



**Carequality Steering Committee
Meeting Minutes**

January 9, 2020 | 2:30pm – 4:00pm 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
- 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
- Mike Marchant, Advisory Council Co-Chair, UC Davis

AGENDA

- Welcome, Roll Call, Agenda Review
- Administrative Items
- Content Requirements | Next Phase
- Information Blocking
- Project Updates
 - QDBE Enhancements
 - Push Notifications
 - FHIR
- 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 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 December 4, 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 December 4, 2019 Carequality Steering Committee meeting was approved.

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

Carequality Steering Committee Appointment

Discussion Summary: CommonWell has proposed Paul Wilder to replace Jitin Asnaani. Paul's resume was distributed to the Steering Committee for reference. A motion was made to approve this proposal and there were no questions, oppositions, or abstentions.

Decision/Outcome: The proposal for Paul Wilder to replace Jitin Asnaani for CommonWell's seat on the Carequality Steering Committee was approved.

Action/Follow up: Management will inform CommonWell of the decision and invite Paul Wilder to the upcoming meetings.

Carequality Advisory Council Appointment

Discussion Summary: Epic has proposed Matt Becker to replace Peter DeVault on the Carequality Advisory Council. Matt's resume was distributed to the Steering Committee for reference. A motion was made to approve this proposal and it was seconded for approval. There were no questions, oppositions, or abstentions.

Decision/Outcome: The proposal for Matt Becker to replace Peter DeVault for Epic's seat on the Carequality Advisory Council was approved.

Action/Follow up: Management will inform Epic of the decision and invite Matt Becker to the upcoming meetings.

Content Requirements | Next Phase

Discussion Summary: Management has previously discussed resuming the work of the Carequality/CommonWell joint content workgroup and is approximately 90% of the way there with a resource mostly lined up to help facilitate those sessions. In December, the proposed plan for 2020 called for work to start early in the year. Management requested one more round of input from the Carequality Steering Committee on what to do with respect to coordinating the potentially duplicative efforts that The Sequoia Project will also be engaging in. The Sequoia Project is also convening a content workgroup through its Interoperability Matters program. It isn't immediately clear what the direction and operational applicability of the Sequoia work will be from a Carequality standpoint, but Carequality (and CommonWell) participation in this effort could help to positively influence it. Management requested the Carequality Steering Committee's feedback on moving forward to either pursue our own joint workgroup or discuss with CommonWell the possibility of working within the Sequoia forum. It was noted that regardless of this decision, Carequality will simultaneously work to flesh out the content testing approach with respect to the initial round of requirements.

Decision/Outcome: After a lengthy discussion, the group generally agreed that Carequality should remain in communication with The Sequoia Project and coordinate on high-level agenda items, but since the Sequoia Project's timelines and operational outcomes are unknown at this point, Carequality should continue its joint work with CommonWell.

Action/Follow up: There were no further questions or objections to this decision; thus, Management will move forward as recommended above.

Information Blocking

Discussion Summary: Management provided background and a high-level overview of the current status. Three potential risk areas have been identified: ensuring that Carequality's requirements don't force participants into prohibited info blocking behavior; ensuring that Carequality is consistent in enforcing framework rules/policies; and ensuring there are no (unplanned/unreasonable/discriminatory) barriers to entry with respect to Carequality participation. Management believes Carequality is in a strong position with respect to the first area and generally well-positioned with respect to the second area, with the expectation of expanding on internal policy documentation as a safeguard.

Ensuring no Barriers to Entry

The CCA was collaboratively developed and widely vetted and has been widely adopted. To date, Carequality has never refused anyone as a Carequality Implementer. There is a documented internal process for evaluating Implementer applications and Carequality would not refuse any applicant without the Steering Committee's review and consent. Carequality is open to developing more concrete criteria around the Steering Committee's review process, which is currently at the Committee's discretion. Management believes Carequality's fees and fee structure/methodology are defensible; however, close attention will be paid to any relevant clarifications in the final rule and we may still wish to update the fee schedule/approach.

2020 Project Plan Update

In December, Management proposed convening a working group to address information blocking. Upon further reflection, Management believes a working group won't be necessary as this will be worked on internally by staff and through the framework of the Carequality Steering Committee and Carequality Board meetings to confirm any key elements/changes. This approach can be reviewed if there are any unexpected developments in the final rule. Management inquired if there were any questions, concerns, or objections from the Carequality Steering Committee with this proposal.

Decision/Outcome: The Carequality Steering Committee agreed, and no further questions or objections were raised.

Action/Follow up: N/A

Query-Based Document Exchange Enhancements

Discussion Summary: Management provided an update on the Carequality Advisory Council's review of the proposed QBDE Implementation Guide updates. The Council's opinion was requested on topics that have been generated by the workgroup but are still up for discussion from a timing or policy perspective.

Carequality staff have requested particular attention from the Council to proposed updates in the area of non-production testing and validation. Several options are being explored in this area, namely: require that prospective Implementers test with 50% of current Implementers in Non-Prod; require that Implementers post test endpoints and test patients, and install Carequality-issued non-production certificates; create a central testing platform that all Implementers would be required to test against.

The Carequality Advisory Council determined that the second option (requiring Implementers to post test endpoints and test patients) is likely a pre-requisite for the first option, and that both were likely worth pursuing.

With respect to the third option, there was some interest from the Council, but discussion revealed varying experiences with existing test platforms.

Decision/Outcome: The group generally agreed with the Council's thoughts on non-production technical validation, and will discuss further as additional updates are made.

Action/Follow up: Management will follow up with internal staff responsible for the Sequoia Directory, used by Carequality, to ensure that the necessary test system support is on their roadmap.

Push Notifications

Discussion Summary: Carequality staff provided an overview on this project. The Policy Workgroup is close to completion of its section of the Push Notifications Implementation Guide. The group will now meet on an ad hoc basis based on policy questions generated by the Technical Workgroup. After the conclusion of the Technical section, the group will evaluate the Implementation Guide as a whole.

The Technical Workgroup continues its collaborative work with staff from Argonaut. They are currently discussing message mockups based on the Argonaut specifications.

Decision/Outcome: N/A

Action/Follow up: N/A

FHIR Workgroups

Discussion Summary: Carequality staff provided an update on the timelines and deliverables. The Technical Workgroup Implementation Guide is 60% complete, with expected completion in Q1 of 2020. The Policy Workgroup Implementation Guide is 70% complete with expected completion in Q1 of 2020. The initial draft was completed, and the workgroup is reviewing the document and following up on outstanding questions and action items. Both guides may also need a reaction period to the TEFCA/Final Rule. Deliverable III consists of FHIR Demos to the Carequality Advisory Council and Steering Committee. Deliverable IV is to present the final Implementation Guide to the Carequality Advisory Council and Steering Committee. Deliverables III and IV are targeted for later in 2020.

Technical Workgroup Update

The third Connectathon was held in conjunction with the annual meeting at The Gaylord National Harbor on December 4, 2019. The group successfully tested a Trusted Dynamic Registration Workflow, which included client registration with an authentication engine, validation and authentication of the client ID, construction of an authentication JWT issued to the client, validation of the JWT and authorization code, and issuance of access token for use with the FHIR endpoint. The draft Implementation Guide can be accessed at:

<https://docs.google.com/document/d/1iOour1orfMpYS30L2AU2wajZRXI7p6YWik5F61TcZ1M/edit?ts=5d920fe0>

Policy Workgroup Update

Weekly meetings currently consist of working sessions actively reviewing comments/feedback submitted by the group and making any necessary updates to the document. The first draft of the Policy Implementation Guide can be accessed at:

<https://docs.google.com/document/d/1e-6sjXxe0kIndJZRYQw0sY6LYa8KxIhPc1Ao71OpQ/edit>

Decision/Outcome: N/A

Action/Follow up: N/A

Production Operations Update

Discussion Summary: 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 2:00pm ET