



## Steering Committee Meeting Minutes

June 6, 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, 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
- ✓ Seth Selkow, Advisory Council Co-Chair, Kaiser Permanente
- ✓ Kedar Ganta, Advisory Council Co-Chair, athenahealth/Virence

# Meeting Summary

**Call to order** 12:30pm EST

## **Agenda**

- Roll Call, Agenda Review
- Admin Items
  - Meeting minutes
- RSNA Image Share and Query IG
- RCE
- Responder Only Services
- 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**

***Discussion Summary:*** The May meeting minutes were emailed to the committee for review.

***Decision/Outcome:*** A motion was moved to approve the minutes and it was seconded for approval. None were opposed. There was one abstention due to not being in attendance at the May meeting.

***Action/Follow up:*** The meeting minutes will be considered final and archived.

## **RSNA Image Share and Query IG**

***Discussion Summary:*** RSNA is drafting an appendix to the Query Based Document Exchange IG that will outline the standards to be used for DICOM image exchange under the general framework and policies for document exchange. There are minor clarifications needed on existing policies, but the proposed appendix is very straightforward with the exception of the actual standards specifications. The specifications generally point to other existing work. The intent is to present this appendix as a proposal to the Implementer community, Advisory Council, and Steering Committee for feedback and adoption. Adoption by Implementers would be voluntary, and Implementers would be permitted to support one or the other, or both, of the document and DICOM image exchange modes. Conceptually, the work is very similar to our proposal in the FHIR world to point to Da Vinci, Argonaut, etc., and hope this will offer a way to power DICOM exchange under the Carequality Framework with minimal upfront cost and the potential to attract new Implementers. Legal counsel has reviewed the proposed approach and has no current concerns.

There was further discussion regarding the benefit of addressing this as two separate documents; however, with good documentation it can also be addressed in one document.

**Decision/Outcome:** The committee generally approves of this work, with a preference for a standalone document that points to the existing Implementation Guide, rather than an appendix that is part of the existing Guide.

**Action/Follow up:** N/A

## **RCE**

**Discussion Summary:** Carequality plays an important role in the joint Sequoia-Carequality-RTI application for the RCE cooperative agreement. Carequality expects to provide the operational support for QHIN application and designation processes and the exchange activities. This activity will be overseen from a budgetary and strategic standpoint by the Carequality Board. The RCE Strategic Planning Committee, which is a joint effort of the Sequoia and Carequality Boards, has provided clear guidance that Carequality's existing operations must be protected and must continue. Over time, as the future of the TEF ecosystem clarifies, we will determine the appropriate strategic path regarding convergence of the Carequality Framework exchange with the TEF ecosystem exchange. Input from the Steering Committee and the Board will be important as that plays out over the next few years.

**Questions/Discussion:** Discussion acknowledged that there are a wide range of potential outcomes, and initial discussion focused heavily on some of the more negative potential outcomes. This led to questions being raised about whether or not the joint RCE application considered the more positive or even best-case outcomes. The application, itself, contemplated a range of outcomes but was intended to accommodate more negative outcomes from a budget and timeline perspective, under the working assumption that we would be well-positioned to handle positive outcomes if we were prepared for worse situations.

**Action/Follow up:** The Committee will be updated as plans are further developed, and as there is any news on a contract award from ONC.

## **Responder Only Services**

**Discussion Summary:** An update was provided in follow-up to last month's discussion. We've discussed the idea of supporting services who will respond selectively to queries, including for treatment purposes, based on which organizations have subscribed (presumably for a fee) to their service. The Steering Committee did not have a clear consensus on this topic, and requested the Advisory Council's input.

The Advisory Council had general agreement on skepticism of charging for content and did not want to move forward at this time due to concerns regarding how to draw the line of who could do so, and that the current exchange community could see attrition or diminished growth as a result of organizations choosing to participate in a fee-based exchange community. They also did not want to give up on the notion of an app store eco-system and there was some degree of interest in that for the future. We also understand (secondhand) that one of the original services in question is investigating alternative business models that will allow them to participate under current Carequality rules. We expect that the final Information Blocking rule may provide us with another opportunity for discussion and consensus. For now, we propose making no changes to current rules and continuing as-is.

**Decision/Outcome:** The Committee approved of this proposal and accepted the Advisory Council's recommendation.

**Action/Follow up:** N/A

## **FHIR Workgroups**

### ***Discussion Summary:***

#### **The Technical Workgroup**

Results were shared with the group regarding the virtual FHIR Connectathon hosted by Carequality on May 14<sup>th</sup>. It was open to all members and there was a total of 10 participants, which consisted of existing Carequality Implementers and Non-Implementers. For this event, participants interacted with the Carequality Directory and 100% of the participants were able to read the Directory and 80% of the participants were able to write (create, edit, and/or delete an entry) to the Directory. This is the first of multiple Connectathons and future events will expand upon the use of Certificates, Tokens, and Authentication layers. The next Connectathon is expected to occur over the summer (the exact date will be determined).

#### **The Policy Workgroup**

An update was presented regarding policy considerations, especially reacting to the second Draft of the TEFCAs. The group is strongly focusing its attention on any policy considerations not mentioned in the second Draft as it relates to the release of data, what the Exchange Purpose is, if the inquiry is from a Trusted Source, Identity Proofing and Authentication, Non-Discrimination, and Secondary data use. A draft outline implementation guide specific to policy considerations that exists on the technical side will be shared on a Google drive for review and feedback.

**Questions/Discussion:** The Policy Workgroup was not able to reach a conclusion regarding the cost barrier associated with Identity Proofing, but they are aware of this issue.

**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.

## **Implementation Guide Updates Workgroup**

**Discussion Summary:** An update was provided on Payment and Health Care Operations proposals, which is somewhat beyond the straw phase as these are shaping up as recommendations of the workgroup. Implementers who support the Query Responder role must provide technical support and contract terms that enable their Carequality Connections to honor queries for payment, patient request, and operations. At a minimum, Implementers must be able to "turn on" the ability for an individual Carequality Connections to respond to payment, patient request, and operations queries with the same information it would provide in response to treatment queries. It is understood that some organizations 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.

An Implementer or Carequality Connections may decline to honor queries from an organization, including for treatment, if that organization does not honor queries for operations from that Implementer or Carequality Connections. An Implementer or Carequality Connections may only do so if that Implementer or Carequality Connections does not initiate queries for treatment. Query

Responders may condition their willingness to respond to these queries on the Query Initiator's agreement to terms 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. 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. There is still an opportunity for implementers and Carequality Connections to require additional terms.

With respect to Advancing Patient Queries, that largely would be covered under everything discussed herein. The idea is that implementers would need to support payment operations and patient requests to the extent that their Carequality Connections are willing to do so. There are also some requirements expected for those who would be initiating patient requests bearing in mind that the model here for Carequality does not assume (especially inquiry-based document exchange setting aside what may have been done for FIHR) any notion of oath or passing login credentials that we're communicating in the same way that that provider organizations and payers would communicate with each other. There are various recommendations made around Identity Proofing and in this specific element of patient requests these do align with the draft TEF. We're well on the path to adopting recommendations out of the workgroup to require those who want to initiate patient requests queries to attest to their compliance with The CARIN Code of Conduct and would specifically have to provide some of their patient-facing materials that are required under the code in the form of the Model Privacy Notice. Details and a draft text Implementation Guide will be shared with all relevant parties, including the Steering Committee, to allow everyone an opportunity to weigh in a second time.

**Questions/Discussion:** There was discussion regarding further clarification on those who fall under the Query Responder role, which will be further clarified. There was also discussion regarding clarification on directory entries and the need to further discuss this item to provide more clarity.

**Action/Follow up:** The group generally approved of this approach. Further updates will be provided to the Steering Committee.

### **Push Notifications Use Case [not discussed]**

**Discussion Summary:** This agenda item was not discussed but will be placed first on next month's agenda.

**Questions/Discussion:** n/a

**Action/Follow up:** n/a

### **Production Operations Update [not discussed]**

**Discussion Summary:** An official welcome was extended to KHIN, the Kansas Health Information Network, as well as Redox, for joining as a CCA signee. The number of live implementers continues to grow.

**Questions/Discussion:** n/a

**Action/Follow up:** n/a

*Meeting was adjourned at 2:00pm EST*