



Advisory Council Meeting Minutes

December 3, 2014: 1:00 – 2:30 pm EST

Meeting Participants

Committee Members
<ul style="list-style-type: none">✓ Matthew Eisenberg, Co-Chair✓ Laura McCrary, Co-Chair✓ Brian Ahier✓ Marc Chasin✓ Andy Kling✓ John Loonsk✓ Paul Matthews✓ AJ Peterson✓ Erik Pupo✓ Matt Reid✓ Renee Smith✓ Christina VanRegenmorter✓ Keith Willard
Invited Subject Matter Experts and Carequality Support Team
<ul style="list-style-type: none">✓ Hans Buitendijk, Query WG Co-Chair✓ Steve Gravely, Troutman Sanders✓ Grace Moon, Clinovations Government Solutions✓ Jennifer Rosas, Healtheway✓ Michelle Whitecar, Healtheway✓ Mariann Yeager, Healtheway Chief Executive Officer

Meeting Summary

Call to order

Discussion Summary: Roll call was facilitated to identify the Advisory Council (AC) members, invited SMEs and Support Team. A quorum was established since a majority of AC members were present. See list of participants noted above.



Action/Follow up: None

Review of Agenda

Discussion Summary: The agenda was reviewed with the group. No new business was raised.

Action/Follow up: None

Meeting Minutes

Discussion Summary: The Advisory Council members agreed that the minutes should be approved by consensus. All agreed to approve the meeting minutes, without objection.

Action/Follow up: None

Steering Committee Updates

Discussion Summary: Brief updates were provided regarding the Steering Committee's work. The Steering Committee will continue to provide guidance to the Trust Framework and the Query work groups. It will also develop a plan to operationalize the Carequality process, including: determine how to use cases and principles can be legally enforced; explore options to verify Implementer compliance; develop a pilot plan to launch Carequality Implementer program; establish a process for Implementers to address disputes; and develop a change management process, as well as a process for identifying and prioritizing new use cases. The Steering Committee will develop a strategy and plan for 2015 in coordination with Healtheway.

Action/Follow Up: None

Trust Framework Workgroup

Discussion Summary: A summary of the Trust Framework Workgroup's activities was presented. The Trust Framework Workgroup completed a series of meetings to develop a set of universal and customizable principles for trust. The draft principles were



updated based on the feedback received from the Advisory Council and the Steering Committee in October. The updated draft principles are being presented to the Advisory Council and the Steering Committee for review and approval.

To operationalize Carequality, the Implementation Guides will establish requirements for Carequality Implementers. The requirements will be comprised of business, technical and validation requirements and customizable principles tailored to a use case. It was explained that those who wish to be a Carequality Implementer: must select the use cases they wish to support, declare their role in the use case, successfully complete validation process, comply with ongoing compliance process and conduct exchange in a manner consistent with the Principles of Trust.

An overview of the Principles of Trust was provided. The Principles of Trust have two (2) sets of principles: Universal and Customizable. The Universal principles are those that apply to every use case in exactly the same way; the Customizable are those that apply to every use case but how they are implemented will vary by use case. The use case Implementation Guide will incorporate the Universal Principles and address the Customizable Principles.

When a member asked if an Implementer would need to sign some type of contractual document to represent their participating organizations' commitment, the response was that the Steering Committee has not yet decided whether there will be a contract or not, but that there has to be a commitment from the Implementer that it will comply with the requirements. It was also explained that the requirements would allow Carequality Implementers to exchange with each other, regardless of whether the implementer was part of the eHealth Exchange.

It was agreed that the Principles of Trust do not address the industry's current challenge of having to work with different trust agreements. It is possible that this issue would be further explored in a future phase.



The Universal Principles were reviewed in detail.

1. HIPAA Compliance: Carequality Implementers are expected to protect the privacy and security of information exchanged through their networks or used in their service in accordance with, at a minimum, the HIPAA privacy and security standards.
 - a. A member stated that HIPAA is “uniquely American” and that Carequality should start thinking about harmonizing with other countries’ laws. The Advisory Council agreed that it is important to start thinking about working with different international laws but that this should be a second tier issue.
 - b. Another member stated that some organizations are confused about identifying who their Business Associates are, especially those organizations that are small and inexperienced with HIPAA. It was explained that the Trust Framework Workgroup envisioned Carequality Implementers to be networks or vendors and not small providers or hospitals, with experience in working with their Business Associates and HIPAA. The Advisory Council agreed that this issue will be put on hold until the Council reviews the flow down requirement principle.
2. Comply with Use Case Implementation Guide: Carequality Implementers will, to the extent not prohibited under applicable law, implement all mandatory aspects of the Use Case Implementation Guide (IG).
 - a. It was questioned whether these principles were intended to propose an “all or nothing” approach in how one would define interoperability. It was clarified that becoming a Carequality Implementer is voluntary and that the IG should provide sufficient value that organizations will want to support it. It was also noted that if the IG is too disruptive, organizations will not adopt it. The intent of the IG is not to redesign an organizations’ system; however, it may require some changes in order to interoperate with other networks. A member remarked that this principle is different from other principles since it pertains to complying with all aspects of a use case as



organizational policy. It was clarified that local autonomy is accommodated for organizational policies which may conflict with an IG, as long as the organizational policies are applied consistently.

3. Non-discrimination: Carequality implementers will promote interoperability by not discriminating against other Carequality Implementers.
 - a. A member asked if the premise of this principle is that data should be shared with other Carequality members at no cost. The Trust Framework Workgroup did not discuss the issue of cost and it will not dictate whether Carequality Implementers should or should not charge fees to exchange with other Implementers. That said, the principle establish that an Implementer cannot charge some Carequality Implementers while providing it for free to other Carequality Implementers.

Given the importance of the Principles of Trust, the Advisory Council agreed to schedule another meeting before the holidays to review the remaining Principles.

Action/Follow Up: The Carequality staff members will survey the Advisory Council members to schedule the next meeting.

Query Workgroup

Discussion Summary: The marketplace inventory survey was completed. Twenty-three (23) organizations responded to the survey. A preliminary analysis showed that XDS.b, XCA and PIX/PDQ SOAP are among the top exchange protocols used for record locator services (RLS) and to query across networks. The Query Workgroup will hold presentations from various organizations to better understand their specifications or implementations of RLS and query. The Query Workgroup will harmonize the current document exchange to harmonize consistent protocols for exchange across the networks.



The Query Workgroup will hold an all-day face to face meeting on December 8 and it will develop a set of criteria to evaluate the capabilities and a work plan for pilot and demonstration. The Advisory Council members were asked to provide input on the marketplace inventory survey.

Action/Follow Up: The Advisory Council was asked to provide comments on the survey to admin@carequality.org.

Performance Dashboard

Discussion Summary: A quick update on the Performance Metrics subgroup was provided. The objective of the subgroup is to establish performance measures to gauge how Carequality fulfills its mission to “accelerate, seamless, interoperable health information exchange.” The subgroup is looking to identify metrics that Carequality will hold itself accountable for achieving. The subgroup met once and will present an update to the Advisory Council in January with the plan to present draft measures in February and a final set of measures to the Steering Committee for its approval in March 2015.

Action/Follow Up: The Advisory Council members that are interested in serving on a subgroup to develop the metrics were asked to submit their interest to admin@carequality.org.

The meeting adjourned.