Meeting Participants

		Council Members
		Brian Clay, UC San Diego
	X	Seth Selkow, Kaiser Permanente
	X	Sid Thornton, Intermountain Healthcare
		Sandy Chung, Fairfax Pediatric Associates
	X	Terri Ripley, OrthoVirginia
	X	Mike Banfield, CRISP
		Rim Cothren, CAHIE
	X	George Gooch, THSA/HIE Texas
	X	Derek Plansky, Palm Beach ACO
		Prathib Skandakumaran, Surescripts
		Niko Skievaski, Redox
		Therasa Bell, Kno2
		Brian Yeaman, Coordinated Care Health Network
		Stacy Gill, MIB
	X	Peter DeVault, Epic
	X	Jared Esposito, athenahealth
	X	Kedar Ganta, GE Healthcare
		Doc Devore, MatrixCare
	X	Navi Gadhiok, eClinicalWorks
	X	AJ Peterson, Netsmart
	X	Dan Werlin, NextGen Healthcare
		Janine Akers, DataFile Technologies(Scott Stuewe)
	X	Gretchen Bebb, TheraTech Pathways
		Sagnik Bhattacharya PatientPing
	X	McLain Causey, Experian Health

	Shannah Koss, LivPact, Inc.
X	David Mendelson, IHE
X	Matthew Shuler, Blue Cross Blue Shield Association
X	James Murray, CVS Health
X	(Proxy for) Margaret Donahue, Veteran's Health Administration

Invited Subject Matter Experts and Carequality Support Team	
X	Chris Dickerson, Program Coordinator, Carequality
X	Dave Cassel, Vice President, Carequality
	Dawn Van Dyke, Marketing Director, The Sequoia Project
	Didi Davis, Testing Director, The Sequoia Project
X	Eric Heflin, CTO/CIO, The Sequoia Project
X	Mariann Yeager, CEO, The Sequoia Project
	Michael Hodgkins, AMA, Carequality Steering Committee Chair
	Steven Lane, Sutter Health, Carequality Steering Committee Vice-Chair
X	Bill Mehegan, The Sequoia Project

Meeting Summary

Call to order *1:34 pm EST*

Agenda

- Welcome, Roll Call, Agenda Review
- Administrative Items
- HHS Rules Response [Inform/Advise] [Closed]
- CCA Amendment Process Update [Inform]
- Other Project Updates [Inform/Advise]
  - o FHIR Workgroups
  - o Implementation Guide Updates Workgroup
  - o Push Notifications Workgroups
- Production Operations Update [Inform]

Discussion Summary: Agenda was reviewed by Dave.

Decision/Outcome: The agenda was reviewed, and no additional items added.

Action/Follow up: n/a

Administrative Items

<u>February Minutes</u>

February and March minutes were approved without objection or abstention.

HHS Rules Response [Inform/Advise] [CLOSED]

Discussion Summary: Mark Segal presented the Sequoia Project response to the CMS and ONC interoperability proposed rules.

CMS: Sequoia (SEQ) generally agrees with their approach including their efforts to work with the private sector and efforts to address information blocking. Sequoia agrees with the bulk of the approach toward health plan's use of open APIs. There is some concern about timing as it relates to deployment and certification requirements. SEQ recommends that they adopt the same approach to timing as ONC. SEQ would like a different approach taken to ADT requirements.

ONC: SEQ is generally agrees of ONC's approach on open APIs, but that the implementation specifications should not be specified in the regulation itself. The variety of the definitions used in the proposed rules are rather broad which could lead to unintended consequences in regards to information blocking, HINs and others. This is addressed in the SEQ response with a series of examples.

Decision/Outcome: There is general interest in seeing a full draft when the Sequoia Board has reviewed the response. Conditions of Participation in Medicare was discussed. The council also discussed the ONC information blocking exemptions.

Action/Follow up: None

CCA Amendment Process Update [Inform]

- The proposed amendments to the CCA have been in an objection process, with objections able to be registered through March 29th
- Three implementers have objected to the proposed CCA updates
- Three objections do not reach the threshold where the CCA updates are automatically halted per the amendment provisions, but it seems prudent to take stock and consider the objections

Discussion Summary: Dave updated the council on the ongoing work to update the Carequality Connected Agreement. CEQ received objections from three Implementers in response to the proposed updates. While this is not enough to automatically trigger revisions, we felt it would be best to address the issues. One of the objections was specifically focused on language regarding patent disclosures within the intellectual property section. There is a general sense that this objection will be easy to address with updated language. Another relates to the definition of a Carequality Connection, and the third requested new terms designed to prevent duplication in Carequality Connections/Carequality directory entries.

Decision/Outcome: Mid-July effective date for amended version is earliest practical possibility

Action/Follow up: None

FHIR Workgroups [Inform/Advise]

Updates

- Technical
    - o Carequality plans on hosting a virtual Connectathon the week of May 13-17
        - Conducting internal planning this week around standing up a server, cloning directory for this event, and other requirements
        - Plan to perform an alpha test with a current Implementer the last week of April so that we're somewhat vetted before the actual Connectathon
        - More details available soon
- Policy
    - o Patient Matching
        - If given the same set of search parameters by a query initiator, the query responder shall return the same person/people no matter what mechanism (ex: FHIR versus XCPD) is being utilized for the transaction
        - Query responders shall have the capability to return more than one potential patient match when the patient search yields more than one match.
        - Query initiators shall (to the fullest extent possible) attempt to normalize all patient demographic data elements prior to initiating patient discovery (regardless of any USCDI wording).

Discussion Summary: Bill updated the Council on progress of ongoing projects beginning with the FHIR Workgroups. Recent updates from the FHIR technical workgroup are rooted in the upcoming connectathon. A sub-group is working on creating a Connectathon document with additional details around authentication servers, tokens, etc.

The FHIR policy workgroup has continued to address a variety of topics. Primarily, the group has focused on patient matching.

Decision/Outcome: Council members discussed the multiple results and how this is handled in the field compared to the workgroup's conclusions.

Action/Follow up: n/a

IG Updates Workgroup [Inform/Advise]

Updates

- The Group has reached consensus on a variety of Payment and Health Care Operation conclusions including (but not limited to):
    - Implementers who support the Query Responder role MUST provide network terms and technical support for their Carequality Connections (CCs) to honor queries for payment and operations
    - Individual CCs MAY choose to honor queries for payment and operations
    - An Implementer or CC MAY decline to honor queries from a provider organization, including for treatment, if that provider organization does not honor queries for operations from the Implementer or CC.

Discussion Summary: Chris updated the council on the progress of the Implementation Guide Updates Workgroup. The group's discussion is currently focused on payment and health care operations. The timing for enforcement of many of the proposed changes will likely be tied to the timing for enforcing Implementers' ability to produce encounter-specific documents, per the JDCWG recommendations. Next we will discuss advancing patient queries.

Decision/Outcome: n/a

Action/Follow up: n/a

Push Notifications Workgroup [Not Discussed]

Updates

- Policy
    - Roles within the use case:
        - Three primary actors have been identified
            - Notification Generators
            - Receiving Systems
            - Subscription Services
- Consent
    - Reviewed HIPAA policies related to the topic
- Organizations with Multiple Roles in the Use Case
    - Carequality will not restrict any role combinations for a single organization.
    - We will not prohibit any type of entity from playing a specific role within the use case.
    - Notification Types will have specific policies for appropriate use of that Type that may in practice restrict the types of organizations that can use that Type.
- Technical
    - Notification System Design
        - Narrowed their system design to one main design, with one variant design. The primary difference between the two is in who owns and operates the Subscription Service
            - Option 2: The Subscription Services is an external entity maintained by an organization acting in that role.

- Option 3: The Subscription Services is an internal registry maintained by the Notification Generator.

Discussion Summary: n/a

Decision/Outcome: n/a

Action/Follow up: n/a

<u>Production Operations Update [Not Discussed]</u>

<u>Updates</u>

Discussion Summary: n/a

Decision/Outcome: n/a

Action/Follow up: n/a

The meeting was adjourned at 2:29pm EST.