



2021 Annual Meeting

December 14, 2021 | 1:00 PM – 3:00 PM ET

AGENDA

1. Advisory Council
2. Year in Review
3. 2022 Priorities
4. Internal Operations
5. Patient Request Policy Update
6. Image Exchange
7. Certificate Authority
8. Policy Working Group
9. Patient Matching Tiger Team
10. Document Content Workgroup
11. Push Notifications Use Case

Advisory Council

Alan Swenson

12/14/2021

Advisory Council Appointments | 2021

CONGRATULATIONS to the members with seats through December 2023:

- AJ Peterson, Netsmart
- Alvin Loh, Redox Inc
- Bryan Tate, CVS Health
- Dave Cassel, Safe Health Systems
- David Mendelson, Integrating the Healthcare Enterprise (IHE)
- Doc DeVore, MatrixCare
- Jim StClair, Linux Foundation Public Health
- Larry Garber, Reliant Medical Group
- Lisa Bari, Civitas Networks for Health
- Lukasz Nosol, UnitedHealth Group
- Marilee Benson, Zen Healthcare IT
- Michael Marchant, UC Davis Health
- Navi Gadhiok, eClinicalWorks
- Raymond Duncan, Cedars-Sinai Health System
- Ryan Sommers, CommonSpirit Health
- Steve Williams, Kno2

Year In Review

Alan Swenson

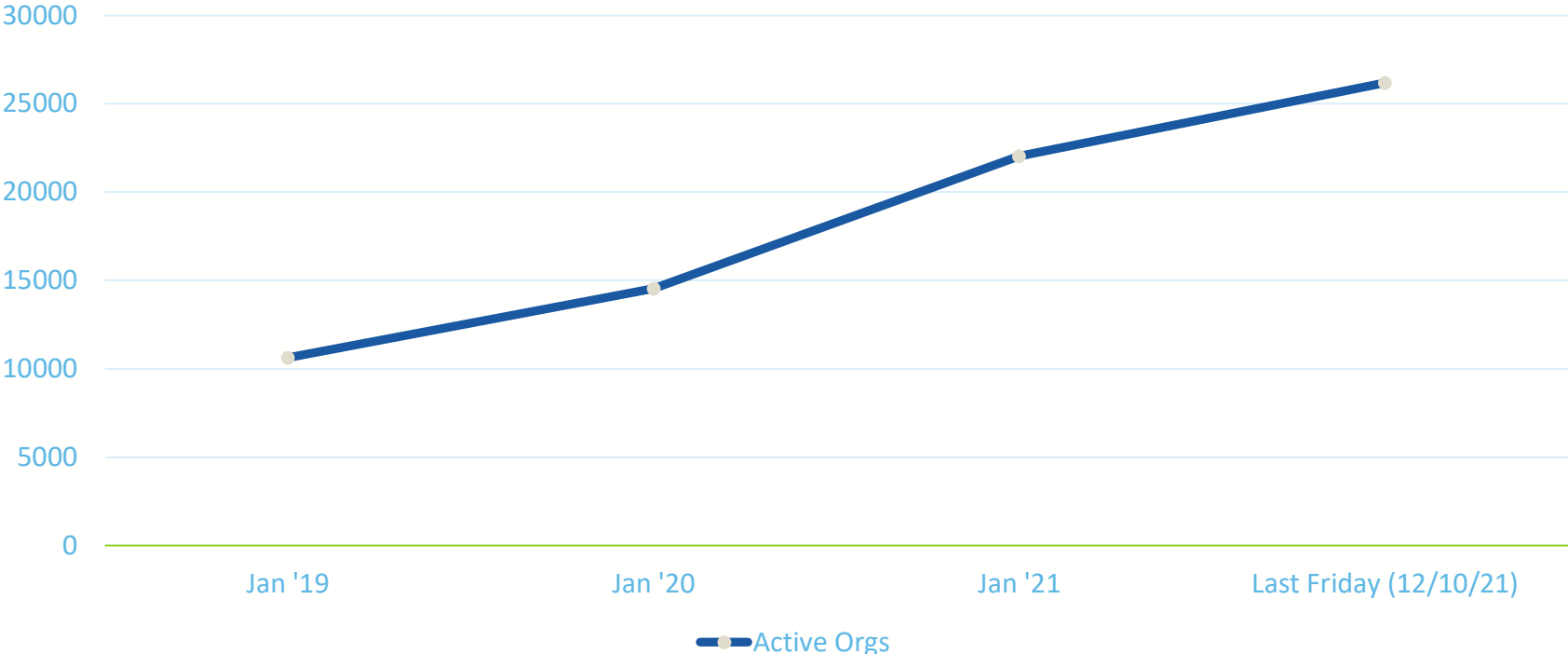
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2021 Accomplishments

- New Team Members:
 - Executive Director – Alan Swenson
 - Operations Manager – Steve Sullivan
- Implementation Guides:
 - Image Exchange Supplement (March)
 - Query Based Document Exchange v2.0 (July)
 - Monthly reporting template
 - Technical Trust Policy v3.0 (August)
- Policy Workgroup progress
 - Carequality Framework Policies v1.0
- RCE Work
 - Carequality is responsible for operationalizing:
 - QHIN Technical Framework (QTF)
 - QHIN Application & Onboarding
- Expanded Participation:
 - 32 Implementers in Production – increase of 4
 - 49 CCA Signees Total – increase of 5
 - 4 Billion+ Documents exchanged?

Carequality Directory Growth

Active Orgs



Updated Monthly Statistics (so far)

- We have publicly said “150 Million+” since May 2021
 - (150 Million was January’s number)
- April 2020 – April 2021 we publicly reported “90 Million+”
- We have been under-reporting monthly exchange volumes
- Consistent Monthly Stats collection will allow for regular updates, publicizing increase over time, and showing the value of the Carequality Framework

Updated Monthly Statistics (so far)

- **More than 300,000,000** Documents Exchanged in October!
 - (Among reporting Implementers)
- Full Reporting enforcement in effective this month
 - We will have consistent monthly numbers beginning in January

2022 Priorities

Alan Swenson

12/14/2021

2022

- Use Case Expansion:
 - Image Exchange
 - FHIR
 - Subscription-Based Push Notifications
- Carequality Elements / Implementation Guides:
 - Carequality Framework Policies v1.0 (March 2022)
 - Update existing IGs to remove duplicative polices
 - Update Image Exchange, FHIR, & Push, based on initial roll-outs
 - Electronic Case Reporting
 - Inclusion of other reporting submissions beyond eCR (e.g., Cancer Registry Reporting)
 - Demographics-Based Patient Matching
 - Payment and Healthcare Operations Permitted Purposes
 - Carequality Connected Agreement (CCA)
 - FHIR R4 Directory
- Test Ecosystem
 - Non-Production transaction testing platform
 - New Stage Directory for non-production partner testing
 - Content validation
- Continued RCE Work



Questions?

Internal Operations

Steve Sullivan

12/14/2021

Carequality Internal Operations

Accomplishments

- Migrated primary operations to a centralized system and CRM
 - Allows for centralized tracking of requests
 - Supporting coverage across team
 - Automated request assignment and consistent triage process
 - Data consolidation and dashboard development for internal metrics
 - Documented and trackable approval processes
 - Discrete workflows for request 'types'
- Complete documentation of the entire onboarding process for Carequality Use Cases
- Overall Process development for Carequality workflows

Patient Request Policy Update

Chris Dickerson

12/14/2021

Patient Request Policy Background

- Carequality has always supported the Patient Request Permitted Purpose
- In order to determine how to encourage responses to queries for this purpose, the Policy Working Group developed a Patient Request Survey
- 35 responses from the Carequality Community
 - 70% of survey responders agreed that “The Policy Working Group should continue to pursue a method(s) to further encourage Patient Request response within the Query Based Document Exchange Use Case.”
 - 60% agreed that “Carequality should REQUIRE Implementers to support the OAuth credential flow within the FHIR Use Case as a starting point for Patient Request queries.”

Patient Request Policy

- The proposed policy is intended to address Responder concerns specifically within the Query-Based Document Exchange Use Case. The language appears in the proposed Framework Policies Document
 - “An Implementer or CC, other than those defined below in the subsections of this Section 3.2.1, who wishes to be a Query Initiator for Treatment purposes in any Use Case must also play the role of Query Responder for the Treatment purpose in that Use Case, as well as for the Patient Request purpose via the technical and policy requirements described in the FHIR Use Case. Response to Patient Request in the FHIR Use Case must be supported no later than 12/31/2022.”

Why FHIR?

- Survey Responder:
 - “The FHIR/OAuth approach will be faster, more robust, and better aligned with national direction for Patient Request of their data. And using CDA over FHIR, it will give a comparable dataset while sidestepping the challenges of Patient Request via QBDE.”
- Response via FHIR brings:
 - Increased security
 - Tailored response options
- If this policy is adopted, Implementers will support Patient Request query response via FHIR by the end of 2022, but our work does not end there.
 - More on this from our panel

Panel Discussion

- To discuss the newly proposed policy and the future of Patient Requests in Carequality we have:
 - Jennifer Blumenthal, Co-Founder and CEO, OneRecord
 - Alan Swenson, Executive Director, Carequality

Image Exchange

Bill Mehegan

12/14/2021

Image Exchange

- In October of 2019, Carequality announced its intention to create an Image Exchange ecosystem to supplement its Query Based Document Exchange (QBDE) ecosystem
- In December of that same year, the first draft of the Imaging Data Exchange Implementation Guide (IG) was published
- This particular IG was written to be an extension of the Query Based Documentation Exchange IG (NOT a standalone Carequality Element) and has many of the same principles and characteristics
- In fact, the first six sections of the IG simply refer out to the QBDE IG: Introduction, Roles, Customizable Principles of Trust, Non-Discrimination, Performance Measures, and Evidence of Compliance

Image Exchange

- It's built upon the same IHE profiles (XCPD and XCA) seen in QBDE and incorporates a new profile strictly for imaging (XCA-I)
- The similarities do not end there. Image Exchange Implementers will utilize the same Carequality Directory to find endpoints and query for patients – just like any other Carequality Use Case
- The major difference, of course, is the payload that's retrieved after successfully finding a patient match. The metadata consists of images instead of clinical documents

Image Exchange

- Imaging vendors participated in numerous Connectathons throughout 2020 as a “proof of concept” for the original draft IG
- Version 1 of the IG was adopted by the Steering Committee in March of 2021 and subsequently published alongside the other IGs on the carequality.org “Resources Page”
- After this milestone, we had 9 additional Connectathon events in 2021. In November, Philips and Hyland successfully performed full round trip testing with each other
- Now that we’ve officially proven this Use Case against its IG, we’re ready production use
- We expect Image Exchange to be fully operational as soon as January of 2022

Certificate Authority (CA)

Bill Mehegan

12/14/2021

Certificate Authority

- In the fall of 2020, both the eHealth Exchange and Carequality announced they would be changing Certificate Authorities (CA) from Entrust to DirectTrust
- Some reasons for the change
 - Before the transition, we had 5 staff members who performed this work as part of their day-to-day activities
 - DirectTrust will assume our role as Level 1 Help Desk for all Certificate related issues
 - In addition to taking work off our plate to allow us to focus our attention elsewhere, it's better for our Participants and Implementers in the long run
 - The rules for vetting organizations (Subscribers) and Identity Proofing their Sponsors are stricter. CAs can better address questions/concerns over the legal agreements and requirements

Certificate Authority

- The first step of this transition was to have the Implementer Community update their truststores to accept connections using a new Certificate.
- This work began in December of 2020 and was completed in March of 2021
- We kicked off a pilot for issuing Certificates from DirectTrust in April of this year
- Since that pilot, we successfully transitioned 470 of the 475 existing Carequality Certificates to the new CA
- We will be spending the last couple of weeks of December buttoning up anything we missed, and we'll begin revoking any "active" Entrust Certs on December 17th
- All of this work will be completed by time our contract with Entrust expires on Dec 31st

Policy Working Group

Chris Dickerson

12/14/2021

Framework Policies Document

- Currently, a variety of policies are duplicated between Use Cases.
 - In order to update any one of these shared policies, even if the exact same policy language exists in multiple places, we must adhere to each Implementation Guide's update cycle
- The Policy Working Group created the Framework Policies document as a Carequality Element that will contain all of the overarching policies governing the framework
- Going forward, Implementation Guides will largely consist of Technical components specific to that Use Case.
 - There will be instances where policy language exists in a particular IG – because it's only relevant to that IG
 - Example: Oauth workflow policies would apply to FHIR, but not QBDE
- All new Carequality Elements require review by our Advisory Council, Steering Committee, and the Carequality Implementer Community
- The Framework document has been submitted for community review

Payment and Health Care Operations

- As the group concludes their work on the Framework Policies Document, we will transition them to address Payment and Health Care Operations.
- The general approach will mirror our approach to developing a Use Case implementation guide
- Policy and Technical Workgroups will address the issues associated with the purposes
- In support of the needs of these groups, we will
 - Clear the Policy WG roster, request new specific SMEs and stakeholders
 - Elect co-chairs for both groups
 - Publicize the WG members lists on our website
 - Applications for the groups may be sent to:
 - Admin@carequality.org

Patient Matching Tiger Team

Chris Dickerson

12/14/2021

Background and Highlights

- The Carequality Policy Working Group created the Patient Matching Tiger Team in response to the Patient Request Survey
 - Over 70% of respondents agreed that “A Patient Matching tiger team or working group should be formed to improve demographics-based matching”
- Since their creation, the Team has reviewed case studies and policies from a variety of industry leading sources
- A patient matching survey was developed based on matching logic submitted by CommonWell and Epic
- The survey focused on several topics including
 - Demographic elements collected
 - Matching logic
- Results are being reviewed by the workgroup and will inform future policy
- If you are interested in joining the group, particularly if you are responsible for and/or create matching algorithms, email:
 - Admin@Carequality.org

Document Content Workgroup

Chris Dickerson

12/14/2021

Guidance Updates

- Version 2.0 of the Joint Document Content Workgroup guidance will be published in early 2022
- This document will be referenced by the Sequoia Data Usability Group and others going forward

Push Notifications Use Case

Chris Dickerson

12/14/2021

Background and Highlights

- The Push Notifications Workgroup was tasked with creating a subscription-based push notification system to alert interested parties of a variety of actions of specific patient(s)
- Stand Alone Use Case
 - Our solution leverages the Query-Based and FHIR Use Cases for follow-up, but does not require either
- Notification Types
 - We have expanded from the basic ADT focused alerts to convey additional clinical information
- Designed for CMS compliance

Event	Venue	Definition
Admit	General	Patient has been checked in to the EHR, includes all subsidiary admit events
Admit	ED	Patient is triaged
Admit	Acute	An admission order has been issued and bed is assigned
Admit	Ambulatory	Admitted to an ambulatory encounter
Admit	Skilled Nursing/Rehab	Bed is assigned and patient has arrived
Discharge	All	Patient's status is changed to "discharged"
Referrals	All	Referrals not made by the Notification Recipient
Transfer	External	When a transfer is ordered to any external (any location that would not trigger an internal Admit notification) location
Transfer	Internal and External	Any time a transfer order is generated
Gap in Care	Payer	A trigger based on the eCQM as defined by CMS (PLEASE NOTE LINK) or other request for follow-up based on Notification Generator policy or process.

Pilot Testing

- The Push Notifications Pilot Test Group has met on a monthly basis to develop and pilot the system
- Our first pilot test successfully completed the following operations
 - Subscription creation: Pilot Group 1 -> Pilot Group 2
 - Subscription creation: Pilot Group 2 -> Pilot Group 1
 - Subscription deletion: Pilot Group 2 -> Pilot Group 1
 - General Admit Notification: Pilot Group 2 -> Pilot Group 1
- Next Steps:
 - Test each event notification type
 - Submit the Use Case Implementation Guide for final approval
- Thank you to all of the organizations that have participated in the pilot group and testing!
- If you are interested in joining the pilot
 - Send a request to: Admin@Carequality.org



Questions?

Thank you

