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2020 Annual Meeting

December 10, 2020 | 1:00 PM – 3:00 PM ET

AGENDA

01

1:00 – 1:05 pm
Welcome & Agenda Review

02

1:05 – 1:20 pm
2020 in Review

03

1:20 – 1:50 pm
FHIR Panel

04

1:55 – 2:10 pm
Onboarding Task Force

05

2:20 – 2:40 pm
Push Notifications Panel

06

2:40 – 3:00 pm
Looking Ahead | 2021 Plans

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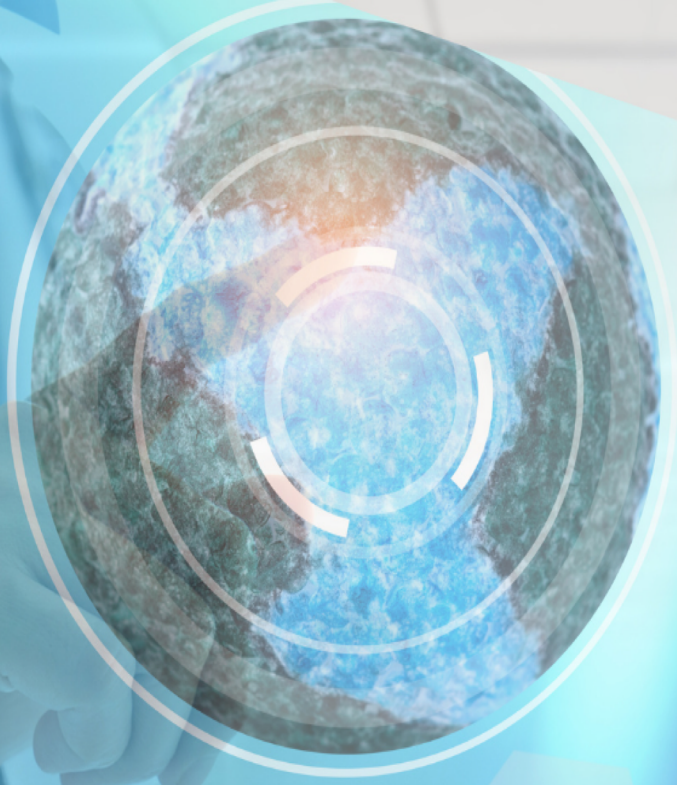
Year in Review

2020 Highlights

Dave Cassel

2020 GOALS

FHIR-Based Exchange

Push Notifications
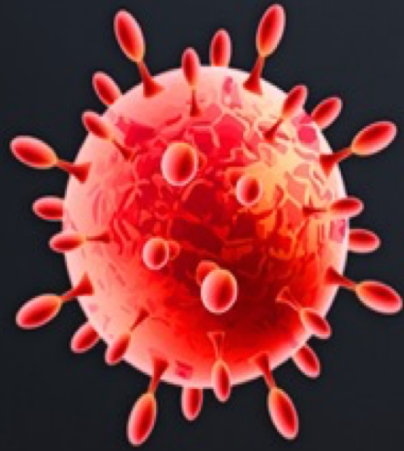
Image Exchange

Expanded QDBE Participation

Expand Production Connectivity

Implement Document Content Validation Program

Participate in RCE Project

Update Onboarding Processes *(added in early March)*

...then came

COVID

COVID-19 Activities

Accomplishments

- Adopted Policy on Full Participation During COVID-19 Emergency
  - Many newly-participating clinics/practices
- Adopted Policy on Public Health Queries During COVID-19 Emergency
  - One state health authority initiating queries in production
- Adopted Electronic Case Reporting (eCR) Use Case Impl. Guide
  - Two Implementers live on eCR, covering 19 organizations and counting
  - >95K case reports submitted

Negatives (beyond the very obvious)

- Re-prioritization of efforts away from Carequality
- Re-prioritization of efforts by Carequality
- Challenges in advancing public health information access

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2020 GOALS

✓ FHIR-Based Exchange

⊖ Push Notifications

⊖ Image Exchange

✓ Expanded QDBE Participation

✓ Expand Production Connectivity

✗ Implement Document Content Validation Program

✓ Participate in RCE Project

⊖ Update Onboarding Processes

2020 Projects | Quick Updates

Image Exchange

- o "Connectathon" testing by our early adopter organizations
- o Goal to identify any needed updates to draft Implementation Guide Supplement
- o Projected adoption of IG Supplement for production use late Q1 2021

Expanded QBDE participation

- o 28 CCA signees in production – increase of 6
- o 44 CCA signees total – *net* increase of 1
- o Passed 1 billion documents exchanged…and well on the way to 2 billion

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2020 Projects | Quick Updates

Expanding Production Connectivity

o Several Implementers had persistent challenges connecting to certain others

o Group "connectathons" and one-on-one sessions have resolved many issues

Document Content

o Completed update to joint CommonWell-Carequality recommendations document

o Many participants have joined Sequoia Project data usability work

o Implementation discussion for content validation testing continues

RCE

o Carequality continues to assist The Sequoia Project as a sub-recipient of Sequoia's RCE cooperative agreement with ONC

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Live Implementers & Their Clients

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- 90M+ DOCUMENTS EX CHANGED MONTHLY
- 600,000+ HEALTH CARE PROVIDERS
- 50,000+ CLINICS
- 2,800+ HOSPITALS

commonwell HEALTH ALLIANCE
- Cerner
- Brightree
- Evident
- Greenway Health
- Meditech

surescripts
- Homecare Homebase
- AdvancedMD
- DocuTAP

Kno2
- MatrixCare
- Experian Health
- Collective Medical
- Medchart
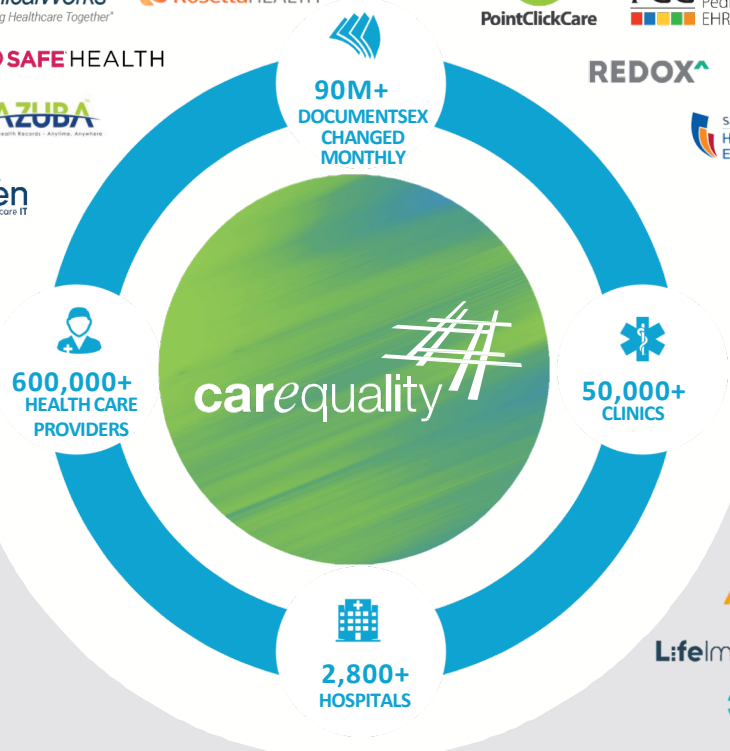
Coming Soon

Questions?

FHIR-Based Exchange

Bill Mehegan

12/10/2020

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FHIR-Based Exchange

o   In November 2018, two Workgroups were commissioned by the Steering Committee for the purpose of creating a FHIR-Based Exchange Implementation Guide (IG)

o   The Technical and Policy Workgroups initially created their own separate IG's

o   Along the way, we had numerous Connectathons, we learned, and iterated these documents

o   Earlier this year, the two separate IG's were morphed into one document, and the Workgroups began to work collaboratively

o   The groups completed their work in June and Carequality subsequently sent the IG out to the Implementer Community for feedback

o   After putting some finishing touches on it in November, the IG was officially adopted for production use by the Steering Committee last week

o   This week, we published the IG on our website - which brings us to question of **what happens next…**

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Panel Discussion | FHIR Workgroups Co-Chairs

Technical Co-Chairs

Hans Buitendijk
Cerner

Micky Tripathi
Arcadia

Policy Co-Chairs

Genevieve Morris
Change Healthcare

Doc DeVore
MatrixCare

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Questions?

Five Minute Break

Onboarding Task Force

Dave Cassel

12/10/2020

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Safeguarding Trust

o Trust among participants is the foundation for Carequality's operations

o The first work product adopted by the Carequality Steering Committee was our Principles of Trust

o Trust came easier in early days, when the Carequality community was more homogeneous

o Expansion and diversification in the Carequality community has challenged assumptions and processes

Onboarding Task Force

o This spring, we convened a working group to review Carequality's onboarding processes, and recommend updates

o The group met through late August, and developed a document outlining its recommendations for the Advisory Council and Steering Committee

o **High Level Summary of Recommendations**
   – Expand application processes to include Carequality Connections
   – Expand the scope of information captured in the application
   – Collect additional statistics from Implementers to monitor compliance
   – Implement a "live" non-production testing ecosystem
   – Implement a standards compliance testing program

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Onboarding Task Force | Immediate Next Steps (1 of 2)

o We are moving forward quickly with some elements of the recommendations, particularly those related to the application process

o We've developed a new supplement to the application to collect:
- Additional details on permitted purposes supported, both as an initiator and responder, including the justification for each purpose
- Information on transaction initiation triggers and "target selection" (both patients for whom to query, and organizations to query)
- Information on any external access, i.e. beyond the organization for who a transaction was initiated, to any data received
- Information on any terms and conditions required in order to respond to non-treatment permitted purposes

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o We are "piloting" the new application with two Implementers, in two stages:

- The Implementers, themselves, submit an updated application with the new fields

- The Implementers CCs' submit the new portion of the application

o We will collect information, particularly from the second stage, and analyze for patterns that we can bring to the Implementer community

- Appropriate workflow-based triggers and patient selection?

- "Gray areas" between traditional treatment and population health?

- Appropriate responder behavior re: data provided?

o Once expectations are clear(er) on how to address different approaches taken by participants, the new application will be rolled out to everyone

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Carequality Directory Processes

o We are developing directory processes to complement the updated application process

o Ultimately, no Carequality Connection entry will be included in the Directory without an appropriate application on file

o Enforcing this rule means that Carequality will have a gatekeeping function for new Directory entries

o Exact details and further discussion with the Implementer community will be forthcoming

o NOTE: we do not anticipate breaking code changes, or Directory development needing to be done by Implementers

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Implementing Other Recommendations

o **Test Ecosystem |** First steps Q1 2021

o **Additional Statistics Reporting**

- Proposed for QBDE Implementation Guide next version
- Adoption date TBD
  - Targeting Q1 2021 for start of formal amendment process
  - Effective date likely Q2 2021

- **Formal Testing Program** – Further evaluation needed; implementation potential for Q2 2021 and beyond

Questions?

Push Notifications

Chris Dickerson, Program Manager, Carequality

Alan Swenson, Vice President of Interoperability, Kno2

Holly Miller, MD, Chief Medical Officer, MedAllies

Bart Carlson, CEO and Chief Patient Advocate, Azuba

12/10/2020

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Push Notifications

Overview

- o The Push Notifications Workgroup was tasked with creating a subscription-based push notification system to alert interested parties of a variety of actions of specific patient(s)

Stand Alone Use Case

- o Our system leverages Query or FHIR for follow-up, but does not require either

Notification Types

- o We have expanded from the basic ADT focused alerts to convey additional clinical information

Designed for CMS compliance

Event	Venue	Definition
Admit	General	Patient has been checked in to the EHR, includes all subsidiary admit events
Admit	ED	Patient is triaged
Admit	Acute	An admission order has been issued and bed is assigned
Admit	Ambulatory	Admitted to an ambulatory encounter
Admit	Skilled Nursing/Rehab	Bed is assigned and patient has arrived
Discharge	All	Patient's status is changed to "discharged"
Referrals	All	Referrals not made by the Notification Recipient
Transfer	External	When a transfer is ordered to any external (any location that would not trigger an internal Admit notification) location
Transfer	Internal and External	Any time a transfer order is generated
Gap in Care	Payer	A trigger based on the eCQM as defined by CMS (PLEASE NOTE LINK) or other request for follow-up based on Notification Generator policy or process.

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Real-World Impact

Value Based Care

- o Dr. Jane Smith a primary care physician in an accountable care organization
    - Patients grouped into low, moderate, high and severe risk categories
    - Patient's risk category used to determine their notification subscriptions

- o Excellent service is provided to all patients
    - Receiving notifications allows same day f/u with the 2 highest risk groups

- o Example

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Real-World Impact

Gaps in Care

- o **Electronic clinical quality measures** (eCQMs) are tools that help **measure** and track the **quality** of health care services that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) provide, as generated by a provider's **electronic** health record (EHR)

- o eCQMs can be used by providers for the MIPS Quality Measures Requirement

- o Providers can subscribe to payer generated "Gaps in Care" alerts based on eCQMs

- o Example

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Questions?

**Push Notifications
Implementation Guide:**
https://build.fhir.org/ig/DavidPyke/CEQSubscription/StructureDefinition-CEQextension.html

Proof of Concept Testing:
Early Q1 2021

Organizations interested in participating are invited to contact us at Admin@carequality.org

Looking Ahead | 2021 Plans

Dave Cassel

2021 Planning Overview

2020, and to a certain extent 2019 as well, focused on developing new Use Case Implementation Guides and related materials.

While we will continue to do some content development in **2021**, our attention will shift significantly to operational expansion based on the work of the past two years.

New Exchange Approaches

Operationalizing exchange via FHIR

- o Identifying early adopters and defining demonstration projects
- o Onboarding initial Implementers
- o Applying lessons learned to subsequent, wider rollout

Operationalizing subscription-based notifications

- o Adopting Push Notifications Use Case Implementation Guide
- o Identifying early adopters and defining demonstration projects
- o Onboarding initial Implementers

Operationalizing image exchange

- o Finalizing and adopting QBDE IG Supplement
- o Production onboarding of early adopters
- o Recruiting additional Implementers

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Other Projects

New Processes

o   Implementing the Onboarding Task Force recommendations

o   Developing a <u>content</u> validation program

–   Not to be confused with the <u>transaction</u> testing program that is part of the Onboarding Task Force recommendations

New/Updated Content

o   Developing and adopting an updated version of the Carequality Connected Agreement

–   *Participation opportunity for Implementers*

o   Developing guidance on queries for Payment and Healthcare Operations

–   *Participation opportunity for all*

Questions?

Thank you
&
see you in
2021!