



Query Workgroup Meeting Minutes

October 20, 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
- ✓ Tone Southerland, Ready Computing
- ✓ Eric Heflin, Healthway
- ✓ David Schramm, Mirth
- ✓ David Tao, ICSA Labs
- ✓ Paul Clip, CommonWell
- ✓ Sean Turner, Dignity Health
- ✓ John Donnelly, Interoperability Domain Expert

Invited Subject Matter Experts and Carequality Support Team

- ✓ Mariann Yeager, Healthway Chief Executive Office
- ✓ Didi Davis, Healthway Testing Program Manager
- ✓ Neil Webb, Care Connectivity Consortium
- ✓ Mike Ross, GE
- ✓ Darren Mann, Intermountain Healthcare
- ✓ Grace Moon, Clinovations Government Solutions
- ✓ Karen Chan, Clinovations Government Solutions
- ✓ Anita Samarth, 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 10/13 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.

Revised Query & RLS definitions

Discussion Summary:

Workgroup members were presented with revised definitions for “Simple Query” and “RLS” based on feedback provided at the 10/13 meeting.

The revised definitions (with revisions underlined) are as follows:

- **Simple Query**—The ability to request and receive one or more documents from any known node (e.g., network, location, individual EMR, HIE, system) using IHE document exchange profiles using a defined set of patient identifying data.

Assumptions:

- Documents can be located/retrieved from anywhere within a node
- Document searches and requests within the node are managed by the node

Members were in agreement that the revised definition was sufficient and simple from the point of view of the query requester. It was emphasized that simple



query should focus on how a node is going to interoperate with other nodes, in order to support creating a simple way for communication to occur.

- **Record Locator Service** – The ability to identify the presence of patient records within and across networks, to facilitate electronic exchange

Assumptions:

- Patient identity has been determined in an agreed upon fashion
- Does not assume either centralized or federated EMPs (enterprise master person index). Either model is valid.
- A RLS 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. The RLS is not responsible for tracking and maintaining consent for an individual, on behalf of an organization.
- The RLS is not constrained by document medium or data granularity.

Members provided feedback on the definition and agreed to make the following changes:

- Strike out “within and” because the focus should be on what is happening between nodes, not within them
- Replace “networks” with “nodes” to remain consistent with the terminology used in the Simple Query definition
- Add “as a service” after the comma
- Members discussed whether consent and revocation of consent were within scope of RLS, however decided that consent is out of scope at this time. A decision was made to strike out the fourth assumption because tracking consent should be outside the scope of the initial effort.
- Add an assumption noting that the service has the ability to appropriately notify about consent, according to the releasing organization’s consent policies

Action/Follow Up: Update definitions based on discussion



Marketplace Inventory Process: Candidates to Date

Discussion Summary: It was noted that the survey is a tool to gather information across Carequality members, to understand what is the smallest lift for smallest number of organizations. The survey is meant to identify what is expeditious and practical.

- A member asked whether individuals who don't represent a specific vendor company should complete the survey and workgroup members agreed that separate sections should be created for direct HIE/technical enablers and those who may not have direct involvement in implementations.
- Others noted that the list of potential survey respondents (all Carequality members) is narrow and that there would potentially be some overlap. It was noted that if the ultimate goal of conducting the survey is to conduct a pilot, perhaps the workgroup should be reaching out to a wider marketplace to see who else out there could join the network.
- Workgroup members were encouraged to invite individuals interested in the immediate architectural direction to participate in the workgroup.
- A suggestion was made to add survey questions to be more inclusive of individuals who may not have direct representation in implementation. Additional questions should allow these individuals to describe their observations of the marketplace and highlight what they believe is/is not working.

Action/Follow Up:

- Workgroup members were encouraged to raise suggestions for other survey respondents.
- The survey will be revised based on feedback provided by workgroup members.

Marketplace Inventory Draft survey questions

Discussion Summary: The workgroup reviewed the draft survey questions (included in the 10/20 meeting slides).

General thoughts included:

- Perhaps Question 4 is it too high level and a question should be added about specific actors (e.g., Do you support XCA as responding gateway, initiating gateway, etc.?)
- A suggestion was raised to add a question to the introductory section to identify type of network (vendor, network, consultant, etc.)
- A suggestion was raised to separate vendor questions from non-vendor questions



- The workgroup agreed that the survey should be revised to allow participation from those who represent technical groups *and* those who do not

Action/Follow Up: The survey will be updated to include comment boxes to collect feedback from the workgroup on the questions. Workgroup members were asked to complete the survey as a test run and provide feedback on questions by end of day, Thursday, October 23rd.

Next Steps

Discussion Summary: Next steps include:

- Update the draft survey based on workgroup feedback
- Circulate the draft survey with the Steering Committee and Advisory Council to collect their feedback
- Distribute the finalized survey to all Carequality members at the end of October
- Plan to have an all day, in-person workgroup meeting in early December

The next meeting will be held Monday, October 27.

The meeting adjourned at 3:05 pm EST.