



Advisory Council Meeting Minutes

July 17, 2019

Meeting Participants

Council Members

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

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| Matthew Shuler, Blue Cross Blue Shield Association
James Murray, CVS Health
✓ (Proxy for) Margaret Donahue, Veteran's Health Administration |
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Invited Subject Matter Experts and Carequality Support Team

- ✓ Chris Dickerson, Carequality
- ✓ Dave Cassel, Executive Director, Carequality
- ✓ Dawn Van Dyke, Marketing Director, The Sequoia Project
Didi Davis, Testing Director, The Sequoia Project
- ✓ Eric Heflin, CTO/CIO, The Sequoia Project
Mariann Yeager, CEO, The Sequoia Project
Michael Hodgkins, AMA, Carequality Steering Committee Chair
Steven Lane, Sutter Health, Carequality Steering Committee Vice-Chair
- ✓ Bill Mehegan, Carequality
- ✓ Berdine Roque, Executive Assistant, Carequality

Meeting Summary

Call to order 1:00 pm EST

Agenda

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

Discussion Summary: N/A

Decision/Outcome: Quorum was declared and the agenda was reviewed with no additional items added.

Action/Follow up: N/A

Administrative Items

June Minutes

Discussion Summary: The minutes for the June meeting was distributed to the Council for review and approval at this month's meeting.

Decision/Outcome: A motion was made to approve the June minutes and it was seconded. There were no changes or abstentions.

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

Steering Committee Application Process

Discussion Summary: Carequality & The Nominating Committee are accepting applications for Steering Committee seats that will open up in September. Applications will be posted by the end of the day today and communication will be distributed with the link to the application to the Advisory Council.

Decision/Outcome: n/a

Action/Follow up: n/a

August Advisory Council

Discussion Summary: The August Advisory Council meeting currently scheduled on August 21st conflicts with the ONC Interop Forum; thus, Management proposed rescheduling the Advisory Council meeting in an effort to accommodate.

Decision/Outcome: The Council agreed to reschedule the August meeting. A Doodle Poll will be distributed by Carequality within the week to identify the best date and time to reschedule.

Action/Follow up: N/A

Other Announcements

Management announced that the annual meeting for Carequality has been scheduled for December 5th and 6th. Webpage and registration will open soon. Sponsors have not yet established. For those are also Sequoia Project members, an in-person meeting will be held on the evening of August 21st at the ONC Interop Forum.

Push Notifications Update [Inform/Advise]

Discussion Summary: The Policy and Technical workgroups have produced several designs that would enable national Push Notifications. While there are many ways to achieve the desired goal, models that fully meet the expectations of the Push Notifications Use Case Proposal have significant drawbacks. The workgroups have spent considerable time on debate about these models and recently requested guidance from the Steering Committee on how to proceed

given the workgroup's Charter mandated to implement the Use Case Proposal's requirements and the complexities inherent in doing so.

To provide further background, a key tenet of the Push Notifications Use Case Proposal is that if a participant subscribes to notifications of a particular type for a given patient, the participant should receive the notification in a timely fashion no matter where/with whom a triggering event occurs. The Use Case Proposal envisioned this outcome being achieved through a group of Implementers providing Subscription Services that would track subscriptions for their clients and work with other Subscription Services to ensure the fulfillment of individual subscriptions. A further tenet of the Use Case Proposal is that no assumptions should be made about a particular Service being the sole provider for any given geographic region. Attempts to develop models that would fulfill these requirements have resulted in one or both of the following issues: an alarming and potentially untenable transaction volume, and propagation of all subscriptions and their accompanying patient data, to all Subscription Services.

Management reviewed the recommended options with the Council. The first option is a No Subscription Service in which subscriptions are registered with individual organizations who are known to have records for the relevant patient. This knowledge would most likely be a side-effect of query-based exchange, either IHE or FHIR. Other avenues are possible, for example, a payer subscribing based on claims. There is no expectation of receiving notifications from those with whom you have not registered a subscription.

The (Variant) No Coordination Among Subscription Services is another model in which subscriptions are registered with the Subscription Service associated with organizations that are known to have records for the relevant patient. Notifications could be received from any organization that also uses the Subscription Services with which the subscription was registered. No expectation of receiving notifications from those who use services with whom you have not registered a subscription. Organizations could be their own "subscription services" in this model, effectively falling back to the No Subscription Service model.

The council discussed each of the models presented and it was stated that the council is not attempting to resolve all the challenges in the coordinated subscription service model.

Other options considered include the following:

Master Subscription Service, which is a single central service, operated by (or for) Carequality, maintains all subscriptions for all participants.

Subscription Service Synchronization in which multiple services exist, but communicate all their subscriptions to one another, replicating a master subscription list at every service.

Subscription Service Query, which is when trigger points are hit for notifications that a system supports as a generator/sender, that system queries every subscription service in the directory to see if it holds a subscription relevant to that trigger. A variant of this option proposes to associate subscription services with geographies, without assuming any one service "owns" a geography

These models were presented to the Steering Committee and they agreed with the recommendation to pursue the No Subscription Service option, or potentially the No Communication Among Subscription Services variant. The questions of patient consent around the subscription services in general need to be explored for the variant. This option leverages Carequality's strength in supporting an ever-expanding ecosystem of query-based exchange. In theory, this model could approach the results of the more complex models as query-based exchange (IHE or FHIR) becomes more universal. It allows for a quick early implementation with growth and enhancement and avoids the "chattiness" and national MPI issues of the other models.

Decision/Outcome: Management informed the Advisory Council that the Steering Committee gravitated toward the No Subscription Service option with an acknowledgment that subscription services might exist but being largely ambivalent about them. The Council felt strongly that even if there wasn't coordination among services, the services should still be emphasized as an important part of the proposal and we should be focused on the No Coordination variant that still has a central role for subscription services.

Action/Follow up: N/A

Other Project Updates [Inform/Advise]

CCA Updates

Discussion Summary: Management informed the Council that an updated draft of the CCA and CC Terms was distributed to the Implementer community which addresses the objections raised with the previous version back in March. The first of two meetings with Implementers was held on Friday, July 12th and a second meeting is scheduled for Monday, July 22nd. The proposed timeline includes acceptance of feedback and consideration of further revisions through Wednesday, July 24th. The final version for objection under Section 21.4 will be distributed by Monday, July 29th. Objections will be accepted through Wednesday, August 28th. Pending the objection process, the new version's effective date will be Monday, September 30th.

Decision/Outcome: N/A

Action/Follow up: N/A

FHIR Workgroups

Technical Workgroup Update

Discussion Summary: This Workgroup continues to take lessons learned from the May Connectathon and iterate the Draft Outline Implementation Guide: <https://docs.google.com/document/d/1iOour1orfMpYS30L2AU2wajZRXL7p6YWIk5F61TcZ1M/edit>. A Technical sub-workgroup was formed that is working on the necessary technical components for future Connectathons, specifically, they are expanding

upon the use of Certificates, Tokens, Authentication, and Dynamic Registration. While the next Connectathon is expected to occur sometime over the summer, the idea of using the September HL7 Conference in Atlanta for an in person event has also been explored (the link to HL7 track mentioned:

<https://confluence.hl7.org/display/FHIR/201909+Cross+Organization+Application+Access>). The workgroup is closing in on determining the exact requirements for the Connectathon and expect these details to be finalized for the next Advisory Council meeting.

Decision/Outcome: There was no further discussion.

Action/Follow up: N/A

Policy Workgroup Update

Discussion Summary: The first draft of the Policy Implementation Guide Outline is available at <https://docs.google.com/document/d/1e-6sjXnze0kIndJZRYQw0sY6LYa8KxIhPc1Ao71OpQ/edit> and is currently being reviewed by the workgroup. The workgroup will spend the next few meetings conducting working sessions to review comments/feedback submitted by the group and make appropriate edits to the document before identifying next steps.

Decision/Outcome: N/A

Action/Follow up: N/A

Query-Based Document Exchange

Discussion Summary: Update of the Query Based Document Exchange Enhancements have been in process, which includes drafting and review of the proposed Implementation Guide Update Language redline. This version will contain a lot of the work included in last year's workgroups and will be presented to the Advisory Council upon completion.

Decision/Outcome: N/A

Action/Follow up: N/A

Production Operations Update [Inform]

Discussion Summary: Management announced that PointClickCare, ParticleHealth, and eMedical Practice have joined the Carequality Connected Agreement Signees in the past few months.

The group in production continues to grow and more groups are expected by the end of August. There have been 36M documents per month as of April 2019 with an estimated 250 million clinical documents exchanged since July 2016.

Decision/Outcome: N/A

Action/Follow up: N/A

The meeting was adjourned at 2:21pm EST.