



## Query Workgroup Meeting Minutes

October 6, 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 Prahl, SSA
- ✓ Joe Lamy, AEGIS.net
- ✓ Adam Rabinowitz, ManTech
- ✓ Eric Heflin, Healthway
- ✓ Tara Dragert, Surescripts
- ✓ David Schramm, Mirth
- ✓ Sean Turner, Dignity Health

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

- ✓ Didi Davis, Healthway Testing Program Manager
- ✓ Grace Moon, Clinovations Government Solutions
- ✓ Karen Chan, 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.

*Action/Follow up:* None

#### Review of Agenda

*Discussion Summary:* The agenda was reviewed with Workgroup members. Members were provided with an opportunity to add other items to the agenda. No additional items were raised.

*Action/Follow up:* None



## Meeting Minutes

*Discussion Summary:* Members were allowed to voice any questions or concerns regarding the meeting minutes from the 9/22 and 9/29 meetings. No members raised any questions or concerns regarding the meeting minutes.

*Action/Follow up:* Staff will ensure that all meeting minutes are posted on the Wiki page.

## Carequality Steering Committee Meeting Recap

*Discussion Summary:* It was described that the Steering Committee Meeting had a few different purposes including allowing the Steering Committee members to get to know each other, allowing co-chairs from Workgroups to provide updates on their work and ask questions, and to facilitate a general conversation about what Carequality is trying to achieve and how it plans to get there.

*Action/Follow Up:* None

## Charter Clarification Questions

The Workgroup was provided with an overview of answers provided by the Steering Committee at the 9/30 meeting:

1. What constitutes as a network? Should the Workgroup be focusing on a specific set of networks or a class of networks? Is this up to the Workgroup to determine?
  - The Workgroup should consider *any* network. The Steering Committee voiced that the intent is to consider any and all networks, whether it is a large network (e.g., eHealth exchange, NYeC), a geographic or functional network (e.g., CommonWell, Surescripts), a network with many providers attached to it, or a network of one—any network should be able to be accommodated.
  
2. What type of data should the Workgroup focus on? Is it documents, FHIR, data elements, etc.?
  - The Workgroup should focus on document query, based on the IHE profile. There are a number of networks that all do document exchange/queries, however because this is not achieved in the same manner across networks, the Workgroup must consider what it can do to help facilitate document query across networks. Document-based query, based on IHE profiles. Making progress in this area will create substantial value add and can likely be achieved in a relatively short amount of time. The Workgroup should not preclude this from subsequently moving into FHIR-based data elements, FHIR documents, using Direct to exchange queries and responses, etc.



The Workgroup was reminded that their work needs to be completed within the context of the Trust Framework. Over time, requirements will become clearer and it may not be required for every network to support everything, but every network must comply with the Trust Framework at a minimum.

*Action/Follow up:* None

## **Key Decisions by the Steering Committee**

*Discussion Summary:* It was noted that the Steering Committee made the following key decisions at the 9/30 meeting:

1. Focus on IHE based document queries across any network or between networks
  - Start with any size or type of network (network of one individual or network of many) will be allowed to participate as long as it meets the requirements
  - Not an “all-or-nothing” approach; allow for a sliding scale approach
  - Must comply with the Trust Framework principles
2. The process will evolve
  - The group will not exclude different patterns (e.g. FHIR for data elements level and Direct for very asynchronous request) for future discussions

*Action/Follow up:* None

## **Open Discussion & Questions**

*Discussion Summary:* The Workgroup was provided with an opportunity to raise questions in response to the overview. A summary of the questions raised and related discussion points are below:

- If there is already a small IHE-based network (e.g., small XDS-based network), are they already meeting the requirements? What is the bar that is being set? In this scenario, are we trying to elevate this type of network to some higher level of sharing beyond what they are already doing?
  - This could certainly provide networks with the ability to elevate themselves, but the primary focus should be on the fact that different networks are not implementing consistently, due to varying guidelines. The Workgroup should try to ensure that the implementation of the IHE profiles is the same so that there can be consistent interoperability across networks. This applies to both document query and RLS facilitated query.



- If a network has internal capabilities for its participants, the intent is not to require that every network must have the same capabilities internally, but rather to ensure that across networks, more consistent guidance is being followed.
- It was noted that the potential clinical use case that goes along with this could involve creation of standards or guidelines that allow communication between two IHE-based networks that perhaps currently do not communicate with each other.
- It was also noted that query should not be focused on specific documents (e.g., clinical summary based query, or emergency department based query), but should be broader (e.g., I have a patient and I am looking for his/her documents across networks. How do I get this information?). The process is analogous to the processes and protocols used for ATM transactions in the banking industry.
- A suggestion was raised for the Workgroup to continue to question the premise of whether or not this consolidates some current IHE profiles and the impact that will have.
- It was noted that other patterns/approaches are not excluded. IHE-based profiles were identified as the ideal focus for the first 6-9 months because it can provide an opportunity for the Workgroup to be successful, provide value, and have something to begin promoting. Subsequently, a different focus can be identified for the next phase of work (perhaps Direct protocol and/or other data element level queries, coordinating with ONC on data access framework, structured data capture etc.)

*Action/Follow-Up:* Keep above discussion points in mind as work progresses

## **Proposed Principles under Consideration**

*Discussion Summary:* The following points were emphasized:

- The Workgroup's work should not intentionally exclude other use cases in the future
- The Workgroup should proactively reach out to and liaise with other groups with other technologies being developed to maximize interoperability
- A question was raised regarding whether the Workgroup would be defining specific user stories and it was noted that user stories and use cases will be important from the rollout perspective. Before doing this though, the Workgroup needs to ensure that every network has the same interpretation of the standards. The Workgroup should be able to refer back to the use case to



identify which documents, under which circumstances would make the most sense.

- It was noted that it will be important to ensure the pipelines are open to support multiple use cases. Sub-use cases will be identified if appropriate, as needed.

*Action/Follow up:* Keep above discussion points in mind as work progresses

## **Roadmap: Short Term (6-9 months)**

*Discussion Summary:* There will be two layers: document exchange query, with a known target, and RLS with an unknown target and subsequently with one or more known targets. In the short term, the Workgroup will want to prioritize document exchange, but the RLS component is still there as well. The Workgroup will want to have an inventory in both spaces.

Specific tasks include:

- Conducting an inventory of existing document query capabilities across the networks
- Conducting an inventory of existing Record Locator Service capabilities across networks
- Developing a set of criteria to evaluate the capabilities to identify what to endorse

Over the next 6-9 months, the Workgroup should focus on collecting the inventory, gathering the criteria, arriving at one set guidelines for document query and one set of guidelines for RLS that can be used in combination. After this task, the Workgroup can focus on rollout specific variants.

Workgroup members agreed that the inventory and evaluation would ideally occur in the next 6 weeks or so. Members agreed that it would be good to set a goal of having something to present at HIMSS 2015 and it would be even better to present something that the networks have already implemented. The product that the Workgroup has by that time will depend on the gaps that are identified over the next few weeks and identification of candidates that can implement the specifications.

*Action/Follow up:*

- Workgroup co-chairs to discuss process to conduct the inventory and develop evaluation criteria.
- What are the criteria that the Workgroup wants to use to evaluate the capabilities to identify whether it can endorse one capability right out of the box, or do some work to combine various capabilities prior to endorsing? Consider document query, IHE profiles, and record location.
- What is the definition of record location and how do we envision that across multiple networks?



- Workgroups members are encouraged to raise suggestions for networks to evaluate for document queries (e.g., eHealth Exchange, Epic Care Everywhere), and record location (e.g., CommonWell, Epic Care Everywhere – doesn't currently follow IHE spec, Surescripts – in the midst of building out RLS)
- Members can send follow up thoughts to staff/co-chairs regarding key criteria to consider for document query/RLS
- The Workgroup would like to begin conversations to identify candidates who may be interested in prototyping and piloting activities.
- Workgroup members should consider which targets should be considered for document-based query and RLS query.

## **Roadmap: Long Term (Timeline TBD)**

*Discussion Summary:* It was noted that in the long term, the Workgroup should focus on the following activities:

1. Enhancing and expanding to the data-element level
2. Investigating asynchronous Direct transport method to accommodate query exchange
3. Incorporating Trust Framework principles

The Workgroup discussed the scope of RLS and questioned what the bar for RLS is. It was noted that many networks can find records to a point, but the capability may be limited and patients records may still be contained elsewhere.

The Workgroup suggested having a broad call for information to help identify starting points. The idea was put forth to organize a series of upcoming meetings where members could provide further information on the document query capabilities of their representative organizations.

*Action/Follow up:*

- Have further discussions with the Steering Committee on the level of Workgroup involvement in sustaining networks and business value. How much is the Query Workgroup going to review the business aspect? How can Carequality help to sustain the infrastructure?

## **Next Steps**

*Discussion Summary:* Next steps include:

- Expanding the inventory of Query and RLS capabilities across networks
- Determining evaluation criteria for prioritizing capabilities
- Identifying top 3 or 4 capabilities for review using evaluation criteria



- Reviewing capabilities of select networks over the next few meetings

The next meeting will be held Monday, October 13.

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