Steering Committee Meeting Minutes

Sept 6, 2018

Meeting Participants

Committee Members
✓ Nancy Beavin, Humana Bill Beighe, Santa Cruz HIE Hans Buitendijk, Cerner Michael Hodgkins, AMA Kevin Isbell, Kaiser Permanente ✓ Leslie Kelly-Hall, Healthwise ✓ Andrew Kling, Geisinger ✓ Rob Klootwyk, Epic ✓ Steven Lane, Sutter Health ✓ Kathy Lewis, Surescripts ✓ Tushar Malhotra, eClinicalWorks Geoff Lay, GE Healthcare Aaron Seib, NATE ✓ Ryan Stewart, Dignity Health ✓ Steve Bounds, SSA ✓ Alan Swenson, Kno2 ✓ Morgan Knochel, OneRecord
Invited Subject Matter Experts and Carequality Support Team ✓ Dave Cassel, Director, Carequality ✓ Chris Dickerson, Program Coordinator, Carequality ✓ Mariann Yeager, CEO, The Sequoia Project ✓ Eric Heflin, CTO/CIO, The Sequoia Project Didi Davis, Testing Programs Director, The Sequoia Project Jennifer Rosas, eHealth Exchange Director, The Sequoia Project Dawn Van Dyke, Marketing Director, The Sequoia Project Kati Odom Bell, eHealth Exchange Implementation Manager, The Sequoia Project ✓ Bill Mehegan, The Sequoia Project

Meeting Summary

Call to order *12:34pm EST*

Discussion Summary: Roll call was facilitated, and a formal quorum was established. The agenda was discussed.

Decision/Outcome*:* The agenda was reviewed, and nothing was added.

Action/Follow up*:* None.

Agenda

- Roll Call, Agenda Review
- Admin Items
  – Meeting Minutes
- Workgroup Charters
  – FHIR – Query-Based Doc Exchange Enhancements
- Sequoia Project Restructure Update
- Implementer Application
- Possible OP&P Update
- Production Operations Update

Administrative Items

- Aug 2nd meeting minutes were emailed to the committee for review. Ryan made motion to approve minutes. Second by Hans. All in favor, none opposed.

Steering Committee Application Process

- The Steering Committee application is now available! https://www.cognitoforms.com/TheSequoiaProject1/SteeringCommittee2 018
- We hope you will consider reapplying, if your term is expiring
- Applications accepted through 11:59pm PDT, Monday September 17th

Discussion Summary: Dave commented that the steering committee application process is now open. The application is available at the link listed. You may need to copy it or right click and select 'open hyperlink'. If you have any trouble accessing the application and your term is expiring, let us know. The deadline to apply is midnight Monday, September 17th.

Questions/Discussion: *n/a*

Action/Follow up: *n/a*

2018 Annual Carequality Meeting

- The 2018 Annual Carequality Meeting is going to be held October 25th and the 26th at the Gaylord National Harbor in Maryland. The registration is now open.

Discussion Summary: Dave commented that if you haven't already, please register for the meeting, and don't forget to a register for the Sequoia meeting as well. We are meeting as the Steering Committee on October 24th.

Questions/Discussion: A member asked if in order to attend both Sequoia overall and Carequality specifically, you need to register separately for both?

Dawn responded that is correct. It is a separate registration for each brand because we have to manage the meals and budgeting and we are treating them as separate because the event is being held after the corporate restructure.

Dave commented that the Steering Committee meeting is the afternoon of the 24th. the Sequoia meeting is the morning of the 25th. The Carequality meeting is the afternoon of the 25th and the morning of the 26th. The Advisory Council meeting will be in the early afternoon of the 26th.

Action/Follow up*:* n/a

Workgroup Charters

FHIR-Based Data Exchange Workgroups

- We have created a charter document for the creation of two Workgroups
  – The Technical Workgroup will focus on the specifications required to achieve the requirements as outlined in the FHIR-Based Exchange Use Case Proposal
  – The Policy Workgroup will focus on the considerations needed to operationalize a functioning FHIR-exchange ecosystem under Carequality governance as outlined in the Requirements section of the FHIR-Based Exchange Use Case Proposal
- The Workgroups will operate on a consensus-driven model in developing a FHIR-Based Exchange Implementation Guide
- The proposed timeline for this deliverable is to have a draft completed by March of 2019, present to the Advisory Council and Steering Committee in the Fall of 2019, for adoption by end of year 2019.

Discussion Summary: Dave commented that we distributed two charters on Monday. We have a third that will be sent via email. We will see whether we need to discuss that at the October meeting or whether an email approval is okay. We also have the push notifications use case and the FHIR-based exchange work groups of which there are two. The technical work group is focused on specifications. The policy work group is focused on the policies that will be needed to operationalize the use case. We will operate on a consensus driven model with a goal of developing a FHIR-based exchange implementation guide with some more detailed timelines, slightly more detailed anyway, are in the work group charter.

Around this time in 2014 we were having this conversation about chartering the query-based doc exchange work groups, and we adopted the implementation guides at the December 2015 meeting of the Steering Committee. Looking at that same general timeframe, we are targeting the end of the year, 2019, for the release of the implementation guide. If it is possible to move that along more quickly, we will strive toward that, but wanted to give realistic expectations about how long it could take.

Questions/Discussion: Dave commented that it sounds like there are no objections to moving forward.

Action/Follow up*:* Dave formally asked to have a resolution with the committee to move forward. The motion would be to constitute work groups to begin development of the FHIR-based exchange implementation guide as outlined in the charter that was distributed on Monday

- Kathy made motion, second by Steven. All in favor, no objections. Motion carried to start the work groups.

Query-Based Document Exchange Updates Workgroup

- Carequality has convened work groups to propose general improvements to document content, as well as, to encourage support for patient requests.
- The IG Updates Workgroup will propose updates to the Query-Based Document Exchange Implementation Guide based on the recommendations of these groups
- All volunteers with appropriate expertise and experience (applicants will be asked to submit a résumé) will be accepted
  – After the close of the application period, staff will determine which, if any, stakeholder groups are underrepresented
  – Staff will recruit participants, to the extent possible, from these underrepresented stakeholder groups

Discussion Summary: Dave commented that the proposed IG updates work group would focus primarily on the recommendations of the advancing patient queries working group and the joint document contents work group. We want to make sure that we are being mindful of the scope and not having that expand.

Questions/Discussion: n/a

Action/Follow up*:* n/a

IG Updates Workgroup – Deliverables

- The IG Updates Workgroup will be responsible for the following deliverables:
- Updates to the Query-Based Document Exchange Implementation Guide that implement the recommendations of the Joint Document Content Work Group, including:
  – An operational approach for verifying compliance with any document content requirements
  – A method to process any accusations of noncompliance from other Implementers
- Updates to the Query-Based Document Exchange Implementation Guide based on the recommendations of the Advancing Patient Queries Working Group
- Additional policy specifications around patient queries that will facilitate adoption

Discussion Summary: Dave commented on the third proposed work group for updates to the query-based document exchange implementation guide.

The proposed IG updates work group would focus primarily on the recommendations of the advancing patient queries working group and the joint document contents work group. The deliverables are an approach to deciding what to do with these recommendations.

Questions/Discussion: Leslie commented that we will need to consider under the method to document processing and noncompliance from other implementers just to make sure that as we look at noncompliance processes, we do some risk assessment with the implementer to determine if there is clinical impact when noncompliance happens so that we make sure that in noncompliance processes everywhere we have the ability to notify clinical leadership.

- Dave agreed and responded that if we found that an implementer was no longer able to participate in Carequality until they remedy these issues, then we would need to notify others that they are no longer implementers.
- Leslie responded that in our early implementation process we have to have notification that part of their agreement is that there is an escalation notification process that takes place with every threshold that is not met in noncompliance so that the time when the plug is pulled there is complete understanding within an organization dependent upon that communication that those clinical entities need to know. The people who are at leadership levels are responsible for that care need to be notified.
- Dave responded that we need to have good communications there all around. If someone is not in compliance but are still implementers, we would want to have a mechanism for conveying that information, not only for the organization internally, but for those who they are trading with.
- Dave asked if that should be put into the charter?
- Leslie responded that when we believe the outcome of connection is that there is better quality care and communication then everything we do have to measure against that goal.
- Steven commented that the challenge of being in a large complex organization is to how we communicate with clinicians. Carequality can communicate with the organization, which will in turn have the responsibility to communicate it internally.

Action/Follow up*:* Dave made a change in the language to reflect “A method to process any accusations of noncompliance from other implementers, including communications processes to provide awareness to of the situation for affected organizations”.

- Alan commented that in reviewing the charter, the recommendations from the joint document content work group should likely be their own separate document that is referenced or incorporated into the query-based document exchange implementation guide by reference. The FHIR implementation guide or other potential future use case implementation guides that use documents can reference the same document content recommendations guide document rather than having it fully incorporated in the implementation guide strictly for query-based document exchange. One line that may need some clarification is the first paragraph under 'Scope of Work', that the work group is limited to changes within the Query-based document exchanged bit implementation guide and would need authorization from the Steering Committee for any other document changes. It might be worth calling out a separate document for the document recommendations.
- Dave responded that the way this is written here does reflect the intent that this work group would not update the “recommendations document”, but that we are deciding how to incorporate it, so that the changes would be limited to the implementation guide. There may be opportunity to do some minor clean up updates to the recommendations document. The intent would be the scope of the joint Commonwell/Carequality Work

Group and that this work group would be taking that work product and incorporating it into the Carequality implementation guide.

- Alan responded that this work group would not be reviewing that separate recommendations document and determining if there are pieces of it we want to require or pieces we want to recommend or how we want to handle it. We would be referencing it as an entire document.
- Dave responded that we would not have to reference it as an entire document as long as we were still doing it all by reference. You could say that x portion or x logical recommendation was required.
- Alan commented that it seems if we were to come to that conclusion, we would not want that in the query-based document exchange implementation guide. We would want that in the document content guide with reference from the implementation guide. So that other implementation guides could also reference the same document because they likely have the same requirement document.
- Dave agreed and commented that the charter intent is that the work group would come to a decision with respect to how to require/recommend/incentivize the recommendations as a whole. If there was a fundamental break where the work group felt one of the recommendations did not work as currently stated, the next step will be to circle back with the joint document work group to resolve that issue.
- Alan commented that the recommendations for documents are contained within that single document. The concern is this work group could be derailed waiting on changes from a separate work group and pushing back timelines of this work group coming to a final recommendation.
- Dave commented that if we come to a point where there is a fundamental break between the new work group and the joint document content work group, there must be an underlying conflict in the community that we need to resolve and whatever time it takes within reason. We can decide as Advisory Council and Steering Committee, depending on the nature of the disagreement and maybe move forward with the patient access portions of the changes.

Action/Follow up*:* Dave commented that we can update the charter to reflect this discussion "The intent is that the document be adopted as a whole for Carequality purposes. Any disagreement will need to be negotiated and mediated with a joint document content work group" and I will send it around for email approval.

Sequoia Project Restructure

Restructure Updates

Discussion Summary: Mariann commented on the latest update regarding the Sequoia restructure. There has been a substantial amount of due diligence input from strategic planning committees with very strong representation of this body and the eHealth Exchange Coordinating Committee in the Sequoia board. We have formalized in legal documents the assumptions and the parameters that have been identified for the restructure.

- Mariann commented that we did seek and receive board approval on the corporate documents for all three companies this week. The next key milestone is to formalize the initial board appointments, which will allow the new companies to get established and start operating. We will be convening a member meeting of all organizations who are

also Sequoia project members, which will include all Carequality implementers and those paying members or organizations that are not implementers. We expect that meeting will take place the first or second week of October.

- There will be three separate legal entities, one for eHealth Exchange, one for Sequoia, one for Carequality, all of which will operate as nonprofit (c)(3), which is important because we sort of inherit the status, in keeping with the public mission under which all of these activities were founded.
- Each company will have its own board of directors and the eHealth Exchange and Carequality governing bodies that currently oversees their work will retain that role.
- The relationship between Sequoia and eHealth Exchange and Carequality is going to be facilitated through member management, which will be memorialized in the management services agreement. We will have certain set of activities, which will operate under the Sequoia umbrella such as the RSNA program, testing program and support their image exchange activities. We are trying to figure out where PULSE lives. It's not a legal entity, but is in its nascent stages. We thought about aligning PULSE with Sequoia and then it would be aligned elsewhere after that, it may be an extension of the eHealth exchange because there is a technology component which is different than other activities we have previously supported.
- We wear multiple hats and have different types of relationships and want to help distinguish the relationships that we have today. There are really three types of relationships that we have.
- One is the eHealth Exchange participants are partners and connect as part of that health information network. They signed the eHealth Exchange network agreement, the DURSA, they pay annual network fees and they exchange data among 230 different nodes. There is a list of them on the link for those who are interested. eHealth Exchange participants are not required to become a corporate member. If you opt to do so, you pay additional member dues above and beyond your network fees.
- We also have relationships with Carequality implementers and they adopt the framework by signing a CCA and they pay annual implementer fees. Today the corporate member dues were bundled with the implementer fees because it was on its nascent stages and it was simpler because most many of the members who were part of Carequality formation also became implementers. It was important to simplify things at that point in time. There are about 26 on the list.
- There are Sequoia corporate members. To qualify to be a corporate member, you have to pay corporate dues. Today, 26 of the 44 members are Carequality implementers or framework doctors paid implementer fees. There are 18 other members who pay membership dues in a standalone way. 10 of those are eHealth Exchange participants. They represent the lion's share and the member revenue comes from them. There are eight corporate members which are not formally affiliated as an eHealth Exchange participant or Carequality implementers.
- A member asked about those who are just Carequality members who are not implementers and where do they fall into this?
- Mariann responded that Carequality members are actually Sequoia members because we all operate under one legal entity. They are branded as Carequality members because they engaged and were supportive of Carequality, but technically are corporate members from a legal perspective of Sequoia.
- Dave commented that there may be a couple of distinctions there on a couple of organizations that came in as Sequoia members who, for whatever reason, did not want

to be labeled as Carequality members so there may be a slight difference there. The Carequality members should all be on the Sequoia members list.

- Mariann commented that we had to kind of figure out where should membership align and how this would work. The board determined that eHealth Exchange participants and the eHealth Exchange network itself should have a business model wrapped around that Carequality and its implementation community and constituents would sustain and support Carequality and that is a strategy that the Carequality board will oversee. They also determined that Sequoia has been serving as the convener and that membership is an important mechanism for convening. When thinking about how the RCE could come into play, we came to the realization membership aligns best with what we had envisioned for Sequoia's role in this new order.
- The company is currently, the legal name under which we operate today is actually Healtheway, Inc. We rebranded a couple of years ago to the Sequoia project. We decided that because of the nature of the federal contracts, because there so many contractual arrangements at the eHealth Exchange, to have eHealth Exchange operate under the current legal entity, which will be operating under the name eHealth Exchange when we created as a new company Carequality created the new company.
- That means that certain things parked within Healtheway that need to move over, either Sequoia or Carequality and the eHealth Exchange and whatever relationships are retained in the current company under the new name. That is going to require some changes. The first thing is that all the employees of the company will actually will resign from Healtheway, dba eHealth Exchange, and will be hired by Sequoia Inc.
- The corporate members, members who are already part of the company and these are these all Carequality members will resign membership from Healtheway and would be transferred over to become members of Sequoia. There are assets we would have to divvy up. We are working on a formula for this with our accounting firm and finance committee that would basically take relevant assets to Sequoia transfer them over and then similarly to Carequality. Then Sequoia will then work with Healtheway board and the Carequality board to enter into master services agreement where we will provide operation and support services to each company. Sequoia is relaunching itself and its member program and convening role. There are other things that will be housed in Sequoia corporate including the testing programs because we are finding there are folks that are not affiliated with the eHealth Exchange and some are affiliated even with Carequality that want to use the testing services. It is better to have that reside as a corporate function. We will inherit the relationship with working with the Radiological Society of North American Support their testing program.
- We had to rethink about the relationship between Carequality implementers and members. Participants and vendors are validated for the network. Carequality implementers will be associated with Carequality. Corporate membership will not be required for Carequality implementers going forward, but will be separately available for additional dues, and that start date will be TBD but thinking it will be 12 months. We are extending the Carequality member term for another 12 months and Carequality community engaged as Sequoia embarks on these new activities because the Carequality community is incredibly valuable and the work that is going on in the interoperability space. We wanted to preserve that and build upon it.
- Sequoia corporate members would continue paying corporate dues, the 18 standalone members will carry over. At some point in the future, maybe October 1st, 2019 would be

a decision point for Carequality employers to say whether we want our relationship to be valued with Sequoia independent of our work with Carequality.

- We planned to review with the membership how Sequoia is going to operate and how the eHealth Exchange is pretty comparable in terms of the structure and function and operation of its board. The Sequoia board is going to be slightly bigger than it is today. 11 of our 21 members are on the board. Mariann is accountable to the board and that is an important component of this. The members will elect 7 and up to 15 of the voting members so the majority of the board will be strongly influenced by the membership. There can be up to six at-large directors.
- It was important if Sequoia is going to relaunch in this convening capacity and really focus on practical implementation. The current board felt we really need to have some expectations of composition and representation for providers and physicians and networks. To avoid undue influence by any one particular stakeholder group, they put a minimum of one and a maximum number for each area.
- We have representation from one of the key people involved in leading the Argonaut project and with Hans Buitendijk's involvement and others, we have strong representation perspectives of SDOs, but they are not there representing the SDO formally. Consumers or organizations who represent consumers, we do not expect to be corporate members. We are anticipating that up to four of those board seats will be for the last two stakeholder categories.
- In this whole new order, we have to broaden the tent. This does not limit who else is on a board. There could be any number of governmental liaison who remain actively engaged and we will be expanding that to include hopefully representatives from NIST and ASPR too and others as well. The role of the board and the voice they have is to govern Sequoia Inc. Members do have rights and there are other authorities that will come with this. For most items, majority approval will cover most business. There is a super majority or 75% of the directors, whether they are present or not that would have to vote to approve any of the things in the second set of sub bullets, from amending the current bylaws to incurring debt and disposing of assets and bankruptcy. There were other key changes to the bylaws in terms of expulsion.
- For Carequality, the charter and bylaws explain how the company will conduct its business including the board.
- Carequality is going to be structured as a new corporation or be a non-stock membership corporation, but there will only going to be one member and that is Sequoia. We crafted this in a way so that Sequoia as the sole member would have very limited powers. This keeps the organization loosely affiliated structurally and the Carequality board runs the company.
- We have formalized this in the corporate document and it will be reiterated and reinforced in the master services agreement. The Carequality Steering Committees Authority is preserved in the bylaws. We want to be very transparent where the core relationship Carequality relation resides. Carequality is actually chartered to be a membership corporation, we are starting with one member, but in the future, could expand to multiple members.

Questions/Discussion: Alan asked what does Carequality membership mean if Sequoia is the only member, what's Carequality membership versus Sequoia being the only member?

- Mariann responded that Carequality members will be transferred to Sequoia membership for one year, and they can decide if they continue or not. There will no

longer be Carequality members. We should probably take out that the Sequoia membership is not required.

- Because this steering committee governs so much of the Carequality framework and implementers and overseeing that whole process, the role of the Carequality board is different. It is around fiduciary responsibilities for the company and viable Sustainability of Carequality. The board is three to seven directors. The Steering Committee can appoint up to three of those individuals. Sequoia will have one voting representative, and then the board, the initial board, can actually appoint up to three others. It can be anyone that they deem appropriate.
- We are recommending to get this launched and off the ground, that we have to do two things. One is we need to keep it as simple as possible, have a starter board, which we are calling an initial board, a small, just a handful of people to get company organized and chartered and started and that we also assure continuity. That means that there is a lot the Sequoia board has been addressing and you all have visibility into all of that as it relates to Carequality.
- What we are suggesting for continuity purposes, that the initial board includes three steering committee representatives. The three individuals recommended here for your consideration, are already serving as board representatives on the current board. Our recommendation for the interest of time, so we can move forward and get Carequality chartered and started, would be to have you all approve the three initial appointees. Sequoia would like to put me forward as the Sequoia representative on the board. The initial board, once they actually are established and chartered and can operate, can then appoint up to three other individuals as they deem appropriate.
- Carequality Board will require a simple majority for decisions to be made. Since it is such a small board, we did provide a table to describe how many people are making decisions through simple majority. The super majority is required for these important items like changing the bylaws, incur debt or bind property outside the normal course of business.
- The board has the right to basically discontinue using Sequoia's management services. They would have to be a unanimous vote and Sequoia would be recused from voting. The board can actually take action outside of meeting as long as there is unanimous written consent that all the directors approve.
- Steve Gravely commented that the board really has pretty broad responsibility in terms of the corporate side of the company. The member has very limited reserve powers and the Steering Committee has authority over the Carequality framework.

Action/Follow up*:* Dave commented that we should have a formal motion and vote. The motion is to appoint Michael Hodgkins, Steven Lane, and Hans Buitendijk as the Steering Committee's three directors for the initial Carequality Inc. board of directors.

- Rob made motion and second by Tushar. All in favor, none opposed.
- Dave commented this will be conditional on Michael accepting the appointment, and then we can revisit it if he doesn't.
- Motion carried. Dave commented that we have our initial board and that will allow us to get the documents filed and get things moving.
- Mariann continued. The company started as Healtheway, then we changed the name to Sequoia and we had founding members and other corporate members and the early stages of the company as it grew. In April 2014, Carequality membership was

established. In mid-2016 Carequality implementers started going into production and they were all members already, dues were bundled. We had always intended to emulate that for eHealth Exchange also.

- There are current corporate membership dues. It is slightly different for corporate members, governmental professional associations or academia. They generally pay less because of the way that the dues are calculated.
- Currently there was be one class of members. All members have equal rights. They all have the same voice. Going forward we will have two types of members. Sequoia will have full members that pay full dues and can operate as they do today in terms of serving on a board and nominations and right to vote on if there are changes to the corporate documents. They will be given priority as they are today to serve and lead work groups and pilots.
- We are working on a whole other host of benefits. There are other groups that want to participate in our work and they want to be affiliated with Sequoia, but they may not care as much about participation. We think in a convening role; we want to expand the membership considerably. Associate members pay less dues and they can still participate, but more on a nonvoting capacity.
- There are some additional member benefits we are going to introduce. We want to enrich the full membership in the annual meeting. We incur the cost of that expense so that in Sequoia we do not charge for the annual meeting registration. That is an expense category, but important value in adding access to the testing tools and services. We could offer this new content testing tool which would keep in alignment with USCDI and expansions there. Offering that free to members, we charge $3000 for the first 10 content sources. Then also providing a discount on the automated transport test tool that has just been launched. There is a $20,000 annual subscription, but members should get a discount that should be 20%. We think that that would help justify paying membership dues. We do not want to rely on member dues to sustain Sequoia, but there should be a way to engage and offset some of the costs of supporting that program. There will also be quarterly webinars and priority for work groups.
- The one area we are intrigued in exploring is the concept of having voting rights and representation in a new forum that we want to launch called Interoperability Matters. This is not public, but we are sharing it with the Steering Committee because we want your input.
- With the associate members, they are nonvoting and paying substantially lower level of dues that they would get one registration for the annual meeting, and they could participate in the forums and work groups and webinars, so they could be involved and have a voice but just not necessarily voting.
- We did an environmental scan of dues structure and revisited where there is a need to focus to move interoperability forward. We think that the membership dues need to be adjusted. We are looking at reducing member dues overall for full members and having different tiers and different due structures for profit or nonprofit. We need healthcare providers involved more and that should not be an impediment and giving consideration for nonprofits and government. So we're looking at government, local, state and federal and having a different dues schedule for associate members again more reduced.
- Membership now is going to mean something different. We want as many people engaged as possible. We need our community in lockstep in continuing this. There is just too much brain trust to losing one member or one organization.

- Our plan is to use our annual meeting to relaunch our membership program. We are thinking we will implement the new dues structure November 1st and that would be for anybody that renews or someone who is not associated with us to date. We will plan to have the board member elections, possibly earlier than December. We will have the initial appointed Sequoia board and then have member elections opening up next year. We are suggesting that all current Sequoia board members continue for transitional period on the new Sequoia board for six to 12 months just for continuity. We are not going to have representative shared board members. If you are on the Carequality board or the eHealth Exchange board, you cannot serve on the Sequoia board a year from now for the first 12 months unless something changes with the RCE.
- We are thinking that members who are also implementers would have their membership effective next year, November 1.
- We are going to relaunch an engagement strategy with a specific call to action and focusing on the stakeholders who are currently involved in our work, but also others that have been on the periphery. If we are going to be effective and practically focused where we're going to need to broaden the tent. We are thinking of an incentive program for new participants and we will have a communications plan around this.
- The idea that we came up with is that if we want to convene then there should be a forum. Interoperability Matters would be the forum. We would convene this new leadership group and focus in on high impact interoperability issues that we plan to fix as a collective community.
- It will be a process to facilitate this and have government involved too. This group will say what things need to be focused on. Maybe it is content, CCDA content, USCDI. We will get input, develop work products, the emphasis would focus on implementation resources that you can put into practice and important coordination. We might come together and provide feedback to policymakers on things in an open, transparent way, not lobbying.
- We think that members would really be the guide post for this to not just talk about issues, but result in something actionable. That has been a theme within the company since inception.
- The community is going to need to galvanize around information blocking and certainly around the task. We are thinking of launching an information blocking/TEF work group prior to any of these things being published or made in conjunction with them being announced.
- We have to be thoughtful about the practical implications of these activities, not only to our work, regardless of the network or initiative. We have to come together and figure this out. That is an area that has universal appeal and need, aligns with Sequoia.
- Steven Lane commented that I love the idea and want to support it in any way I can. As we pull together this forum, it will be important to invite engagement from all of the other organized groups that have convened around interoperability.
- Mariann responded that we are open to take constructive criticism, offline if not on the call. If it is not valuable, we do not want to do it. There are other things we can do.
- Kathy commented that this proposal shows a lot of imagination and is a reinvention and broadening out of a vision that is consistent with what we have tried to do since the founding of Carequality.

Welcome to Our Newest CCA Signatories

- eHealth Exchange
- Jackson Community Medical Record
- Safety Net Connect
- Zen Healthcare

Discussion Summary: Dave commented that we have had the highest total since the first month when the CCA was available and maybe even higher than that in terms of number of folks who signed in the past month.

The eHealth Exchange has signed. Jackson Community Medical Record is a health information exchange in Michigan. Safety Net Connect is a service provider that can provide information to and from. They also do have a fairly significant presence with behavioral health and 42 CFR part 2 facilities as well. Zen Healthcare is a service provider in the more traditional sense of providing a gateway that others can then take advantage of.

Questions/Discussion: n/a

Action/Follow up*:* n/a

In Production

- 4+ million clinical documents exchanged in May, 8M in June, ~11.5M in July
- Estimated 42+ million clinical documents exchanged since July 2016

Discussion Summary: Dave commented that we are seeing a huge jump in traffic from May to June to July.

Questions/Discussion: n/a

Action/Follow up*:* n/a

Meeting was adjourned at 1:59pm EST