



Query Workgroup Meeting Minutes

November 3, 2014: 2:00 – 3:00 pm EST

Meeting Participants

Committee Members

- ✓ Hans Buitendijk, Siemens (Co-Chair)
- ✓ Seth Selkow, Kaiser Permanente (Co-Chair)
- ✓ Marty Prah, SSA
- ✓ Tone Southerland, Ready Computing
- ✓ Eric Heflin, Healthway
- ✓ David Tao, ICSA Labs
- ✓ John Donnelly, Interoperability Domain Expert
- ✓ Brandon Wayman, GE
- ✓ Tara Dragert, Surescripts
- ✓ Joe Lamy, AEGIS

Invited Subject Matter Experts and Carequality Support Team

- ✓ Mariann Yeager, Healthway Chief Executive Officer
- ✓ Neil Webb, Care Connectivity Consortium
- ✓ Darren Mann, Intermountain Healthcare
- ✓ 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 to initiate a review of CCC during today's meeting to kick-off the review of presentations on simple query and RLS.

Action/Follow up: None

Meeting Minutes

Discussion Summary: Members were asked to voice any questions or concerns regarding the meeting minutes from the 10/27 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 - Survey Wrap-Up

Discussion Summary: The survey was distributed to the recipients on Friday, 10/31. Productive feedback was received by the Query Workgroup and incorporated into the survey that was distributed on 10/31. The Survey will be fielded through November 10, after which the staff will review and compile the feedback received and present it to the group. There were no additional questions or comments by Workgroup participants regarding the survey or the process.

It was noted that although some team members "tested" the survey previously, we are asking that everyone complete the survey again as we are not able to pull forward the prior responses. As prior responses have been downloaded into .pdf documents, if a prior testing respondent would like a copy of their prior response to aid in responding to the survey, please contact Karen or Anita.

Action/Follow Up: None

HIMSS 2015

Discussion Summary: Carequality will have a formal presence at HIMSS again this year (HIMSS 2015). Healtheway will have a joint booth – similar to last year – in conjunction with CCC – where Carequality will be featured prominently. Carequality is looking to have the work of the Query Workgroup and Trust Framework Workgroup featured in the booth area.



It was evaluated whether a formal presence in the HIMSS Interoperability Showcase would be appropriate – the timing of the in-progress Carequality work may not be ideal – as if there are unforeseen delays, it could impact the ability to have substantive demonstrations within the Showcase.

Another consideration was whether Carequality could participate in demonstrations on the Interoperability Showcase floor – perhaps in conjunction with ONC. This hasn't been precluded at this time; however, given the strict timing (such as the need to be able to demonstrate and participate at the Connectathon in January 2015), this will be evaluated on a go-forward basis.

Currently the thinking is that the most effective approach will be using the booth that is jointly shared with CCC and we can evaluate additional and more extensive participation in future years. In preparation for HIMSS 2015, the following items were discussed:

- It would be helpful to have a small group help shape the Carequality content and presentations in the joint CCC-Healthway booth.
- Given the large amount of founding members in Carequality with their own booths and presence at HIMSS, there is opportunity for these founding members to leverage their existing booths/presence – so that there is an extended presence and visibility. Carequality leadership and staff are interested in any suggestions about planning and will be following up with the Workgroup for input.
- As many Carequality members are involved in the planning process for the Interoperability Showcase, there can be proactive notification and planning to participate in the future. Regarding deadlines for HIMSS 2015 Interoperability Showcase participation:
 - The key deadline passed about a month ago – so next year, we'd need to start planning late summer.
 - The first deadline to participate in the Showcase is late September/early October.
 - This timing requires that Carequality and the Workgroup would have to know the layout of what's being demonstrated in the Showcase in the May/June timeframe, or even earlier.
- A Workgroup member inquired about the roadmap moving forward as Carequality is looking at demonstrations – and value – and noted that there is value in participating in year-round demonstrations, beyond HIMSS. As there are events happening year-round, the group discussed thinking about outreach materials that can be used year-round and should think through pilots that can be launched at other times with other industry events to keep the visibility high post-HIMSS and on an ongoing basis.



- The group discussed the need to identify if there are particular events where there is an opportunity to convene for meetings or bringing stakeholders and potential future stakeholders together.

Action/Follow Up:

- Carequality leadership will discuss outreach activities and a roadmap for future events and pilot participation with the Steering Committee.
- As the budgeting and planning process for Carequality is underway and that outreach should be included – the feedback received during the meeting was timely and will be incorporated into Carequality planning for 2015.

Presentations from RLS/Query Presentations

Discussion Summary: The staff has already scheduled a few organizations for 20 minutes presentations to learn about existing capabilities. The group was queried to respond with any other organizations that would be helpful to include that aren't listed below. (No additional organizations were identified during the meeting):

- Simple Query: CCC, eHealth Exchange, IWG, Epic CareAnywhere
- RLS: CCC, Commonwell, Epic CareAnywhere, Surescripts

The timeline for the Query Workgroup to make key decisions based upon the presentations and survey responses is still unknown until we receive and analyze the responses. The group was queried regarding extending the time of this Workgroup meeting by a ½ hour or hour to allow for enough time to review responses and process all the information from the presentations and survey responses between now and December 8th before the group meets in person. The queried participants responded that they were okay with extending the next few meetings by 30 minutes – 1 hour.

Regarding logistics and the format of the presentation, the survey is being used to define the framework for the type of information for organizations to cover during their 20 minute presentation. The group was guided to use today's CCC presentation to validate whether the format and the information communicated to the candidates is sufficient moving forward.

Action/Follow Up:

- Staff to email candidates to schedule the 20-minute presentations; email requests to inquire about scheduling the presentations were also sent last week.
- Use today's meeting to determine the amount of time that is needed to review the presentations – and will extend the meeting time to that timeslot. (The result at



the end of the meeting was to extend the meeting by an hour to allow for up to 2 presentations.)

CCC Capabilities Presentation

Discussion Summary: Care Continuity Consortium (CCC) is not a vendor, it is a group of organizations – initiated before Healthway and other organizations had been established. CCC was independent of other structures with the notion of whether NwHIN specs could be adopted, could the DURSA be leveraged to establish connectivity from coast-to-coast. CCC was not designed to be its own network, but more a straight adoption of NwHIN specifications at each organization, and to put gateways and infrastructure in place. The first place to look for the specifications is to look at Healthway NwHIN specifications.

The architectural block diagram of the shared services platform was reviewed with the group – noting that these architectural pieces are the early adapters that can be put in place to establish exchange. Some of the organizations participating in CCC were leveraging Epic, some GE, and some Cerner. Kaiser Permanente put in an infrastructure and gateway next to Epic; Intermountain also put some infrastructure in place. The infrastructure put into place is designed to support the NwHIN specification, XCPD, and XCA.

A Workgroup member inquired whether CCC is a gateway that uses RLS and how did CCC work around the CCC entity storing the data on behalf of these organizations from an RLS perspective, using the eHealth Exchange DURSA?

- RLS has not been implemented in production. CCC is still tightly Healthway/NwHIN compliant.
- Architecturally, there was the notion that there would be a centralized place that patient identification would reside – but it hasn't actually been implemented that way. There is not the notion of a centralized EMPI to have to go beyond the DURSA to establish data that is co-located – Kaiser maintains its own patient identity, so does Intermountain.

A Workgroup member asked how sensitive information managed in the pilot in terms of routing using the shared services platform?

- The shared services platform is implemented by Intermountain with Mayo Clinic. Kaiser Permanente is also implementing a similar architecture. It was architected in a way to be implemented in a federated manner as well.
- It was noted that CCC wasn't sure that anyone would implement a centralized model – specifically when looking at returning clinical information, CCC had to ensure that nothing was logged or stored – that it was just information passed



back to the requestor. In the federated model, both the shared services gateway, and any gateway behind it, are both located and owned by each respective organization so that the data isn't shared anywhere beyond the specific data exchange.

The presenters were asked how they anticipate scaling the RLS as CCC increases the number of nodes?

- Each organization in the CCC would serve as its own RLS – it would have its own set of data linkages to other organizations. These linkages would not be shared with other organizations. When an RLS query comes in, you would only share what you know – it doesn't require you to go to other organizations for a global view of the information.
- If you haven't correlated the data – you don't know if there is information under the different nodes. You still have to ask each node if they've seen the patient in anticipation of there being multiple nodes. If we know where a patient exists – we share what we know – but we don't actively go and query all the other nodes that exist. There is no active correlation to see if other documents exist as other nodes are added.
- If someone is sitting on Node 1, then Node 1 has to initiate RLS queries with each node in the network. Then Node 1, as the initiator of the RLS service across the different nodes, would have to correlate the info from the different nodes.

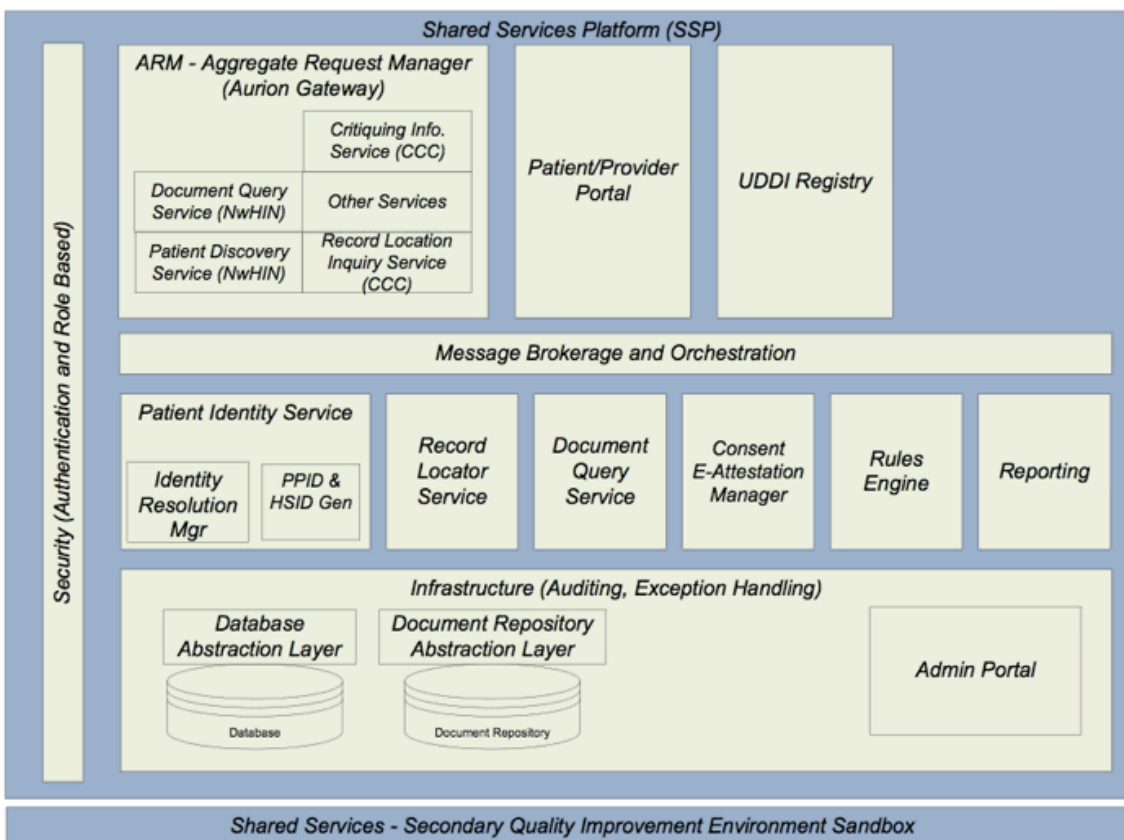
The CCC presenters were asked about how demographic update and merge/unmerge capabilities are handled - so that the RLS is kept up to date?

- Demographic update, merge, unmerge capabilities have not been implemented – CCC stayed within the specifications, as not everyone has the flexibility to add new services.

The Workgroup inquired about how the XCPD, XCA, and Healthway profiles constrained or extended to make them work amongst CCC?

- For Query, the implementation is aligned with the NwHIN specs; there were 3 minor modifications; all 3 of them modifying the optional component of a specification.
- For RLS, there are some ITI-56 services have been implemented as a mechanism to query and respond (For example, "Do you know where else this particular patient has been?").
- CCC interacts with the outside world through the Aurion Gateway. CCC has used some optional fields that the specs do not require – so that additional data can be exchanged. This is preliminary and exploratory at this point.

- There are other legal and policy issues that need to be explored – CCC was only looking at the technical approach.
- When performing a patient discovery, with several potential matches where none of the potential matches is a “concrete match”, if there was a manual process to resolve this, additional information could be provided to CCC to establish that link.
- The Patient Discovery query - have added an optional component - it’s the only modification to the eHealth specification. If this is successful, CCC may investigate other options.
- The 3 areas where CCC deviated from the required specifications (utilizing optional capabilities) will be highlighted as part of CCC’s survey response so that the Query Workgroup can understand which ones may be essential vs. optional. The presenters noted that only the RLS-related modification would be essential.





Action/Follow Up:

The Workgroup was asked, “What can we do to further prepare the presenters so that we can more easily get to where we want to be for the presentations?”

- Ask about adoption rate and user base. Inquire whether the network did any testing? How does the network certify organizations within the network.
- The 28 minutes was not sufficient to cover both RLS and Query, so future presentations will require a little more time.
- Ask the presenters for something supplemental to the block diagram – it’s helpful but it is very static. Without any arrows/information flows or specific participating healthcare organizations, it is difficult to understand how the network is used. In addition to this diagram, Workgroup members would like to see some of the organizations that are on the network (Intermountain, etc.) and what actually flows between them.
- It was noted that the presenters should be advised to avoid animated marketing slides, but we need a diagram to understand what is actually being used.
- The group agreed on the need for a diagram that depicts information flows – and is specifically interested in seeing the sequence of information flow. An example discussed was a “swim lane” diagram that would describe the connectivity between systems.

The group discussed the need for ½ hour for query and ½ hour for RLS so as not to try to combine them and allow adequate time to review the survey responses first - so that the group can be acquainted with the information prior to the meeting. Starting next week, the meeting will be changed to a 2-hour timeslot so that presenters are preparing for a 30 minute presentation with 15 minutes for Q&A.

Next Steps

Discussion Summary: Next steps include:

- Extending invitations by one hour for this workgroup meeting for rest of November
- Continue scheduling RLS & Query presentations

The next meeting will be held Monday, November 10.

The meeting adjourned at 3:03 pm EST.