



Query Workgroup Meeting Minutes

November 17, 2014: 2:00 – 4:00 pm EST

Meeting Participants

Committee Members

- ✓ Hans Buitendijk, Siemens (Co-Chair)
- ✓ Seth Selkow, Kaiser Permanente (Co-Chair)
- ✓ Marty Prah, SSA
- ✓ David Tao, ICSA Labs
- ✓ John Donnelly, Interoperability Domain Expert
- ✓ Tara Dragert, Surescripts
- ✓ Joe Lamy, AEGIS
- ✓ Adam Rabinowitz, ManTech
- ✓ David Schramm, Mirth
- ✓ Justin Stauffer, Epic
- ✓ Eric Heflin, Healthway
- ✓ Tone Southerland, Ready Computing

Invited Subject Matter Experts and Carequality Support Team

- ✓ Mariann Yeager, Healthway Chief Executive Officer
- ✓ Didi Davis, Healthway Testing Program Manager
- ✓ Neil Webb, Care Connectivity Consortium
- ✓ Darren Mann, Intermountain Healthcare
- ✓ Anita Samarth, Clinovations Government Solutions
- ✓ Paul Clip, RelayHealth
- ✓ Peter Bernhardt, RelayHealth
- ✓ Jose Boban

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 with presentations from CommonWell and Surescripts for today's meeting

Action/Follow up: None

Meeting Minutes

Discussion Summary: Members were asked to voice any questions or concerns regarding the meeting minutes from the 11/10 meeting. Suggested comments and updates were made to the documents.

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

CommonWell Presentation

Discussion Summary: The Vision for CommonWell is described as:

Our Vision

We are an independent, not-for-profit trade association **open to all HIT suppliers** and others devoted to the simple notion:

- + That **health data should be available** to individuals and providers **regardless of where care occurs** and;
- + That provider **access to this data must be built-in** to HIT at a reasonable cost for use by a broad range of health care providers and the people they serve





CommonWell Health Alliance Members

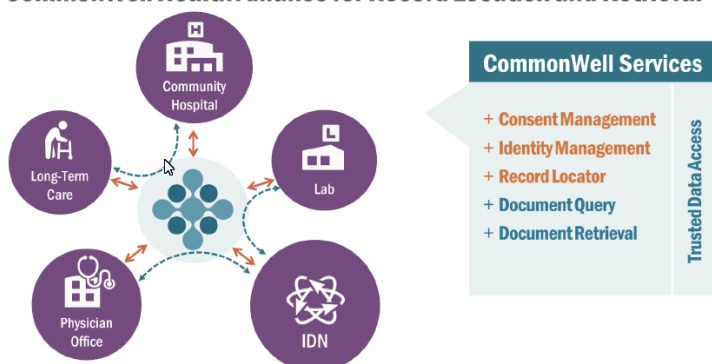


CommonWell main services offerings are depicted below. Orange Services are point services – exchanged to and from different care settings/nodes – called Edge Systems. Blue services are information that is “transiting” between two Edge Systems.

Each of the nodes is sending core services demographic information, enrolling patients in CommonWell. Once that is done, once a document query comes in, the Core Services leverage the knowledge of knowing where the patients are across the nodes. Information is not stored within the core services. CommonWell is prohibited from storing the data or doing other things with the data.

A CommonWell Person Record may have multiple records in multiple clinician systems. The participants use their own local identifier for the patient and CommonWell handles the patient reconciliation and matching process.

CommonWell Health Alliance for Record Location and Retrieval





A clinician may work in a hospital that is using the member company's system – that is integrated with CommonWell services – once that is done, any other systems using that same product, has a trivial to very low implementation cost to connect to CommonWell, depending upon how the Edge System (e.g. SaaS vs. on-site) is implemented.

Solving for the Organization



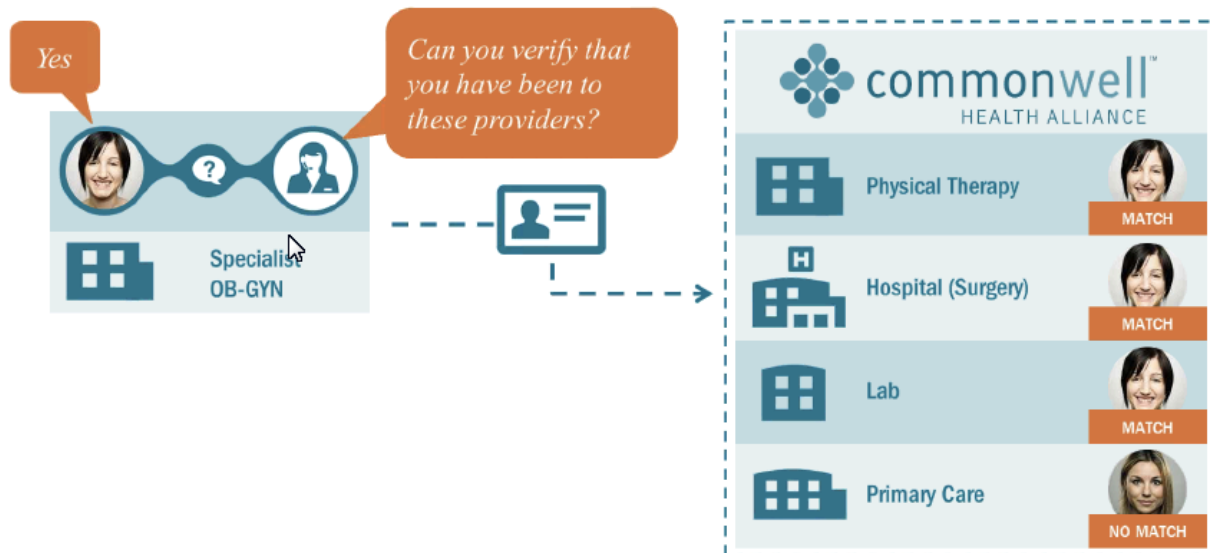
How do providers know which provider organizations are participating – as every single customer of a member organization is not live on the CommonWell network. It hasn't been rolled out across the entire user-base – and the customer has to be ready for it. CommonWell is just coming out of the pilot phase, and members have signed a 3-year agreement with RelayHealth – deeming this a success and starting to move this forward and roll it out. As of today, the initial pilot systems and a few others are now operational on CommonWell. Over the next 6-12 months, there will be more organizations going to commercialization and pushing this out.

The method by which a member company might engage their customer to use or join CommonWell is left up to that member company and their customers. There is a working group within CommonWell that is focused on onboarding – the members are going to the customers themselves, explaining the benefits, and decide whether they are charging for the CommonWell network.

Are there data sharing or trust agreements among organizations? Would be good to discuss this with the Trust Framework work group to have a few sessions to discuss how this is handled.

The matching for patients is depicted below (with additional coverage of this topic during the 12/01/14 Query Work Group Meeting):

Solving for Jennifer Smith



The patient has to opt in to using CommonWell – with a human who can validate the patient. Until the patient has validated the matches for the other locations where there may be records, no data flows. There is no data exchange without human validation. Linked locations have access to data on future visits, and the information is provided natively to the user in their own EHR.

Requirements to Becoming CommonWell-Enabled

Component	Patient Registration	Document Query & Retrieve	Enrollment	Gateway
What?	HIT system sends ids & demographics to CommonWell	HIT system queries & retrieves documents via CommonWell	Organization enrolls patient into CommonWell	HIT system responds to query & retrieve txns from CommonWell
Flow?	EHR → CHA	EHR → CHA	EHR → CHA	CHA → EHR
How?	PIX/MLLP PIX/SOAP FHIR	XDS.b XCA	FHIR	XCA

Today most members have implemented a workflow – where they see the data that is available upon a request; there is one member that is looking ahead a day and preliminarily requesting data for patients that may be needed the next day.



Action/Follow Up: Additional discussions and Q&A regarding CommonWell will be held during the 12/01/14 Query Work Group meeting.

Surescripts Record Locator and Exchange

Discussion Summary:

Surescripts demonstrated its RLS capabilities at the 2014 Interoperability Showcase and are continuing to work on this product and developing its future roadmap.

A few key principles for the Surescripts product is depicted below:

Product Drivers

- Increase participation in exchange by bridging standards. Direct and IHE. Come with the technology you have.
- Enable customers to keep patient data in the source systems.
- Target high-value document repositories based on customer requests to build broader federated connectivity over time.
- Leverage ePrescribing to create a system that learns locations over time.

The ways to connect to the network are listed below:

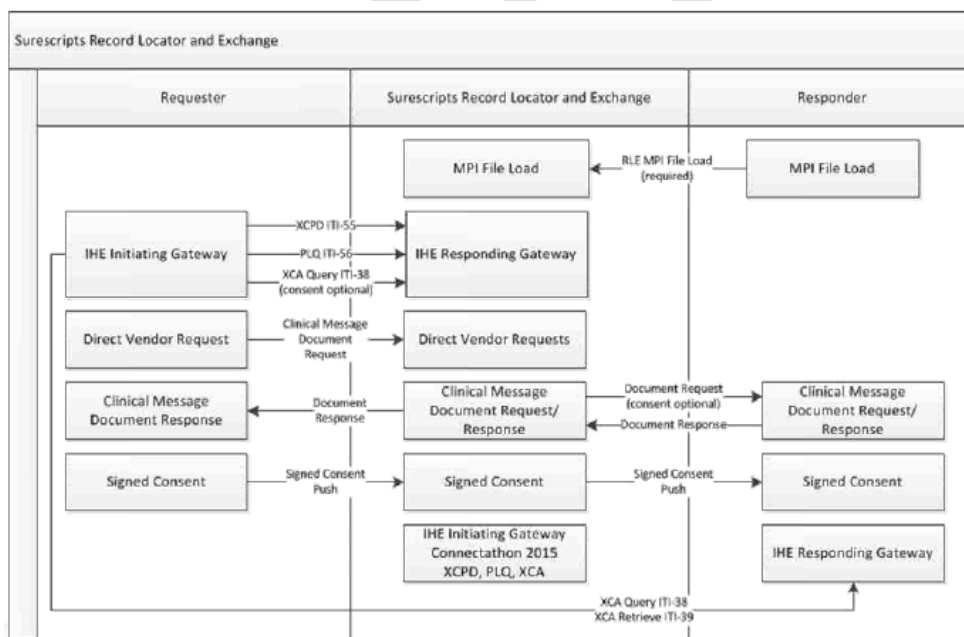


Network “Onramps”

- Direct
 - Created “step-up / step-down” capability to leverage growth in Direct.
- IHE
 - XCPD, PLQ, XCA Query
- FHIR
 - Surescripts RLE specific FHIR compliant message
 - Flexible data formats (JSON and XML)
 - More approachable for clients without an established IHE stack to be productive quickly
 - Single targeted message versus multiple more generic IHE messages
 - Single, consistent standard versus multiple with IHE (HL7v3, rim, SOAP, etc)

Can connect with systems using both Direct and IHE – there are a handful of profiles that have been built with more coming in January. FHIR is the last – Surescripts has some other products (not RLS) that utilize FHIR-based messaging. Surescripts is looking into implementing this for the RLS product and have ways to connect with networks that are not implementing IHE.

Today, the RLS network provides the following capabilities:





First, the Surescripts MPI is loaded with patient information – can “learn” from Surescripts core business – e.g. has had prescriptions written or a physician has queried for eligibility – so Surescripts will know where the patient has been. Customers can also provide a File Load with the way information will be exchanged, how to connect with providers, and patient information. The RLS can accept ADT feeds as well.

On the Requestor side, there are 2 different ways that a system can interact with the RLS product. IHE (constrained slightly – which has been described in the Survey response), accepts a Direct message formatted a certain way to where it becomes somewhat of a targeted query. Surescripts supports the attestation of consent through SAML 2.0 and the ability to push the consent to be completed by the requestor.

In the middle, Surescripts is operating the MPI that it is learning from different sources of information, the requesting gateway, the ability to step up and down from Direct – can drop down an IHE query to a Direct message with the signed consent being carried through. There is not a centralized consent management function – Surescripts is facilitating the exchange of the information. Surescripts may have a number of locations for a patient – with no documents.

In addition, a user can decide whether follow-up is required or Surescripts can provide the information but then the requestor has to query the document source on its own – it can be more of a directory “white pages” rather than the facilitator of the actual exchange of the documents. The requester would directly go to the information source for the desired information.

If a patient has documents available in 3 locations available via direct messages. There can be method where the request is made and Surescripts returns documents from all 3 locations. Another implementation model is where Surescripts presents to the user that there are 3 locations and the user can choose where to request documentation. The third model is where the only information that is returned is the location, and not documents (as this is based more on e-prescribing behavior).

Can be more of an adapter for organizations that are more XCA/XCPD oriented and also help organizations that are “Direct only” connect with more IHE-enabled organizations.

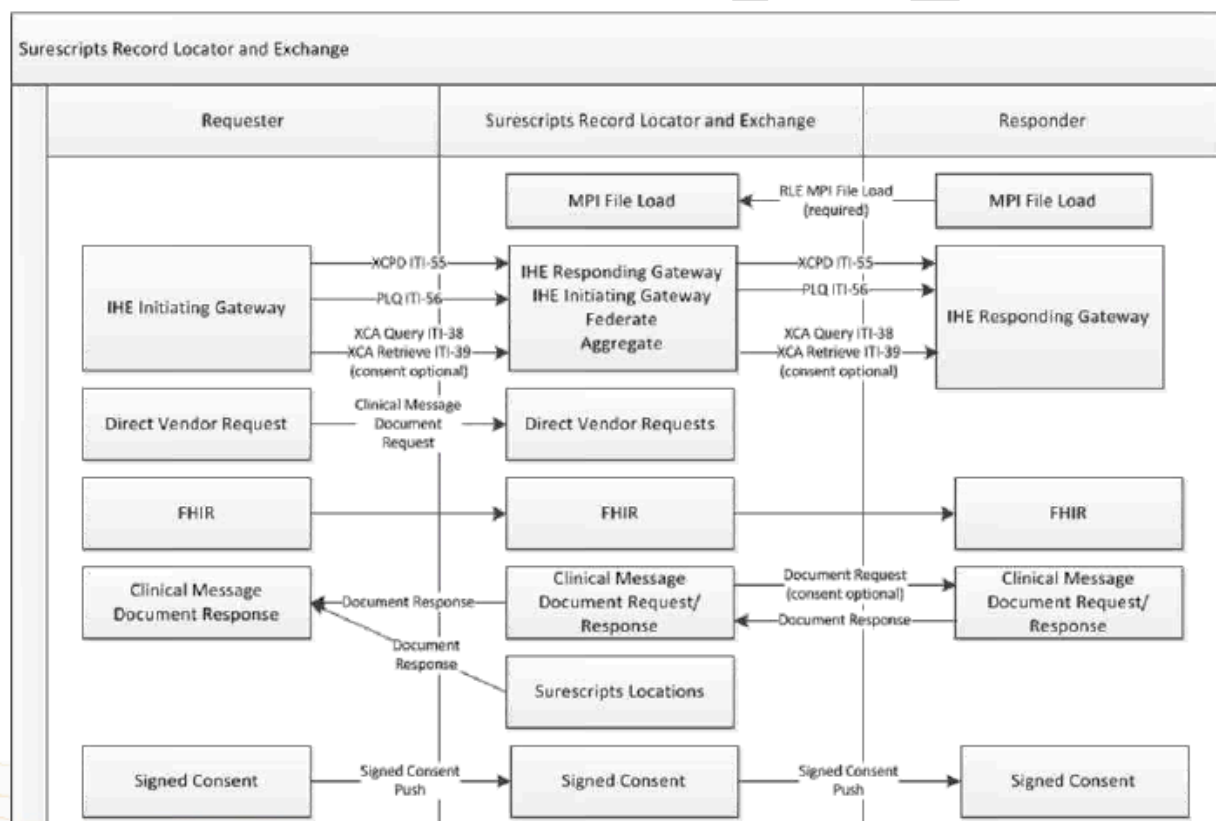
Using Surescripts to obtain documents, Surescripts is bridging XCA with Direct to connect XCA participants with Direct participants that are not compatible – Surescripts provides aggregation and the ability to retrieve documents or location information on behalf of the requestor.



The document responses are asynchronous – so there could be a number of Direct and asynchronous XDR responses that are pushed to the requestor. There is a warning for the user where the user is aware that there may be multiple documents, asynchronously, or the user may not get any documents back.

When the patient level query (PLQ) is used to ask for location – can represent the locations as Surescripts or can represent each of the individual locations – so the users can decide how to use the network – if the requester want all of the information or just the list of location of information. PLQ will have one location of “Surescripts” with all the data behind it or the various multiple locations.

Future plans for the RLS are depicted below:



IHE initiating gateway has been added so that in the future Surescripts can find other IHE communities on the requestor's behalf. The other future capability is FHIR interaction.

As customers are added to the network – one with an IHE compliant gateway and the other is going directly to the other providers that are providing the documents.



With respect to Security, the Surescripts security protocols are described below:

Security

- With HTTPS, participants act as the client and send transactions to the RLE server on the Surescripts system.
- TCP/IP is the communication protocol utilized between the participant and Surescripts.
- HTTPS (Version 3) is the preferred application protocol.
- A static, registered IP address is required of the participant.
- Participants use the standard HTTPS post method to connect and send transactions to Surescripts.
- URLs are supplied at the point of integration.
- Server certificates with 128-bit encryption are utilized at Surescripts. The participant is responsible for providing its own 128-bit (server) digital certificate.
- Surescripts requires basic authentication. The appropriate username and password will be supplied.

Action/Follow Up:

- None

Next Steps

Discussion Summary: The Work Group will continue with presentations in the next few weeks leading up to the in-person meeting. It was determined that there will be enough participation next week during the week of Thanksgiving to have a quorum and will continue with presentations.

Meetings are being recorded – and will not be posted on the public wiki. Staff is investigating the ability to post recordings on a “non-published” page – if anyone has concerns, please let the co-chairs know.

Action/Follow Up:

- Provide feedback on the Monday, December 8 agenda
- Provide feedback on organizations that should respond to the survey

The meeting adjourned at 3:27 pm EST.