



Carequality Steering Committee
Meeting Minutes
November 7, 2019 | 12:30pm – 2pm ET

MEETING PARTICIPANTS

Steering Committee Members

- Jitin Asnaani, CommonWell
- ✓ Mike Baillie, United Healthcare
- ✓ Nancy Beavin, Humana
Jennifer Blumenthal, OneRecord
- Steve Bounds, SSA
- ✓ Ryan Bramble, CRISP
- ✓ Hans Buitendijk, Cerner
- ✓ David Camitta, CommonSpirit Health
Kedar Ganta, athenahealth
- ✓ Michael Hodgkins, AMA [Chair]
- ✓ Ryan Howells, CARIN Alliance
- ✓ Leslie Kelly-Hall, Healthwise
- ✓ Rob Klootwyk, Epic
- ✓ Steven Lane, Sutter Health [Vice-Chair]
Candice Levy, Bluestone Physician Services
- ✓ Kathy Lewis, Surescripts
- ✓ Tushar Malhotra, eClinicalWorks
- ✓ Alan Swenson, Kno2

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

AGENDA

- Welcome, Roll Call, Agenda Review
- Administrative Items
- Carequality Advisory Council Applications and Selection [Closed Topic]
- Project Updates
 - Image Exchange
 - Push Notifications
 - FHIR
 - Implementation Guide Updates
- Production Operations Update

Establish Quorum / New Business

Discussion Summary: The meeting was called to order at 12:30pm ET. Roll call was facilitated to identify the Carequality Steering Committee members and invited subject matter experts present with attendance noted above.

Decision/Outcome: A formal quorum was declared. No new business was raised.

Action/Follow-up: N/A

Administrative Items

Meeting Minutes

Discussion Summary: The minutes for the October 3, 2019 Carequality Steering Committee meeting were presented for approval. A motion was made to approve the minutes and it was seconded for approval. There were no questions, oppositions, or abstentions.

Decision/Outcome: The minutes for the October 3, 2019 Carequality Steering Committee meeting was approved.

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

Carequality Advisory Council – VA Seat [Closed Topic]

Discussion Summary: The Veterans Administration (VA) announced the retirement of Dr. Margaret Donahue and the selection of Dr. Jeffrey Anderson as her replacement. Dr. Donahue had one year remaining on her term for the Carequality Advisory Council and the VA proposed that Dr. Anderson assume Dr. Donahue's seat to represent the VA. Dr. Anderson's resume was distributed to the Carequality Steering Committee for review. Management requested the Carequality Steering Committee's approval of this appointment.

Decision/Outcome: A motion was made to approve the appointment and it was seconded; thus, Dr. Anderson's appointment on the Carequality Advisory Council is approved.

Action/Follow up: Management will communicate the approval to the VA and will welcome Dr. Jeffrey Anderson to the Carequality Advisory Council.

2019 Annual Meeting

Discussion Summary: Management reviewed the agenda which can be accessed via the link provided at the bottom portion of the corresponding slide. The annual meeting has been split into two segments given Carequality and Sequoia Project's roles in the RCE. General approval was received on the plan and specific approval is pending from ONC to cover RCE topics. The Carequality Steering Committee will be meeting in person on Wednesday, December 4th, at 2:30pm ET. The event will conclude on Friday, December 6th, at 1pm ET to allow all attendees appropriate time to travel.

Decision/Outcome: N/A

Action/Follow up: N/A

Carequality Advisory Council Applications and Selection [Closed Topic]

Discussion Summary: Management is seeking the Carequality Steering Committee's guidance on how to proceed with the applications received for the Carequality Advisory Council. Fifteen terms will be expiring in December. Management reviewed the Carequality Advisory Council's composition recommendations and presented the list of applicants and their corresponding stakeholder groups. An analysis was performed comparing the applicant pool against the composition recommendations. Needs of the Advisory Council include at least one Provider Organization (two applied), two Standards Development Organization (one applied), one Other Healthcare Setting rep (none applied, but one applicant could partially represent long term care). The other applicants fall under Vendors, Networks, and Consumer-facing Technology.

Stakeholder groups with no representation include Physician Organizations/Practices (as distinct from health systems/facilities), Patients, Behavioral Health, Patient Safety Organizations (this slot has never been filled), Public Health, Research, Accreditation / Certification / Testing.

Stakeholder groups with less than recommended representation include Health Plans/Payers (1 of 2 from carryover), Government Agencies (1 of 2 from carryover), Other Healthcare Settings (1 of 2 from carryover), Standards Development Organizations (1 of 2 if an applicant is confirmed).

There was a lengthy discussion regarding this topic. This can be completed in stages to allow efficient recruitment for the open seats.

Decision/Outcome: N/A

Action/Follow up: The Committee generally agreed to reach out to their potential contacts and networks as discussed to assist in the recruiting process. If interest is expressed, they will be introduced to Dave Cassel for guidance on next steps to be considered.

Other Project Updates

Image Exchange

Discussion Summary: There is movement into a new phase of the project recruiting organizations willing to sign the CCA and work collaboratively to finalize the requirements. Early adopters will receive discounted initial Implementer fees if the CCA is signed by November 15th. To date, one fully executable CCA has been distributed. Early adopters will be treated as part of the implementer community, they will have opportunities for feedback and pilot testing, and will also be promoted at the upcoming RSNA conference and at HIMSS.

Decision/Outcome: N/A

Action/Follow up: N/A

Push Notifications

Discussion Summary: The Policy Workgroup is close to completion of the policy section of the Push Notifications Implementation Guide. Upon completion, the group will meet on an ad hoc basis based on policy questions generated by the Technical Workgroup. The Technical Workgroup continues its collaborative work with staff from Argonaut. They are currently discussing specific user experiences to map out the specific technical steps based on the Argonaut specifications.

Management provided an update on the Push Notifications timeline for adoption which is dependent on a variety of factors including regulatory considerations and the development schedules of vendors interested in the enabling this capability. A Push Notifications Implementation Guide could be developed by the latter portion of the first quarter in 2020. Pending approval by the Carequality Advisory Council and Carequality Steering Committee, the document could be available for community comments in the second quarter of 2020. Adoption by vendors would be largely dependent on interest relative to other initiatives and priorities.

Decision/Outcome: N/A

Action/Follow up: N/A

FHIR Technical Workgroup Update

Discussion Summary: Management provided an update on the deliverables and timelines to provide the Committee with a better understanding and high-level overview of the workgroup's progress. The deliverable to develop the Initial Policy and Technical Questions List was completed in November 2018. The next deliverable is to produce an Implementation Guide for each workgroup, then combine them into one final product. The Technical Workgroup Implementation Guide is 70% complete and is expected to be completed in the first quarter of 2020. The Policy Workgroup Implementation Guide is 85% complete. The initial draft has been completed and the workgroup is reviewing the document and following up on a small list of outstanding questions and action items. This is expected to be completed in the first quarter of 2020. Both guides may need an additional reaction period to the TEFCA/Final Rule. The third

deliverable are the FHIR Demos to both the Carequality Advisory Council and Carequality Steering Committee in the early portion of the second quarter of 2020. The fourth deliverable is the final Implementation Guide to the Advisory Council and Steering Committee in the latter portion of the second quarter of 2020.

The third Connectathon coincides with the annual meeting at The Gaylord National Harbor on Wednesday, December 4th. In-person attendance is preferred; however, remote (virtual) participation will also be supported. A Joint Technical/Policy Workshop regarding Patient Consent and granularity of Certificate issuance was held this week, and an overview was provided. We're leaning towards adopting the same approach for Patient Consent as was initially done in the QBDE world. It is possible to wait until FHIR Consent Resources mature to the point where they exist in HL7 Implementation Guides and point to them for reference. For now, a Patient Not Found response is acceptable if the Responder's Consent needs are not met in order to release the data. At a minimum, one Cert will be needed per Implementer per instance of QBDE and/or FHIR. If an Implementer participates in both ecosystems, they will need at least two Certs. The level of Certificate issuance may be driven by the needs of each respective Implementer. Depending on the internal LOE and how many Certs are needed for this approach, this work may be entirely outsourced.

Decision/Outcome: N/A

Action/Follow up: N/A

FHIR Policy Workgroup Update

Discussion Summary: The first draft of the Policy Implementation Guide is available here: <https://docs.google.com/document/d/1e-6sjXnze0kIndJZRYQw0sY6LYa8KxIhPc1Ao71OpQ/edit> The workgroup's weekly meetings currently consist of working sessions actively reviewing comments/feedback submitted by the group and making any necessary updates to the document.

Decision/Outcome: N/A

Action/Follow up: N/A

Query Based Document Exchange Enhancements

Discussion Summary: A draft redline is under final review by the workgroup and a draft should be ready for the Carequality Advisory Council at their next meeting. One topic that still requires attention is the Non-Production testing process. Currently, an Implementer is required to test with at least one partner (ideally 3), then in Production they must demonstrate connectivity with half of the Implementer population. For production connectivity, new stats reporting requirements proposed in the updated IG would demonstrate that connectivity monthly. For the non-production validation, several options are being explored, such as requiring Implementers to test with 50% of the population in Non-Prod, require that Implementers posttest endpoints and CEQ would introduce a non-prod cert to allow for uncoordinated testing, or create a central testing platform that all Implementers would be required to test against.

Management is requesting the Steering Committee's guidance on the non-production testing approach with respect to timing. Should we introduce a requirement to test with a test platform (e.g. The Sequoia Project's testing program), to validate basic spec compliance? If so, should we try to introduce this concept in this round of updates or do so in an ad hoc update?

The committee generally agreed that this issue needs to be addressed. The testing system verses testing with more partners or Implementers in non-production, or a combination of the two are possible options, but the best solution will need to be identified. However, the update of the current Implementation Guide should be delayed.

Decision/Outcome: This item will be revisited at another meeting for further discussion.

Action/Follow up: N/A

Production Operations Update

Discussion Summary: Management welcomed four new CCA signees: Allscripts, Central PA Connect HIE, iPatientCare, and Manifest MedEx. Management reported that statistics have been updated to reflect over 80 million patient documents exchanged in September 2019 and we are likely approaching 500M documents exchanged since July 2016.

Decision/Outcome: N/A

Action/Follow up: N/A

Meeting was adjourned at 2:03pm ET