



**Carequality Steering Committee  
Meeting Minutes  
July 2, 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, Healthwise
- ✓ Rob Klootwyk, Epic
- ✓ Steven Lane, Sutter Health [Chair]  
Candice Levy, Bluestone Physician Services
- ✓ Proxy for 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
- COVID-19 and Public Health
- Potential Process / Reporting Gap
- FHIR-Based Exchange Implementation Guide
- Project Updates
  - Push Notifications
  - 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.

The agenda was reviewed and a request for an update on the Onboarding Task Force and RCE was requested. The committee agreed to add the RCE topic to a future meeting and invite Mariann Yeager to discuss.

*Decision/Outcome:* A formal quorum was declared.

*Action/Follow-up:* N/A

### **Administrative Items**

#### **Meeting Minutes**

*Discussion Summary:* The minutes for the June 4, 2020 Carequality Steering Committee meeting was presented for approval. A correction was raised to capture Paul Wilder's attendance. This will be updated accordingly.

A motion was made to approve the minutes with the amendment to note Paul Wilder's attendance, and it was seconded. There were no questions, oppositions, or abstentions.

*Decision/Outcome:* The minutes for the June 4, 2020 Carequality Steering Committee meeting was approved.

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

### **COVID-19 and Public Health**

*Discussion Summary:* Management provided an update on eCR status. Some operational steps are needed in advance of initial go lives. Short term progress depends heavily on the eHealth Exchange due to their existing contractual relationship with APHL for use of the AIMS platform.

Carequality is working with eHealth Exchange to get APHL's direct addresses added to the Carequality Directory. Once this is completed in non-prod, relevant code changes can be moved into PROD to support new field values needed for eCR. If all goes well, the endpoints could be available in production by the end of next week. eHealth Exchange is also testing with APHL to support XDR transactions via the eHealth Exchange Hub, which can supplement Direct messaging when ready. APHL indicates that a number of provider organizations are in the queue, awaiting availability of this functionality via Carequality.

An update was provided on Public Health queries. Work continues to bring the first public health agencies live as query initiators. Both Washington and California are actively working toward go-live and have shown a willingness to accept suggestions on the language used for their required "Minimum Necessary" guidance. Washington is closer to go-live, which is pending a final step of finalizing the language in its published guidance on Minimum Necessary and related questions that will likely be important to provider organizations. The Public Health Guidance template being shared with both Washington and California was presented to the Committee for review. There was a very lengthy discussion on this topic specifically around security and access controls and a suggestion was presented to include a statement that the PHA is taking responsibility for security of the data and it is no longer the discloser's responsibility.

*Decision/Outcome: N/A*

*Action/Follow up:* Management will redistribute this for additional comment. Since there are organizations in Washington that are prepared to respond to these queries now based on Washington's letter, it was recommended to approve for Washington to move forward to allow them to obtain initial results. For California, depending on their timing, an updated copy may be complete for their review in advance of moving into real operations.

### **Potential Process / Reporting Gap**

*Discussion Summary:* Management provided background on this information. A recent production issue occurred that involved documents being released for the wrong patient. The scope of this issue is understood and the Implementer that received the documents is fully aware and has been involved in the resolution. The Implementer that released the documents was temporarily suspended, pending application of a code fix. Carequality believed this issue met the criteria for a Threat Condition under Section 5.3.1 of the CCA, which gave Carequality the ability to suspend the Implementer temporarily. The issue did not meet the intentionally very narrow CCA definition of an Adverse Security Event (ASE). Carequality realized through this issue that if an event is not an ASE, there is no clear requirement in the CCA to notify Carequality when serious issues occur.

Management proposed to update the CCA to institute a reporting requirement for "serious issues", which begs the question of how a "serious issue" will be defined. Two elements should be covered at a minimum: patient safety and security events. The challenge with these concepts is defining them precisely in a way that will be acceptable to all parties, which is expected to involve discussion with the Implementer community. One starting point could be the CCA's

existing concept of a Threat Condition, which is defined in the context of Suspension in Section 5.3.1.

*Decision/Outcome:* N/A

*Action/Follow up:* Due to time constraints, this topic will be continued at next month's meeting.

### **FHIR-Based Exchange Implementation Guide**

*Discussion Summary:* Due to time constraints, this topic was not discussed and will be tabled to next month's meeting.

*Decision/Outcome:* N/A

*Action/Follow up:* N/A

### **Push Notifications**

*Discussion Summary:* Due to time constraints, this topic was not discussed and will be tabled to next month's meeting.

*Decision/Outcome:* N/A

*Action/Follow up:* N/A

### **Document Content**

*Discussion Summary:* Due to time constraints, this topic was not discussed and will be tabled to next month's meeting.

*Decision/Outcome:* N/A

*Action/Follow up:* N/A

### **Production Operations Update**

*Discussion Summary:* Due to time constraints, this topic was not discussed and will be tabled to next month's meeting.

*Decision/Outcome:* N/A

*Action/Follow up:* N/A

*Meeting was adjourned at 2:00pm ET*