popHEALTH STAKEHOLDER MEETING NOTES 2/19/14

Agenda:
- Introduction from John on the current state of popHealth.
- Rest of meeting will be stakeholder discussion based on governance plan that was sent out.
- Goal is to talk through each section individually, lots of optionality.
- See where the governance structure can go.

Introduction (John Rancourt)
- Come up with the best way possible to transition from government-owned to open-source
- Serving the needs of community of users
- Need to have a governance structure in place to best facilitate this
- Draft aggregated from previous call and stakeholder research
- What are the structure and management going forward? How does it happen?
- Entity type? Non-profit, not-for-profit, etc. Could there be an existing entity that provides the governance for popHealth
- Tentative dates for transitioning popHealth to the open source community: April 1, 2014 begin transition process - June 1, 2014 end transition project

Introduction (Genevieve Morris)
- Scope & Document Maintenance will be built out once we have more discussion around it
- Vision: Based on feedback and the environmental scan
  - May need enhancements based on feedback

Stakeholders (Genevieve Morris)
- Three stakeholder groups: Developers, Users, Promoters
- Developers + Users: Might have some crossovers
  - Developers might be users
  - Lots of users may not be developers
- Developers are incredibly important as they will be moving popHealth forward, but may not be part of the entity requesting the enhancement
- Promoters - popHealth is not known to wider community
  - Need to explain to larger healthcare continuum how popHealth can help them
  - Bring more folks into community

Tony Fernandez PR-REC
- What are the critical elements in the transition process?
- Reaction of the group to the governance plan draft is important
- The community wants the transition process to be as efficient as possible, and if the transition timeline is April to June, then the work must be completed quickly
- Month of March will need to be spent defining the scope of work and members of the stakeholder group
- Need to set realistic goals for each month in order to meet the transition timelines

Genevieve
- Plan to refine governance plan further and remove the options that the community feels are not going to be helpful

Tony

- Synergy between different stakeholders; important to recognize that some of the governance options may require a blend of what we have drafted

Sandeep Kapoor
- Worried about lack of any ONC / Mitre involvement, who will set the vision, who will do bug fixes and respond to user questions?
- OS community - partnered together and said we'll be developers/users
- Get back the synergies you had in the development of the tools: i.e Cypress

Kevin Larsen
- popHealth is sister to Cypress (measure engine)
- Committed to continuing support of Cypress
- Won't support popHealth portion of tool

John Rancourt
- Will provide staff attention, and encourage HIEs to use the tool
- ONC can act as a promoter

Sandeep
- Will need help being cognizant of new branches in Cypress to integrate into popHealth and the general development of CQMs nationally

Addy
- Stakeholders will also include organizations who will provide inbound input about upcoming changes, etc.
- Broaden the role of promoter, or is the name of that role not appropriate?

Genevieve
- Bug fix stuff - Mitre would be a user/developer based on their work for VA
- Understand the need for alignment with the national movement on CQMs
- Wondering if the stakeholder needed is a policy interface - someone who engages federal/state side on CQMs and what's coming down the pipeline

Sandeep
- Suggests using the title strategic advisory board and include ONC, CDC, CMS on the board.

Genevieve
- There are a couple different ways to continue engaging with the national movement, could incorporate FACA committee members.

John
- ONC hasn't yet determined its level of ongoing engagement
- Legally they could be a liaison to such a board, have to determine membership on board

Eric (Northwestern)
- Feels the community may have unrealistic expectations of the role ONC has. ONC has put a lot of work into popHealth, including time and money, and it's their time to step back and have the user community step up.

- Vendors have to participate with other S&I workgroups
- Have so much more opportunity to collaborate if ONC is not involved
- ONC involvement could introduce impartialities with the development of popHealth.

Addy
- Users/policy: Additional responsibility to liaison regularly with organizations such as ONC, CMS, CDC (external stakeholders)

Responsibilities (Genevieve Morris)
<u>User</u>
- Roadmap Development - putting together use cases, plan and timeline for development w/in popHealth tool
- Prioritization: Use cases, enhancement requests, bug enhancements - prioritization around those that takes into account the financial/resources constraints and the number of people who want those enhancements
- Forks and Versions: As we've been talking through use cases, might be a possibility that popHealth has to be forked or separated into versions. Things might be divergent from the vision that is set for popHealth by the broader group. Will have a large impact on users because of MU and certification requirements going forward. Forking and versioning needs to be transparent, whether it's certified and whether it will meet their use case needs
- Feedback: Important for there to be open communication for what's working well/not well/what needs to change

<u>Developers</u>
- Practices and Guidelines: Documentation is very important, and rules for how code is tested and merged back in
- Code Review: Community does code review for each other and provides comments and fixes back to the developer
- Code Merging: Gatekeeper for code merging that decides whether code gets committed. Needs to be talked about (who has commit access)
- Managing asset: websites, listservs, github, demo server, answering questions

Brian (Social Health Insights)
- HQMF Simplifier, helps organizations understand standards before they implement them
- Maybe want to fork the code
- They are working to merge popHealth with their HQMF Simplifier tool - more on the front end trying to get folks to visualize

Genevieve
- Vendors - fork code off and integrate it into the project
- Does code merging need to be a smaller group?

Brian
- Yes commit rights should only be given to a small group.
- A lot of us are going to be downloaded and merging back to popHealth, but it may be difficult if they make changes to popHealth that are proprietary and not for general audiences.
- Connected to USHIK API, other project management pieces

Eric
- Personal bias: centralized group of people responsible for code review/merging would be great, to make sure the code is aligned and valid

Brian
- Health organizations don't know what popHealth is
- Don't know how to compare to what vendors are telling them, vendors don't articulate it well
- Has to be some form of awareness campaign

Sandeep
- Agree with centralized group for code review/merging
- Certain aspects of tool that WY develops that will be good for larger community - submit that version for merging to core group
- Testing? Should the user group have testing of main branch responsibility
- Testing of the tool once it's installed, not the code itself
- Demo server - users test out the use cases before it gets out into the branch and make sure everything works

Addy
- Define vision of popHealth more accurately, so that the core group can determine whether the code submitted matches the use case

Andy G (Mitre)
- Want most of the code contributions for the project to be relatively small
- Small incremental code contributions that are well tested and well understood, match the vision of the group
- If a code commit comes in and core group struggles with whether it changes the vision of the project - should be red flag

Jackie Mulhall (eHealth Connecticut)
- Initial set of merging what they are doing will be most difficult
- Everyone has been working on different things and have a lot of code to merge

Genevieve
- Thoughts on should there be user group responsibility on directing the roadmap/priorities?

Eric
- How did Mitre approach this?

Andy G
- Worked with ONC to get requirements and move it forward
- Working with sponsor at VA and trying to work on popHealth so it meets their needs and keep in mind the needs of the general community

Sandeep
- Yes, should maybe have a separate leadership group
- Came up with a list of use cases during the last meeting - should be part of 1st roadmap

Brian
- Dream as a consuming health entity: download an open-source version of this that is already certified
- Two libraries: version that is non-certified, others that are plug-and-play without more modifications, comes with certification

Addy
- Add use cases to GitHub, community can collaboratively edit and add

Genevieve
- Certification will impact forking and versioning here

Use Case Grid
- Fork or version that these are being developed in
- Could be the start of the roadmap for the user group

Governing Workgroups (Genevieve Morris)
- Single Workgroup
  - Sub-committees, ad-hoc group
  - Responsibility: Manage roadmap, prioritization, code merging etc.
- Multiple: User and Technical
  - Have to collaborate, different responsibilities
  - User: manage roadmap, prioritization
  - Technical: Maintaining integrity, code fixes, code testing, merging etc. Helping with scoping work effort necessary

Tony (PR)
- Single workgroup with necessary subcommittees for the technical pieces
- From a practical and management standpoint, important to have an integrated piece

Eric
- Single workgroup, want everyone on the same page
- People who have different things to contribute will congregate
- Fear that people will split up into user/technical and then never meet up again

Jackie
- Workgroup to put the roadmap together: Needs to have both user and tech people in that. User to determine what we need, tech people to determine how to do it

Membership Models (Genevieve)
- Contribution Based Models
  - Broader set of stakeholders than just those who can financially commit
  - Could contribute on listserv, Github, answer questions, etc.
- Fee Based Models
  - Financial support of organization

Jackie
- Does it have to be either/or around financial contributions?

Genevieve
- Contribution model includes financial.
- In fee-based, only financial can give you membership rights. Contribution, wider base of members

Tony
- Likes contribution based model; flexibility for early on

Genevieve
- Who determines how much contribution gives you membership rights?

Addy
- How to define tangible contribution?
- Developers will be from different organizations
- If you don't have developers from you organization, how realistic would it be to expect developers from other organizations to do your work
- Unless the group comes up with some financial resource to incentivize developerss to do that work

Eric
- Not sure about the legal side of financial contributions

Art
- Open membership that requires no funding?
- Different model around funding and membership that gives you more voice on the direction of the organization vs. the code

Genevieve
- Defining the membership rights that you get based on the type of contribution

Eric
- Clinician input would be invaluable. What would membership mean?
- It is open-source, anyone who participates would be a member
- How do we effect changes - someone has an idea and no one has the time or resources?
- Can't get anything done without people with clinical and standards expertise

Addy
- If you are contributing developers/time/energy, what contributions would you want from other people?

Eric
- Need to find another avenue for ONC participation in CQM/standards - equally critical

Jackie
- Best thing ONC can do for us is as a promoter
- Can't have an open source community with a strong government presence

Genevieve
- How do you ensure that the financial contributions that you're putting in go towards the use cases that you want

Jackie
- Hire as subcontractors?

Eric
- Not for profit? Need to figure out the entity

Jackie
- Not everyone has the expertise - if you hire subcontractors, that should be a monetary contribution

Brian
- Have a directory of people who have the technical expertise that users can reach out to

Sandeep
- Is there a fork to certification?

Eric
- Anything that gets done for certification is forked and then entered back into the main code
- For the initial transition, is it enough to say that we're going to just see what happens? If we can just figure out how to start collaborating, see what individual groups can do to move the project forward

John
- Start putting stuff on GitHubs, listservs, see where that goes
- Have Ai to make sure that the transition starts and is efficient
- Encourage everyone to start collaborating on their own

Addy
- Ongoing items that we have to figure out
- Also some tactical things that we have to do: how to take it over?
- In parallel, start working on collaboration

Jackie
- Would like as many people involved in user group

Next Steps
- Please submit thoughts, brilliant ideas, etc.
- Going to refine governance, working against timeframe
- Are we doing the right things?

Tony
- Think we are doing the right thing in general, but would need more guidance on the financial demands and requirements for ongoing development and organizational aspects of the popHealth journey from the time that ONC funding terminates on June 1
- Do we have a sense of what would be required?

Art
- If community can say yes, let's do this, that's great, but otherwise want ONC to make some decisions on the governance model to start with

Genevieve
- Budgetary concerns will be very dependent on what enhancements need to be developed - how big are the 2015/16 changes to CQMs?

Andy G
- Want governance draft plan on the wiki
- Getting updates to the email lists

Jackie
- Lot of people working independently without any direction, so she is excited that we will have some governance

John
- Illinois on 2/20 3pm Central, 4pm EST