



Steering Committee Meeting Minutes

March 7, 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
- ✓ Leslie Kelly-Hall, Healthwise
- ✓ Rob Klootwyk, Epic (Matt Becker in for Rob)
- ✓ Steven Lane, Sutter Health
Geoff Lay, Virence
- ✓ Candace Levy, Bluestone Physician Svcs
- ✓ 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
Seth Selkow, Kaiser Permanente, Advisory Council Co-Chair
Dawn Van Dyke, Marketing Director, The Sequoia Project
Kedar Ganta, athenahealth, Advisory Council Co-Chair
- ✓ Bill Mehegan, The Sequoia Project
- ✓ Steve Gravely, The Gravely Group

Meeting Summary

Call to order 12:33pm EST

Agenda

- Roll Call, Agenda Review
- Admin Items
 - February minutes
- Participation in Other Initiatives
- Responder-Only Treatment “Use Cases”
- HHS Rules – Process and Participation Opportunities
- Project Updates
 - Query-Based Document Exchange Enhancements
 - FHIR
 - 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: The agenda was reviewed

Action/Follow up: n/a

Administrative Items

February Minutes

- February meeting minutes were emailed to the committee for review. Steven Lane presented the minutes for approval.

Discussion Summary: Meeting minutes were presented.

Decision/Outcome: Hans moved to accept the minutes and Rob seconded. The meeting minutes were accepted, all members approved.

Action/Follow up: N/A

Participation in Other Initiatives

- Steering Committee members will share the relevant health IT initiatives they are involved outside of Carequality.

Discussion Summary: Dave presented Steven’s suggestion that all of the members should be informed about the initiatives outside of Carequality that each other is involved in (where appropriate).

Decision/Outcome: Dave and Steven discussed the advantages of being informed about initiatives that should have Carequality representation. Where possible, if a member is part of an initiative in which they can participate “wearing two hats” it would be a way for Carequality to make up for the limitations of our lean staff. In other similarly positioned organizations, when involvement is requested in a group where staff cannot participate for logistical reasons, members are asked to participate on the organization’s behalf. Individuals wearing two hats would have to be clear about this fact when participating in other groups.

Action/Follow up: Staff will poll the Committee members about the initiatives that they are involved in. A master list will be created and circulated from the results.

Responder-Only Services [Closed Topic]

- We've spoken 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

Discussion Summary: There is a general sense among the group that it would be worthwhile to allow this behavior. It is unknown if there are any interactions between this and proposed Information Blocking rules, though it might be safe to assume that this would not be prohibited.

Taking no action on this might create "non-Carequality Carequality connections" that act as free riders. This is something that is happening already. The group supports taking some sort of action in the form of defining a general category of value-add services. There is some concern that non-Implementer players might realize that they can charge for access in this way and take advantage of it. Any policy should encourage organizations to move towards bi-directional exchange.

Questions/Discussion: We need to consider this as we continue to review the proposed Information Blocking rules. Likely more to come on this topic.

Action/Follow up: n/a

HHS Proposed Rules – Process and Participation

- We have held the first of a series of internal meetings to develop our comments on the proposed rules (both ONC and CMS)
- While we will comment on a number of areas, we will probably put the most time and energy into the ONC rule, and specifically the Information Blocking exceptions and supporting definitions

Discussion Summary: We are working collaboratively with The Sequoia Project and the eHealth Exchange, but will likely submit a separate Carequality comment letter. Carequality will continue to reach out to the community in the form of webinars and other documents.

Questions/Discussion: We will have some more fully formed ideas to share with the Committee in April.

Action/Follow up: n/a

FHIR Workgroups Update

Discussion Summary:

The Technical Workgroup –focused on creating an “implement once, connect universally” ecosystem. To that end, they’ve been working on:

- Endpoint discovery, especially as it relates to Capability Statements
- Authentication, Trust, and Authorization
- Targeting a Connectathon within the next month

The Policy Workgroup –focused on the “rules of the road” for the ecosystem. Recent work has been on:

- Error handling, especially for unsupported Resources and ensuring robust (with actionable insight) responses
- Uptime and response times

A Draft Outline for the Implementation Guide is being reviewed by Co-Chairs for both workgroups

Questions/Discussion: Presenting our draft outline to ONC should help in efforts to coordinate with other projects, in hopes of avoiding different conclusions being reached in different forums. The Implementation Guide for FHIR will really focus on the non-FHIR elements, being a bit more similar to the Query-Based Document Exchange IG with policies that point to more “traditional” FHIR implementation guides.

Action/Follow up: Progress can be tracked on the respective workgroup’s websites.

Implementation Guide (IG) Updates Workgroup

Discussion Summary:

Current topics:

–Payment and Health Care Operations

Goal: Policy updates in support of Payment and Health Care Operations queries.

- Provider Organization Interview feedback
- Payer use cases for data retrieval

–Mandatory Reporting

- Workflow straw proposal
- Response time reporting

–Upcoming topics

- Advancing Patient Queries

Questions/Discussion: We have completed discussion on a variety of topics including: rollout and validation of document content policy, adoption of the JDCWG v1.1, ongoing validation process, and new statistics reporting requirements for XCPD queries.

Action/Follow up: n/a

Push Notifications Workgroups

Discussion Summary: The technical and policy workgroup volunteers have selected weekly meeting times.

- Both groups will have their first meetings next week.
- Ahead of those meetings, we will select co-chairs for both groups.

Questions/Discussion: n/a

Action/Follow up: n/a

CCA Updates [Not Addressed in Meeting]

Slide Summary:

We have distributed the proposed final version to the implementer community and a few new changes are included based on feedback as well as a few cleanup items we noticed internally. We believe all of the changes are either neutral, or to the benefit of Implementers

Process next steps:

- Version 2.0 of the CCA was distributed on Wednesday, February 27
- Implementers will be able to register an objection to the new version through 5pm PDT on Friday, March 29
- Unless there are sufficient objections to block the update, the new version will go into effect on Monday, April 29
- We will distribute a small agreement acknowledging that the new version will supersede the previous version on that date, which will need to be signed prior to Monday, April 29
- Amendments to the Carequality Connection Terms (CC Terms) will need to be “implemented” (i.e. flowed down to CCs) by Friday July 9th

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 2:01pm EST