



Carequality Advisory Council Meeting Minutes

May 20, 2020 | 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, HealthHIE Nevada
- ✓ Katherine Thorpe, Surescripts
- Therasa Bell, Kno2
- ✓ Jas Awla, MIB
- ✓ Matt Becker, Epic
- ✓ Josh Parker, athenahealth
- ✓ Doc Devore, MatrixCare
- ✓ Navi Gadhiok, eClinicalWorks
- Dan Werlin, NextGen Healthcare
- 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
- ✓ (Proxy for) Amit Shah, GuideWell / Florida Blue
- ✓ Marty Prah, 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
- ✓ David Getman, Carequality
- Mariann Yeager, CEO, The Sequoia Project
- Michael Hodgkins, Steering Committee Vice-Chair
- ✓ Steven Lane, Steering Committee 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.

Agenda

- Welcome, Roll Call, Agenda Review
- Administrative Items
- Electronic Case Reporting [Inform/Advise]
- Public Health Queries [Inform]
- Onboarding Task Force [Inform]
- Other Project Updates [Inform/Advise]
 - FHIR
 - Query IG Enhancements
 - Push Notifications
 - Document Content
- Production Operations Update [Inform]

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

Action/Follow up: N/A

Administrative Items

April Meeting Minutes

Discussion Summary: The minutes for the April 15, 2020 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 April 15, 2020 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, New Member

Discussion Summary: Management introduced and welcomed Jas Awla, replacing Stacy Gill as MIB's representative on the Advisory Council.

Decision/Outcome: N/A

Action/Follow up: N/A

Electronic Case Reporting [Inform]

Discussion Summary: The eCR Use Case Implementation Guide is nearly finalized. The only element with active discussion is the support for Direct messaging. The Submission Manager Service definition is now considered "final". Last month, the Council discussed at length whether or not to retain the non-discrimination provisions for the SMS that apply during a Declared Emergency. Conclusive feedback was

not received from the Steering Committee or the Implementer community in favor of changes to the text. Although the IG is not fully finalized, Management is requesting the Council's consideration to recommend that the Steering Committee adopt the soon-to-be-final version based on the direction and intent of the IG as presented.

The Implementation Guide was presented for the Council's review and discussion. Management briefed the Council on the changes reflected in the IG. Section 8.0 Technical Requirements and Guidance was highlighted for final review to ensure all are aware that this is somewhat beyond any C-CDA template. Additionally, SMS needs to be a HISP or have the services of a HISP available to it. There was discussion regarding Section 8.4 Direct Applicability Statement Additional Requirements and relying on domain as opposed to individual direct addresses.

Decision/Outcome: A motion was made to accept Management's recommendation for the Steering Committee to adopt the soon-to-be final version of the IG and it was seconded without objections or abstentions; thus, this motion was approved.

Action/Follow up: N/A

Public Health Queries [Inform]

Discussion Summary: The Carequality Steering Committee adopted a Carequality Policy on queries by public health agencies. This policy recognizes and attempts to address two barriers to rapid Carequality adoption by PHAs: most Carequality Implementers are not able to support queries for the "Public Health" permitted purpose, without development that will take time to complete and deploy; there is a lack of clarity on what constitutes the "minimum necessary" data set for public health regarding COVID-19, especially relative to the broad set of information released in a "Treatment" context. The Policy lays out a number of conditions that, if met, can allow a PHA to query for public health using the Treatment Purpose of Use code. One of the required conditions is that the PHA have issued formal guidance around minimum necessary considerations. 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. The group had a lengthy discussion on this topic.

Decision/Outcome: N/A

Action/Follow up: N/A

Onboarding Task Force [Inform]

Discussion Summary: Management informed the Advisory Council that the Onboarding Task Force has been meeting weekly and provided an update on the group's progress. A recap of the basic challenges was provided, along with the issues that needed to be addressed. The task force is wrapping up the first issue, which is an application, checklist, or similar approach to be required of Carequality Connections.

The working conclusions so far was presented to the Council. Significant additional detail is needed from applicants to understand exactly how various products, services, and customer types may interact. Carequality Connections must submit an application to Carequality just as Implementers do today, unless they fall into an exception category. CCs that fall into certain well-defined customer types will be exempt. Health plans or public health agencies connecting through the same Implementer (or intermediary CC) in the same way, would probably be exempt. Organizations providing Carequality connectivity as a service

to their customers, would not be exempt. Organizations wishing to claim the Treatment permitted purpose, but who don't meet the (to be written) strict definition of provider organization for these purposes, would not be exempt.

Other considerations include the need to differentiate between an applicant's behavior in the responder role, from its behavior in the initiator role. Initiators must justify any Permitted Purposes they intend to claim. Responders must indicate what Permitted Purpose they support, and if they impose any additional terms and conditions before responding (for non-treatment purposes). Applicants should disclose what re-use, re-disclosure, aggregation, etc. they will engage in that they believe are permitted under the Acceptable Use sections of the CCA or CC Terms, along with a justification for why this behavior is permitted. Applicants should provide information on processes and workflows that will touch on their volume of transactions, such as a description of how/when outbound transactions are triggered (manually within workflows or automated), and how responders are chosen/identified. A visual was presented to the Council capturing the organization of information collected.

Decision/Outcome: N/A

Action/Follow up: N/A

Other Project Updates [INFORM/ADVISE]

FHIR

Discussion Summary: Due to time constraints, this topic was not reviewed during the meeting and will be independently reviewed by the Advisory Council. All questions or comments are welcome.

Decision/Outcome: N/A

Action/Follow up: N/A

Query IG Enhancements

Discussion Summary: Due to time constraints, this topic was not reviewed during the meeting and will be independently reviewed by the Advisory Council. All questions or comments are welcome.

Decision/Outcome: N/A

Action/Follow up: N/A

Push Notifications Policy Workgroup

Discussion Summary: Due to time constraints, this topic was not reviewed during the meeting and will be independently reviewed by the Advisory Council. All questions or comments are welcome.

Decision/Outcome: N/A

Action/Follow up: N/A

Document Content

Discussion Summary: Due to time constraints, this topic was not reviewed during the meeting and will be independently reviewed by the Advisory Council. All questions or comments are welcome.

Decision/Outcome: N/A

Action/Follow up: N/A

Production Operations Update [Inform]

Discussion Summary: Management welcomed the newest CCA signees, Episource and Nuance. Over 90 million patient documents exchanged per month and we have crossed over 1 billion document milestone.

Decision/Outcome: N/A

Action/Follow up: N/A

The meeting was adjourned at 2:30pm EST.