



Steering Committee Meeting Minutes

July 12, 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
- ✓ Rob Klootwyk, Epic
- ✓ Steven Lane, Sutter Health [Vice-Chair]
- Geoff Lay, athenahealth/Virence
- Candice 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
- ✓ Berdine Roque, Executive Assistant, Carequality
- 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 3:30pm EST

Agenda

- Roll Call, Agenda Review
- Administrative Items
 - Meeting minutes
 - Advisory Council seat
- Steering Committee Application Process
- Push Notification Workgroup Guidance
- Project Updates
 - Query-Based Document Exchange Enhancements
 - FHIR
 - CCA Updates
- 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

Meeting Minutes

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

Decision/Outcome: A motion was made to approve the minutes and it was seconded for approval. None were opposed. There were no abstentions.

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

Advisory Council Seat

Discussion Summary: Due to an internal reorganization, athenahealth has requested to replace Jared Esposito with Josh Parker for their seat on the Steering Committee.

Decision/Outcome: The Committee tentatively approved of this replacement upon receipt of Josh Parker's resume for review, which is in alignment with the official process.

Action/Follow up: Josh Parker's resume was requested from athenahealth and Dave Cassel will share it with the Committee upon receipt and consider this agenda item closed.

Steering Committee Application Process

Discussion Summary: The terms for seven members will expire in September 2019, which include Steve Bounds, Michael Hodgkins, Leslie Kelly-Hall, Rob Klootwyk, Geoff Lay, Aaron Seib, and Ryan Stewart. We expect to open the application process next week and will accept

applications through about August 5th (final details will be provided once the process is open). A meeting was held with the Nominating Committee and they generally agreed to use a similar process in the past (which has been successful) with a few minor tweaks.

Appreciation was expressed to this year's Nominating Committee for their participation and support, which includes Nancy Beavin, Candice Levy, Alan Swenson, and Seth Selkow. We are still seeking one or two additional volunteers and those interested are encouraged to contact Dave Cassel.

Decision/Outcome: N/A

Action/Follow up: N/A

Push Notifications Workgroup Guidance

Discussion Summary: The Policy and Technical workgroups have produced several designs that would enable national Push Notifications. While there are many ways to achieve the desired goal, models that fully meet the expectations of the Push Notifications Use Case Proposal have significant drawbacks. The workgroups are seeking guidance from the Committee on how to proceed given their Charter mandate to implement the Use Case Proposal's requirements and the complexities inherent in doing so.

A key tenet of the Push Notifications Use Case Proposal is that if a participant subscribes to notifications of a particular type for a given patient, the participant should receive the notification in a timely fashion no matter where/with whom a triggering event occurs. The Use Case Proposal envisioned this outcome being achieved through a group of Implementers providing Subscription Services that would track subscriptions for their clients and work with other Subscription Services to ensure the fulfillment of individual subscriptions. Models that would fulfill these requirements have one or both of the following issues: An alarming, and potentially untenable, transaction volume, and/or propagation of all subscriptions and their accompanying patient data to all Subscription Services.

The different models were reviewed and discussed in length with the committee, which include No Subscription Service, (Variant) No Coordination Among Subscription Services, Master Subscription Service, Subscription Service Synchronization, and Subscription Service Query.

Questions/Discussion: The Committee generally approves of the recommended approach, which is the "No Subscription Service" option or the "No Communication Among Subscription Services" variant; in which questions of patient consent around the subscription services in general would need to be explored by the Policy workgroup for the variant. This option leverages Carequality's strength in supporting an ever-expanding ecosystem of query-based exchange. In theory, this model would approach the results of the more complex models, as query-based exchange (IHE or FHIR) becomes more universal. Additionally, it allows for a relatively simplistic implementation with growth and enhancement. Furthermore, it avoids the "chattiness" and national MPI issues of the other models.

Perspectives from a practicing clinician were discussed and how this would be a step in the right direction. There was also discussion regarding the opportunity this could potentially present between this step and record locator services. The committee discussed the benefit of having first contact with a patient in combination with subscription service, along with the privacy security. The committee expressed their support of this incremental approach; in which a query would be completed to identify if the patient is known. If a patient will only be seen once, a subscription is not necessary and this allows a more selective application of interoperability. There is a great deal of potential synergy between the concept of a record locator service and a subscription service.

Management clarified that the notifications will not provide clinical content. Although occurrence of an admission is a form of clinical content, the information would be relatively lightweight and would not contain the discharge summary; in which case a query would still be expected. The committee recognized this approach is aligned with the strength of Carequality and there was a consensus from the Committee that this approach is a good step forward.

Action/Follow up: Feedback will be provided to the workgroup to move forward and updates will be provided to the Committee.

Project Updates

Query-Based Document Exchange Enhancements

Discussion Summary: The group is currently drafting and reviewing the proposed Implementation Guide updated redline and they are considering how to address some recently raised production issues from the Implementer community.

Questions/Discussion: n/a

Action/Follow up: Further updates will be provided to the Committee upon development.

FHIR Workgroups

Discussion Summary:

The Technical Workgroup

The Workgroup has been working on taking lessons learned from the May Connectathon and iterating the Draft Outline Implementation Guide:

<https://docs.google.com/document/d/1iOour1orfMpYS30L2AU2wajZRxi7p6YWik5F61TcZ1M/edit>. The Committee was invited to review the document and add any comments/feedback via the link.

A Technical sub-workgroup was formed to work on the necessary technical components for future Connectathons, specifically to expand upon the use of Certificates, Tokens, Authentication, and Dynamic Registration. While the next Connectathon is expected to occur sometime over the summer, the workgroup has also explored the idea of using the September HL7 Conference for an in-person event. They are working on determining the exact requirements for the Connectathon and expect these details to be finalized for the next Steering Committee meeting.

The Policy Workgroup

The first draft of Policy Implementation Guide Outline can be accessed here:

<https://docs.google.com/document/d/1e-6sjXnze0kIndJZRYQw0sY6LYa8KxIhPc1Ao71OpQ/edit>

This draft is currently being reviewed by the workgroup and expect to spend the next few meetings reviewing comments/feedback and incorporating the appropriate edits to the document before determining next steps.

Questions/Discussion: None

Action/Follow up: Further updates will be provided to the Steering Committee upon development and finalization.

CCA Updates

Discussion Summary: An updated draft of the CCA and CC Terms has been distributed to the Implementer community that we believe addresses the objections raised with the previous version. A meeting was held with Implementers earlier today and a second meeting is scheduled for July 22nd. The proposed timeline includes acceptance of feedback and consideration of further revisions through Wednesday, July 24th. The final version for objection under Section 21.4 will be distributed by Monday, July 29th. Objections will be accepted through Tuesday, August 27th. Pending the objection process, the new version's effective date will be Monday, September 30th.

Questions/Discussion:

Action/Follow up: The final version will be routed to the Steering Committee in August for review.

Production Operations Update

Discussion Summary: An official welcome was extended to eMedicalPractice, ParticleHealth, and PointClickCare. As of April 2019, we are currently at 36M documents per month and although the update of a more current number is in process, there have been an estimated 250M documents exchanged as of the first transaction.

Questions/Discussion: n/a

Action/Follow up: n/a

Meeting was adjourned at 3:56pm EST