Agenda
- Roll call
- Introduction
- Review of stakeholders and responsibilities
- Stakeholder led discussion on membership models
- Stakeholder led discussion on the decision making process
- Stakeholder led discussion on communication plans and financials
- Open Discussion
- Next Steps

Roll Call
- John Rancourt (ONC)
- Genevieve Morris (Ai)
- Addy Naik (Ai)
- Juan Medina (PR)
- Eric Whitley (Northwestern)
- Alvin Anderson (CMS)
- Susan Schelbar (Oklahoma -HIO)
- Sandy Anton (Illinois)
- Jackie Mulhall (eHealth Connecticut)
- Julia Howland (Illinois)
- Daniel Reynolds (Illinois)
- Mark Monterastelli (ONC)
- Paul Messino (Maryland DHMH)
- James Bush MD (Wyoming)
- Marty Prahl (SSA)
- Dejan Jovanov (Illinois)
- Brian Norris (Social Health Insights)

Introduction (John Rancourt)
- Third stakeholder meeting
- Buzz Blog about Northwestern's work to get popHealth certified
- ONC's Ongoing Role in popHealth
  - Promoter: Buzz Blog. Promoting popHealth tool through different mechanisms
    - Limits to how they can promote particular tools
    - popHealth: paid for and supported to this particular point
    - Can't endorse particular products over others for specific purposes
    - Jackie Mulhall asked the following: Are you endorsing/encouraging the use of popHealth for eCQM tool kit?
      - ONC can't endorse it, but can mention it as a suggested tool.
      - Jackie would like the tool kit to be sent out
      - Talk to CMS, may have limited distribution to Medicaid agencies, etc.
  - Cypress-related Work
    - ONC is committed to continuing its work for Cypress - especially the engine.
    - Engage one-on-one with groups, public communications
    - ONC does have a method for receiving input from the public (rule-making process)

- CQM Issue Tracker (JIRA)
  - Governance
    - Continue to engage in governance entity
    - Haven't determined exact details of engagement
    - Range: one-on-one meetings, presentations, liaison to a board, potentially a board member
      - ONC's internal resource constraints will determine their level of engagement
      - Aim for informal interaction
  - Quality Measure Alignment
    - Committed to reducing the burden of data reporting for providers
    - Continue to engage with other federal agencies on CQM alignment; popHealth will be part of conversation
  - Trademark
    - Will continue engagement with the community on the future of the trademark
  - SITE (www.sitenv.org) project provides a sandbox for Meaningful Use and includes QRDA 1 and 3 sample files.

Review of stakeholders and responsibilities (Genevieve Morris)
- Sent updated governance plan and incorporated edits from the last meeting
- Stakeholders
  - Strategic Advisors: interface w/ national organizations that move CQMs forward. Ensure that popHealth is aligned with CMS' movement on CQMs.
  - Refined definition of promoters
- Responsibilities
  - Code merging ability should be restricted to a smaller group of individuals

Stakeholder led discussion on membership models (Addy Naik)
- Governing workgroups
  - Early stages of community, easiest for management/operations to just have a single workgroup
  - Later in the community, if it grows to a substantial size, they can transition to separate workgroups for technical/business
- Membership models
  - Contribution based model was supported by the community
  - Various types of contributions; allow for assessment of contribution of an organization/individuals
  - Financial, in-kind, code, testing, technical, etc. contribution?
  - Has to determine: Rights attributed to a certain type/amount of contribution
- Membership Classes
  - Assign specific rights to specific contributions
  - Could have different types of memberships?
  - Tiered model, where there are various levels of members
    - Participating member, engage community in GitHub
    - Voting member, has decision-making rights in the community
  - Could depend on the size of the community

Julia Howland (IL)
- How do we make decisions about who has certain rights? Who will be making those calls?

Addy
- Have to specifically define those in the governance group
- In-kind, forums, feedback -- all valuable contributions
- Decision making process might depend on the type of decision (e.g. to make a technical decision, need to have code-contributions)
- Class to group those rights
- How does this happen? Sounds resource intensive?
  - Nomination process?

Genevieve Morris (Ai)
- Does the group have a preference on single class vs multiple classes of members?

Jackie Mulhall (eHealth Connecticut)
- Inclined to multiple classes
- There are folks who have put time and effort into popHealth and have greater expertise about the product. They should have more of a say in how the product moves forward.

Eric Whitley (Northwestern)
- Agrees with Jackie in harnessing all potential
- Thinks single class would be simpler, particularly when just starting out
- Concerned that we're trying to make it to structured
- Leverage people's contributions through the single class
- Wants to take everything people could contribute

Sandy Anton (Illinois)
- So new, don't even know what contributions are possible. Don't want to limit any possible contributions

Brian Norris (Social Health Insights)
- Agrees with Eric
- Might have contributions in educating the market
- Pivotal step to engage, increase awareness

Addy
- Considerations in providing specific objective contributions to allow for decision making.
- Decisions in terms of roadmap of popHealth. Can be a little more subjective.
- What contributions can be accepted? Classes could be one way to do it
- May be too early in the process to decide this
- Possibly defer the decision for membership classes for 6 months. Use a single class in the meantime

Eric

- popHealth is sounding more like a product, and the governing group sounds like a product management team. May need to start viewing popHealth this way.

Brian
- Would it be appropriate to have some entity (nonprofit) to own popHealth

Genevieve
- Identifying non-profits/not-for-profits that could take this on
- Come back with 3-5 organizations that Ai has talked to: who they are, what they would require to take this on
- Management entity that would provide some form of governance

Jackie
- For membership, will there be a meeting attendance requirement to make sure people voting are informed and committed?

Addy
- The group will need to define eligibility
- Representation
  - Ideally, no limit on how many people will be part of certain workgroups
  - As the group grows, could have different representation options
    - One vote per organization
    - If extremely large, could use limits for stakeholder groups
    - Hospitals, healthcare systems, etc.

Brian
- Seems like a lot of checks and balances for an open source project and can be hard for the community to police itself

Genevieve
- This is probably more governance than a typical open source project, but that's mainly due to the certification requirements. In order for hospitals and others to feel comfortable using popHealth for Meaningful Use, they have to have confidence that that master branch has certification and they won't fail an audit.

Addy
- Two parallel paths to explore
  - Bring options for governing non-profit/not-for-profit
  - Community will have to make a decision for what works for them
  - Chicken/egg - needs to have idea of what the community wants to make sure that the organization can meet their needs

Jackie
- Need to consider measure engine for certification, not the presentation layer. Maybe something in the documents around certification

Jim Bush
- Value is in link with ONC on getting certified on CQMS

Addy
- Membership Process
  - Application
  - How long do they remain eligible for their rights
  - Governance group has to define those as they flush the membership process out
- Tenure

Stakeholder led discussion on the decision making process (after popHealth is transitioned) (Addy)
- Choosing and prioritizing use Cases
  - Shared use cases
  - Communication/collaboration
- Forking and branching
  - Having all the use cases in the master branch
  - If uses cases are divergent enough, would it make sense for them to have two completely different forks?
  - If the use case is unique enough, an organization can hold it within a smaller user group
  - Focused on versions and different use cases
- Architecture
  - Stable, supports different types of CQM
  - As new use cases are added, might need architectural decisions
- Code Merging
  - Certification - once it's certified, how it is merged to branch
  - What it does to certification to branch/fork?
- Decision Making Framework
  - Notice Period
  - Quorum - for different types of decision. Based on # of members
  - Majority: Could be different for different decisions

Juan Medina
- Question about Northwestern certification, whether it's been certified for hospital and provider measures.

Eric
- Just received certification for the provider measures this week. Northwestern is in the final stages of determining with ONC how to put the certified code back into the master branch.

Stakeholder led discussion on communication plans and financials (Addy)
- Communications
  - Documented guidelines
  - Communication channels
  - Website and listservs
- Technical Discussions
- Feedback tools

- Financial Resources might be needed
  - ○ Website Domain - primary communication tool
  - ○ Any other tools
  - ○ Demo Servers
    - ▪ Mostly maintained on GitHub with wiki page
    - ▪ Add demo server to wiki page
  - ○ Missing items that need financial support?

Eric
- Demo site, dial-in information, public web presence, marketing information
  - ○ Staffing? Google groups to ask/answer questions
  - ○ Need someone to keep doing what Mitre had been doing

Open Discussion

Eric
- Likes the direction we're heading in, appreciates Ai's role

Genevieve
- Ai is putting together a list of 3-5 organizations that could take on the governance of popHealth. The information will include their experience, the budget, sustainability, etc.
- Ai will facilitate conversations between the community and the organizations
- Don't want to have all the possibilities on one call
- Once the groups are identified, Ai will send a doodle poll to the community to determine the best times to schedule the meetings
- So far, Ai has identified Open Health Tools, OSHERA, and an organization that Northwestern is familiar with

Sandy
- Would want to see everything put together in a final model/document

Julia
- Would like Ai to help implement the plan. Concerned that if Ai doesn't help with implementing the plan, they might not get anything done

Genevieve and John
- Since Ai is contracted with ONC, we need to be careful of our level of involvement, for example, we can't be present when the community is voting

Next Steps (Genevieve)
- Work on getting write-ups on 3-5 organizations, and scheduling those calls (April)
- Incorporating changes to governance model write-up
- Final approval on the governance plan will be in 2 weeks.