



## Query Workgroup Meeting Minutes

September 29, 2014: 2:00 – 3:00 pm EST

### Meeting Participants

#### Committee Members

- ✓ Hans Buitendijk, Siemens (Co-Chair)
- ✓ Seth Selkow, Kaiser Permanente (Co-Chair)
- ✓ David Tao, ICSA Labs
- ✓ Justin Stauffer, Epic
- ✓ Marty Prah, SSA
- ✓ Joe Lamy, AEGIS.net
- Bob Robke, CommonWell Health Alliance
- ✓ Adam Rabinowitz, ManTech
- Eric Hefin, Healthway
- ✓ Tara Dragert, Surescripts
- ✓ John Donnelly, Interoperability Domain Expert
- ✓ David Schramm, Mirth
- ✓ Sean Turner, Dignity Health
- ✓ Tone Southerland, Ready Computing

#### Invited Subject Matter Experts and Carequality Support Team

- ✓ Didi Davis, Healthway Testing Program Manager
- ✓ Grace Moon, Clinovations Government Solutions
- ✓ Tasnuva Khan, Clinovations Government Solutions

### Meeting Summary

#### Call to order

*Discussion Summary:* Roll call was facilitated to identify the Query Workgroup members and invited SMEs and Support Team. See list of participants noted above. The agenda items were reviewed.

*Action/Follow up:* None



## **Review of Meeting Minutes**

*Discussion Summary:* It was discussed that meeting minutes will not be too detailed, but will capture enough to inform a member of the topics discussed should he or she not have been able to participate.

*Action/Follow up:* Members were encouraged to review the meeting minutes from the last meeting and to note if anything was missing in the following meeting or in the current meeting.

## **Workgroup Charter Feedback**

*Discussion Summary:* It was discussed that a number of questions would be posed to the Steering Committee regarding the workgroup charter. Please refer to the slides for the 9.29 meeting for these questions.

Members were asked to make any comments they had regarding the Query Workgroup Charter. One member asked for a clarification of the timeline, in which a number of items run parallel. It was noted that there will be activities that overlap in the timeline and will run parallel to each other. The timeline for Phase II will be solidified once there is more clarity surrounding the activities and timeline for the current phase.

*Action/Follow up:* Members were encouraged to review the meeting minutes from the last meeting and to note if anything was missing in the following meeting or in the current meeting.

## **Simple Query**

*Discussion Summary:* The workgroup proceeded to discuss in more detail the questions that would be posed to the Steering Committee. Specifically:

- What does “simple query” mean? Does this involve asking other networks if information exists for a certain patient or asking for the actual health information? The group discussed that this is yet to be determined and a question they plan to pose to the Steering Committee. This could involve record locator services, but the specific use case has not been decided upon.
- How do we define value when we evaluated a use case? It was discussed that the priority use cases should be those that are reasonably simple to implement and can make substantial progress on in a short period of time. The group must look at whether the use case is expanding on something that is currently available (and can be leveraged) or involves creating something new. This will



affect the timeline. The Steering Committee will be asked to provide guidance on prioritizing use cases.

- It was also discussed that it may be important to think of the “simple” in simple query from the patient perspective as well “simple” with regards to standards and architecture.

*Action/Follow up:* Committee co-chairs will report back to the group next week, following the all-day meeting with the Steering Committee, with answers, partial answers, or the need for more clarification.

## **Inputs for Work**

*Discussion Summary:* The workgroup discussed that, currently, the group should approach the topic as though the group will be guiding the discussion and framework, as it is unclear how the Steering Committee will respond to the group’s questions. The group should begin considering how to structure the work and what the inputs should be. With regards to the group’s work, there were a number of comments and questions that were asked:

- The members discussed the current inputs, which were derived from the HIE experience and are listed in the slides for the 9.29 meeting. At the top is the use case, which is the specific problem that the group is trying to solve. Secondly, there is a list of existing capabilities (transition protocols, payloads, etc.). Third, are the networks that Carequality is looking to connect.
- It was noted that there may be a few other inputs: firstly, the policies associated with the use case, and, secondly, the business aspect, which places the use case in the context of a business problem or goal/requirement. Scalability was also noted as a possible input. It was concluded that there will need to be a balance for a use case being specific enough to be actionable, but also general enough to be expandable.
- With regards to policy, as the group is implementing and proposing implementation strategies, how will these implementations going to be governed, and is this an overlap with the Trust Framework Work Group’s charter? How will the workgroups align their work? It was noted that there are parallels in the work conducted, but the Trust Framework Work Group is working on broader principles, that the Query Workgroup should leverage. It was suggested that there be an overlap between members of each group, or the co-chairs should meet periodically to align the work conducted by each group. This is something that will be discussed with the Steering Committee.



*Action/Follow up:* Committee co-chairs will report back to the group next week, following the all-day meeting with the Steering Committee, with answers, partial answers, or the need for more clarification.

## **Query Sources**

*Discussion Summary:* The workgroup then discussed the preliminary list of query sources, which is listed in the slides for the 9.29 meeting. The group reviewed the list together, noting that it will not be prioritizing the list at this point, but rather considering the universe of sources that should be considered.

- One member suggested that Cancer Registries should be listed under the Public Health category, especially because they are a Meaningful Use item. Additionally, private HIEs (Dignity Health, Mobile MD, etc.) should also be listed as a category, along with major PHR repositories.
- It was noted that using the word “individual” for individual provider makes that specific query source seem small and may not do the extensiveness of the source justice. A provider can be a large, sprawling, multi-location provider and still be considered an individual provider.

*Action/Follow up:* The group was asked to continue to provide comments to update the list.

## **Use Case and Implementation Guide**

*Discussion Summary:* The group then proceeded to discuss the Query Use Case and Implementation Guide Template and provide feedback. It was noted that some feedback had already been provided via the document that had been circulated with the group.

- In response to one of the feedback comments, it was noted that the priority use cases have not been decided upon.
- Specifically, it must be decided whether the group would like to start out with a query that is going to a known target or to an unknown target (requiring a record locator service).
- It was also noted that both aspects of query should be included in the introduction of the document, i.e. query and response (even if the query returns an ‘unknown’ response)
- There was a suggestion to look not only at legacy systems, but also emerging capabilities (e.g. FHIR). Some members commented that using incomplete technologies, such as FHIR, could delay the timeline, as the group is looking to



operationalize a use case in a 6-9 month period of time. Other members noted that it is important to remain aware of emerging capabilities that are receiving enthusiasm from stakeholders and other entities, such as ONC, so as not to give the impression that the workgroup is not looking to the future. It was concluded that, for the priority use cases, time-to-achieve is a strong driver with regards to prioritization. These use cases must be discussed with an eye towards the near term, but it is also important to consider the glide path of indicators towards the future and keep an eye towards where the capabilities are headed in 6-18 months. A suggestion was made to revise the “must” in the first sentence of the document (“must leverage existing capabilities”) and replace with “likely”. It was suggested that the Steering Committee be recommended to not preclude the use of new technologies.

- Another suggestion was made to rank the capabilities along axes of efficacy, relevance, and impact.

*Action/Follow up:* The co-chairs will work with the Steering Committee to update the Implementation Guide Template to include both aspects of query (query and response) and to insert language to not preclude the use of new technologies.

## **Next Steps**

*Discussion Summary:* Next steps include:

- Continue providing feedback regarding the list of Query Sources and Query Capabilities
- Continue thinking about use cases and criteria for prioritization
- Continue with the conversation to dive deeper into the documents
- Co-chairs to report back to the group the discussion from the all-day Leadership Meeting with the Steering Committee

## **Next Steps**

*Discussion Summary:* The next meeting will be held Monday, October 6.

*The meeting adjourned at 3:00 pm EST.*