



carequality

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Carequality Monthly Information Call

October 27, 2016

Agenda

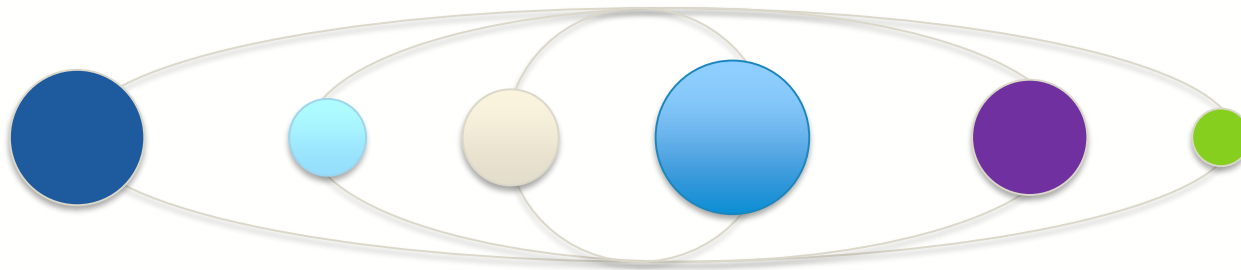
- Carequality Intro
- Production Operations Update
- Participation Opportunity – Advisory Council
- Patient Authorization Workgroups
- Carequality Directory
- Your Questions



Carequality Overview

The Situation

Communities of data sharing partners have formed, brought together by specific needs.



Some are geographically based, but many other types of data sharing communities also exist.

The Solution

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



Carequality is creating a web of interconnected communities

The Power of Connecting Communities

*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 user communities to one another, as groups.

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

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

Carequality Framework

- The Carequality Framework includes a number of elements:
 - Carequality Connected Agreement
 - Carequality Connection Terms
 - Dispute Resolution Process
 - Technical Trust Policy
 - 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/>

Production Operations Update

Current Carequality Connected Agreement Signees



Current Status

- Live exchange continues to expand
- The first production transactions occurred on July 1st
- Exchanges have occurred in a number of states including:
 - California, Illinois, Missouri, Ohio, Rhode Island, Texas, and Virginia
- Overall, about 11,000 clinics and 500 hospitals are up and running with capability to share data via the Carequality Framework
- Six Implementers (athenahealth, eClinicalWorks, Epic, HIE Texas, NextGen, and Surescripts) are providing the connectivity for these organizations
- Additional organizations are being added to the Directory on a weekly and sometimes even daily basis

St. Louis ONC Site Visit

- On October 25th, several Carequality participants hosted Dr. Vindell Washington, National Coordinator
 - Midwest Nephrology Associates (eClinicalWorks)
 - SSM Health (Epic)
 - Mt. Carmel Senior Living (MatrixCare with Kno2 interoperability services)
- Dr. Washington was able to see these sites requesting records from one another, and from NextGen and athenahealth users
- Many thanks to all those who participated in the visit and preparations!

Participation Opportunity

There's still (a little) time to apply for the Advisory Council!

- You can access the application here:
<https://www.cognitoforms.com/TheSequoiaProject1/2016AdvisoryCouncilApplication>
- 13 seats are open
- Applications are due by **5pm PDT TOMORROW**, 10/28
- The Council's responsibilities include:
 - Reviewing and revising draft deliverables and proposed final deliverables that will be presented to the Steering Committee for approval.
 - Providing input on work products throughout the development process.
 - Making recommendations to the Steering Committee regarding approval of implementation guides and other work products.
 - Providing input to the Steering Committee on prioritizing proposed use cases.

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

Current Status

- Both workgroups are focused on providing a mechanism for query initiators to assert that they have fulfilled a particular policy requirement
- This structure can be applied to patient authorization, either verbally or via a signed form
- The same structure can support assertions of other policy-based “rights” to the data, including concepts like:
 - The request is in the context of a medical emergency
 - The request is in the context of a declared public health disaster
 - The request is being made by the patient, with information on how the patient’s identity has been confirmed
- The policy workgroup has a proposed mechanism for using this structure to support the exchange of sensitive information, including information covered by 42 CFR Part 2
 - Exchange of such data is not required
- Draft changes to the Query-Based Document Exchange Implementation Guide will be reviewed with the Policy Workgroup next week
- The [Carequality Wikispaces pages for these workgroups](#) have been updated with documentation of their work in progress

Other Projects

Carequality Directory

- A directory of participants is one of the three essential elements of the Carequality Framework
- Currently we are using a temporary file-based solution
- For a long term solution, discussion with Carequality Implementers last fall revealed a preference for HL7 FHIR-based directory services
- We continue to test and initial an implementation of a FHIR-based Carequality Directory

Your Questions

Thank You!