



Steering Committee Meeting Minutes

April 4, 2019

Meeting Participants

Committee Members

- Jitin Asnaani, CommonWell
- ✓ Mike Baillie, United Healthcare
- ✓ Nancy Beavin, Humana
- ✓ Steve Bounds, SSA
- ✓ Ryan Bramble, CRISP
- Hans Buitendijk, Cerner
- ✓ Michael Hodgkins, AMA [Chair]
- ✓ Leslie Kelly-Hall, Healthwise
- ✓ Matt Becker for Rob Klootwyk, Epic
- ✓ Steven Lane, Sutter Health [Vice-Chair]
- Geoff Lay, Virence
- Candace Levy, Bluestone Physician Services
- ✓ Kathy Lewis, Surescripts
- ✓ Navi Gadhiok for 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
 - ✓ Kedar Ganta
 - ✓ Mark Segal

Meeting Summary

Call to order 12:33pm EST

Agenda

- Roll Call, Agenda Review
- Admin Items
 - Meeting minutes
 - Logos
- HHS Rules
- Specialty Pharmacies
- Carequality Connected Agreement Amendments
- Non-Production Certificates
- Project Updates
 - FHIR
 - Query-Based Document Exchange Enhancements
 - Push Notifications Use Case
- 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

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

Discussion Summary: Meeting minutes were presented.

Decision/Outcome: Kathy moved to approve, Nancy seconded. None were opposed and there were no abstentions

Action/Follow up: N/A

Corporate Logos

- After the restructure and launch as a separate corporate entity, Carequality no longer has a membership program
- As a result, the only logos on our website are for Implementers, which provides a skewed picture of who is engaged in Carequality's work

Discussion Summary: Dave presented the topic. Organizations outside of Carequality are using our website to get a sense of our framework's footprint. We are hoping to add a new section (exact details TBD) to our website that highlights other engaged parties. Dave asked the group if those Steering Committee members who are not Implementers, would be willing to have their corporate logos displayed in this new area?

Decision/Outcome: The group was generally approving of this approach. Several members indicated that they would like to have their logo in the new section, but will need to check in with their respective organizations for authorization.

Action/Follow up: Members will inform staff if it is alright to use their organization's logo. Staff will send a reminder to the Committee members.

HHS Proposed Rules [Closed Topic]

Discussion Summary: Mark Segal provided an overview of the Sequoia Project comments on the new rules from CMS and ONC. The Sequoia team is generally supportive of CMS' overall approach to interoperability. Generally supportive of open APIs, hoping that they point to pre-existing standards. There is some concern that Jan 1, 2020 is too soon to implement this. The team is not supportive of the new condition of participation for hospitals that would require ADT notifications. Overall, the team is supportive of ONC's approach on open APIs and the specifications around FHIR. The team will suggest that the implementation specifications for standards like FHIR be added to guidance, not as part of the rule itself.

Questions/Discussion: Members discussed the decision to comment on the ADT requirements for hospitals. Members also discussed the Carequality specific response to the rules. Carequality will submit a separate letter that will likely reference the Sequoia feedback, but also highlight issues that are of particular interest to Carequality.

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

Specialty Pharmacies

- We have fielded two separate requests for specialty pharmacy Carequality Connections to go live as query initiators only (i.e. they would not respond to queries from others)
- It has been suggested that specialty pharmacies do not typically use EHRs and would fall into the "Provider Organizations Without Electronic Clinical Information" exception

Discussion Summary: These organizations appear to want this capability for clinical purposes as part of their evaluation of the patient for treatment, not for authorization. There are specialty pharmacy users making requests via Carequality today, who find it very helpful and have been effective advocates for new organizations to go live. These users are associated with a larger organization that is a query responder.

Questions/Discussion: There is a general consensus that this should be allowed and encouraged for new organizations. It might be worth discussing the collection of other metadata to determine the types of data that are being exchanged via Carequality.

Action/Follow up: The metadata issue will be discussed further at a later time.

CCA Amendments

- ✓ The proposed amendments to the CCA have been in an objection process, with objections able to be registered through March 29th
- ✓ Three implementers have objected to the proposed CCA updates
- ✓ Three objections don't reach the threshold where the CCA updates are automatically halted per the amendment provisions, but it seems prudent to take stock and consider the objections

Discussion Summary: The objections primarily relate to:

–A consideration around patent disclosures within the Intellectual Property section

- The definition of a Carequality Connection, and some related changes
- New terms designed to prevent duplication in Carequality Connections/Carequality directory entries

The implementers who have objected represent significant chunks of the Carequality user base. Our current approach is to pause the amendment process, discuss limited changes to the relevant language, and resume the “countdown” as quickly as possible. This will result in a Mid-July effective date for amended version as the earliest practical possibility.

The concern about IP is shared by a key implementer prospect who considers it a showstopper, but is prepared to sign if it is addressed. Additionally, in our focus on the Implementer timetable for review and objection, we neglected to get formal Steering Committee approval for the changes. We were advised that this was not a showstopper (for the CCA, specifically) but it is a best practice. Resetting would allow us to take this step.

Questions/Discussion: Members were asked about the current approach and generally agreed that this is the proper strategy.

Action/Follow up: The committee will be updated as adjustments are made to the amendments to address the objections.

Non-Production Certificates [closed topic]

- To date, we have only issued certificates for production use
- Sequoia does have a certificate authority for non-production certificates, used by the eHealth Exchange
- We have a request from the eHealth Exchange (on behalf of the SSA) to issue non-production certificates
- A relatively minor change to the existing Sequoia non-prod CA would allow us to accommodate this request

Discussion Summary: Staff informed the Committee about a request for Carequality to issue non-production certificates. Background was also provided on how the certificates will be used.

Questions/Discussion: Overall, it appears that the impact would be an approximately 5% increase in certificate costs (largely staff time for processes and limited additional certs). A possible fee was discussed to offset this cost.

Action/Follow up: A full understanding of the costs associated with supporting non-production certificates before a final decision can be made. The topic will be discussed again when this information has been gathered.

FHIR Workgroups [Not Addressed in Meeting]

Discussion Summary:

The Technical Workgroup – Authentication/Authorization/Trust

The goal is to establish an approach that supports establishing trust at scale. Our FHIR Ecosystem will utilize a Decentralized Authentication Server model that is capable of leveraging the existing Carequality 509X Certificates. Registration requests send a set of desired client metadata values to the authorization server. The resulting registration responses return a client identifier to use at the authorization server and the client metadata values registered for the client. The client can then use this registration information to communicate with the authorization server using the OAuth 2.0 protocol

We plan on utilizing this model to add consumer (and other non-provider) access to our FHIR Ecosystem. We confirmed internally some basic requirements and level of effort needed (from the Carequality side) to host a virtual Connectathon. We'll continue fleshing out the virtual Connectathon details at the Apr 9th Technical WG meeting, and ideally, this will happen by EOM.

The Policy Workgroup – Capability Statement Usage; Implementers shall support the notion of backwards compatibility until such a time that a particular version has been officially sunsetted by Carequality. Implementers shall list in their Capability Statement which version(s) of FHIR they support and have separate endpoints for each Resource version

–FHIR errors; should use the OperationOutcome capability to return both human readable and machine processable information with sufficient detail to allow the client to determine if the error can be corrected at the client side, such as a retry operation due to the resource being busy, or is a fatal error. And due to security reasons, it might be wise to obscure some of these details

–Priority Level; Implementers should also include a Priority Level in the commensurate with the request. Example: for patient encounters that are considered emergencies, an Urgent flag should be denoted

Questions/Discussion: n/a

Action/Follow up: n/a

Implementation Guide (IG) Updates Workgroup [Not Addressed in Meeting]

Discussion Summary:

Current topics:

–Payment and Health Care Operations

Conclusions:

- Carequality will use "Health Care Operations" and "Payment" rather than listing sub-activities like Risk Adjustment.
- We will use the HIPAA definitions of both "Health Care Operations" and "Payment" by directly referencing them in our IG update.
- We will add language (through examples or a chart) to the IG that specifies exactly which sub-activities fall under each purpose to remove any ambiguity.
- The examples and/or chart will make it clear that while there might be activities that are not listed, the ones that we have pointed out MUST be listed as shown.
- Keeping the direction of Information Blocking in mind, we will likely fall short of mandating these two purposes as we do with treatment.

–Advancing Patient Queries

- Reviewed the previous group's recommended additions to the IG
- Next step: Review these additions in light of the proposed Information Blocking rules

–Upcoming topics

- Mandatory Reporting
 - Workflow straw proposal
 - Response time reporting

Questions/Discussion: n/a

Action/Follow up: n/a

Push Notifications Workgroups [Not Addressed in Meeting]

Discussion Summary: Current discussion topics

–Technical Workgroup

- Notification system design
 - The group has reviewed several perspective messaging flow designs and narrowed them to two that might be able to co-exist
- Upcoming: Consent Management

–Policy Workgroup

- Roles within the use case:
 - Three primary actors have been identified
 - Notification Generators
 - Receiving Systems
 - Subscription Services
- Consent
 - Reviewed HIPAA policies related to the topic
- Organizations with Multiple Roles in the Use Case
 - Carequality will not restrict any role combinations for a single organization.
 - We will not prohibit any type of entity from playing a specific role within the use case.
 - Notification Types will have specific policies for appropriate use of that Type that may in practice restrict the types of organizations that can use that Type.

Questions/Discussion: n/a

Action/Follow up: n/a

Production Operations Update [Not Addressed in Meeting]

Discussion Summary: n/a

Questions/Discussion: n/a

Action/Follow up: n/a

Meeting was adjourned at 2:03pm EST