# Advisory Council Kickoff Call
# Meeting Notes

October 1, 2014:  1:00 pm – 2:00 pm ET

**Meeting Participants**

| **Committee Members** |
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| ✓ Matthew Eisenberg, MD, Stanford Hospital – Advisory Council Co-Chair<br>✓ Brian Ahier Medicity<br>✓ Rich Brennan, NAHC<br>✓ Marc Chasin, MD, St. Luke's Health Systems<br>✓ Sandy Chung, Fairfax Pediatrics<br>✓ Aaron Goldmuntz, Center for Medical Interoperability<br>✓ Elaine Hunolt, VA<br>✓ Chuck Jaffe, HL7<br>✓ Andrew Kling, Geisinger<br>✓ John Loonsk, CGI Federal/JHU Center for Population Health IT<br>✓ Laura McCrary, KHIN<br>✓ Paul Matthews, OCHIN<br>✓ David Mendelson, IHIE<br>✓ AJ Peterson, NetSmart<br>✓ Erik Pupo, Deloitte<br>✓ Alisa Ray, CCHIT<br>✓ Matt Reid, AMA<br>✓ Renee Smith, Walgreens<br>✓ Ronnie Solomon, ECRI<br>✓ Christina Van Regenmorter, CenterStone<br>✓ Keith Willard, Surescripts |
| **Carequality Support Team** |
| ✓ Mariann Yeager, Healtheway<br>✓ Michelle Whitecar, Healtheway<br>✓ Tasnuva Khan, Clinovations Government Solutions |

# Meeting Summary

## Call to Order

*Discussion Summary:* Roll call was facilitated to identify the Advisory Council members who were in attendance. See list of participants noted above.

*Decision / Outcome:* None

*Action / Follow Up:* None

## Welcomes

*Discussion Summary:* Advisory Council members were welcomed. The Advisory Council was informed that a second co-chair is needed; those members who are interested in serving as a co-chair were asked to contact Carequality staff members.

*Decision / Outcome:* No other new business was raised.

*Action / Follow Up:* Individuals who are interested in being the 2nd co-chair for the Advisory Council should send an email to admin@careqaulity.org.

## Carequality Orientation

*Discussion Summary:* An overview of Carequality was provided Carequality, a public-private collaborative, works to bring together diverse stakeholders and initiatives and create a trust community and broad HIT ecosystem. Carequality will lead the public-private collaborative process for defining rules of road for interoperability and to establish trust between and among networks. Healtheway management informed the Advisory Council that Carequality has been holding meetings on Capitol Hill to educate legislators about the organization and its work. The presenter also reviewed the relationship between Carequality and Healtheway. While Carequality falls under the Healtheway corporate umbrella, it was clarified that the Carequality Steering Committee operates independently from the Healtheway board, has a substantial amount of autonomy.

The roles and responsibilities of Carequality committees and workgroups were reviewed. It was noted that Carequality's work is intended to be transparent to the community.

*Decision / Outcome:* None

*Action / Follow Up:* None

## Advisory Council Charter Review

*Discussion Summary:* The Advisory Council reviewed its purpose, scope of work, deliverables, and the workflow. It was noted that Council members are expected to be actively engaged in the process. The Council acknowledged that the timeframes for the initial set of deliverables are

aggressive. The Council was informed that it should expect to receive a draft of the trust framework principles in late fall, as well as, some materials for review from the Query Workgroup.

*Decision / Outcome:* None

*Action / Follow Up:* Drafts of documents will be provided to the Advisory Council when they are ready for review.


## Trust Framework Workgroup Update

*Discussion Summary:* The Council had a high level overview of the trust framework principles, including a description of universal and customizable principles. The Council was informed that the Trust Framework Workgroup added two new potential principles. It was clarified that the Council would be responsible for providing the Trust Framework Workgroup with guidance on the principles. It was stated that the Trust Framework Workgroup will meet in person on 10/15/14, after which it will incorporate Advisory Council's input into its deliverables.   The members were asked to send their comments to admin@carequality.org.

The trust principles were reviewed at a high level with the Council. The Council discussed that, while the purpose of trust is to make different parties feel comfortable, the goal is to not create another burdensome set of requirements. Rather, the goal is to develop an overlay of principles such that groups complying with these principles would not need to go through any other negotiations.   With regards to the proliferation of trust agreements, like the Data Use and Reciprocal Support Agreement (DURSA), it was noted that the Steering Committee had discussed this at length and had suggested that the Carequality principles serve as an overlay across trust agreements.

There was also a question about the definition of the term "implementer" and whether it references a vendor, health system, or a payer. It was clarified that an implementer can be any body that can fulfill the function and comply with the principles of trust. There was recognition that implementers may serve different roles and, by nature, only fulfill certain functions in a use case. It was suggested that it might be helpful to put together a glossary of concepts.

It was noted that it is important to specify a minimum data set that is required to be shared. Without this, some organizations may pick and choose what they wish to share. The members discussed that context needs to be considered. The Council raised that this should be discussed with the Steering Committee.

*Decision / Outcome:* None

*Action / Follow Up / Next steps:*

- The Advisory Council members to provide comments on trust principles to admin@carequality.org.
- The Advisory Council to discuss the creation of a glossary of concepts.
- The Advisory Council to discuss the appropriateness of a minimum data set to be presented to the Steering Committee for their guidance

## Query Workgroup Update

*Discussion Summary:* The Query Workgroup provided an overview of its work. The Advisory Council discussed simple query and record location service. The Query Workgroup's next steps involve identifying high-value use cases and discussing whether the Query Workgroup can come up with a singular way for document exchange and associated exchange. Additionally, the Workgroup will be looking at the use cases of document exchange and the use of IHE protocols and Direct, in addition to considering the activities surrounding FHIR. The Council was informed that the Workgroup discussed the ability to query not only at the document level but also at the level of data elements/sections. It was stated that the Workgroup is currently looking at three use cases and planning to focus on one.

The Advisory Council was informed that the Query Workgroup will be conducting a market analysis to look at the variations of what currently exists to build out from there. The presenter stated that Workgroup will be looking at other sample implementations. The presenter stated that the Workgroup hopes to have more clarity over the next few weeks, and plans to come back to the Advisory Council to receive feedback on next steps.

An Advisory Committee member requested to see the technical capabilities grid that was shared previously.

*Decision / Outcome:* None

*Action / Follow Up / Next steps:*

- Query workgroup will to return to the Advisory Council for feedback on next steps once more clarity regarding work is achieved.
- Provide technical capabilities grid to Advisory Council for their review.


## Next Steps

- Council members interested in serving as Co-Chair should reach out to admin@carequality.org.
- Council members may send feedback regarding the Query Work Group Charter and initial draft of the Principles for Trust to: admin@carequality.org.
- Members may contact the Council Co-Chair with any feedback regarding the meeting. Propose scheduling regular monthly calls for the Advisory Council on the first Wed of every month from 1-2 pm ET. Staff will reach out to members who were unable to attend call to verify their availability.