



Advisory Council Meeting Minutes

Jan 9, 2019

Meeting Participants

Council Members	
X	Chris Longhurst, UC San Diego
X	Seth Selkow, Kaiser Permanente
	Sid Thornton, Intermountain Healthcare
	Sandy Chung, Fairfax Pediatric Associates
X	Terri Ripley, OrthoVirginia
	Mike Banfield, CRISP
X	Rim Cothren, CAHIE
X	George Gooch, THSA/HIE Texas
	Derek Plansky, Palm Beach ACO
	Prathib Skandakumaran, Surescripts
	Niko Skievaski, Redox
	Therasa Bell, Kno2
	Brian Yeaman, Coordinated Care Health Network
	Stacy Gill, MIB
	Peter DeVault, Epic
X	Jared Esposito, athenahealth
	Kedar Ganta, GE Healthcare
	Doc Devore, MatrixCare
X	Navi Gadhiok, eClinicalWorks
	AJ Peterson, Netsmart
X	Dan Werlin, NextGen Healthcare
X	Janine Akers, DataFile Technologies(Scott Stuewe)
X	Gretchen Bebb, TheraTech Pathways
	David Berkowicz, PatientPing
X	McLain Causey, Experian Health

X	Shannah Koss, LivPact, Inc.
X	David Mendelson, IHE
X	Matthew Shuler, Blue Cross Blue Shield Association
X	James Murray, CVS Health
	Margaret Donahue, Veteran's Health Administration

Invited Subject Matter Experts and Carequality Support Team

X	Chris Dickerson, Program Coordinator, Carequality
	Dave Cassel, Vice President, Carequality
	Dawn Van Dyke, Marketing Director, The Sequoia Project
	Didi Davis, Testing Director, The Sequoia Project
	Eric Heflin, CTO/CIO, The Sequoia Project
	Mariann Yeager, CEO, The Sequoia Project
	Michael Hodgkins, AMA, Carequality Steering Committee Chair
	Steven Lane, Sutter Health, Carequality Steering Committee Vice-Chair
X	Bill Mehegan, The Sequoia Project

Meeting Summary

Call to order 1:34 pm EST

Agenda

- Welcome, Roll Call, Agenda Review
- Administrative Items
- Push Notifications Project [Inform]
- Workgroup Updates
 - FHIR Workgroups [Inform]
 - IG Updates Workgroup [Inform]
- CCA Updates [Advise]
- Production Operations Update [Inform]

Discussion Summary: Agenda was reviewed by Bill.

Decision/Outcome: The agenda was reviewed, and no additional items added.

Action/Follow up: n/a

Administrative Items

- The December minutes were emailed for review. Motion to approve by Seth, seconded by Janine. All in favor, none opposed. December minutes approved.

HIMSS 2019

- Visit us at booth 5079
- The Sip and Learn will be February 13th in the Interoperability Showcase from 4 to 6PM

February Advisory Council Meeting

- The February meeting falls during the week of the HIMSS Conference
- We will need to reschedule the meeting, given the logistical and scheduling challenges of getting everyone together at HIMSS
- Would moving the meeting by one week, to 1:30pm ET on Wednesday, February 20, work for most Council members?

Discussion Summary: Bill commented on the need to reschedule the Feb Advisory Council meeting. The February meeting falls during the week of the HIMSS Conference. We will need to reschedule the meeting, given the logistical and scheduling challenges of getting everyone together at HIMSS. Would moving the meeting by one week, to 1:30pm ET on Wednesday, February 20, work for most Council members?

Decision/Outcome: Chris Longhurst commented that the time of the monthly council meeting is difficult for him to attend and suggested a doodle poll to see if there is an alternate schedule that might work better.

James Murray commented that this time is exceptionally difficult time for him, also, and agreed with the suggested the doodle poll.

Action/Follow up: Bill responded that whatever maximizes council member participation is our ultimate goal. We will talk to Dave when he returns.

Push Notifications Use Case

Quick Update

- The Push Notifications Use Case was slated for kickoff in December
- We chose to defer the kickoff until (at least) after the holidays, due primarily to the anticipated release of TEF and RCE information from ONC
 - While we expect to be able to manage both the Push Notifications project and the TEF/RCE response, it seemed prudent at the time to hold off until we had seen the details of the latter, especially given the holidays
- With TEF/RCE delayed indefinitely due to the government shutdown, the Steering Committee has confirmed that we should move forward with Push Notifications
- We soon will be making a public call for participation in the Technical and Policy workgroups for this project

- Watch for more details in the coming days!

Discussion Summary: Chris gave an update on push notifications. The Steering Committee has determined that we should move forward. We will soon be making public call for participation in both the technical and policy workgroups.

Decision/Outcome: n/a

Action/Follow up: n/a

FHIR Workgroups Update

FHIR Workgroups Update

- Both workgroups have created a draft outline of goals and have officially kicked off fleshing out the Technical and Policy decisions to be made around creating a Carequality FHIR Ecosystem
- The Technical Workgroup has made progress on the Infrastructure front, especially as it relates to Capability Statements, the Directory, and Endpoints – <https://carequality.org/get-involved/technical-workgroup/>
- The Policy Workgroup has been working through the Principles of Trust, focusing mostly on Policy Assertions, Patient Consent, and SLAs – <https://carequality.org/get-involved/policy-workgroup/>
- Policy/Technical co-chairs meet regularly to ensure group synergy and keep each other on the right track
- The workgroups didn't meet the last 2 weeks of 2018, but will resume meeting this week

Discussion Summary: Bill gave a FHIR Workgroups update. We officially kicked off the FHIR workgroups back in November and they have made decent progress. With kickoff taking place right before the Holidays, momentum was challenging. The technical workgroup talked a lot about infrastructure especially as it relates to capability statements, the directory, and endpoints. If anyone wants to track the progress of the workgroup, the URLs area listed in the slides. Go to Carequality.org, then to “Get Involved”.

The co-chairs will be meeting regularly from their respective workgroups. We have Hans and Mickey on the technical and Genevieve and AJ Peterson on the policy side. A lot of things that happen in each group is dictated by the goings on in the other workgroup.

Decision/Outcome: n/a

Action/Follow up: n/a

IG Updates Workgroup

Updates

- Currently, our discussion has focused on rollout and validation of document content policy.
- Next topics:
 - – Payment and Health Care Operations
 - Policy updates in support of Payment and Health Care Operations queries.
 - Ongoing Validation Process
 - The validation process described in IG section 6.2.4 is designed to provide some sense of certainty that a good faith effort on the part of the Implementer is being put forth to maintain these connections.
 - Mandatory Reporting

Discussion Summary: Chris commented on updates on the implementation guide updates workgroup. This is all referring back to work that was done on the joint document content white paper. As we work through content policy, our next steps will be payment and healthcare operations, working on the policy updates to support those queries, the ongoing validation process, and mandatory recording.

Decision/Outcome: n/a

Action/Follow up: n/a

Document Content Validation and Rollout Conclusions

- The group seems to generally agree on these points.
 - Conclusion 1: At this time, any validation program will focus on Content Creators, i.e., any organization that is both connected to Carequality (Implementer or CC) that also has control of the code/software used to generate documents. However, the intent is that such a program will eventually be applied to individual organizations that are in production.
 - Conclusion 2: Carequality will utilize one or more approved testing programs to validate that Content Creators are able to produce content that conforms with Carequality's requirements (i.e. conforms with the CommonWell-Carequality Joint Document Content recommendations).
 - Conclusion 3: Content Creators must test at least one live Carequality Connection that has upgraded their production system to software that the Content Creator has made available to all of their CCs, though adoption beyond the tested CC will not be required by Carequality at this time.
 - Conclusion 4: Carequality will strongly encourage Content Creators to provide the capability to generate compliant content to all of their relevant Carequality Connections/End Users, as quickly as possible, while recognizing that Implementers may not have the ability to force the functionality without additional policy levers from Carequality, government, or other external sources.

Discussion Summary: Chris commented that the IG updates workgroup has been doing a great job of coming to some solid conclusions on how we are going to

operationalize the content requirement. We have four conclusions that guide the thinking and the policy making going forward to make the recommendations apply to all of our implementers.

We want to make sure that is something that is available to all of the CCs, we understand that these smaller organizations have their own update cycle by reason of the resource that they have.

Decision/Outcome: n/a

Action/Follow up: n/a

Validation Exemptions – Draft

- The key to these exemptions seems to be the distinction between groups that create content and those that do not. The group was presented with the following straw proposals.
- Categories of Implementers should be exempt:
 - Any system that is not themselves an EHR or PHR system, but instead provides a gateway.
 - Ex. CommonWell, Kno2, Surescripts
 - HIEs that do not create documents themselves, but instead provides documents in response to queries in a federated model or responds from a repository of finished documents.
 - While HIEs as a whole are exempt, the long-term intention is that HIEs shall be responsible for curating the documents they make available to Carequality users. Upon request, HIEs should have the capacity to distinguish between documents in their system based on compliance with Carequality's document content requirements.
- For new Implementers, an item will be added to the Carequality Implementer Application that will allow applicants to assert that they belong to an exempted group.

Discussion Summary: Chris commented that some of these validation exemptions are still being worked through. The group was presented with the following straw proposals and has approved them for the large part.

Decision/Outcome: Seth commented that I wanted to take a little bit more time and adjust this and maybe we bring it back in a future meeting. I think that with CommonWell, we understand that there are several vendors that comprise CommonWell and some of them do indeed produce CCDAs. For HIEs many of them inject a lot of HL7, B2Ps and other content that they are able to then produce CCDA, which is different than the collation and custodianship they have on fully formed documents that they collect. It would be a concern if the exemption status allows organizations that actually are producing CCDAs to hide behind the other organizations. With CommonWell, there are a couple of HR vendors that do produce CCDAs and similarly, for some HIEs do and some HIEs do not. On one hand, there is this spirit that we want to elevate the level of content and understand within that framework that the

documents that we receive are held to that particular standard. We want to make sure that we are letting the right organizations off the hook and that others organizations who we want to hold to a standard are not able to hide behind another organization as part of the exemption. Seth asked Rim to comment.

- Shannah commented that I also wonder if there are other players, including the PHRs that are really just aggregating and receiving data, that they would somehow be able to have an exemption because most organizations are not accepting any created content from PHRs at the present time. It seems like these are very narrow exemptions and there might be others that would be warranted, at least at the early outset.
- Rim responded that most of the HIEs in California can produce CCDA documents in response to a query based on whatever information they have in the community CDR. A lot of that information comes in via HL7 from ancillary services or from ambulatory providers and some of it comes in from hospitals. They also often collect CCDA documents from hospitals or ambulatory providers, bust them open and put granular information into the community record. That means that what they pump back out is a summary of the care within that community record. If that includes patient generated information or PHRs, then it would be there. Patient generated information is a new service to most of the HIOs and often not included. Those are usually dynamic documents that are produced. They also have libraries and documents that are submitted by providers. To the best of my knowledge, today, those are just all provider generated documents.
- Chris responded that there will be time as an element to these. Some exemptions will expire and over time, there will be more responsibility for the implementers and the CCs. This is going to only be a first phase of testing. If we are just focusing on the creators, our next phase will be to go to the next layer down and then continue on until we are testing everyone.

Action/Follow up: n/a

CCA Updates

Background Reminder

- The CCA Updates workgroup has approved a series of updates to the CCA and Carequality Connection Terms for Advisory Council's consideration.
- The group focused on a few specific topics
 - Implementer Data Use
 - Definition of Carequality Connection, accounting for the variety of relationships that exist
 - Confidentiality of the Directory

Discussion Summary: Bill commented that this is not really intended to be a discussion about the updates themselves. We have gone over the content of those in

previous meetings. This is more about next steps with the updates. The group has focused on a few specific topics.

Decision/Outcome: n/a

Action/Follow up: n/a

Status and Next Steps

- The proposed updates have been distributed to the Implementer community for final review, with a deadline of February 1
- We may consider further changes, depending on the feedback
- The CCA Amendment process would allow us to finalize updates based on Implementer feedback and provide a final document without further opportunity for comment – In practice we would do this only for minor changes; we will provide another round of feedback on any significant changes
- Until the Implementer feedback window is closed, it seems premature to recommend adoption of the changes to the Steering Committee, unless we “provisionally” recommend the updates pending Implementer changes
- Does the Council agree?

Discussion Summary: Bill commented that the updates have been distributed to the implementer community for final review. Their deadline is February 1st. They have a few weeks to send us their thoughts, especially anything that they disagree with. We may consider additional changes depending on the feedback that we get and we have not received any feedback so far. The CCA amendment process would allow us to finalize updates based upon this feedback. That would also entail no further opportunity for comment. In practice, we would do this for only minor changes and we would then provide another round of feedback for any significant changes. What does the council think about this? Should we hold off on sending anything to the steering committee? We can provisionally recommend the updates, pending any changes, until the next steering committee meeting.

Decision/Outcome: n/a

Action/Follow up: Bill commented, hearing no feedback, we will proceed ahead as planned then and just wait for the implementer feedback window to be closed.

Production Operations Update

Discussion Summary: Chris gave updates on current progress. We are still coming in around 14 million documents per month and we are now at an estimated over 100 million clinical documents exchanged since July of 2016.

Decision/Outcome: n/a

Action/Follow up: n/a

The meeting was adjourned at 2:18pm EST.