



Query Workgroup Meeting Minutes

October 13, 2014: 2:00 – 3:00 pm EST

Meeting Participants

Committee Members

- ✓ Hans Buitendijk, Siemens (Co-Chair)
- ✓ Seth Selkow, Kaiser Permanente (Co-Chair)
- ✓ Justin Stauffer, Epic
- ✓ Marty Prah, SSA
- ✓ Joe Lamy, AEGIS.net
- ✓ Tara Dragert, Surescripts
- ✓ David Schramm, Mirth
- ✓ Tone Southerland, Ready Computing
- ✓ John Donnelly, Interoperability Domain Expert

Invited Subject Matter Experts and Carequality Support Team

- ✓ Didi Davis, Healthway Testing Program Manager
- ✓ Tasnuva Khan, Clinovations Government Solutions
- ✓ Karen Chan, Clinovations Government Solutions

Meeting Summary

Call to order

Discussion Summary: Roll call was facilitated to identify the Query Workgroup members and invited SMEs and Support Team. See list of participants noted above.

Action/Follow up: None

Review of Agenda

Discussion Summary: The agenda was reviewed with Workgroup members. Members were provided with an opportunity to add other items to the agenda. No additional items were raised.

Action/Follow up: None



Meeting Minutes

Discussion Summary: Members were asked to voice any questions or concerns regarding the meeting minutes from the 10/06 meeting. No members raised any questions or concerns regarding the meeting minutes.

Action/Follow up: Staff will ensure that all meeting minutes are posted on the Wiki page.

Marketplace Inventory Process

Discussion Summary: It was noted that at the last meeting, the Workgroup agreed it would like to collect an inventory of existing query and RLS capabilities by sending out a survey to all Carequality members regarding the capabilities of their respective representative organizations. It was reiterated that the purpose of the inventory is to identify specific capabilities for the Workgroup to evaluate. Upon doing so, the Workgroup could consider which capabilities to endorse as is, or consider if there are any to potentially combine prior to endorsement. The primary goal is to decide what is most appropriate across all networks. It was also emphasized that it would be ideal to have something ready to present at HIMSS.

Action/Follow Up: None

Defining Simple Query

Discussion Summary:

A draft definition of "Simple Query" within the context of the Workgroup's work was created by the co-chairs and presented to the Workgroup members for review:

- **Simple Query** – The ability request and receive one or more documents from a known network/location using IHE document exchange profiles using a defined set of patient identifying data.

Assumptions:

- The network/location can locate/retrieve documents anywhere within their network/location

Members were asked for feedback on this definition, including whether there were other key assumptions to add to the list.

- A member asked if this definition was being considered from the perspective of the EMR or HIE, or if perhaps it was from the perspective of HIE to HIE? The Workgroup discussed that the focus should be on enabling exchange across networks, whether they are EMRs or HIEs.



- A member asked if the assumption within the definition implied that the network would have to accommodate and be the conduit to its members and it was noted that this is implied and the networks should be allowed to do whatever capabilities they may want to do internally.
- The Workgroup discussed that there are typically two ways for network to enable interconnectivity (“relayed”—entities talking through an organization that acts as a gateway/routing mechanism vs. “non-relayed”—entities talking directly to each other) and considered whether to reframe the definition according to these two approaches; however members came to the conclusion that it was better to remain agnostic in the way that information is exchanged within a particular network.
- A question was raised regarding whether using the term “network” is too limiting and the Workgroup agreed to instead use the term “node” (e.g., network, location, EMR, HIE). Members agreed to focus the workgroup’s scope only on what occurs between nodes and not within them.

Action/Follow Up: Draft definition to be updated based on discussion

Defining RLS

Discussion Summary: A draft definition of “Record Locator Service (RLS)” within the context of the Workgroup’s work was created by the co-chairs and presented to the Workgroup members:

- **Record Locator Service:** The ability to identify the presence of patient records within and across networks to facilitate electronic exchange using a defined set of patient identifying data.

Assumptions:

- Does not assume either centralized or federated EMPs (enterprise master person index). Either model is valid.
- A record location service can be invoked at various points within an exchange/transaction (e.g., after patient discovery, during consent collection steps, during document retrieval steps)
- Collection of patient authorization is the responsibility of the releasing organization/network

Members were asked for feedback on this definition, including whether there were other key assumptions to add to the list.



- A member raised a question regarding whether this definition is restricting it so that the initiating organization cannot gather consent on behalf of the requesting organization. Workgroup members agreed that the RLS should not be responsible for tracking and maintaining consent for an individual, for an organization and would want to clarify this within the assumptions.
- The Workgroup agreed to add an assumption stating that the RLS should not be constrained by a document medium or data granularity. They noted that the same should not be true for simple query and that simple query should be constrained by only being document-centric.
- Workgroup members discussed additional governing roles to consider for RLS. One example included an instance where there is correspondence between a node and an RLS or multiple nodes with an RLS. A question was raised regarding how to manage RLS where the capability already exists (e.g., Surescripts, CommonWell) and how the nodes they are connected with would be treated. The Workgroup came to the conclusion that the scope of RLS should be limited only to RLS in support of queries. The content to be made available by RLS would be maintained as part of the service. It should be assumed that anything related to updating or maintaining the RLS is out of scope.
- A member raised a question regarding the format of the “patient records” within the RLS definition and it was noted that the expression of those records is still to be determined.
- The Workgroup discussed the question of how to address the term “set of patient identifying data” within the definition. It was noted that because there could be thousands of potential nodes, there may need to be further clarification/ emphasis that the capability of the service needs to be able to work in the many-thousand node environments.

Action/Follow Up:

- Clarify the format of “patient records”
- Clarify how to work within the context of the many-thousand node environment
- Update definition of RLS to reflect discussion

Inventory Timeline/Draft Survey Questions

Discussion Summary: The Workgroup felt that more time was needed to thoroughly review the remaining agenda topics and will plan to do so at the next meeting.

Action/Follow Up: Workgroup members are encouraged to review the draft survey questions off line and come to the next meeting prepared with feedback.



A request was made to add a survey question to evaluate a respondent's understanding of the marketplace as a whole.

Next Steps

Discussion Summary: Next steps include:

- Review draft survey questions and consider if it is meaningful/useful?
- Expand the inventory of Query and RLS capabilities across networks
- Determine evaluation criteria for prioritizing capabilities
- Identify top 1 or 2 capabilities for review using evaluation criteria

The next meeting will be held Monday, October 20.

The meeting adjourned at 3:00 pm EST.