Carequality Orientation

Accelerating seamless, interoperable health information exchange

August 27, 2014



Agenda

- Background & Introductions
- Carequality Governing Structure
- Roles & Responsibilities
- Steering Committee
- Advisory Council
- Trust Framework Work Group
- Query Work Group
- Next Steps



Carequality

The Need

- Information needs to flow freely as patients move between different care providers.
- Providers need to be able to request, send, and receive health information in a secure and seamless manner.
- Many interoperability efforts have begun tackling this challenge, but to date, they have done so independently of one another.

The Solution

- Carequality ("care-e-quality") is an industry collaborative that will bring together diverse stakeholders, to build consensus on how to accelerate seamless health information exchange.
- Carequality will build upon existing exchange capabilities, leveraging existing standards and agreeing upon innovative approaches to improve exchange workflows and adoption.



How Does Carequality Work? [Example]



Implementer – Voluntarily adopts



- Provides evidence of compliance with universal policies and implementation guide
- If compliant, permitted to declare Carequality compliance



Carequality Founders

- American Medical Association (AMA)
- Carolinas HealthCare System
- Clinical Computer Systems, Inc.
- Community Health Information Collaborative (CHIC)
- CVS MinuteClinic
- Dignity Health
- eClinical Works
- Epic
- Greenway Health
- HIElix
- Hyland Software

- ICA
- InterComponentWare, Inc.
- Intermountain Healthcare
- Kaiser Permanente
- lifeIMAGE
- MatrixCare
- Medfusion
- Medicity
- Medvirginia
- Mirth
- MRO Corporation
- NaviNet
- Netsmart

- New York eHealth
 - Collaborative (NYeC)
- Optum
- Orion Health
- San Diego Health Connect
- Sandlot Solutions
- Santa Cruz HIE
- Siemens
- Surescripts
- Updox
- Walgreens
- Workgroup for Electronic

Data Interchange (WEDI)

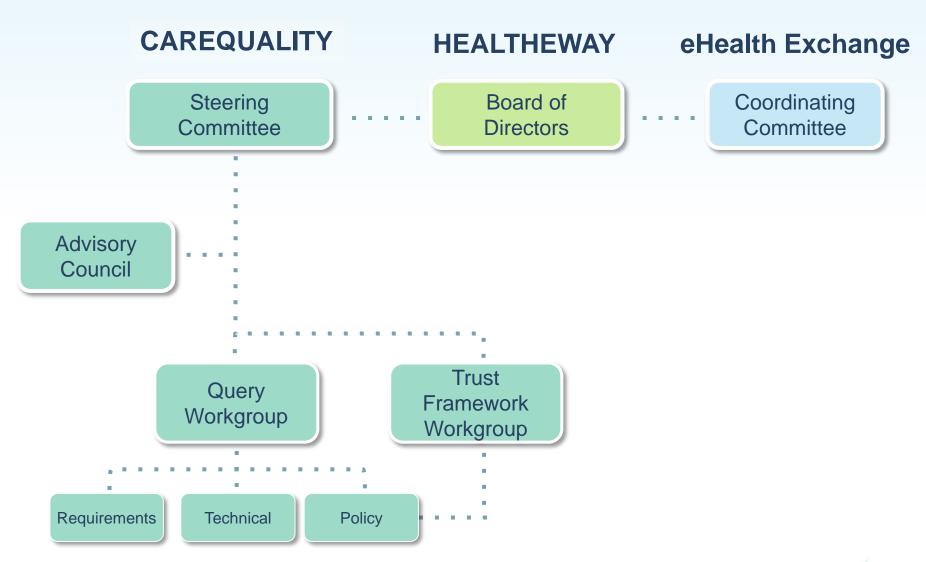


Governance Principles

- Inclusiveness and transparency: Encouraging participation by those affected by its work, and maximizing stakeholder visibility and engagement into its activities by opening meetings to the public and providing access to work products, with mechanisms to track and enforce appropriate stakeholder representation.
- Flexibility and innovation: Structuring work to account for change and adaptation and assure speed of execution and innovation.
- Clear and equitable oversight: Establishing well-defined roles, functions, and relationships that are clear to all stakeholders along with balanced representation of relevant stakeholder interests.
- Standards-based: Leveraging national standards where available and coordinating with standards development organizations and other initiatives to promote alignment.
- Vendor-neutral: Creating a venue that will promote collaboration, build industry consensus, and streamline compliance testing to minimize barriers to exchange.



Carequality Governing Structure





Roles & Responsibilities

HEALTHEWAY

Board of Directors

Fiduciary Oversight Role

Responsibilities

- Approve Carequality budget
- Manage legal risk

CAREQUALITY

Steering Committee

Governing & Evaluation Role

Advisory Council

Support & Guidance Role

Workgroups

Development Role

Responsibilities

- Oversee Carequality process and activities
- Govern work of Advisory Council and Workgroups
- Seek input and advice from Advisory Council
- Determine structure of Workgroups
- Ensure Carequality work reflects broad, balanced stakeholder interests and input
- Provide input and recommendations to Steering Committee
- Solve specific interoperability challenges in accordance with Workgroup purpose and scope
- Invite other subject matter experts to participate in work



Summary of Roles

Query Workgroup

- Develop an implementation guide that outlines a core set of requirements that will enable querybased exchange between and among networks
 - Business requirements
 - Use case specific policies
 - Technical (e.g. specs and tests)

Trust Framework Workgroup

- Develop a universal set of policies that apply across all Carequality guides
- Identify policies that can be configured and tailored to each guide
- Evaluate specific policies to ensure alignment with the Trust Framework

Advisory Council

- Represent a broad spectrum of health information exchange stakeholders to inform development of the Carequality interoperability framework
- Serve as an advisory body to the Steering Committee
- Review and provide input on work products developed by the Work Groups



Steering Committee



Steering Committee Representatives

| Representative | Organization | Representative Group |
|-------------------|---|--|
| Michael Hodgkins* | AMA | Physicians |
| Kathy Lewis* | Surescripts | Network |
| Anuj Desai | NYeC | Network |
| Lou Galtiero | Suncoast RHIO | Network |
| Keith McNeice | Carolinas HealthCare System | Provider organization |
| Kevin Isbell | Kaiser Permanente / Care Connectivity Consortium (CCC) | Provider organization |
| Venk Reddy | Walgreens | Other care settings |
| Dave Cassel | Epic | Vendor |
| Nick Knowlton | Greenway | Vendor |
| Hans Buitendijk | Siemens | Vendor |
| TBD | ONC | ONC |
| Kitt Winter | SSA | Governmental |
| Leslie Kelly-Hall | Healthwise | Consumer |
| Tom Meyers | AHIP | Health Plan |
| Larry Wolf | Kindred | Long-term / Post Acute Care Health Care Organization |

^{*} Indicates Chair / Vice Chair



1. Governance & Management

- Govern Carequality processes and activities.
- Assure that Workgroup and Advisory Council activities are conducted in a manner consistent with Carequality's vision and principles.
- Manage Carequality work to maximize efficiency and effectiveness within an annual Carequality budget.
- Oversee other centralized functions supported by Carequality.

2. Program Evaluation

 Evaluate ongoing program effectiveness on a periodic basis and implement process improvements over time.



3. Workgroup Oversight

- Establish Workgroups, including:
 - Appointing voting and non-voting members
 - Appointing Workgroup Co-Chairs
- Establish Workgroup charters to define composition, scope, deliverables, and timeframes for completing work.

4. Advisory Council Oversight

- Establish the Advisory Council.
- Ensure Advisory Council membership reflects broad stakeholder representation.
- Seek input and recommendations from the Advisory Council to assure broad stakeholder input.



5. Deliverables Oversight

- Oversee development and maintenance of Carequality deliverables, such as implementation guide, trust framework, etc.
- Evaluate and prioritize new projects and other work facilitated by Carequality.
- Maintain a definitive list of deliverables, to assure clear versioning of work developed and maintained by Carequality.
- Oversee a process, as needed, to address questions or disputes regarding Carequality deliverables.



6. Stakeholder Coordination

- Coordinate with standards development organizations, policy-related endeavors, and other federal and industry initiatives to help align the standards and specifications employed by Carequality with other similar efforts.
- Seek input and recommendations from other stakeholders as appropriate, to assure broad stakeholder input.



Advisory Council



Advisory Council Representatives

| # | Representative | Organization | Representative Group | |
|----|--------------------------|---|---|--|
| 1 | Christina VanRegenmorter | Center Stone | Behavioral Health | |
| 2 | Paul Matthews | OCHIN | | |
| 3 | Laura McCrary | Kansas Health Information Network (KHIN) | Network | |
| 4 | Keith Willard | Surescripts | | |
| 5 | Renee Smith | Walgreens | Other Type of Healthcare Setting | |
| 6 | Rich Brennan | National Association for Home Care & Hospice (NAHC) | Series Type of Treatment of Setting | |
| 7 | Elaine Hunolt | Veterans Administration | Governmental Agencies, Federal, State | |
| 8 | Barclay Butler | Department of Defense | or Local | |
| 9 | Sandy Chung | Fairfax Pediatric Associates | Haalthaana Dhuniaian | |
| 10 | Matt Reid | AMA | Healthcare Physician | |
| 11 | Matthew Eisenberg | Stanford Hospital & Clinics | | |
| 12 | Andrew Kling | Geisinger | Healthcare Provider Organization | |
| 13 | Dr. Marc Chasin | St. Luke's Health System | | |
| 14 | Peter Devault | Epic | | |
| 15 | Brian Ahier | Medicity | Vendor | |
| 16 | AJ Peterson | Netsmart | | |
| 17 | John Loonsk | CGI Federal/JHU Ctr for Pop Health IT | Population Health | |
| 18 | TBD | | Consumer | |
| 19 | TBD | | Health Plan | |
| 20 | Chuck Jaffe | HL7 | Standards Development Organizations | |
| 21 | Dr. David Mendelson | IHE International | | |
| 22 | Ronni Solomon | ECRI | Patient Safety Organization | |
| 23 | Shaun Grannis | Regenstrief Institute | Research | |
| 24 | Alisa Ray | CCHIT | Accreditation, Certification or Testing | |
| 25 | Lorraine Fernandes | IBM | | |
| 26 | Erik Pupo | Deloitte | Subject Matter Experts | |
| 27 | Alan Goldmuntz | Center for Medical Interoperability | | |



Advisory Council Composition

Includes 24-30 individuals who, at a minimum, represent the following constituents:

- (2) Health care provider organizations (e.g. health system, hospital, long-term care facility, etc.) or groups that represent healthcare provider organizations
- (2) Health care physician organizations which are not facilities (e.g. medical groups, physician practice, etc.) or groups that represent healthcare physician organizations
- (1) organizations that deals with sensitive data (e.g. behavioral health, etc.)
- (1) Representative who can specifically represent the interests of consumers
- (3) Other types of health care settings (e.g. post-acute care settings, laboratories, diagnostic centers, dialysis centers, pharmacies, etc.)
- (2) Health care plans, either governmental or non-governmental, or a group that represents health care plans
- (2) Networks (e.g. state, regional, commercial or health information exchange organization, vendorbased network, etc.)
- (2) Governmental agencies, federal, state or local
- (2) Standards development organizations
- (1) Patient safety organization (PSO)
- (1) Public health
- (1) Research
- (1) Accreditation, Certification or testing organization
- (3) Vendors (e.g. EHR, HIE, other HIT companies)
- Remaining seats may be filled per the discretion of the Steering Committee



Advisory Council

Scope of Work

- Provide subject matter expertise broadly covering specific constituent groups.
- Deliver input to the Steering Committee and Work Groups to assure specific constituent perspectives are considered in Carequality's work.

Deliverables

- Submit recommendations regarding Use Cases and work products to the Steering Committee for approval.
- Review draft and final deliverables presented to the Steering Committee for approval.
- Provide input on the work products at specific milestones in the use case development process.



Advisory Leadership Responsibilities

- The Steering Committee will appoint 1-2 individuals to lead the Advisory Council as Co-Chairs. The responsibilities of the chairperson(s) are:
 - Provide oversight to the Advisory Council
 - Serve as the public face of the Advisory Council
 - Be accountable to the Steering Committee to review and vet Work Group deliverables
 - Assure timely review and input to Work Groups at specific milestones in the Work Group development process
 - Lead and facilitate review of deliverables and other matters addressed by the Advisory Council
 - Facilitate Advisory Council meetings in a manner that assures that there are balanced opportunities for all members to actively contribute to the discussions
 - Prepare recommendations to present to the Steering Committee regarding Carequality deliverables, priorities and other matters addressed by the Advisory Council



Advisory Council Member Responsibilities

- Maintain personal involvement in Advisory Council meetings and related activities
- Respect any confidential discussions held in the Advisory Council or shared in accordance with Carequality's work
- Publicly support the Advisory Council activity
- Represent the necessary expertise and stakeholder perspectives to inform Carequality's work
- Enlist broad feedback from constituents by reaching out to industry peers



Timeline

| Activity | Targeted Completion Date |
|--|--------------------------|
| Advisory Council orientation | August 2014 |
| Kick-off and organizational call to review charter | September 2014 |
| Monthly Call – Review Work Group Progress | October 2014 |
| Review draft Trust Framework | Early November 2014 |
| Review draft query implementation guide | December 2014 |



Trust Framework Work Group



Trust Framework Workgroup Representatives

| # | Representative | Organization | Representative Group |
|----|------------------|---------------------------------|-----------------------------------|
| 1 | Marty Prahl | SSA | Government agency |
| 2 | Linda Goettler | Allina | Health care provider organization |
| 3 | Sid Thornton | Intermountain Healthcare | Health care provider organization |
| 4 | Dr. Marc Chasin* | St. Luke's Health System | Health care provider organization |
| 5 | Tony Gilman | Texas Health Services Authority | Network |
| 6 | Sara Juster | Surescripts | Network |
| 7 | Trudi Matthews | Healthbridge | Network |
| 8 | Rob Klootwyk | Epic | Vendor |
| 9 | Tim Dunnington | ICA | Vendor |
| 10 | TBD | | Health Plan |
| 11 | TBD | Commonwell (Non-Voting) | Subject Matter Expert |

Work Group Facilitation: Troutman Sanders will work with the chair to facilitate workgroup activities.



^{*} Indicates chair

Trust Framework Work Group

Purpose

- Develop a universal set of policies that apply across all Carequality use cases
- Identify policies that can be configured and tailored to each use case
- Evaluate use case specific policies to ensure alignment with the Trust Framework
- Proposed Composition (revised): 10-12 representatives
 - This work group should be primarily comprised of Subject Matter Experts with strong expertise in the areas of privacy, security, and policy at a national level with in-depth understanding of how policies are practically implemented.
 - At a minimum, the following stakeholder group perspectives should be represented on the work group:
 - Health care provider organization
 - Vendor (e.g. EHR, HIE, other HIT companies)
 - Network
 - Consumer
 - Government Agency
 - Organization that addresses sensitive data with heightened privacy and security issues

Trust Framework Workgroup

Scope of Work

- Develop a comprehensive set of universal policy principles that apply to:
 - Those who implement a Carequality use case
 - Those who wish to have their capabilities carry the Carequality moniker
 - All Carequality use cases
- Provide a framework for the Query Use Case Workgroup to use as they develop use case specific policies to:
 - Assure universal policies are applied to the use case
 - Define framework for configuring policies that may be adapted to specific use cases

Deliverables

- Universal set of policy principles that apply across all Carequality use cases
- Configurable policies that may be adapted for each use case



Trust Framework Work Group Leadership Responsibilities

- The Steering Committee will appoint a chairperson for the Work Group. The responsibilities of the chairperson(s) are:
 - Provide oversight to the Work Group
 - Serve as the public face of the Work Group
 - Be accountable to the Steering Committee for the Work Group deliverables
 - Assure that there is a meaningful opportunity for the Advisory Council to have input into the Work Group deliverables



Trust Framework Facilitator Responsibilities

- Lead and facilitate Work Group efforts to develop and maintain Work Group deliverables
- Develop a work plan to meet the timeframes for the deliverables in the Work Group charter
- Facilitate Work Group meetings in a manner that assures that all Work Group members are actively contributing to the group's efforts
- Assure there are balanced opportunities for all Work Group members to contribute to the discussions to avoid the interest of one group from dominating the group's work
- Conduct the work in a manner that is efficient, in accordance with the work plan
- Prepare drafts of deliverables for consideration by the Work Group, incorporate Work Group feedback and seek Advisory Council input as appropriate
- Prepare final sets of deliverables for the Work Group to present to the Steering Committee for approval



Trust Framework Work Group Member Responsibilities

- Trust Framework Work Group members are expected to:
 - Maintain personal involvement in Work Group meetings and related activities
 - Respect any confidential discussions held in the Work Group or shared in accordance with Carequality's work
 - Publicly support the Work Group activity
 - Represent the necessary expertise to contribute to the development of the Work Group's deliverables
 - Enlist broad feedback from constituents by reaching out to industry peers



Timeline

| Date | Milestone | Description |
|---|---|---|
| 9/10 or 9/10 2-4 pm EST | Trust Framework Work Group Kickoff Call | Discuss Work Group objectives Review Charter, including scope of work, deliverables, approach and timeline Discuss Trust Framework Straw Document |
| 9/17 | Comments due regarding Draft Trust Framework straw document | Deadline for comments on the draft strawman from the WG. |
| 9/23 or 9/24 <i>2-4 pm EST</i> | Trust Framework Work Group Call | Discuss comments Identify areas that require consensus agreement |
| 9/30 <i>9 am – 5 pm EST</i> Arlington, VA | Carequality In Person Meeting Steering Committee, Work Group Co- Chairs, Advisory Council Co-Chairs | Planning meeting among Carequality leadership. Trust Framework Work Group Co-Chairs will brief the group on the Work Group's progress and open issues. |
| 10/14 or 10/15 9 am – 5 pm EST Washington, DC | Trust Framework Work Group In Person Meeting | Facilitated discussion of key topics to build consensus agreement on principles for trust |
| 10/28 2-4 pm EST | Trust Framework Work Group Call | Discuss Open Issues |
| 11/11 2-4 pm EST | Trust Framework Work Group Call | Discuss Open Issues |
| 11/25 2-4 pm EST | Trust Framework Work Group Call (if needed) | Discuss Open Issues |
| 11/26 | Distribute Final Deliverable to the Steering Committee for Approval | Trust Framework Work Group Call (if needed) |



Query Work Group



Query Workgroup Representatives

| # | Representative | Organization | Representative Group |
|----|------------------|--------------------|-----------------------------------|
| 1 | Marty Prahl | SSA | Government agency |
| 2 | Seth Selkow | Kaiser Permanente | Health care provider organization |
| 3 | Sean Turner | Dignity Health | Health care provider organization |
| 4 | Hans Buitendjik* | Siemens | Vendor |
| 5 | Adam Rabinowitz | ManTech | Vendor |
| 6 | Justin Stauffer | Epic | Vendor |
| 7 | Tone Southerland | Ready Computing | Vendor |
| 8 | David Schramm | Mirth | Vendor |
| 9 | Tara Dragert | Surescripts | Network |
| 10 | John Donnelly | IWG/IHE | Non-Voting SME |
| 11 | Eric Heflin | Healtheway | Non-Voting SME |
| 12 | Joe Lamy | Aegis | Non-Voting SME |
| 13 | TBD | Certification Body | Non-Voting SME |
| 14 | TBD | Commonwell | Non-Voting SME |

^{*} Indicates co-chair



Query Work Group

Purpose:

- Develop an implementation guide that outlines business, technical, testing and policy requirements to enable query of health information between and among networks and bridge query-based exchange based upon differing technology platforms and architectures.
 - Include both simple query as well as record locator facilitated query
 - Specify how to bridge query-based exchange between networks that utilize different architectural approaches.

Proposed Composition (revised): 10-12 representatives

- This work group should be primarily comprised of Subject Matter Experts with strong expertise in query-based exchange, including the use cases, technical and testing requirements to support query-based exchange between networks
- At a minimum, the following stakeholder groups should be represented on the work group:
 - Healthcare provider organization
 - Vendors
 - Networks
 - Federal Representative
 - Non voting representatives from related industry initiatives and networks



Query Workgroup

Scope of Work

- Accommodate and build upon existing approaches
- Assess requirements for bridging between existing approaches
- Enable query-based exchange between and among networks
- Identify a core set of requirements specific to a query-based exchange model

Deliverables

- A documented use case, including:
 - Business requirements
 - Pointer to technical specifications / implementation guides
 - Test requirements or pointer to test cases
 - Use case specific policies



Query Work Group Leadership Responsibilities

- The Steering Committee will appoint 1-2 individuals to lead the Work Group as Co-Chairs. The responsibilities of the chairperson(s) are:
 - Provide oversight to the Work Group
 - Serve as the public face of the Work Group
 - Be accountable to the Steering Committee regarding Work Group deliverables
 - Assure timely and efficient work to meet specific milestones in the Work Group development process
 - Facilitate Work Group meetings in a manner that assures that there are balanced opportunities for all members to actively contribute to the discussions
 - Prepare deliverables for Advisory Council input and address Advisory Council input
 - Prepare deliverables for Steering Committee approval



Query Work Group Member Responsibilities

- Maintain personal involvement in Work Group meetings and related activities
- Respect any confidential discussions held in the Work Group or shared in accordance with Carequality's work
- Publicly support the Work Group activity
- Represent the necessary expertise and stakeholder perspectives to inform Carequality's work
- Enlist broad feedback from constituents by reaching out to industry peers



Query Work Group Timeline

| Activity | Targeted Completion Date |
|---|--------------------------|
| Phase 1: Develop Query Requirements | |
| Draft Query Requirements | Late November 2014 |
| Advisory Council reviews draft Query Requirements | December 2014 |
| Finalize Draft Query Requirements | January 2015 |
| Advisory Council reviews final draft requirements | February 2015 |
| Steering Committee approves final query requirements | March 2015 |
| Phase 2: Bridge Query Architectures | |
| Draft Bridge Use Case for Different Query Architectures | February 2015 |
| Advisory Council reviews Bridge Deliverable | December 2014 |
| Finalize Draft Bridge Deliverable | January 2015 |
| Advisory Council reviews Final Draft Bridge | February 2015 |

Next Steps



Frequently Asked Questions

1. How is Carequality pronounced?

"Care-e-quality"

2. Who is Carequality?

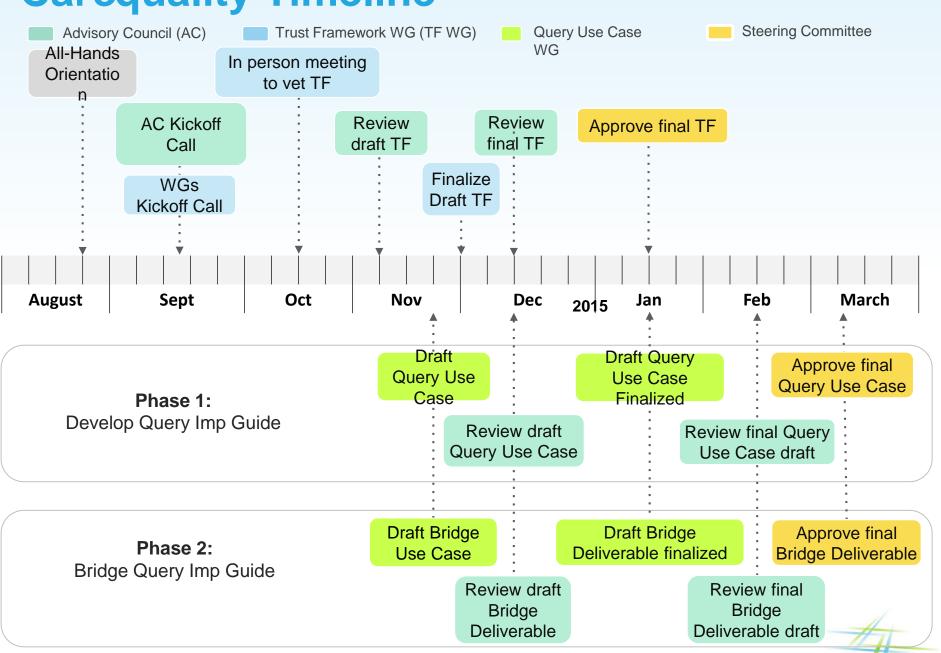
 A public-private collaborative that is building consensus to enable seamless health information exchange just as the banks came together to connect ATM networks.

3. How is Carequality unique?

- It is an open, inclusive public private collaborative with broad stakeholder engagement across providers, physicians, health plans, long-term post acute care, behavioral health, consumers, vendors and government.
- Uniquely focused on enabling interoperability between and among networks and providers using different technology platforms.
- Leverages from what exists to gain immediate scale. Founding members and supporters already exchange billions of transactions.



Carequality Timeline



carequality

Next Steps

- Register on Carequality wikispaces site: Carequality.wikispaces.com
- Steering Committee to appoint Advisory Council Co-Chairs
- Individual planning calls with Work Group Co-Chairs and Advisory Council Co-Chairs
- Steering Committee, Work Group Co-Chairs and Advisory Council Co-Chairs In Person Planning Meeting – 9/30/14
- Work Group and Advisory Council Kickoff Calls September
- Review and vet charters and work plans



For More Information

Email: admin@carequality.org

www.carequality.org

Carequality.wikispaces.com

