



Steering Committee Meeting Minutes

May 2, 2019

Meeting Participants

Committee Members

- ✓ Jitin Asnaani, CommonWell
- ✓ Mike Baillie, United Healthcare
Nancy Beavin, Humana
- ✓ Karen Perlstein for Steve Bounds, SSA
- ✓ Ryan Bramble, CRISP
- ✓ Hans Buitendijk, Cerner
- ✓ Michael Hodgkins, AMA [Chair]
- ✓ Leslie Kelly-Hall, Healthwise
- ✓ Rob Klootwyk
- ✓ Steven Lane, Sutter Health [Vice-Chair]
Geoff Lay, athenahealth/Virence
Candace Levy, Bluestone Physician Services
Kathy Lewis, Surescripts
- ✓ Tushar Malhotra, eClinicalWorks
Aaron Seib, NATE
Ryan Stewart, Dignity Health
- ✓ Alan Swenson, Kno2
- ✓ Jennifer Blumenthal, OneRecord

Invited Subject Matter Experts and Carequality Support Team

- ✓ Dave Cassel, Executive Director, Carequality
- ✓ Chris Dickerson, Program Coordinator, Carequality
Mariann Yeager, CEO, The Sequoia Project
Eric Heflin, CTO/CIO, The Sequoia Project
Didi Davis, Testing Programs Director, The Sequoia Project
Dawn Van Dyke, Marketing Director, The Sequoia Project
- ✓ Bill Mehegan, The Sequoia Project
- ✓ Steve Gravely, Gravely Group
Mark Segal
- ✓ Kedar Ganta, Advisory Council Co-Chair, athenahealth/Virence
Seth Selkow, Advisory Council Co-Chair, Kaiser Permanente

Meeting Summary

Call to order 12:33pm EST

Agenda

- Roll Call, Agenda Review
- Admin Items
 - Meeting minutes
- Responder Only Services
- RCE
- Project Updates
 - FHIR
 - Query-Based Document Exchange Enhancements
 - Push Notifications Use Case
- Content Testing
- Production Operations Update

Discussion Summary: Roll call was facilitated, and a formal quorum was established. The agenda was discussed.

Decision/Outcome: No additional topics were raised.

Action/Follow up: n/a

Administrative Items

March Minutes

- April meeting minutes were emailed to the committee for review. Dave presented the minutes for approval.

Discussion Summary: Meeting minutes were presented.

Decision/Outcome: Hans moved to approve; Alan seconded. None were opposed and there were no abstentions

Action/Follow up: N/A

Responder Only Services

Discussion Summary: Dave presented the topic and provided an overview of the discussion during April's meeting, at which point the Steering Committee had decided to defer a decision until they've had more opportunity to absorb the Information Blocking Rules.

Carequality met separately with two services (CareDirectives and Vynca) whose business is to provide curated, current, and accurate information for advanced care planning in an electronic format. Both companies have business models in which subscribers pay for the ability to access content. They would both like to take advantage of the Carequality Framework to more easily onboard more subscribers. They would both (very reasonably) like to respond to queries whose purpose is Treatment. Carequality rules would prohibit their predicating Treatment responses on the payment of fees. There may be other use cases beyond advanced care planning with similar situations

Potential options discussed for the committee's consideration included:

- Take no action - there is some risk in this case of "non-Carequality Carequality connections", in which the service relies on Carequality specifications and the fact that Carequality support is widespread, as a partial free rider.
- Define a general category of value-add, responder-only services who are permitted to charge fees for Treatment queries.
- Define a specific carve-out for services around advanced care planning. This could be broadened in the future if other relevant cases can be articulated.

Decision/Outcome: There was a lengthy and spirited debate on this topic. Several members were in favor of the second or third options. Other members had significant concerns about introducing changes to the Treatment rules. After considerable discussion, it became clear that the group would not reach a consensus on the options presented. It was decided to seek additional recommendations from other parts of the Carequality community, such as the Board or Advisory Council.

Action/Follow up: This question will be raised with other groups within the Carequality community. Members were requested to communicate any suggestions or ideas to include during that discussion.

RCE Initial Impressions & Process

Discussion Summary: Dave provided an overview of the RCE process. The internal staff is in consultation with the Sequoia Board and Carequality Board regarding the scope and expectations of the RCE and on the organizational approach to applying. At this point, the plan is for Sequoia to be the prime for the contract, with Carequality a named partner with a role in the operational deployment of the TEF ecosystem. . An evaluation of recommended strategies for moving forward with the short timeframe is being completed. The RCE role aligns with the role of Carequality and if the RCE functions are operationalized under Carequality, it would be necessary to perform that work separately as it could potentially be disruptive to weave them together right away. A letter of intent must be submitted by May 17th and the full application must be submitted by June 17th.

Questions/Discussion: The group generally approves of this approach.

Action/Follow up: The Committee will be updated as progress is made on this issue.

FHIR Workgroups

Discussion Summary:

The Technical Workgroup

Bill Mehegan provided an update on update on this item. Carequality will host a virtual Connectathon on May 14th from 1-5 pm EDT. Alpha Testing with a current Implementer (MEDENT) is being conducted this week and lessons learned will be noted from Alpha Testing to ensure we are ready for the Connectathon. It will be the first of multiple such events. For the first event, we plan to have participants interact with the Directory. If it goes beyond this step, for example to patient discovery transactions to other organizations, then it will greatly exceed our expectations. Future Connectathons will expand upon Certs, Tokens, Authentication, and move on to other FHIR Resources (beyond patient). Another Connectathon is expected to be held in June or July with more details to follow in the coming weeks.

The Policy Workgroup – Recent Policy highlights on the topic of Patient Matching were quickly summarized by Bill Mehegan. If given the same set of search parameters by a query initiator, the query responder shall return the same person/people no matter what mechanism (ex: FHIR versus XCPD) is being utilized for the transaction. Query responders shall have the capability to return more than one potential patient match when the patient search yields more than one match. Exploring adding language about query initiators indicating whether they can, or want to, receive more than one match as well. Query initiators shall (to the fullest extent possible) attempt to normalize all patient demographic data elements prior to initiating patient discovery (regardless of any USCDI wording). Will need to point to a yet to be created Carequality document that spells out our definition of “normalized data”.

With the TEF Draft 2 out, the group will be focusing on the following topics in the coming weeks: Exchange (formerly Permitted) Purposes, Identity Proofing, and Non-Discrimination.

Questions/Discussion: n/a

Action/Follow up: Bill will provide the committee with further updates from the policy workgroup’s considerations of how the TEF will impact its proposals for Exchange Purposes, Identity Proofing, and Non-Discrimination.

IG Updates Workgroup

Discussion Summary: Chris Dickerson presented information regarding Payment and Health Care Operations. In regards to Straw proposals, Implementers who support the Query Responder role MUST provide contract terms and technical support for their Carequality Connections (CCs) to honor queries for payment, patient request, and operations. Content provided in response to payment and operations queries MAY be tailored to those purposes, but also MAY be the same content released in response to treatment queries. In other words, Implementers must, at a minimum, be able to “turn on” the ability for an individual CC to respond to payment, patient request, and operations queries with the same information it would provide in response to treatment queries. We acknowledge that some CCs (and payers!) may be more comfortable with tailored content but want to provide a clear path for those who want to move forward, even if such tailored content is not yet available. Timing for enforcement of this change may need to be tied to our timing for enforcing Implementers’ ability to produce encounter specific documents, per the JDCWG recommendations.

In regards to payment and Health Care Operations, an Implementer or CC may decline to honor queries from an provider organization, including for treatment, if that organization does not honor queries for operations from that Implementer or CC. Query Responders (CCs and/or Implementers) may condition their willingness to respond to these queries on the Query Initiator’s agreement to terms, including but not limited to terms around the payment of fees and secondary use of the retrieved data, as long as these terms are consistent with Applicable Law and the Query Responder makes a good faith effort to reach substantially similar terms with any Query Initiator who wishes to do so. Note, this is not actually a change from existing IG language but including it here for completeness of the overall straw proposal narrative. Query Responders may decline to honor queries for payment or operations for those patients who have received self-pay care, although Query Responders are encouraged to respond with those portions of the record that don’t relate to the self-pay care.

In regard to Advancing Patient Queries, he reviewed the previous group’s recommended additions to the IG, The CARIN Code of Conduct and the Model Privacy Notice. Next step is to review these additions in light of the proposed Information Blocking rules.

Upcoming topics include Drafting and review of proposed Implementation Guide Update Language

Questions/Discussion: There was a brief discussion, limited due to the call's end time, regarding the straw proposal for Implementer support of non-treatment query purposes. Dave Cassel confirmed further discussion would take place as the proposals move forward, as this was a very quick summary.

Action/Follow up: n/a

Push Notifications Use Case [not discussed]

Discussion Summary: n/a

Questions/Discussion: n/a

Action/Follow up: n/a

Content Testing [not discussed]

Discussion Summary: n/a

Questions/Discussion: n/a

Action/Follow up: n/a

Production Operations Update [not discussed]

Discussion Summary: n/a

Questions/Discussion: n/a

Action/Follow up: n/a

Meeting was adjourned at 2:00pm EST