<p style="text-align:center">**Meeting Summary**</p>
<p style="text-align:center">**Multiple Chronic Conditions (MCC) eCare Plan Federal Partners Meeting**</p>
<p style="text-align:center">**Hosted by:** National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and Agency for Healthcare Research and Quality (AHRQ)</p>
<p style="text-align:center">**Meeting Date:** June 29, 2023</p>
<p style="text-align:center">**Meeting Time:** 10:00 AM - 12:00 PM ET</p>
<p style="text-align:center">**Location**: Virtual</p>

Attendees

NIDDK		Federal Partners	Affiliation
Jenna Norton		Gia Rutledge	CDC
Neha Shah		Erin Iturriaga	NIH
		Brenda Akinnagbe	ONC
AHRQ		Sena Seged	CDC
Arlene Bierman		Stephanie Garcia	ONC
Jaime Zimmerman		Ashley Smith	HHS
		Bruce Finke	NIH
EMI		Edwin Lomotan	AHRQ
Dave Carlson		Basil Eldadah	NIH
Demri Toop Henderson		Susy Postal	IHS
Evelyn Gallego		Joan Weiss	HRSA
Himali Saitwal		Marcel Salive	NIH
Gay Dolin		Sarah Downer	CMS
Savanah Mueller		William Gordon	CMS
Sean Muir		Pradeep Podila	CDC
		Tracey Orloff	HRSA
RTI		Maria Carney	CDC
Laura Marcial		Lilly Estenson	NIH
Jacqueline Bagwell		JaWanna Henry	ONC
		Wanda Govan-Jenkins	ONC
OHSU		Tracy Branch	HHS
Dave Dorr		Brian Waldersen	HHS
		Danica Marinac-Dabic	FDA
		Sara Armson	ONC
		Shawn Terrell	ACL
		Meley Gebresellassie	ONC
		Batsheva Honig	CMS
		Ellen Blackwell	CMS

Agenda
- Welcome and Introductions
- MCC eCare Plan Project Overview and Progress Update
- Pilot Progress Update
- Federal Projects Round Robin Update
  - CMS - CMMI Health Equity Commitments

- ○ HRSA - Geriatrics Workforce Enhancement Program
- ○ CDC NCCDPHP - Social Determinants of Health related Notice of Funding Opportunities
- ○ AHRQ - Clinical Decision Support
- ○ CDC - MedMorph
- Next Steps for the Comprehensive Shared Care Plan: Agency Partner Feedback
- Concluding Thoughts & Next Steps

Discussion

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Welcome and Introductions	• Savanah Mueller welcomed attendees and reviewed project team members.

MCC eCare Plan Project Overview and Progress Update	• Savanah Mueller reviewed MCC project updates.
	• The goal of the MCC eCare Plan Project aims to build capacity for pragmatic, patient-centered outcomes research (PCOR) by developing an interoperable electronic care plan to facilitate aggregation and sharing of critical patient-centered data across home-, community-, clinic-, and research-based settings for people with multiple chronic conditions (MCC).
	• MCC project deliverables include:
	  ○ Data elements, value sets, and FHIR mappings to enable standardized transfer of data across health and research settings for kidney disease, diabetes, cardiovascular disease, chronic pain, and long-term COVID.
	  ○ HL7® Fast Health Interoperability Resource (FHIR®) Implementation Guide based on defined use cases and standardized MCC data elements, balloted for trial use.
	  ○ Pilot tested provider-facing and patient/caregiver-facing e-care plan applications that integrate with the EHR to pull, share, and display key patient data.
	• Since the last meeting, the MCC IG has gone for a comment-only ballot and the team has been making updates accordingly. The IG will go for STU ballot in September.
	• The MCC team has been supporting piloting efforts of the patient and caregiver app, spearheaded by RTI and AHRQ. The focus for this option year has been on the patient application.
	• There were no questions on the pre-read deck.
	• Edwin Lomotan asked if the Long Covid value sets are in VSAC.
	  ○ Jenna Norton said yes, they are.

Pilot Progress Update	• Laura Marcial reviewed MCC pilot progress updates.
	• Pilot testing includes two rounds.
	  ○ Round 1: Single site clinician and patient app implementation & usability testing at OHSU
	    ■ Formative user testing
	    ■ Implementation feasibility
	    ■ Single site aggregation of data from the EHR
	  ○ Round 2: Multi-site testing; interoperability of data, recruiting primary and specialty ambulatory care practices

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	■ Implementation enhancements – expanded to multiple sites with >100 patients and >10 providers across sites ■ Exploring ability to access multiple FHIR endpoints to aggregate and display data from various EHR systems ○ The piloting will conclude with testing with MedStar through their sandbox pilot. ● Laura reviewed the technical challenges in implementation including data exchange, data access, and data aggregation. ○ There is a gap between what standards support and what support really looks like. ○ Although USCDI v1 requires support for patient goals, there is no specificity as to the data elements within the Goal resource that are required, and vendor implementation of these data elements is limited and inconsistent. ○ This is remedied with a Supplemental Data Store to store the goals not available in the EHR, although there is a limitation in the goal resource. ● Laura made recommendations for the IG including using containerized solutions to facilitate local installations require adequate documentation on initial setup of the system and environment. There remains a need to facilitate FHIR requests and responses (typically through localized middleware). ● Laura explained the pilot was awarded IRB approval on June 12 and security review is happening concurrently with development but will be completed prior to the pilot launch. The team is also working on patient recruitment and application optimization. ● The pre-pilot activities and barriers include: ○ Application testing beyond Soft Go Live (SGL) requires complex patient data to test all aspects of functionality ○ Initial testing with a complex patient in SGL failed because of long load times, performance issues are being addressed ○ Test data either not available or hard to develop to represent complex patients ○ Patient participation not guaranteed through the course of the project ● The MCC team is working on a supplemental data store and application testing, which will be vital for future projects.
Federal Projects Round Robin Update	**ONC** ● JaWanna Henry, ONC, reviewed the current ONC SDOH Interoperability Pilot efforts, including work at: ○ OCHIN, ○ AllianceChicago, and ○ University of Texas at Austin.

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	- JaWanna explained the 2021 LEAP awards focused on the use of referral management to address SDOH and the development of health IT tools for EHR data research. 2022 LEAP awards focus on addressing health equity and SDOH through open-source technology tools and EHRs, as well as demonstrating the use of equity-enhancing patient-generated health data for clinical care and research. - JaWanna also reviewed the SDOH Information Exchange Toolkit and Learning Forum. - The Toolkit is a guide that enables implementers of SDOH information exchange to learn more about the current landscape and identify key considerations to advance SDOH. - The Learning Forum brings together partners to share lessons learned, promising practices, and challenges related to exchanging SDOH data. - Learning Forum information can be found here: https://www.healthit.gov/news/events/oncs-social-determinants-health-information-exchange-learning-forum - Jawanna detailed information on the SDOH Clinical Care Implementation Guide Integration Technical Framework and Crosswalk. It aims to establish an integration framework as a tool for advancing SDOH data use and interoperability. - JaWanna reviewed updates to TEFCA. - There has been growth in the interoperability space, but there is still unfinished business. - Public/private partnership is required to overcome barriers. - TEFCA helps establish an approach to information exchange and ensures everyone has access to essential data, regardless of the network they use. - Wanda Govan-Jenkins, ONC, reviewed the draft data elements and classes for USCDI version 4. The USCDI comment period ended in April 2023. - USCDI Version 4 will be published in July 2023. - In July 2023, the USCDI v5 submission cycle will open, and it will close in September 2023. - Wanda walked through the HTI-1 Predictive Decision Support Interventions' proposed objectives and benefits. She noted the HTI-1 Proposed Rule comment period ended June 20. - The HTI-1 Proposed Rule aims to improve transparency, enhance trustworthiness, support consistency, and advance health equity by design. It has intended benefits for patients, providers, and industry. - The HTI-1 Final Rule is expected to be published late Q3 or Q4 of 2023.

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	• Shawn Terrell, ACL, asked if the work on the implementation of eLTSS works with CMS Medicaid? 　○ Evelyn Gallego and JaWanna said the eLTSS IG is being implemented in the state of Missouri with their Medicaid IDD population. JaWanna recommended connecting with Brenda Akinnagbe as well. **CMMI Health Equity Commitments** • Sarah Downer, CMS, discussed CMMI Health Equity Commitments. 　○ She explained CMS has a Health Equity Strategy and is committed to collecting social needs data and promoting interoperable standards. 　○ New integration strategy aims to enhance the Making Care Primary model for active co-management and collaborative co-management between specialty providers. 　○ The awardees of the Enhancing Oncology Model were just announced, and this model will require patients to have a care plan. **HRSA Geriatrics Workforce Enhancement Program** • Joan Weiss, HRSA, reviewed the Geriatrics Workforce Enhancement Program. The purpose is to develop a workforce that maximizes patient and family engagement in primary care. 　○ They train patients and caregivers in an effort to transform age-friendly healthcare to older adults. 　○ Grant recipients are required to train participants on multiple chronic conditions. 　○ They are eager to assist the eCare project and collaborate by reaching out to grantees and help with dissemination. **CDC, DDT SDOH NOFOs** • Gia Rutledge, CDC, reviewed the DDT SDOH NOFO updates. 　○ The DP23-0020 NOFO "A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes" seeks to decrease risk for type 2 diabetes and addresses SDOH at the population level for the Diabetes Management and Type 2 Diabetes Prevention Program. 　○ She highlighted Strategy 10 that aims to support the development of multi-directional e-referral systems that enable electronic exchange of information between health care and CBOs. 　○ The DP23-001 NOFO "Assessing the Effectiveness of Programs, Policies, or Practices that Affect Social Determinants of Health to Promote Health Equity and Reduce Health Disparities in Chronic Diseases" has 3 components: 　　■ To conduct research studies on inequities in addressing chronic diseases,

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	■ Conduct studies that assess health and economic outcomes and disparities of chronic diseases, and ■ a Coordinating Center. ○ CDC Division of Diabetes Translation Strategic Plan: https://www.cdc.gov/diabetes/about/index.html **AHRQ Clinical Decision Support** ● Edwin Lomotan, AHRQ, reviewed the AHRQ Clinical Decision Support (CDS) programs. ○ Patient-Centered Clinical support includes 4 components: knowledge, data, delivery, and use. ○ Patient-centered CDS must incorporate outcomes and measures that are meaningful to patients. ○ The clinical decision support innovation collaborative uses a steering committee, outreach center, work groups, and annual meeting. ○ At the AHRQ Annual Meeting, the CDS Innovation Collaborative discussed patient and caregiver roles in decision-support interventions. One focus was engaging patients and caregivers through apps and patient portals. ○ A challenge is making progress towards advancing progress and patient advocates encouraged the panelists to make bigger steps rather than incremental ones. ○ Questions can be sent to clinicaldecisionsupport@ahrq.hhs.gov or Edwin.lomotan@ahrq.hhs.gov. ● Edwin also reviewed the background and purpose of CDS Connect, CEDAR, and CDS Innovation Collaborative. ○ More information on the initiatives can be found at https://cds.ahrq.gov ● Jenna commented that the MCC eCare project has also had success with putting patients first on agenda items and has informed it in a way that was unique and effective. ● Evelyn shared that there is an acknowledgment that patients are not included in the design of solutions. ● Arlene echoed that she feels this has been a success of the MCC eCare project. **CDC MedMorph** ● Savanah reviewed Maria Michaels', CDC, MedMorph project updates. ○ The MedMorph Reference Architecture (RA) Implementation Guide (IG) was published as an STU1 (Standard for Trial Use) on June 8, 2023. ■ Multiple content IGs based on the MedMorph RA are in the final approval reviews before publication as well. ○ MedMorph plans to have a track in the September HL7 Connectathon to continue testing more functionality.

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	○ Maria will be co-presenting with Bridget Calvert, CMS, at the CMS Connectathon on July 19, 2023 on "Minimizing Burden in Federal Quality Measurement and Public Health Reporting". ○ Jenna inquired if MedMorph has had any experience with the bulk FHIR issues and would like to discuss potential solutions. ● Gay shared that HL7 is interested in engaging patients better by including patent-friendly explanations of IGs in all IGs. We are going to test this out with the MCC IG.
Next Steps for the Comprehensive Shared Care Plan: Agency Partner Feedback	● Jenna shared links to the Pilot Interventions Webinar and the NIDDK Pilot Intervention NOFO. She shared that we can leverage the tools we have developed for this project for screening for social needs and facilitating closed loop referrals. ○ NOFO: https://grants.nih.gov/grants/guide/rfa-files/rfa-dk-22-038.html ○ Webinar: https://www.niddk.nih.gov/news/meetings-workshops/2023/pre-application-webinar-for-pilot-interventions ● Jenna wanted to take a moment to explore next steps for the project as this phase approaches its final year. Suggestions include: ○ Freely licensing the applications, ○ incorporation into existing federal programs, ○ and expansion through funding opportunities. ● Arlene noted for the ASPE PCOR Trust Fund Project, ASPE's goal is to develop research capacity. She noted AHRQ has a focus on person-centered care planning. This is a tool both for care planning, but also for research. ● Arlene shared that AHRQ is focused on person-centered care planning and the eCare application is a tool to enable this. It will require new workflows and culture around documentation and discussion with patients. ● Jenna is happy to arrange 1:1 calls with federal partners to discuss next steps for comprehensive shared care planning. ● Joan said the MCC Project is important to advance HRSA's dementia work. There are a lot of synergies between the two. Funding permitting, HRSA plans to hold a WEP competition in 2024. ○ Arlene said it would be great to encourage grantees to build off the MCC Project work. ○ Joan said if there is specific work that should be built upon, the MCC team should indicate that and send it to her. ○ Jenna added that dementia was on the initial list of MCC conditions, but it ultimately came off the list for the first

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	phase. Using the value set library approach, it would be beneficial to add dementia, and we could highlight the need for this. ● Edwin asked about where additional research for MCC value sets are needed to scale this further. He is interested in scalability around the data store and FHIR middleware and asked if every implementation would need to stand this up on their own. ○ Himali Saitwal, EMI Advisors, said value sets are referenced in VSAC. The value sets are also displayed in the MCC FHIR IG. The link to the value sets are here: http://hl7.org/fhir/us/mcc/2023Jan/index.html ○ Dave Dorr, OHSU, noted there is two kinds of middleware, one is a terminology server while the other is vendor specific to translate the queries. A lot of work needs to be done in middleware to understand the relevant context of the information for the MCC Project.
Concluding Thoughts & Next Steps	● Savanah said the slides and meeting summary will be shared on the Confluence page. ● The next Federal Partners Meeting will take place in January.