



Information Blocking Compliance Bootcamp

Office Hours: Questions from Boot Camp Session 5

January 27, 2021

Questions Submitted for 1/27/2021 Office Hours

1. If a health care provider donates access to its instance of a certified EHR to unaffiliated community physicians, is the provider a health IT developer of CHIT because it is offering it to a third party?

2. I'd like to hear more about what it means to "offer" CHIT for purposes of the Health IT Developer of CHIT. What about a company that oversees and, in many ways, controls legally separate PCs (which are separate due to corporate practice of medicine Laws) and enters into a contract for CHIT (EHR) and then allows the PCs to use the EHR at no cost? Is that "offering" CHIT? No formal sublicense -- the PCs are just deemed affiliates/end users of the EHR.

3. What is the certification for? What is it certifying that the providers records system is doing?

4. Does patient data need to be provided upon request from the patient or does patient data need to be available without a request from the patient, for example always waiting in a patient portal?

5. What do providers have to actually do by April 5 in order to not be information blocking?

6. Some states consider it a felony to disclose information maintained in a prescription monitoring programs (PMP). Due to the restrictions on re-disclosure of this information, does information blocking address disclosures of this type of information?

7. Do you think HIE/HIN definition requires at least two different technologies? If a company has one EHR, and allows different providers from legally separate groups to break the glass from one part of the EHR to another part, could that company be an HIE/HIN?

8. This session didn't talk to the new EHI Data Export criteria. Does that new Data Export EHI criteria support meeting Information Blocking in some way?

9. If the standard API only required USCDI, how does EHI, the broader amount of data get accessed, exchanged and used?

10. I understand that CMS has not required providers to use the new FHIR API. Can you provide examples of providers using the API? Assumed the API was mainly for patient access. Or would the provider access another EHR API to check on data?

11. I have three questions (so far) that I would love to get some clarity around. Context: We are a coalition of Federally Qualified, Rural and Tribal Health Centers. Many years ago we signed a master contract with an EHR Developer to provide EMR services/help desk, etc., to the health centers.

We no longer provide EMR/IT support services or have any control over the EMR instances, but the master contract remains (we are actively working towards dissolving it as most health centers have already split off from it).

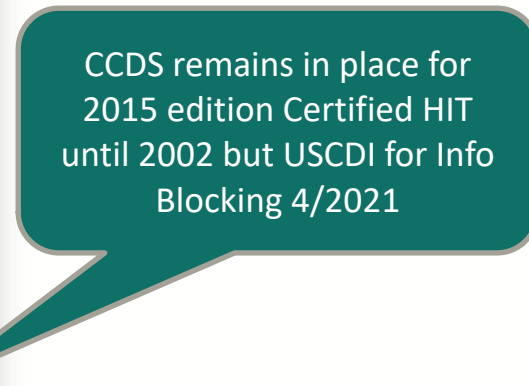
1. Since we have a master contract in place for some of our health centers, does this qualify RCHC as a developer?
2. We also have an HIE that the EHR Developer physically hosts on their servers that the sites with the EHR have the option of participating in. The health centers submit data and others connected can bring that data into their EMR instance. We are currently in the process of connecting it to a regional HIO. We have control over what data gets to come in and out of the HIE (as do the health centers).
2. I was under the impression that we do qualify as an HIE but now I'm wondering if we are really just a "bilateral exchange"?

If we do qualify as an HIE-there isn't a way for us on the "Admin" side to pull patient records like the health centers would in their EMRs or through the online end user portal.

3. Right now we would refer patients to the health centers if a record request came to us-can we continue this practice or do we need to find a way to pull records in order to be compliant w/ the info blocking rule?

USCDI v. 1 Updates CCDS

Allergies and Intolerances <ul style="list-style-type: none">Substance (Medication)Substance (Drug Class)Reaction	Laboratory <ul style="list-style-type: none">TestsValues/Results	Smoking Status <ul style="list-style-type: none">Smoking Status
Assessment and Plan of Treatment <ul style="list-style-type: none">Assessment and Plan of Treatment	Medications <ul style="list-style-type: none">Medications	Unique Device Identifier(s) for a Patient's Implantable Device(s) <ul style="list-style-type: none">Unique Device Identifier(s) for a Patient's Implantable Device(s)
Care Team Members <ul style="list-style-type: none">Care Team Members	Patient Demographics <ul style="list-style-type: none">First NameLast NamePrevious NameMiddle Name (incl Middle Initial)SuffixBirth SexDate of BirthRaceEthnicityPreferred LanguageCurrent AddressPrevious AddressPhone NumberPhone Number TypeEmail Address	Vital Signs <ul style="list-style-type: none">Diastolic Blood PressureSystolic Blood PressureBody HeightBody WeightHeart RateRespiratory RateBody TemperaturePulse OximetryInhaled Oxygen ConcentrationBMI Percentile (2 - 20 Years)Weight-for-length Percentile (Birth - 36 Months)Head Occipital-frontal Circumference Percentile (Birth - 36 Months)
Clinical Notes <ul style="list-style-type: none">Consultation NoteDischarge Summary NoteHistory & PhysicalImaging NarrativeLaboratory Report NarrativePathology Report NarrativeProcedure NoteProgress Note	Problems <ul style="list-style-type: none">Problems	
Goals <ul style="list-style-type: none">Patient Goals	Procedures <ul style="list-style-type: none">Procedures	
Health Concerns <ul style="list-style-type: none">Health Concerns	Provenance <ul style="list-style-type: none">Author Time StampAuthor Organization	
Immunizations <ul style="list-style-type: none">Immunizations		



Interoperability Matters

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