



carequality

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Carequality Monthly Information Call

May 26, 2016

Agenda

- Carequality Intro
- Initial Rollout Update
- Content Guidance Sub-Committee
- Patient Authorization Workgroups
- Other 2016 Projects
- Coming Soon – Participation Opportunities



Carequality Overview

What is Carequality?

Carequality creates a standardized, national-level interoperability framework to link all data sharing networks



Carequality is creating a web of interconnected networks

The Power of Connecting Networks

*How do you get nationwide connectivity?
Clinic by clinic, hospital by hospital?*

Data sharing networks have already connected many participants. The connections grow exponentially by connecting these networks.

➔ If you connect six clinics, you might reach a few dozen physicians.

➡ If you connect six networks, you can reach thousands of physicians.

What is a Data Sharing Network?

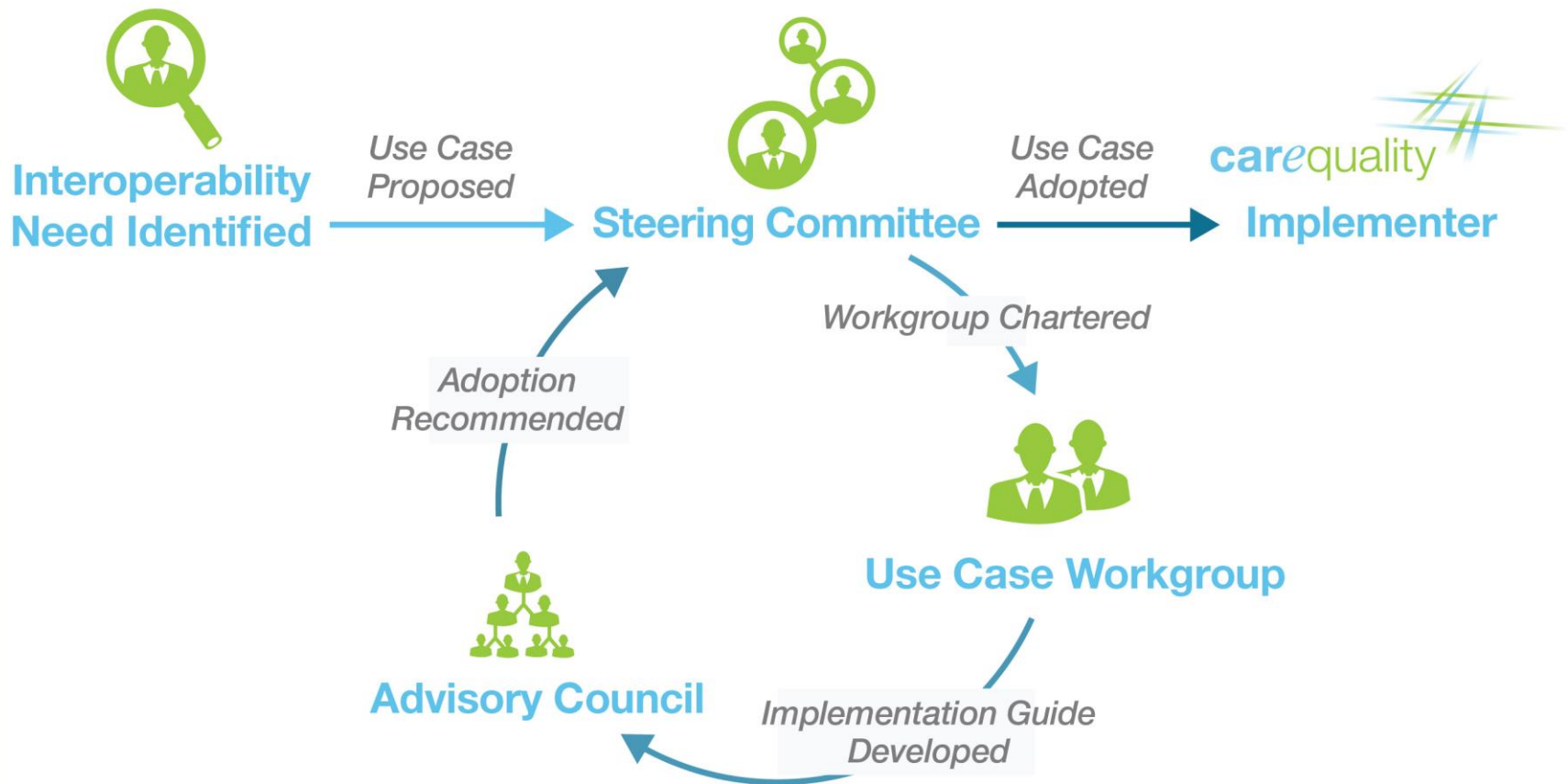


Any organization that can bring a community of users to the table

“Communities” need not be geographically defined

- HIEs and other traditional networks
- EHR vendors
- Payers
- PHRs and other consumer-facing applications
- Lab networks
- Undoubtedly others

The Carequality Process



Carequality Framework

- The Carequality Framework includes a number of elements:
 - Carequality Connected Agreement
 - Carequality Connection Terms
 - Dispute Resolution Process
 - Query-Based Document Exchange Implementation Guide
- Documents are available for reference on the Carequality Wikispaces and our public website:
<http://carequality.wikispaces.com/Carequality+Framework>
<http://sequoiaproject.org/carequality/resources/>
- Initial Implementers are rolling out The Framework for production use

Initial Rollout Update

Current Carequality Connected Agreement Signees



**Integrated Data
Services**



Current Status

- Five Implementers (Epic, Surescripts, eClinicalWorks, NextGen, and HIE Texas) have had their applications accepted for moving to production
- About two dozen Epic clients have production certificates and are ready for live exchange
- Initial eClinicalWorks site in final validation process
- Additional eClinicalWorks and Epic sites expected in June
- Significant multi-regional go-lives for other Implementers currently targeting July and August

Content Guidance

Project Background

- As part of its 2016 project prioritization, the Steering Committee included the development of best practices/guidance for clinical content
- Basic goal of making the most of existing content; NOT an attempt to develop new document templates or otherwise creating new standards
- The Advisory Council has taken on this work as a project for its current term

Subcommittee Members

- Omar Bouhaddou, VA
- Mary Matzke, KHIN
- Dave Minch, CAHIE
- Derek Plansky, Independent consultant
- Renee Smith, Walgreens
- Justin Ware, Epic

Current Status

- Sub-committee has been meeting weekly during May
- Specific project steps and timelines developed for the full Council's review
- Very pragmatic focus to guide discussion:
 - High impact, low(er) effort
 - No reinventing the wheel
 - Acknowledging limited vendor development bandwidth
- Cross-pollination with other efforts
 - HL7/ONC Implementation-athons
 - Sequoia Project Content Testing Workgroup
- Likely focus (pending full Advisory Council review) on two areas:
 - Guidance on using query metadata to retrieve content based on actual deployed system configurations
 - Reference content to guide future use of key existing templates

Patient Authorization

Project Background

- The Query-Based Document Exchange Implementation Guide is clear that organizations have the ability to set their own policy for what permission is needed from the patient before his or her records will be released in response to a query.
- The Guide is silent on how information on these requirements, and their fulfillment by requesters, can be communicated in the course of query transactions.
- Two workgroups (Policy and Technical) have been formed to address this challenge in the context of Carequality exchanges
- The workgroups are not addressing questions of WHEN or IF patient authorization is required
- We are only addressing HOW to handle the situation when it is

Policy Workgroup – Mission

- Develop policy requirements around the optionality of the patient authorization technical approach
- Develop an interpretation of the non-discrimination principle as it pertains to this patient authorization structure
- Develop specific policy requirements for requesters that assert collection of a form (i.e. what exactly do they need to have done in order to state that they have the completed form from the patient in hand)
- Determine what additional types of assertions, if any, might be made by the requester with respect to its right to the data, beyond forms collected from the patient
- Determine whether consensus can be reached on limiting the scope of the transactions for which patient consent can be required. Specifically, can consent be taken out of scope for the patient discovery transaction?

Policy Workgroup Members

- India Brim, Surescripts
- Shelley Brown, San Diego Healthconnect
- Susan Carey, Norton Healthcare
- Peter DeVault, Epic
- Daniel Fischer, athenahealth
- Anne Kimbol, Texas Health Services Authority
- Suzannah Lipscomb, Georgia Dept. of Community Health
- Darren Mann, Intermountain Healthcare
- Tom Morgan, NHS Human Services
- Jay Nakashima, DaVita
- Dan O'Mahoney, NorthShore University Health System
- AJ Peterson, Netsmart
- Marty Prah, Social Security Administration
- Scott Stuewe, Cerner
- Kristen Valdes, b.well

Technical Workgroup – Mission

- Develop a standard approach to indicate in response transactions that patient consent is required for information to be released
- Develop a standard approach to indicate in a query that the requester already has obtained some form of permission
- Develop a technical method for distributing and identifying consent forms to be used
- In pursuing these goals, the workgroup should:
 - Focus on the transactions used in the Query-Based Document Exchange use case, but be as general as possible
 - Limit the technical scope to authorization as an all-or-nothing concept with respect to the patient’s “records” as defined by the custodian

Technical Workgroup Members

- Marty Prah, SSA
- Jeff Taylor, Surescripts
- Nic Hess, San Diego HealthConnect
- Larry Garber MD, Reliant Medical Group
- Harold Min, NorthShore University Health System
- Darren Mann, Intermountain Healthcare
- Alan Swenson, Epic
- Dale Moberg, OrionHealth
- Daniel Fischer, athenahealth
- Mark Gromowski, Netsmart

Other 2016 Projects

Image Exchange

- **Project goal:** Develop new Implementation Guide for query-based exchange of imaging content
- **Current Status:**
 - Draft workgroup proposal discussed with Advisory Council and Steering Committee in May
 - Revised proposal to be presented to Steering Committee June 2nd
 - Tentatively targeting late June/early July for launching workgroup(s)
- Watch for updates and calls for volunteers!

Carequality Directory

- **Project goal:** Develop and implement a standards-based approach to automating maintenance of the Carequality Directory
- **Current Status:**
 - Working actively with the Argonaut Project to flesh out relevant FHIR resources
 - Implementation of production directory service over the summer, using draft “standards” developed by Argonaut
 - Goal of providing automated option by end of summer
 - Transition to new directory by Implementers likely to proceed at varied pace once production service is available

Participation Opportunities

Keep an Eye Out

- Steering Committee:
 - Terms for half of the members expire in September
 - The Nominating Committee will launch the application process soon, likely in late June
- Image Exchange Workgroup(s)
 - Pending the Steering Committee's approval, at least one and likely two workgroups will be formed for the Image Exchange project
 - Calls for volunteers should be coming in June

Thank You!