

Carequality Advisory Council Meeting Minutes

December 18, 2019 | 1:00pm – 2:30pm ET https://www.gotomeet.me/Carequality

Conference Number: (312)757-3121, passcode: 773758021#

Meeting Participants

Carequality Advisory Council Members

- ✓ Brian Clay, UC San Diego
- ✓ Seth Selkow, Kaiser Permanente
 Sid Thornton, Intermountain Healthcare
- ✓ George Gooch, THSA/HIE Texas

 Derek Plansky, HealtHIE Nevada
- ✓ Katherine Thorpe, Surescripts Therasa Bell, Kno2 Stacy Gill, MIB
- ✓ Peter DeVault, Epic Josh Parker, athenahealth
- ✓ Doc Devore, MatrixCare
- ✓ Navi Gadhiok, eClinicalWorks Dan Werlin, NextGen Healthcare
- ✓ (Proxy for) Janine Akers, DataFile Technologies
- ✓ Sagnik Bhattacharya, PatientPing

- Shannah Koss, LivPact, Inc.
 David Mendelson, IHE
 Matthew Shuller, Blue Cross Blue Shield Association
 James Murray, CVS Health
 Jeffrey Anderson, Veteran's Health Administration
- Michael Marchant, UC Davis Health
 Ryan Stewart, CommonSpirit Health (Dignity Health)
- ✓ Larry Garber, M.D., Reliant Medical Group
- ✓ Chris Voigt, PriviaHealth
- ✓ Debi Willis, patientlink

 Scott Stuewe, DirectTrust

 Paula Braun, CDC
- ✓ Amit Shah, GuideWell / Florida Blue
- ✓ Marty Prahl, Social Security Administration

Invited Subject Matter Experts and Carequality Support Team

Chris Dickerson, Carequality
Dave Cassel, Executive Director, Carequality
Dawn Van Dyke, The Sequoia Project
Didi Davis, The Sequoia Project
Eric Heflin, The Sequoia Project

Mariann Yeager, CEO, The Sequoia Project
Michael Hodgkins, Carequality Steering Committee Chair
Steven Lane, Carequality Steering Committee Vice-Chair
Bill Mehegan, Carequality
Berdine Roque, Carequality

Meeting Summary

Establish Quorum / New Business

Discussion Summary: The meeting was called to order at 1pm ET. Roll call was facilitated to identify the Carequality Advisory Council members present with attendance noted above. The agenda (noted below) was reviewed.

<u>Agenda</u>

- · Welcome, Roll Call, Agenda Review
- Administrative Items
- Query-Based Document Exchange Enhancements [Inform/Advise]
- Dispute Resolution Process [Inform]
- Other Project Updates [Inform/Advise]
 - o FHIR Workgroups
 - Push Notifications
 - Image Exchange
- Production Operations Update [Inform]

Decision/Outcome: There were no questions and no new business was raised.

Action/Follow up: N/A

Administrative Items

November Meeting Minutes

Discussion Summary: The minutes for the November 20, 2019 meeting were presented for approval.

Decision/Outcome: There were no questions regarding the minutes. A motion was made to accept the minutes and it was seconded; thus, the November 20, 2019 Carequality Advisory Council meeting minutes were approved. There were no abstentions or oppositions.

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

Welcome and Introductions for New Members

Discussion Summary: Management welcomed and introduced the new members appointed by the Carequality Steering Committee. Some are returning as well.

Therasa Bell, Kno2 Michael Marchant, UC Davis

Sagnik Bhattacharya, PatientPing Marty Prahl, SSA

Paula Braun, CDC Amit Shah, GuideWell / Florida Blue

Doc DeVore, MatrixCare Ryan Stewart, CommonSpirit Health

Navi Gadhiok, eClinicalWorks Scott Stuewe, DirectTrust
Larry Garber, Reliant Medical Group Chris Voigt, PriviaHealth
Shannah Koss, Livpact, Inc. Debi Willis, patientlink

David Mendelson, IHE

Decision/Outcome: N/A

Action/Follow up: N/A

Carequality Advisory Council Co-Chair Selection Process

Discussion Summary: Each year, the Carequality Advisory Council selects two Co-Chairs to lead the group. The Co-Chairs work with Carequality staff to establish meeting plans and agendas and assist with running the meetings. The Co-Chairs are also ex officio, non-voting members of the Carequality Steering Committee and attend the Steering Committee meetings. All those interested in serving as a Co-Chair were requested to email Dave Cassel and Berdine Roque by EOD Monday, December 23rd.

Decision/Outcome: N/A

Action/Follow up: N/A

Query-Based Document Exchange Enhancements [Inform/Advise]

Discussion Summary: Management provided an overview of the Implementation Guide Updates. With respect to the review process, the Redline version reflects all the policy changes in the Implementation Guide. There may be some minor updates to the technical sections in support of these changes. The Carequality Advisory Council's feedback was requested on topics that were generated by the workgroup but are still up for discussion from a timing or policy perspective. Next steps include a discussion on topics that were already covered from a general policy perspective; however, any comments regarding the specific language used in the draft would be appreciated.

A recap of the discussion at last month's meeting was provided, which included Non-Production Testing. The v2.0 guide will formalize the existing de facto standard of testing with three partners – currently, the formal requirement is for testing with a single partner – but a future guide can include a better long-term option.

For the non-production validation (Section 6.2.3), the workgroup is exploring several options: require that Implementers test with 50% of the population in Non-Prod; require that Implementers post test endpoints and test patients, Carequality would also introduce a non-prod cert to allow for testing without individual pre-coordination with each testing partner. Another option would be to create a central testing platform that all Implementers would be required to test against; experiences vary with this approach. For production connectivity and ongoing (Section 6.2.4), the new stats reporting requirements proposed in the updated IG would demonstrate that connectivity monthly. There was a very lengthy discussion on this topic.

With respect to the Non-Production testing approach, Management requested the Advisory Council's thoughts on introducing a requirement to test with a test platform (e.g. The Sequoia Project's testing program), to validate basic spec compliance. The Advisory Council's feedback was requested on whether this concept should be introduced in this round of updates or in an ad hoc update. One Council member with experience of the Sequoia Project tools felt that the error response descriptions are not specific enough in the current tool.

Regarding Enhanced Exchange Statistics Reporting, each live Implementer is currently asked to provide the number of their received documents on a monthly basis. IG v2.0 section 6.2.4 will require that this reporting also include the specific number of documents retrieved from each Implementer along with their query response times.

3.4.1 Content Validation and Testing – IG v2.0 includes the policies that govern the types of entities are compelled to test for content. The Advisory Council's feedback was requested on whether this should be included in this update or added as a new framework document that also details the specific elements that are being tested. (It was noted in the discussion, which involved the new defined term of Content Creator, that it is important to ensure that only Carequality Connections are referred to as "CCs" in the Carequality Context.) It is also important to clearly state the expectations on Service Providers; specifically, they will have to cut off a Content Creator's connection to Carequality if they fail to comply. There was a lengthy discussion regarding this topic.

The following additional updates were also discussed.

- 3.1 Permitted Purposes Policy enhancements for the Patient Request Permitted Purpose and the need to define "direct relationship"
- 3.2.2 Payment and Health Care Operations the new section promotes response to these **Permitted Purposes**
- 3.4 Data Sufficiency and Integrity introduces the Document Content and testing concepts

Decision/Outcome: N/A

Action/Follow up: In regard to the Non-Production Testing Approach, Management will develop a project plan on how this will be addressed, as well as map out additional detail on timing requirements for the options to be operational and ensure a two or three month projection is not over-optimistic. This will be presented in January.

Dispute Resolution Process

Discussion Summary: To date, there has not been a need for Carequality to exercise its formal Dispute Resolution process. Disputes are not expected to arise in the near future; however, in an effort to be proactive and ensure we are prepared in the event it is needed, Management is constituting the Dispute Resolution Subcommittee. Management thanked all those who have volunteered and email confirmations by the Carequality Steering Committee are currently in process for the Subcommittee members.

The Carequality Advisory Council plays an important role in Carequality's Dispute Resolution process. It is the primary source for Dispute Subcommittee members and it is the "appeals court" if a party to a dispute wishes to appeal a decision made by the Carequality Steering Committee (which in turn is based on findings from a panel of the Dispute Resolution Subcommittee). In any Dispute directly involving Carequality, the Council plays the role otherwise played by the Steering Committee and continues to play its appeals role. If there is an appeal, it is heard by a group of Council members not involved in the initial decision.

Decision/Outcome: N/A

Action/Follow up: N/A

Other Project Updates [Not Discussed]

FHIR Workgroups Timelines and Deliverables

Discussion Summary: N/A

Decision/Outcome: N/A

FHIR Technical Workgroup Update

Discussion Summary: N/A

Decision/Outcome: N/A

Action/Follow up: N/A

Push Notifications Policy Workgroup

Discussion Summary: N/A

Decision/Outcome: N/A

Action/Follow up: N/A

Push Notifications Technical Workgroup

Discussion Summary: N/A

Decision/Outcome: N/A

Action/Follow up: N/A

Push Notifications Timeline

Discussion Summary: N/A

Decision/Outcome: N/A

Action/Follow up: N/A

Image Exchange

Discussion Summary: N/A

Decision/Outcome: N/A

Action/Follow up: N/A

Production Operations Update [Not Discussed]

Discussion Summary: N/A

Decision/Outcome: N/A

Action/Follow up: N/A

The meeting was adjourned at 2:30pm EST.