Carequality FHIR-Based Exchange Use Case Workgroups Charter
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1 PURPOSE

The purpose of the FHIR-Based Exchange Workgroups is to create an Implementation Guide that is similar in nature to one that exists for the Query Based Document Exchange Use Case. Two workgroups will be formed to address this need. One workgroup will focus on technical considerations, and the other, on policy considerations.

- The Technical Workgroup should focus on the technical specifications required to achieve the requirements outlined in the FHIR-Based Exchange Use Case Proposal, and should attempt to make the approach as general as possible within that construct (e.g., refer back to HL7 and its iterations of FHIR releases rather than recreate the wheel). The workgroup will have discretion in this area, but should provide rationale for an approach that doesn’t align itself with existing FHIR standards.

- The Policy Workgroup should focus on the policy considerations needed to operationalize a functioning FHIR-exchange ecosystem under Carequality governance, and specifically as outlined in the Requirements section of the FHIR-Based Exchange Use Case Proposal and this Workgroup Charter. The workgroup may also address policy questions that arise from the work of the Technical Workgroup, and may address additional items deemed necessary to achieve the goals of the FHIR-Based Exchange Use Case, in consultation with the Carequality Advisory Council and/or Steering Committee.

2 SCOPE OF WORK

The scope of the Technical Workgroup is to provide technical specifications for how FHIR-based exchange will be accomplished under the Carequality Framework, in a manner consistent with and addressing the requirements identified in the FHIR-Based Exchange Use Case Proposal. There will likely be conceptual similarities to the technical sections of the Query-Based Document Exchange Implementation Guide, but with many differences in the details given the distinct needs in a FHIR exchange ecosystem, and taking into account the greater payload flexibility supported by FHIR. At a minimum, this workgroup shall:

- Develop general technical requirements specific to the roles identified in the FHIR-Based Exchange Use Case Proposal:
  - Query Responders, Query Initiators, Push Recipients, Push Initiators, and Record
Locator Services

- Point to existing profiles and Implementation Guides and ensure it’s not re-defining work already done in the FHIR world. Specifically, the Workgroup is expected to focus primarily on the supporting operational structure that enables exchange of data via FHIR resources, rather than on specifications for the resources, themselves. Wherever specific resource definitions are needed, the workgroup is strongly encouraged to reference the work of groups such as Argonaut and the Da Vinci Project. If the workgroup believes that additional constraints on existing resource definitions, or entirely new resource definitions, must be developed in order to meet its overall goals, then this work can be done in consultation with the Carequality Advisory Council and/or Steering Committee.
- Consider the 4 FHIR interoperability paradigms – REST, Documents, Messages, and Services and relevant technical considerations for each that are deployed.
  - The main focus here will most likely be the Resources that can be exchanged via a RESTful API.
- Consider a phased approach with respect to what paradigms are touched upon first.
- Consider the general structure that will be common to the use of any Resource under the Carequality Framework
- Ideally, identify a single security mechanism that is used across the board for all Implementers across a variety of stakeholder types, including providers, payers, and consumers.
- Consider having subcommittees and/or multiple groups to address different elements of the proposed architecture.
- Provide a standard mechanism for implementers to discover which resources and Permitted Purposes are supported by other implementers.

The scope of the Policy Workgroup is to develop policy requirements to support an organized, consistent, and effective FHIR-based exchange ecosystem, in accordance with the Carequality Principles of Trust and addressing the requirements identified in the FHIR-Based Exchange Use Case Proposal. At a minimum, this workgroup shall:

- Consider federal initiatives such as TEFCA and 21st Century Cures, and, to the extent reasonable, align Carequality policies with these initiatives to avoid later re-work.
- Develop policy requirements to address the Carequality Principles of Trust, including, specifically, an interpretation of the Non-Discrimination principle as it pertains to FHIR-based exchange.
- Develop specific policy requirements around Evidence of Compliance, including considerations for non-production testing and validation, “pre-production” validation, and ongoing interoperability confirmation.
- Consider defining the minimum Resources supported for each Permitted Purpose deployed by a group of Implementers.
  - Example – if you’re a payer, who wants to exchange data for Permitted Purpose
“A”, then you need to support, at a minimum, Resources “X, Y, and Z” in order to participate in the Carequality ecosystem.

- Define Permitted Purposes for FHIR-based exchange via Carequality, in alignment with the draft TEF and ongoing alignment, to the extent possible, with future iterations of the TEF.
- Determine the degree to which access controls around the specific originating user, as opposed to an originating system, can or should be implemented.

### 3.1 Deliverables

The Workgroups will operate on a consensus-driven model in developing the following deliverable:

- A FHIR-Based Exchange Implementation Guide

### 3.2 Timeframe for Completing Work

<table>
<thead>
<tr>
<th>Date</th>
<th>Milestone</th>
<th>Description</th>
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<tbody>
<tr>
<td>Oct 2018</td>
<td>Technical and Policy Workgroup Kickoff Call</td>
<td>Discuss Workgroup objectives. Review Charter, including scope of work, deliverables, approach and timeline</td>
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<tr>
<td>Date and Time are TBD</td>
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<tr>
<td>Oct 2018</td>
<td>Initial Policy and Technical Questions List Developed</td>
<td>Carequality staff develop list of questions for discussion, based on scope and requirements</td>
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<td>Weekly Calls:</td>
<td>Technical and Policy Workgroup calls</td>
<td>Work through technical and policy questions list. Reach consensus-based conclusion on each ques</td>
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<td>Oct 2018 – March 2019</td>
<td></td>
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<tr>
<td>March 2019</td>
<td>Draft Implementation Guide Developed</td>
<td>Based on workgroup conclusions, Carequality staff will develop a draft version of the Implementation Guide</td>
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<tr>
<td>Weekly Calls:</td>
<td>Technical and Policy Workgroup calls</td>
<td>Refine draft Implementation Guide, continue to address questions that arise</td>
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<td>Apr 2019 – Aug 2019</td>
<td><strong>Carequality Steering Committee, Workgroup Co-Chairs, Advisory Council Co-Chairs</strong></td>
<td><strong>Workgroup Co-Chairs will brief the groups on the Workgroup’s progress and open issues</strong></td>
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<tr>
<td>Monthly Calls:</td>
<td><strong>Co-chair provided periodic presentations, as deemed appropriate or requested, to Advisory Council or Steering Committee</strong></td>
<td><strong>Used to describe status of Workgroup efforts, capture lessons learned, and key findings</strong></td>
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<tr>
<td>Nov 2018 – Aug 2019</td>
<td><strong>Pilot demonstrations of FHIR Based Exchange Use Case</strong></td>
<td><strong>Demo of how this could work for an end user</strong></td>
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<tr>
<td>Presentations:</td>
<td><strong>Distribute Final Deliverable to the Advisory Council for Approval</strong></td>
<td><strong>Workgroup Call (if needed)</strong></td>
</tr>
<tr>
<td>Nov 2018 – Aug 2019</td>
<td><strong>Distribute Final Deliverable to the Steering Committee for Approval</strong></td>
<td><strong>Workgroup Call (if needed)</strong></td>
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## 4 WORKGROUP COMPOSITION AND RESPONSIBILITIES

### 4.1 Workgroup Size and Composition

The composition of both workgroups should be as diverse as possible. We’d like to see representatives across a broad spectrum of the healthcare landscape. Instead of putting hard restrictions in advance of the call to participate, our plan is more lightweight and flexible. In an ideal world, we’d find a place for anyone who volunteers to be a part of the workgroup. At a high level, we aim to:

- Socialize what we’re doing and put out a call for participation to the Carequality community
- Track volunteers and slot them into defined stakeholder groups (for example):
  - Federal Agencies
  - Interest of Patients
  - Consumer-Orientated Industry Effort or Organization
- Technology Vendors
- Healthcare Provider Organizations
- And so forth

- Form workgroups and ensure equitable distribution of participants volunteers in an equitable manner
- See where we stand after a designated period of time and fill in any gaps

Given our past experiences forming workgroups, we have found it’s difficult to apply very specific and hard requirements on an all-volunteer committee. Armed with this knowledge, we believe that this more flexible strategy will allow us to form stronger teams which result in better outcomes.

4.2 Workgroup Leadership
The Steering Committee will appoint one to two individuals to serve as chairperson(s) for each Workgroup. If there is more than one chairperson, at least one of the chairpersons must represent a Carequality Founder. The responsibilities of the chairperson(s) are:

- Provide oversight to the Workgroup
- Serve as the public face of the Workgroup
- Be accountable to the Steering Committee for the Workgroup Deliverables
- Assure that there is a meaningful opportunity for the Advisory Council to have input into the Workgroup Deliverables

4.3 Member Responsibilities
FHIR-Based Exchange Workgroup members are expected to:

- Maintain personal involvement in Workgroup meetings and related activities
- Respect any confidential discussions held in the Workgroup or shared in accordance with Carequality’s work
- Publicly support the Workgroup activity
- Represent the necessary expertise to contribute to the development of the Workgroup’s deliverables
- Enlist broad feedback from constituents by reaching out to industry peers
4.4 Workgroup Facilitation
Carequality will arrange for facilitation of the Workgroup. The facilitator will:

- Lead and facilitate Workgroup efforts to develop and maintain Workgroup deliverables
- Develop a work plan to meet the timeframes for the deliverables in this Workgroup Charter
- Facilitate Workgroup meetings in a manner that assures that all Workgroup members are actively contributing to the group’s efforts
- Assure there are balanced opportunities for all Workgroup members to contribute to the discussions; to avoid the interest of one stakeholder 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 Workgroup, incorporate Workgroup feedback and seek Advisory Council input as appropriate
- Prepare final sets of deliverables for the Workgroup to present to the Advisory Council and Steering Committee for approval