order/ Roll Call
  - Lauren Richie, Designated Federal Officer
- HITAC Debrief & Follow-up
  - Steven Lane & Ken Kawamoto, Task Force Co-Chairs
- Overview of Standards Associated with Closed Loop Referrals & Care Coordination
  - Brett Andriesen, ONC Staff
- Presentation on 360X Project
  - Holly Miller & Jim Fisher, MedAllies
  - Vassil Peytchev, Epic
- Task Force Discussion of Closed Loop Referrals & Care Coordination
  - Steven Lane & Ken Kawamoto, Task Force Co-Chairs
- Public Comment
- Next Meeting
- Adjourn

HITAC Debrief & Follow-up

Link to ISPTF October 2018 HITAC Update

Overview of Standards Associated with Closed Loop Referrals & Care Coordination

Relevant Links

- Direct Project Wiki - http://wiki.directproject.org/
- 360X - http://bit.ly/360Xreferrals
- Cross Enterprise Basic eReferral Workflow Definition - https://wiki.ihe.net/index.php/Cross-enterprise_Basic_eReferral_Workflow_Definition

ISA Links

- ISA Section II: Admission, Discharge and Transfer
- ISA Section II: Care Plan
- ISA Section II: Images
- ISA Section II: Laboratory
- ISA Section II: Summary Care Record

- ISA Section V: Health Care Claims and Coordination of Benefits
- ISA Section V: Administrative Transactions to Support Clinical Care

Presentation on 360X Project

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360X for Closed Loop Referrals

Interoperability Standards Priority Task Force

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

http://bit.ly/360Xreferrals

360X Background

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

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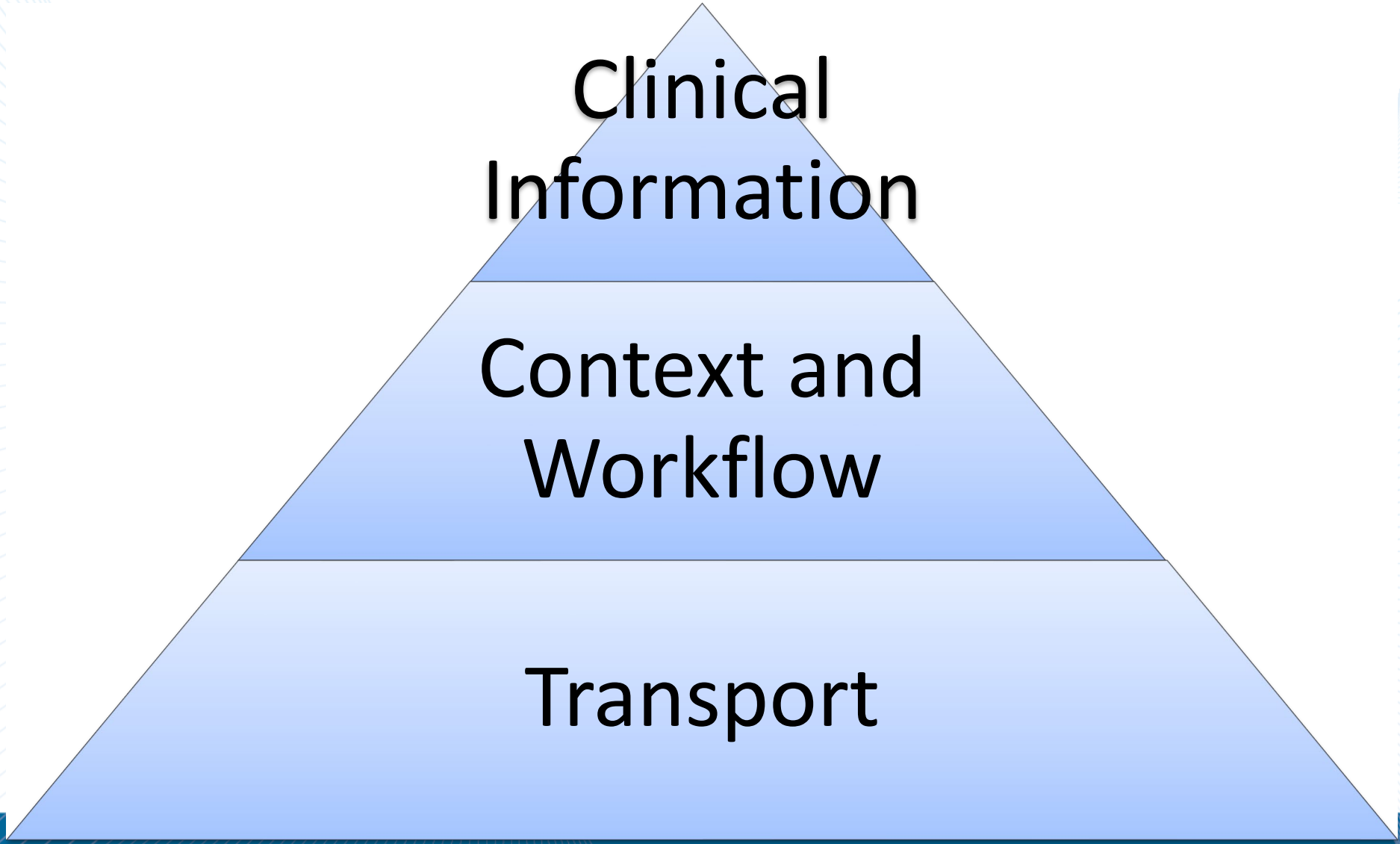
Technical Approach: Layers



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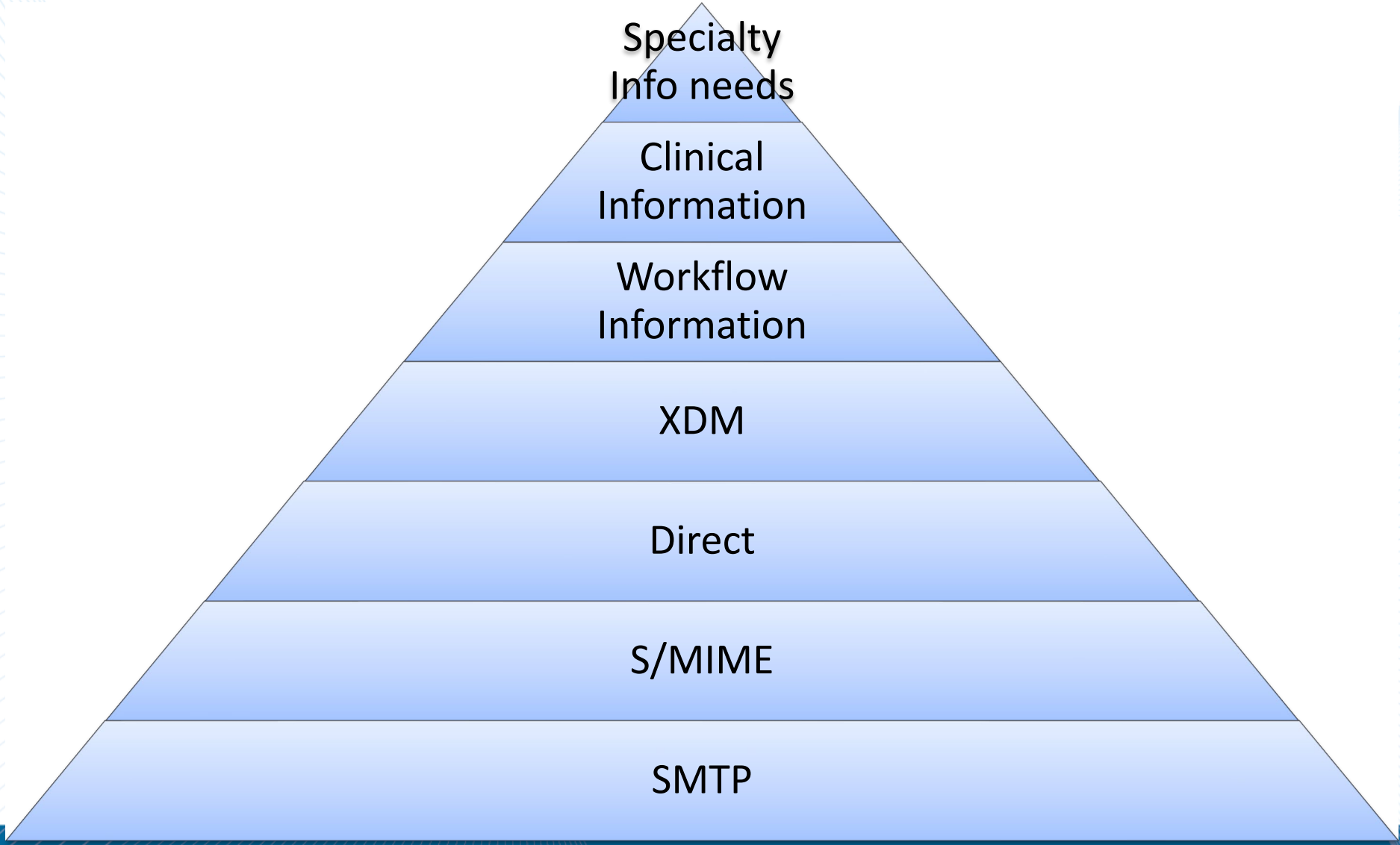
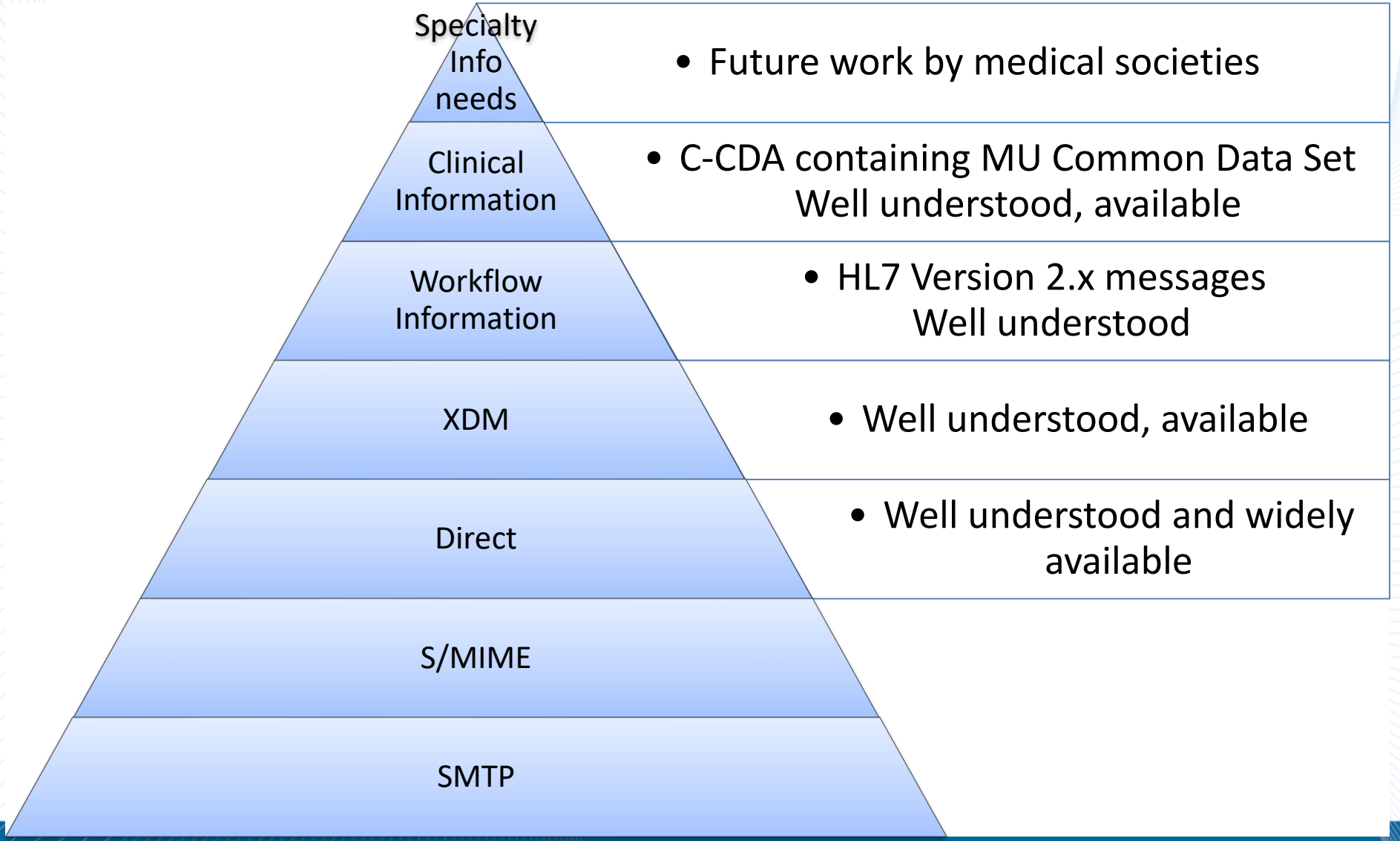
Technical Approach: Layers



Technical Approach: Layers



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Technical Approach: Workflow Requirements

- Patient Identity management capabilities
  - The Referral Initiator sends basic demographics information and a patient identifier known to them
  - The Referral Recipient must send back the same patient identifier
  - The same patient identifier must be used by both sides in any exchanges related to the referral
- Referral Identifier
  - The Referral Initiator assigns a unique referral identifier with the referral request
  - The Referral Recipient must send back the same referral identifier
  - The same referral identifier must be used by both sides in any exchange related to the referral

360X Project Goals

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

Patient Story

- Arnie Pectoris, 67, obese male with new complaints of chest pain and high risk for heart disease

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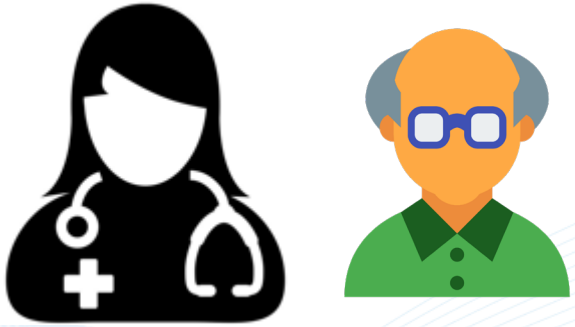
Current State: New Patient Referral



1 Patient requires urgent cardiology request

2 **Patient given cardiology office phone number**

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Current State: New Patient Referral

Patient

Cardiology office A

3 Patient calls cardiology office

4 Patient informed no available appointments

Elapsed time 2 hours

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Current State: New Patient Referral

Patient

PCP Provider A

5 Patient calls PCP office

6 Patient told PCP will call back

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Current State: New Patient Referral

PCP Provider A

Patient

7 PCP office staff call patient back with another cardiologist phone number

Elapsed time 4 hours

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Current State: New Patient Referral

Patient

Cardiology office B

8 Patient calls cardiology 2nd office

9 Patient given an appointment for the following day

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Current State: New Patient Referral

Patient

Hospital

10 Patient experiences chest pain and calls an ambulance

11 Patient admitted to hospital, rules out for MI

Elapsed time 12 hours

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Current State: New Patient Referral

Cardiology office B

12 **Patient “no show” to cardiology appointment**

Elapsed time 25 hours

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Current State: New Patient Referral

PCP Provider A

Patient

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

Elapsed time 1+ week

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360X: 1 Referral Request

Dr. Alex Allen

Patient

1

Urgent Request

Dr. Bob Brown

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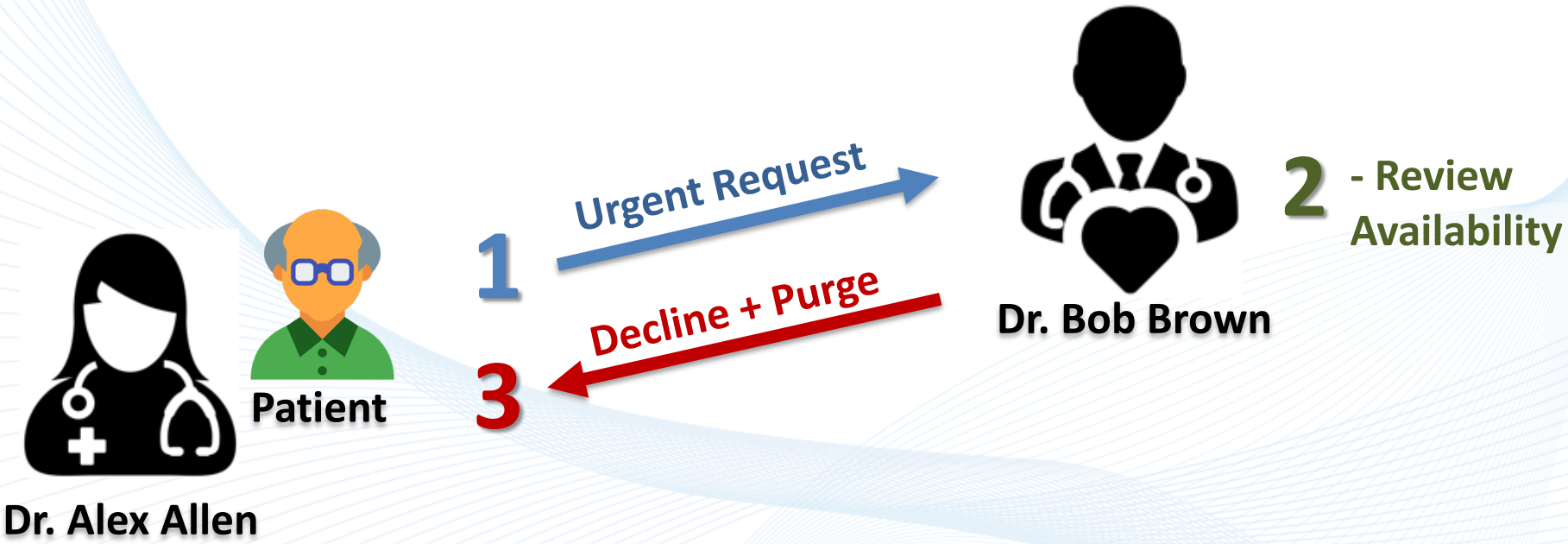
360X: 3 Referral Decline



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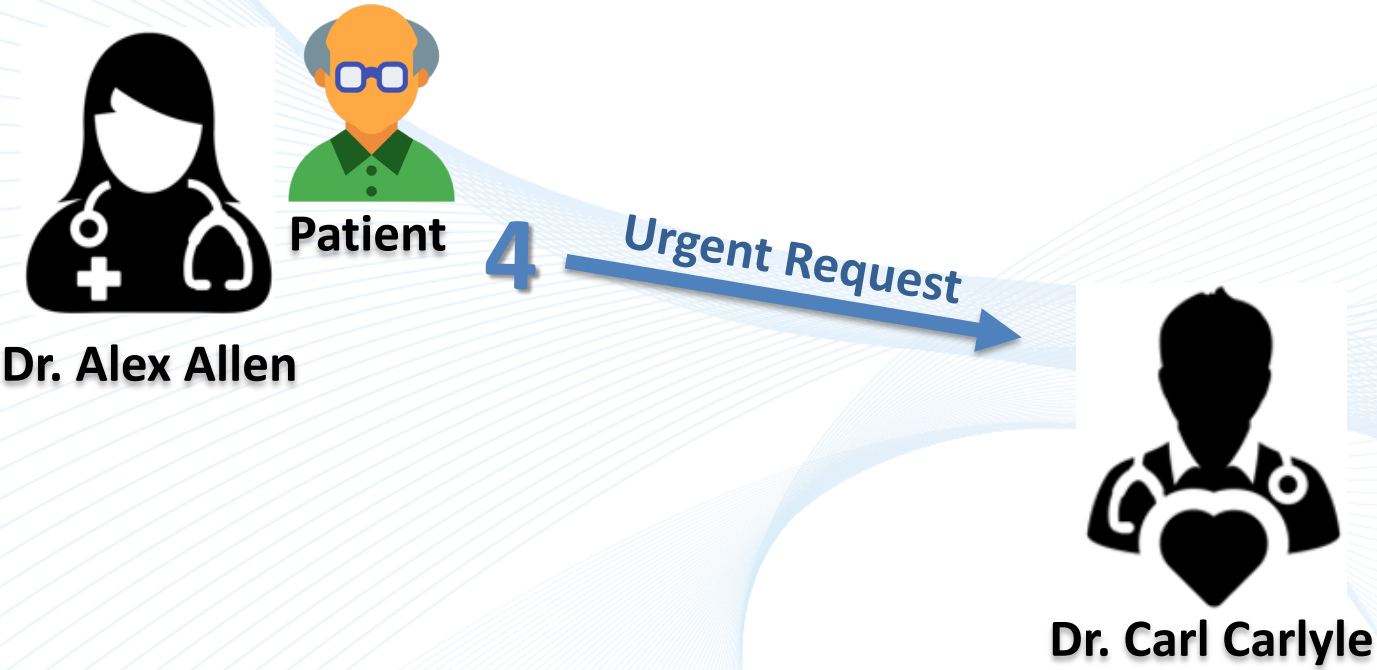
360X: 4 Referral Request



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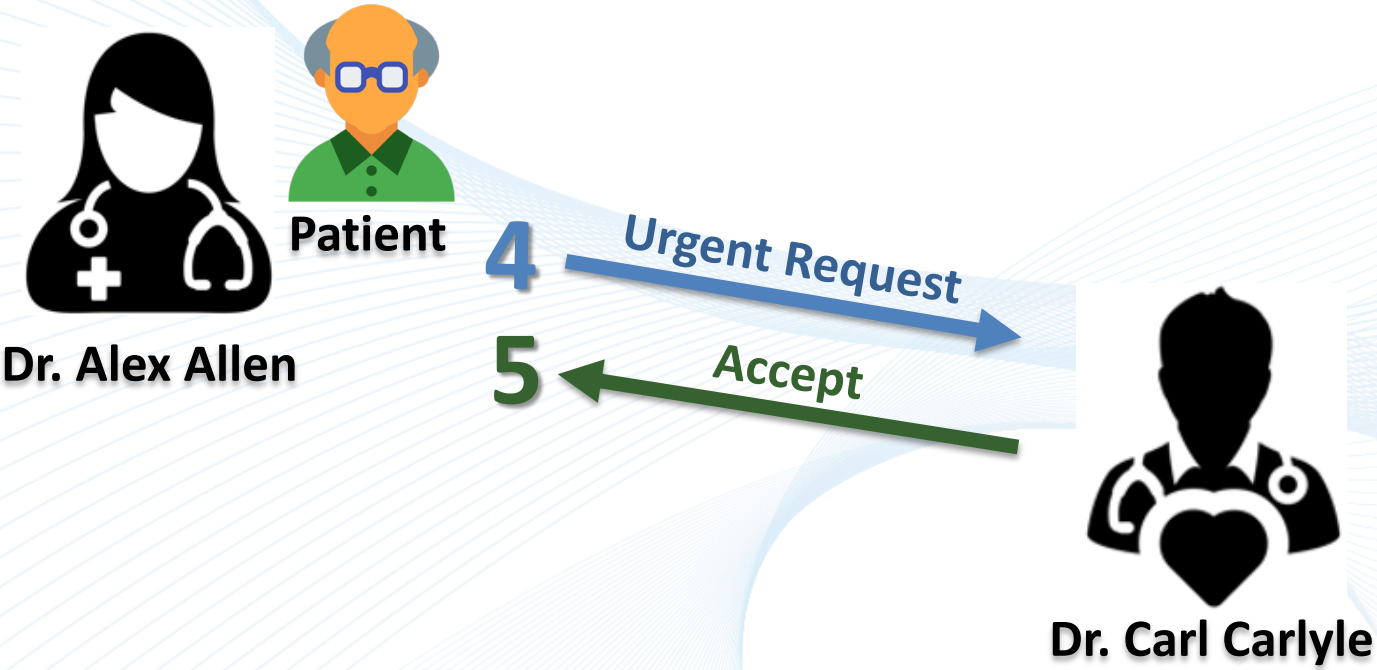
360X: 5 Referral Accept



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360X: 7 Consultation

Dr. Alex Allen

4 Urgent Request

5 Accept

Patient

Dr. Carl Carlyle

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

7 - Patient consultation with cardiologist

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360X:
8 Consultation to PCP

Dr. Alex Allen

4 Urgent Request

5 Accept

8 Close Referral Loop

Patient

Dr. Carl Carlyle

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

7 - Patient consultation with cardiologist

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360X: 9 Closed Loop

Dr. Alex Allen

4 Urgent Request

5 Accept

8 Close Referral Loop

Dr. Carl Carlyle

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

7 - Patient consultation with cardiologist

9 - Automatic patient match
- Data reconciliation

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360X: Summary

Dr. Alex Allen

1 Urgent Request

3 Decline

Dr. Bob Brown

2 - Review availability

4 Urgent Request

5 Accept

8 Close Referral Loop

Dr. Carl Carlyle

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

7 - Patient consultation with cardiologist

9 - Automatic patient match
- Data reconciliation

360X Summary

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

http://bit.ly/360Xreferrals

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360X Next Steps

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

http://bit.ly/360Xreferrals

HITAC Role

- Support that EHR vendors develop to the 360X implementation guide standards and require this functionality for future certification
- Support for the 360X standards for Patient Identity management capabilities be developed and used for all order tracking to completion

http://bit.ly/360Xreferrals

Task Force Discussion of Closed Loop Referrals & Care Coordination

Public Comment

To make a comment please call:

Dial: 1-877-407-7192

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

All public comments will be limited to three minutes.

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

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

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

Next Meeting

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

The Office of the National Coordinator for Health Information Technology

Health IT Advisory Committee

Meeting Adjourned

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