



**Carequality Steering Committee  
Meeting Minutes**

August 6, 2020 | 12:30pm – 2:00pm ET

**MEETING PARTICIPANTS**

**Steering Committee Members**

- ✓ Paul Wilder, CommonWell  
Mike Baillie, United Healthcare
- ✓ Nancy Beavin, Humana
- ✓ Jennifer Blumenthal, OneRecord
- ✓ Proxy for Steve Bounds, SSA
- ✓ Ryan Bramble, CRISP  
Hans Buitendijk, Cerner
- ✓ David Camitta, CommonSpirit Health
- ✓ Kedar Ganta, athenahealth
- ✓ Michael Hodgkins, AMA [Vice-Chair]  
Ryan Howells, CARIN Alliance
- ✓ Leslie Kelly-Hall, Engaging Patient Strategy / Lifewire  
Rob Klootwyk, Epic
- ✓ Steven Lane, Sutter Health [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, The Sequoia Project
- ✓ Bill Mehegan, Program Manager, Carequality
- ✓ Berdine Roque, Executive Assistant, Carequality
- ✓ Steve Gravely, Gravely Group
- ✓ David Getman, The Sequoia Project  
Seth Selkow, Advisory Council Co-Chair, Kaiser Permanente
- ✓ Michael Marchant, Advisory Council Co-Chair, UC Davis Health

## Agenda

- Welcome, Roll Call, Agenda Review
- Administrative Items
- Lab Results Use Case and Querying for Demographics
- Failed Queries and Record Location
- FHIR-Based Exchange Implementation Guide
- Project Updates
  - FHIR
  - Push Notifications
  - Image Exchange
  - Document Content
- 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.

**Action/Follow-up:** N/A

## Administrative Items

### Meeting Minutes

**Discussion Summary:** The minutes for the July 2, 2020 Carequality Steering Committee meeting were presented for approval. A motion was made to approve the minutes and it was seconded. Abstentions were stated from Nancy Beavin and Jennifer Blumenthal due to their absence at last month's meeting. There were no questions or oppositions.

**Decision/Outcome:** The minutes for the July 2, 2020 Carequality Steering Committee meeting were approved.

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

### Carequality Steering Committee Application Process

**Discussion Summary:** Over two dozen applications were received for the 11 seats held by members whose terms expire in September. The Nominating Committee is scheduled to meet on Friday, August 7<sup>th</sup>, to review the applications. A recommendation was presented for all members to continually serve as ambassadors in seeking and identifying individuals who may be interested in serving on the Steering Committee.

**Decision/Outcome:** N/A

**Action/Follow up:** A recommended slate is expected in time for the Carequality Steering Committee meeting in September.

## Lab Results and Querying for Demographics

**Discussion Summary:** Management provided background information to the group. Health Gorilla is working with Sonic Healthcare USA to provide access to COVID-19 test results for Carequality participants. According to Health Gorilla, Sonic USA is the third largest diagnostic vendor in the US and in California alone operates over 60 labs. They will be added to the Carequality Directory as a CC of Health Gorilla, in a Query Responder role. In addition to this non-controversial responder role, the lab would also like to initiate queries, for an interesting use case.

Management presented the details of the use case Sonic Healthcare USA is seeking to pursue. There are several demographic data elements they would like to obtain, particularly race and ethnicity, that laboratories are required to report for public health purposes; they would like to query for demographics to achieve this. Ideally, the lab would need to perform only the XCPD patient discovery query in order to accomplish its goal; however, this may not work in practice. Management requested the Steering Committee's thoughts and questions on this and inquired if they support document queries by laboratories.

The group discussed this at length. There was emphasis on a government requirement to report race and ethnicity for COVID testing and the conversation with Health Gorilla revolved around COVID testing; however, the interest in demographic information not limited to COVID is certainly applicable. It was noted that although required in the CDA document, race or ethnicity typically is not included as a demographic in XCPD messages and the clinical information itself would need to be requested in order to obtain this data. Drive-up test facilities and pop-up locations may not be collecting demographic information regarding race and ethnicity on their paper forms and as a result, the labs are following up to obtain that information.

Concerns around the complications, a patient's legal privacy, and fairness elements regarding labs affiliated with hospitals, versus those that aren't, were also discussed. Although this is a complicated workflow, it's important to ensure there is parity across commercial laboratories regardless of their affiliation to a health system to ensure we are not hampering a lab's ability to report on public health or provide a service during a time of crisis.

In response to the inquiry of a time period, Management stated that the development of a specific policy may be needed, which would allow the option of a time limit. The lab anticipates continued public health reporting needs post-COVID emergency, which would be a potentially reasonable step if the Steering Committee determines this would make this more palatable for the Carequality community.

### Decision/Outcome:

The Steering Committee generally does not object to the concept of sharing race and ethnicity, but recommended the following questions are discussed in a follow-up meeting with Health Gorilla and Sonic Healthcare USA:

- What is the process to achieve sharing demographic data?
- Is there an interest in data beyond that?
- Why is this information missing for a percentage of them?
- If they have HL7 V2 feeds that is feeding this information to them, why is it not included and is there any benefit to query for it?
- Will they eventually want to query for additional clinical data?

Action/Follow up: Management will meet with Health Gorilla and Sonic Healthcare USA for further discussion and provide an update to the Steering Committee for review.

## Failed Queries and Record Location

**Discussion Summary:** An Implementer inquired about the possibility of using information from failed queries for future record location purposes. For example, an Implementer receives a query for John Smith, Male, DOB 1/1/1953, living at 123 Main St., etc. Even if there is no current match in the Implementer's MPI, the Implementer could log the demographics along with the querying organization, effectively creating a stub record in its MPI. In the future, if the Implementer is queried about John Smith in the context of record location, or there is a "full" record established for John Smith by the Implementer or one of its CCs, the existence of a record at the original querying organization may be helpful. Although not definitively united, Implementer opinion leaned in favor of allowing this behavior. Carequality requested further internal review by Implementers, which will be discussed again later this month. Legal counsel stated that the CCA or Implementation Guide currently do not prohibit the Implementers from doing this. Carequality could take no further action, which would be sufficient. Memorialization, such as an IG or a policy, is not required. Management inquired if there any concerns or feedback from the Steering Committee.

Management stated that guidelines are in place on how Implementers may use data; however, there is no prohibition on this specific behavior, and it has not been discussed previously within the community. There was discussion regarding audit trails and storage of information for a certain period of time. The Steering Committee agreed that although generally favorable, there are certain items of concern.

**Decision/Outcome:** There was no definitive action decided on this topic. The Steering Committee agreed to determine if this requires further discussion upon final thoughts and feedback from the Implementer community, which is scheduled to discuss this question at its next meeting later in August.

Action/Follow up: N/A

## FHIR-Based Exchange Implementation Guide

**Discussion Summary:** Carequality completed the first "official" iteration of the FHIR Implementation Guide in June (link to the document is provided below). This is currently being reviewed by the Implementer community and Carequality is actively incorporating feedback. The Policy Workgroup will reconvene later this Fall to complete the sections around fees and non-discrimination.

Link to document:

<https://docs.google.com/document/d/1iOour1orfMpYS30L2AU2wajZRXL7p6YWIk5F61TcZ1M/edit>

Highlights were provided to the Steering Committee. A clarification was made to the language around Patient Matching in Section 1.3.2, as the language was not very clear, and this is a non-controversial update. Clarification was also made to the language around how the Implementers should propagate corrections in Section 1.3.3, as the language was not very clear, and this is considered a non-controversial update. A substantive update was made to the language around how the Directory would denote FHIR-based exchange. It was originally stated that a new field was needed for the Directory; however, a new value set was needed for an existing entry (see page 25, Section 5.1).

Decision/Outcome: N/A

Action/Follow up: N/A

## Push Notifications

Discussion Summary:

### *Policy Workgroup*

The Policy Workgroup is close to completion of the policy section of the Push Notifications IG. Discussion topics include Incorporating elements CEQ FHIR IG, Notification Type/Trigger definitions with a focus on setting, and current work focuses on the Push as an independent Use Case.

### *Technical Workgroup*

The Technical Workgroup continues its collaborative work incorporating Carequality FHIR IG elements and drafting the full FHIR IG.

Decision/Outcome: N/A

Action/Follow up: N/A

## Document Content

Discussion Summary: Draft guidance focuses on On-demand Document, Labs that are COVID-focused, Patient Summaries, Basic Data Provenance, and Reducing Duplicate Data. The workgroup is reviewing draft recommendations expansion beyond encounters and new on demand text. Those interested in joining the conversation may email [Admin@carequality.org](mailto:Admin@carequality.org).

Current notes, slides, and task lists can be found at:

[https://drive.google.com/drive/folders/1zw65\\_DE\\_btXqqpSud7ZlhSg12TsEkluc](https://drive.google.com/drive/folders/1zw65_DE_btXqqpSud7ZlhSg12TsEkluc)

v1.1 of the Document Content Recommendations can be found at:

<https://carequality.org/joint-document-content-work-group-recommendations-released/>

Decision/Outcome: N/A

Action/Follow up: N/A

## Image Exchange

Discussion Summary: Two early adopters, AmbraHealth and Philips, are ready to begin partner testing and validation of the Image Exchange IG Supplement. Their first Connectathon session was held on August 4<sup>th</sup>. The first session largely resulted in the identification of further necessary preparation steps. Another Connectathon is scheduled for next week, at which more tangible progress is expected. This activity marks an important step in the process of validating the IG supplement and making concrete progress toward the eventual go-live.

Decision/Outcome: N/A

Action/Follow up: N/A

## Production Operations Update

### Electronic Case Reporting Use Case

Discussion Summary: Applications have been accepted for the first two Implementers of this Use Case and the first live transactions are expected in the very near future. There are some reports of live activity, but to be technically in full compliance, a Directory step is still outstanding for the relevant

organizations. The activity to-date centers primarily on the use of Direct messaging to provide electronic initial case reports to public health authorities via the APHL AIMS platform. APHL participates in Carequality as a partner of the eHealth Exchange, an existing CCA signatory. Some very early exploratory steps are in process with the National Cancer Institute to explore using the Case Reporting approach for cancer registries.

Decision/Outcome: N/A

Action/Follow up: N/A

### Queries by Public Health Agencies

Discussion Summary: In May, the Steering Committee adopted a Carequality Policy on queries by public health agencies (link provided below):

<https://carequality.org/wp-content/uploads/2020/05/Carequality-Policy-on-Public-Health-Queries-During-COVID-19-Emergency-Adopted-5-7-2020.pdf>

The Policy outlines a number of conditions that, if met, can allow a PHA to query for public health using the Treatment purposeOfUse code. It is OPTIONAL to honor these queries and CCs representing PHAs taking advantage of this policy will be identified to all Implementers prior to their inclusion in the Directory. Carequality received confirmation from the overwhelming majority of live Implementers will support these queries (only one Implementer will not support these queries). There are two state public health departments actively pursuing connectivity under the Policy. The State of Washington has met all of requirements to initiate queries in production under the Policy and is planning on an initial scope of querying a limited set of long-term care facilities.

Decision/Outcome: N/A

Action/Follow up: N/A

### Production Operations Update

Discussion Summary: The diagram of the live Implementers and their clients was presented, although there are no updates to note. eHealth Exchange and iPatientCare will be going live soon.

Decision/Outcome: N/A

Action/Follow up: N/A

Meeting was adjourned at 2:00pm ET