Carequality Public Informational Call

June 26, 2025

Agenda

01 Communications Update

02 Update on Delegation of Authority Implementation and Testing

03 A Closer Look At Treatment

04 Exchange Volumes

01

Communications Update

Newly Released Blog: Untangling Delegation of Authority

June 24, 2025 | Carequality Blog

Key Pointers to Implement Carequality's New Policy

The new **Delegation of Authority** policy enhances trust by creating a traceable line of authority between an Implementer or Connection that has the legal right to request information for a given purpose of use, such as treatment, and any other organizations that the Implementer or Connection has authorized to request information on its behalf. The policy replaces the previous "on behalf of" policy to increase transparency.

Read the full blog post at: https://carequality.org/untangling-delegation-of-authority/

02

Update on Delegation of Authority Implementation

Delegation of Authority (Formerly On Behalf Of, or "OBO")

Fall 2024

Dispute Final Resolution included recommendation for SC to consider modifications to the OBO policy to better align with TEFCA and bolster trust

February 2025

SC approved a phased approach and Carequality staff initiated a 21-day feedback period focused on existing OBO policy

March 2025

SC delegated to the new Advisory Council Policy Workgroup development of a final policy on Delegation of Authority to replace OBO

March/April 2025 AC Policy Workgroup met 4 times to develop final Delegation of Authority policy

April 2025

SC approved final Delegation of Authority policy

May 12 Effective Date

Delegation of Authority Policy Development

- Informed by Advisory Council Policy Work Group
  - Four meetings in March and April
- Robust conversations with Policy WG focused on
  - Downstream Delegates
  - Implementation Timeframes
- Steering Committee Approved final policy on April 10

Delegation of Authority Testing Timeline

- <u>August 12, 2025:</u> Partner Testing Begins
  - All Implementers with responding endpoints MUST have active representative environment(s) in the Staging Directory that can respond to both non-Delegated and Delegated Requests.
  - Implementers with Delegates MUST have example Delegate(s) in the staging directory that can initiate Delegated Requests to validate connectivity.

- <u>August 26, 2025:</u> Connectathon (Optional) 1-5pm ET
  - Participants are asked to sign up for the event on the connectathon tab
  - Participants must have staff available to troubleshoot any errors that may occur during the day's testing window
    - *Note: Participation in the connectathon does not exempt an Implementer from testing with their group*

- <u>September 15, 2025:</u> Partner Testing Ends
  - Implementers must provide to Carequality evidence that it has successfully completed any testing related to Delegated Requests that is required by Carequality
  - Initiators will report successful non-errored transactions to Admin@carequality.org

Delegation of Authority Test Requirements

- Implementers have been organized into groups of 7-8 members
  - Implementers must **minimally** test with their group, but may test with any others they would like
  - Each group has two Implementers that we expect will play the Initiator role
  - Each Initiator and Responder must demonstrate that they can properly receive the new SAML element without error
- Responders MUST:
  1. Load a test patient that can be found via their Stage entry
  2. Post the details of their test patient in the online tracking form
  3. Ensure their Initiator partners submit successful non-errored exchange to admin@carequality.org
  4. Track their progress in the online tracking form
- Initiators MUST:
  1. Load a test patient that can be found via their Stage entry
  2. Post the details of their test patient in the online tracking form
  3. Minimally initiate queries with ALL Members of their group
  4. Submit successful non-errored partner exchanges to admin@carequality.org
  5. Track their progress in online tracking form

03

A Closer Look at Treatment

Project Plan

Date	Topic
~~April 25~~	~~Education session #1: TEFCA Required Treatment Implementation SOP and definition~~
~~May 2~~	~~Education session #2: TEFCA Required Treatment Vetting Process~~
~~May 9~~	~~Discussion on Required Treatment for Carequality~~
~~May 16~~	~~No meeting~~
~~May 23~~	~~Review proposed Carequality Required Treatment definition~~
~~May 30~~	~~Review proposed Carequality Required Treatment definition~~
~~June 5 (Steering Committee Meeting)~~	~~Present updates to the Steering Committee~~
~~June 18~~	~~Presented updates to the Advisory Council~~
June 6-July 11	Continue discussions based on Steering Committee and Advisory Council feedback; share discussions with the Implementer community
July 11-July 25	Circulate and discuss draft proposal
August	Steering Committee votes on amendment to the Carequality definition of Treatment

Principles

- After discussing the state of treatment in Carequality and TEFCA, the group developed design principles for their CQ treatment solution:
    - TEFCA alignment where possible
    - Minimal technical development
    - Minimal exchange disruption
    - Patient awareness
    - Leverage existing workflows

Options Discussed

- The group discussed the following options and narrowed them between 2, 3, and 4 below.
  A straw poll was used to pick a preferred path between those options
    1. Adopt TEFCA Required Treatment as is
    2. TEFCA Required Treatment + certain additional NHEs
        a) Require certain NHEs to obtain a patient permission to query
        b) Describe which NHEs are permitted to query using definitions
    3. Carequality Treatment as it is today - Exclusion list
    4. Carequality Treatment as it is today - NHEs w/o a patient's permission to query
    5. Carequality Treatment as it is today but make responses optional
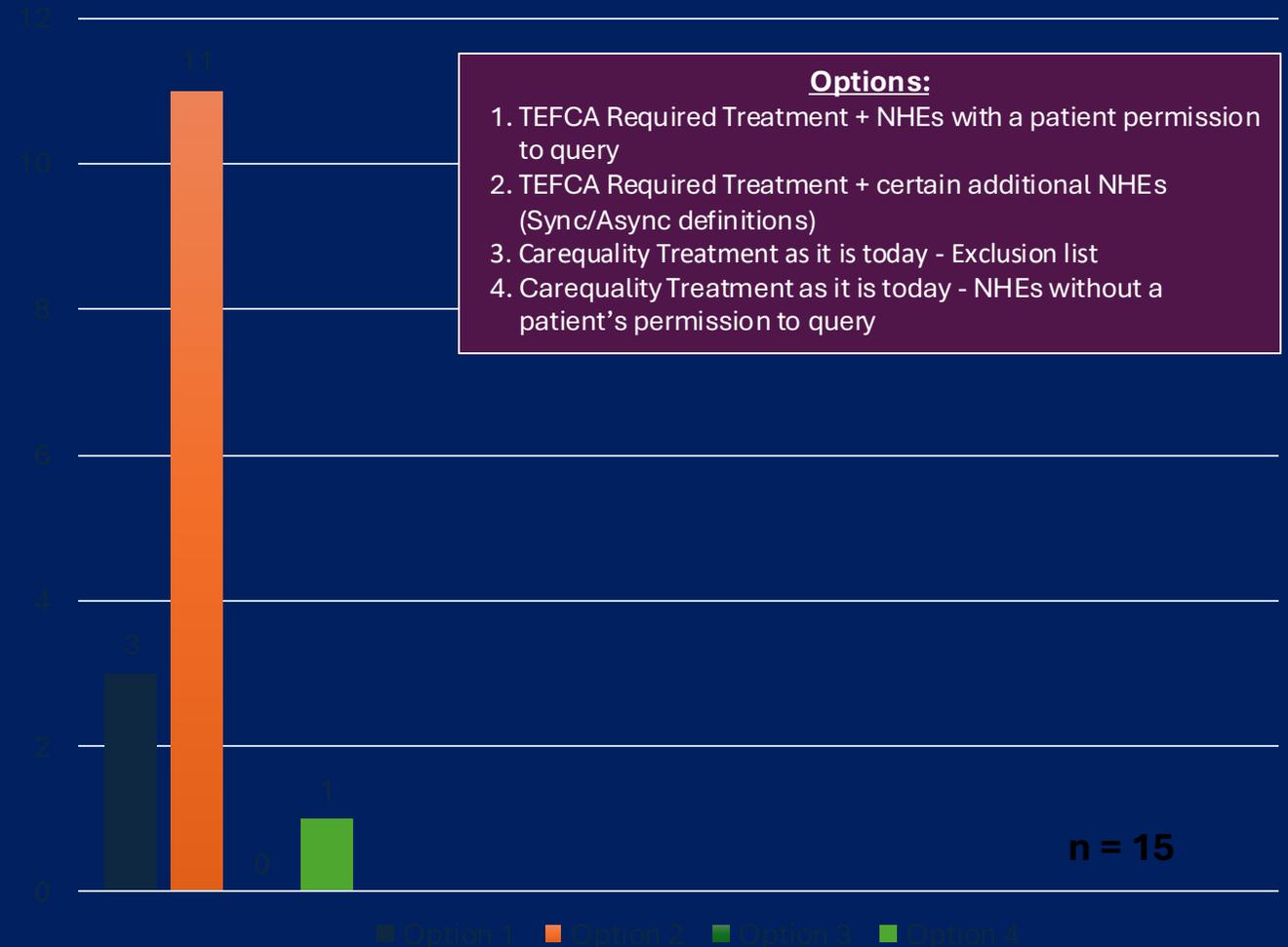
Straw Poll Results

The Winner: **Option 2**

- TEFCA Required Treatment+
  - Add additional provider types like Assisted Living Facilities, DME suppliers, BH clinics
  - Differentiate between NHE Synch vs Asynch

Option 2 Comments:

- It builds on the framework TEFCA created and we need to find the right way to evolve that even though this is in Carequality; and

- It forces us to do the hard work of making the tent bigger because we intended for non-HIPAA entities to get involved but we've only window dressed it by extending HIPAA like protections without the same accountability measures that CEs feel they are subject to through direct regulation by the federal government.

CQ Treatment Straw Poll

Options:
1. TEFCA Required Treatment + NHEs with a patient permission to query
2. TEFCA Required Treatment + certain additional NHEs (Sync/Async definitions)
3. Carequality Treatment as it is today - Exclusion list
4. Carequality Treatment as it is today - NHEs without a patient's permission to query

n = 15

Option 1 — 3
Option 2 — 11
Option 3 — 0
Option 4 — 1

Categorical and Functional Approach

- **Categorical Approach:**
  - Explicitly list the provider types that are in and those that are not
    - Specifically define the non-HIPAA Entity provider types that are included in the definition
    - Define/describe the types of models that may be better served in other permitted purposes, like those where the patient is not as clearly aware of when/why their data is being queried

- **Functional Approach**
  - Define provider types we want in based on the characteristics of their workflows and licensure
    - Definition could point to asynchronous vs synchronous or physical vs in-person interactions
    - Use characteristics of the HIT they use, particularly certain interoperability utilization and/or documentation functions to understand what they *actually* do?
    - Share back data
      - Ex. Encounter Summaries
    - Workflows (must utilize X technology)
      - Covered entity using X12 claims submissions to payer (moving it from the must have to the one or more category allowing for a variety of payment models)
      - Laboratory order entry and transmission to external laboratories and receipt of electronic results reports from those laboratories
      - Imaging order entry and transmission to external imaging and electronic report from those imaging services
      - Prescriptions entry and ePrescribing transmissions

Any solution we propose must have objective vetting criteria that everyone is comfortable with
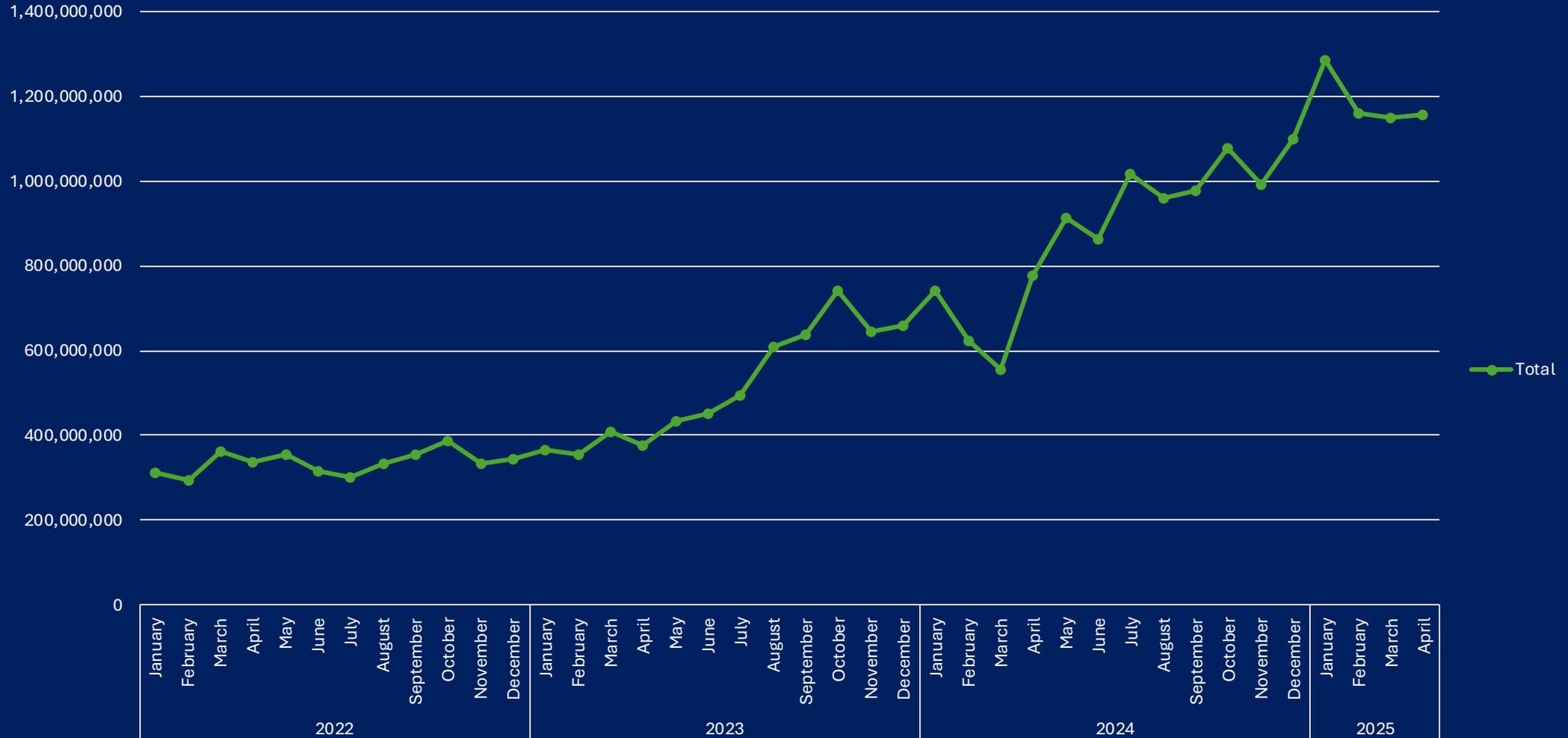
Next Steps

- We will continue to explore categorical and functional aspects of a proposed definition for Required Treatment
- The piece of the definition that expands on TEFCA Required Treatment will focus on non-HIPAA entities
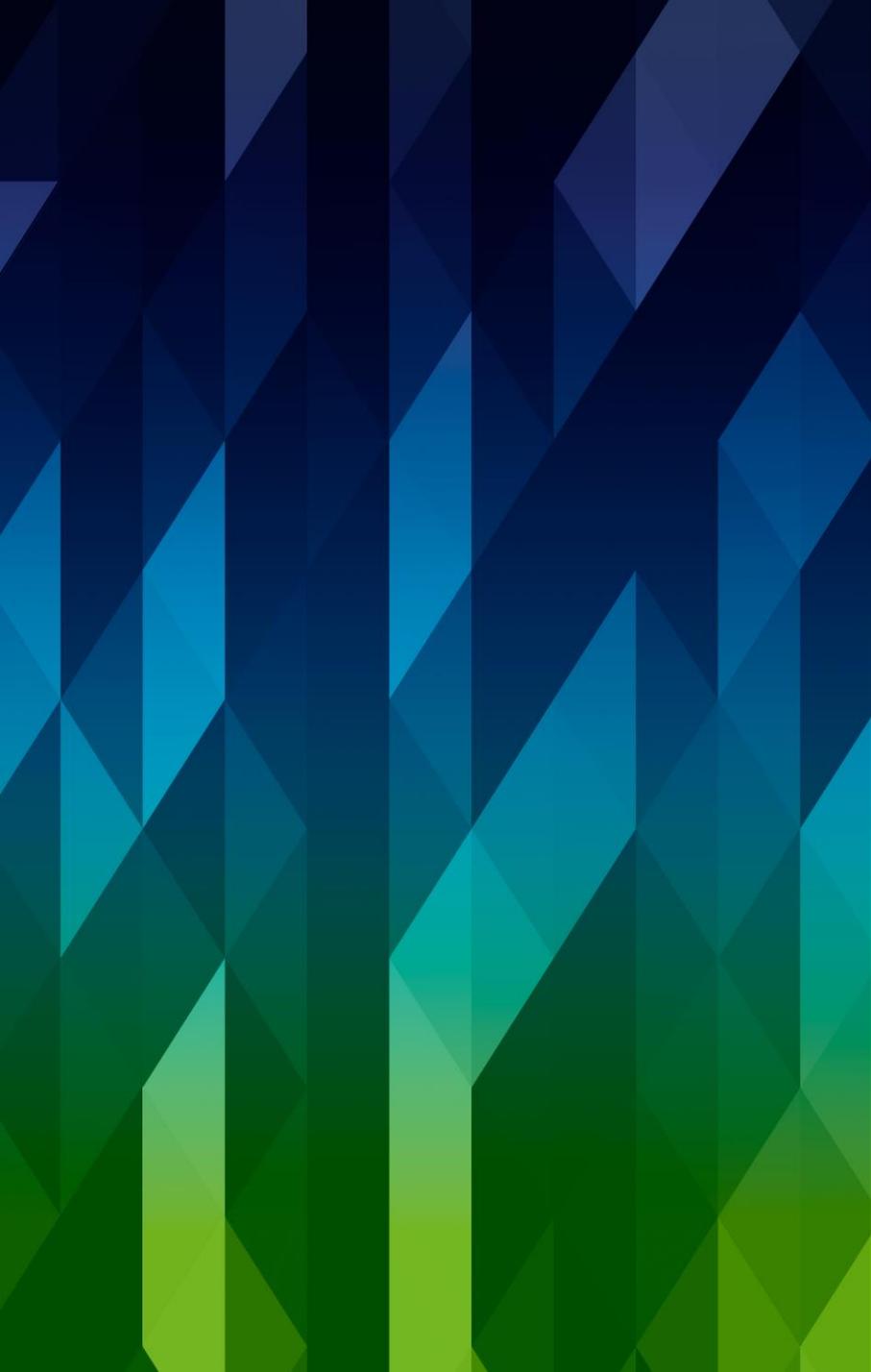- Hoping to circulate a draft proposal in July

04

Exchange Volumes

Monthly Clinical Records Exchanged

Growth of Document Exchange

Thank You