



Interoperability Matters Joint Meeting Leadership Council and Information Blocking Workgroup: In-Person

8/21/2019

Leadership Council Members

Organization	Council Member	Alternate
The Badger Group	Michael Matthews – Co-chair	
American Medical Association	Michael Hodgkins – Co-chair	Matt Reid
athenahealth	Kedar Ganta	Greg Carey
Azuba	Bart Carlson	
Blue Cross Blue Shield Association	Rich Cullen	Matthew Schuller
Cerner	Hans Buitendijk	
Community Care HIE (MedWare)	Victor Vaysman	
CRISP	David Horrocks	Ryan Bramble
CommonSpirit	Sean Turner	Ryan Stewart
eClinicalWorks	Navi Gadhiok	Tushar Malhotra
Ellkay LLC	Gupreet (GP) Singh	Ajay Kapare
Epic	Rob Klootwyk	Matt Becker
First Genesis	Joe Chirco	Tom Deloney
Glenwood Systems	Samuel Raj	
Greenway Health	Danny Shipman	
Health Gorilla	Steve Yaskin	
HealthCatalyst (formerly Medicity)	Ryan Barry	Jay Starr
HealthLX	Will Tesch	
HIMSS	Mari Greenberger	Amit Trivedi

Leadership Council Members, cont.

Organization	Council Member	Alternate
Inovalon	Eric Sullivan	
Intermountain Healthcare	Stan Huff	Sid Thornton
Jackson Community Medical Record	Julie Lowry	
Kaiser Permanente	Jamie Ferguson	Keven Isbell
Kno2	Alan Swenson	Therasa Bell
lifeIMAGE	Matthew Michela	Karan Mansukhani
MatrixCare	Doc DeVore	
Medent (Community Computer Services)	Kara Musso	
MedVirigina / Clareto	Steven Leighty	Stephen Hrinda
MiHIN	Drew Murray	Shreya Patel
MRO	David Borden	Rita Bowen
NeHII	Stefanie Fink	
NetSmart	AJ Peterson	
NextGen	Dan Werlin	Muhammed Chebli
NYeC	Valerie Grey	Alison Birzon
OCHIN	Jennifer Stoll	Paul Matthews
OneRecord	Jennifer Blumenthal	
Optum	Brian Lumadue	

Leadership Council Members, cont.

Organization	Council Member	Alternate
Orion Health	Kave Henney	
PCC Pediatric EHR	Jennifer Marsala	
Safe Group	Ken Mayer	
SafetyNet Connect	Keith Matsutsuyu	
San Diego Health Connect	Nicholas Hess	Daniel Chavez
Santa Cruz HIE	Bill Beighe	
Social Security Administration	Stephen Bounds	Jude Soundararajan
Surescripts	Tara Dragert	Kathy Lewis
TASCET	Kari Douglas	
Updox	Michael Witting	
Walgreens	Renee Smith	Bindu Joseph
WOMBA	Moti Mitteldorf	Eli Rowe
Zen Healthcare IT	Marliee Benson	John Henry Downing
Zoll	Greg Mears	

Agenda

- Information Blocking Workgroup Update
- Interoperability Matters Prioritization and Member Resources
- Reception



Information Blocking Workgroup Status Update

Interoperability Matters

8/21/2019

Workgroup Representatives

Associations and Orgs - health IT community

- Mari Greenberger, HIMSS
- Matt Reid, AMA
- Lauren Riplinger, AHIMA
- Scott Stuewe, DirectTrust

Consumers

- Ryan Howells, CARIN Alliance
- Deven McGraw, Ciitizen

Consultant

- Brian Ahier, MITRE Corporation

Federal Government

- Steve Bounds, SSA
- Margaret Donahue, VA

Health Information Networks and Service Providers

- Angie Bass, Missouri Health Connect
- Dave Cassel, Carequality
- Laura Danielson, Indiana Health Information Exchange
- Paul Uhrig, Surescripts, Co-Chair

Healthcare Provider

- David Camitta, CommonSpirit, Co-Chair
- Eric Liederman, Kaiser Permanente

Legal, Technology, Standards, and Policy Subject Matter Experts

- Jodi Daniel, Crowell & Moring, LLP
- Josh Mandel, Microsoft
- Micky Tripathi, MaEHC

Payers

- Nancy Beavin, Humana
- Danielle Lloyd, AHIP
- Matthew Schuller, BCBSA

Public Health

- John Loonsk, APHL

Vendors

- Aashima Gupta, Google
- Cherie Holmes-Henry, EHRA / NEXTGEN
- Rob Klootwyk, Epic
- Josh Mast, Cerner

Informatics

- Doug Fridsma, AMIA

Safety Net Providers / Service Provider

- Jennifer Stoll, OCHIN

Release of Information Company

- Rita Bowen, MROCorp

Information Blocking Workgroup: Agenda for Future Meetings: Phase 2

Overall approach: Focus on implementation and compliance implications of ONC proposed rule elements and likely outcomes. Not relitigating comments.

- ✓ Meeting 1 (6/20) Review comments submitted and proposed workplan
- ❖ No July Call
- ✓ Meeting 2 (8/2) HIE/HIN and Other Key Definitions (e.g. information blocking, electronic health information, interoperability elements)
- ✓ Joint Workgroup & Leadership Council (8/21) – In-person and virtual
Registration: <https://sequoiaproject.org/events/2019-in-person-meeting/>
- Meeting 3 (9/13) Information Blocking Practices
- Meeting 4 (10/11) Recovering Costs/RAND Licensing
- Meeting 5 (11/8) Compliance Plans (or review Final Rule Out)
- Meeting 6 (12/13) Review Final Rule or TBD

Actors §171.102

Health Care Providers	Same meaning as “health care provider” at 42 U.S.C. 300jj—includes hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center, renal dialysis facility, blood center, ambulatory surgical center, emergency medical services provider, Federally qualified health center, group practice, pharmacist, pharmacy, laboratory, physician, practitioner, provider operated by, or under contract with, the IHS or by an Indian tribe, tribal organization, or urban Indian organization, rural health clinic, a covered entity ambulatory surgical center, therapist, and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.
Health IT Developers of Certified Health IT	An individual or entity that develops or offers health information technology (as that term is defined in 42 U.S.C. 300jj(5)) and which had, at the time it engaged in a practice that is the subject of an information blocking claim, health information technology (one or more) certified under the ONC Health IT Certification Program
Health Information Exchanges	Individual or entity that enables access, exchange, or use of electronic health information primarily between or among a particular class of individuals or entities or for a limited set of purposes
Health Information Networks	Health Information Network or HIN means an individual or entity that satisfies one or both of the following— (1) Determines, oversees, administers, controls, or substantially influences policies or agreements that define business, operational, technical, or other conditions or requirements for enabling or facilitating access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities (2) Provides, manages, controls, or substantially influences any technology or service that enables or facilitates the access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities

Implementation & Compliance Implications/Needs

HIEs/HIN definitions: Who might be unexpectedly included?

- **Provider organizations**, especially those in ACOs where data sharing essential;
- **Payers** (HIEs/HINs, even under HITAC revision, especially with focus on “agreements”);
- **“Individuals”** who “substantially influence” policies (e.g., HIM professionals, privacy officers);
- **Release-of-Information vendors**;
- **Interoperability and interface vendors** and any **organization with “integration” in name or mission**, for example:
 - **Third party integrators** working with health plans and providers
 - Companies providing **technology and technology support for HIEs and HIT developers**;
- **Clinical registries** (many need to use non-standard data elements and terms);
- **Companies that rely on remote data access** for their core functionality, such as analytics and clinical decision support vendors;
- **Standards Development Organizations (SDOs)** and other **organizations that define policies and standards** for the industry; and
- **Digital wellness vendors**

Implementation & Compliance Implications/Needs

HIEs/HIN Definitions

Exceptions

- Unclear which likely most relevant to broad HIE/HIN definitions
- Exceptions proposed by ONC because they promote a public interest/greater good, not to reduce actor burden and not as safe harbors
- Recent CMS interoperability proposed rule has detailed contractual requirements for health plans for interoperability but no exceptions, which plans may need

Provisions likely to be especially challenging or with unique in application to broadly defined HINs or HIEs

- Limits on non-standard technology
- Pricing requirements/exceptions
- Contracting rules (e.g., RAND terms)
- Documentation requirements – many organizations that may be included as HIEs and HINs are less experienced with compliance-related documentation requirements
- "Individuals" defined as HIEs or HINs

Implementation & Compliance Implications/Needs

Interoperability Elements and HIEs/HINs: Organizational Priorities

- Actors and *potential actors* should think about all issues associated with information blocking compliance
- Plan for the worst case
- Challenging to ensure that smaller clinician practices obtain needed compliance expertise and resources
 - Some clinician practices may find themselves HIE or HINs
- Implementing certain exceptions will require organizational policies and procedures *and* need to integrate these into workflows
 - e.g., "minimum necessary" sub-exception requirements exceed what HIPAA requires
- Important for organizations to think about information blocking implications and obligations for parties with which they do business; threats and opportunities
- Physicians, other clinicians, and provider organizations will continue to view themselves as stewards of patient information and have concerns about vetting apps and API access, despite OIG guidance on HIPAA right of access
- Some organizations may face high volume of requests for information and will have challenges in handling volume
- Ambiguity in definitions and policies will make planning for compliance harder (e.g., actors, EHI vs. PHI, etc.)
- Audits may later show what you thought was best and sufficient effort not good enough, leading to unexpected liability



Interoperability Matters Prioritization

Opportunities

- Improve CCDA semantic interoperability
- Round the room



Cheers!

Interoperability Matters

<https://sequoiaproject.org/interoperability-matters/>