



# Interoperability Matters

## Public Advisory Forum

*1/19/2021*

# Agenda

- Welcome and Agenda
- 2020 In Review and 2021 Sequoia Priorities
- Information Blocking Boot Camp Update
- Interoperability Matters Work Group Updates
  - Information Blocking Workgroup Update
    - Actor/Community Subgroups
  - Interoperability Matters Data Usability Work Group
- Discussion

# The Sequoia Project: 2020 Highlights

# The Sequoia Project's Members



# The Sequoia Project's Members Continued



## New Sequoia Members

- Audacious Inquiry
- CA Emergency Medical Services Association
- Cureous Innovations
- CVS Health
- Hawaii HIE
- Health InfoNet
- Innovaccer
- Mayo Clinic
- The Health and Hospital Corporation of Marion County
- ShareCare Health
- North Dakota Health Information Network

# 2020 Sequoia Highlights

- Interoperability Matters
- Information Blocking Compliance
- TEFCA Recognized Coordinating Entity
- Improving Person Identity Matching
- Informing Public Policy
- Interoperability Testing Services



# Information Blocking Compliance Support: Tools & Training

## Public Resource Center – Most Popular Page On Our Website!

- Features education, check lists, webinars, and more from The Sequoia Project and its partners
- <https://sequoiaproject.org/resources/information-blocking/>

## Boot Camp

- 1<sup>st</sup> Boot Camp
  - More than 300 people from 60+ organizations
  - Seven classes and seven office hours to-date
  - Addressed more than 900 questions
  - Online Forum
- 2<sup>nd</sup> Boot Camp launches tomorrow - January 20, 2021
  - [Information Blocking Boot Camp - The Sequoia Project](#)



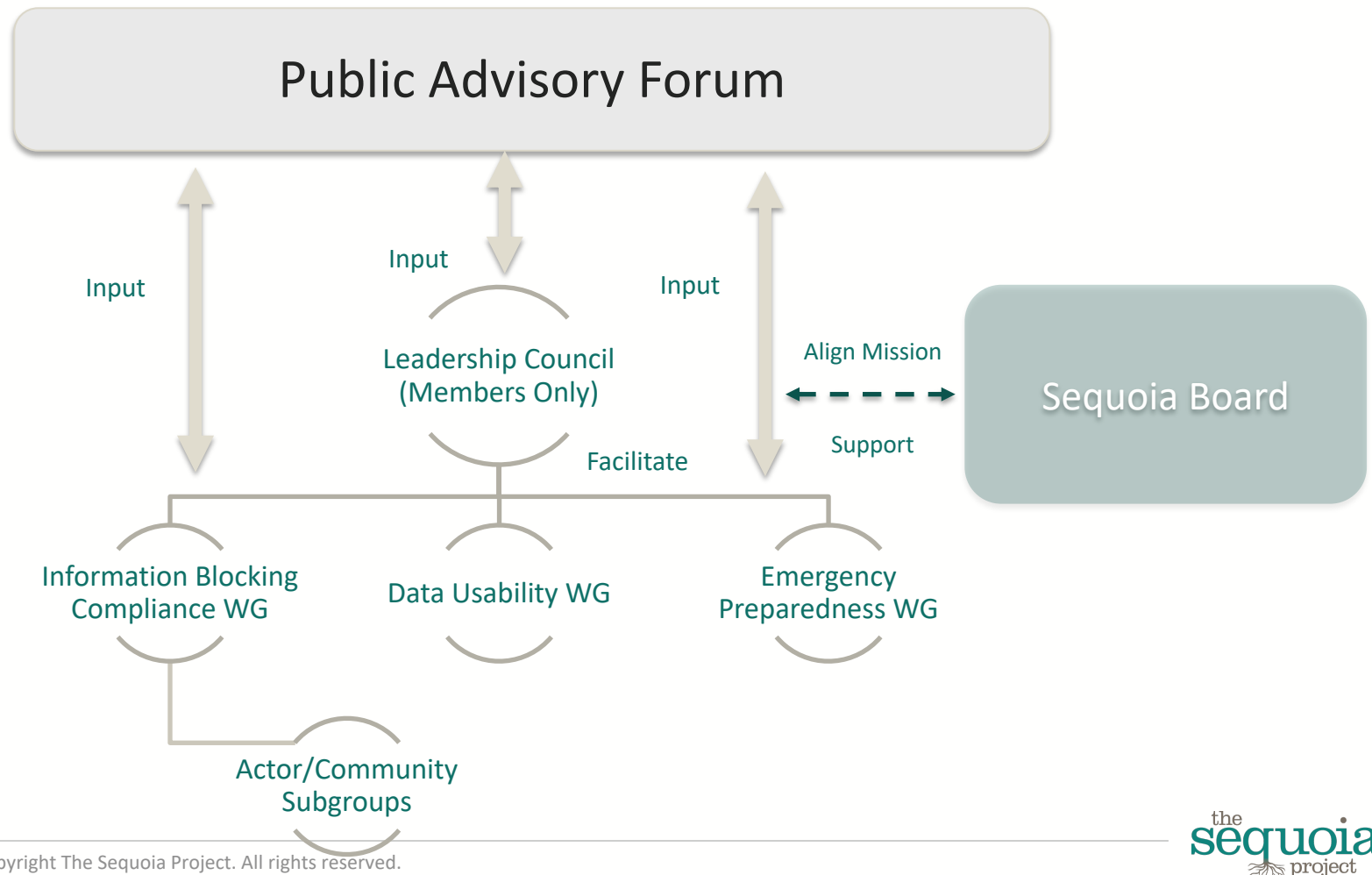
# 2021 Sequoia Objectives

- Fulfill Interoperability Matters strategic priorities
- Deliver obligations as TEFCA Recognized Coordinating Entity
- Expand community engagement
- Inform public policy



# Interoperability Matters Cooperative

# Interoperability Matters Structure



# Interoperability Matters Portfolio

- Information Blocking Compliance Work Group
  - Healthcare Provider Subgroup
  - Health IT Developers Subgroup
  - HIE / HIN Subgroup
- Data Usability Work Group
- Emergency Preparedness Work Group

# 2021 Interoperability Matters: Member Survey Results

1. Nationwide Rollout Plan for FHIR at Scale for Developers (EHRs, apps, etc.), Providers, Payers, and HIEs/HINs
2. CMS Conditions of Participation for Providers Regarding Event Notification (i.e., ADT notifications)
3. Security/Privacy
4. CMS Provider Directory Requirements for Health Plans and Other Provider Directory Use Cases
5. CMS Interoperability/API Requirements for Health Plans



# Information Blocking Workgroup

# 2020 Workgroup Representatives

## **Associations and Orgs - health IT community**

- Jeff Coughlin, HIMSS
- Lauren Riplinger, AHIMA
- Scott Stuewe, DirectTrust
- Samantha Burch, AHA
- Matt Reid, AMA
- Andrew Tomlinson, CHIME

## **Consumers**

- Ryan Howells, CARIN Alliance
- Deven McGraw, Ciitizen

## **Health Information Networks and Service Providers**

- Melissa Soliz, Missouri Health Connect
- Dave Cassel, Carequality
- Ammon Fillmore, Indiana Health Information Exchange – Co-chair

## **Healthcare Providers / Physicians**

- David Camitta, CommonSpirit
- Eric Liederman, Kaiser Permanente
- Paul Uhrig, Bassett Health Network, Co-Chair

## **Payers**

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

## **Developers**

- Cherie Holmes-Henry, EHRA/NextGen
- Noah Nuechterlein, Epic
- Josh Mast, Cerner
- Jennifer Stoll, OCHIN
- Rita Bowen, MROCorp
- Micky Tripathi, Arcadia.io
- Amy Ming, Greenway Health

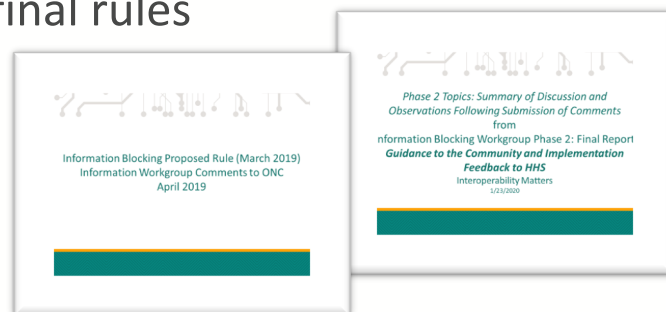
## **Federal Government**

- Steve Bounds, SSA

# Interoperability Matters Information Blocking Compliance Workgroup

## Purpose

- ✓ Provide input to Sequoia comments to ONC on proposed rules
- ✓ Identify practical, implementation-focused implications of proposed and final rules (may or may not be consensus views)
- ✓ Ongoing discussions to clarify information blocking policies and considerations before and after final rules



## 2020 (11 Meeting)

- Continued compliance discussions
- Reviewed implementation materials
- View from the Field: Providers, Developers, HIEs/HINs
- Identified needed ONC FAQs
- Reviewed Developer preparedness for ONC deadlines and implications for other actors and non-actors
- Launched Subgroups

## 2021

- Refresh membership
- Move to Bimonthly meetings
- Integrate Subgroups
- Monitor post-April 5 roll-out

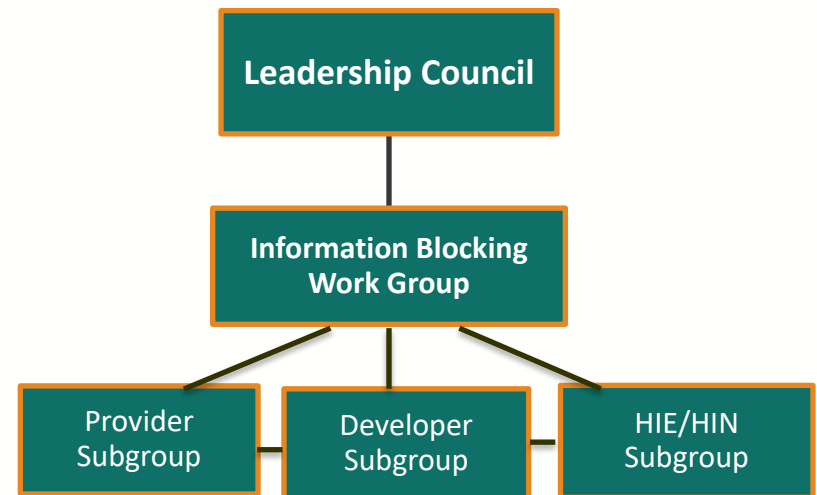
# Information Blocking Subgroups – Purpose and Scope

- Purpose
  - Working discussions and drill down into specific issues by “actor” community
- Scope
  - Each Subgroup will have flexibility to focus on issues of greatest interest/relevance
- Composition
  - 12-15 members (including Chair) from primary actor community
  - Mix of actor (2/3) and other stakeholders (requesters, payers, SMEs)
  - Reflect “demographics” of actor
- Activities and Deliverables
  - *Launch January 26*
  - Findings and recommendations
  - Guidance/best practices
  - Questions for ONC, OIG, etc.
  - Presentation by Subgroup Chairs of deliverables and recommendations to Workgroup and Leadership Council
- Potential Cross-Cutting Topics
  - Balancing increased access and privacy/security
  - Policies and procedures for apps
  - Designated Record Set issues
  - Submitting and handling EHI requests
  - Business Associate Agreements



# Subgroup Relationship to Information Blocking Workgroup

- Bottom-Up Issues:
  - Subgroups identify issues of particular importance to each “actor” community
  - Subgroups create guidance, best practices and recommendations for each “actor” community
  - Subgroups work independently and collaboratively, as needed
- Top-Down Requests:
  - Subgroups respond to requests from the IBWG for input or best practices relevant to specific issues
  - Subgroups inform IBWG responses to federal rules and other policies



# Information Blocking Subgroup – Health Care Providers

## Providers Across the Continuum

- Jana Aagard, Common Spirit
- Roberta Baranda, Valley Children's Hospital
- Rene Cabral-Daniels, Cenevia
- Matthew Eisenberg, MD, Stanford Health Care (Chair)
- Jim Jirjis, MD, HCA Healthcare
- Steven Lane, MD, Sutter Health
- Bridget Leon, Mayo Clinic
- Virginia Lorenzi, New York-Presbyterian Hospital
- Cynthia Morton, National Association for the Support of Long Term Care
- Matt Reid, American Medical Association
- Matthew Shafiroff, MD, White Plains Hospital
- Michael Storlie, Skagit Regional Health
- Paul Uhrig, Bassett Healthcare Network

## Data Requestor

- Jennifer Blumenthal, One Record
- Leslie Kelly Hall

## Vendor

- Alya Sulaiman, Epic

## Health Information Exchange / Network

- Kevin Conway, Nebraska Health Information Initiative

# Information Blocking Subgroup – Health IT Developers

## Developer Organizations

- Leigh Burchell, Allscripts
- Alex Desilets, eClinicalWorks
- Peggy Frizzell, Flatiron Health
- Kedar Ganta, AthenaHealth
- Cherie Holmes-Henry, NextGen
- Josh Mast, Cerner (Chair)
- Anu Nakkana, Greenway Health
- Alya Sulaiman, Epic
- Jay Starr, Health Catalyst

## Data Requestors

- Deven McGraw, Ciitizen
- Alan Swenson, Kno2

## Health Care Providers

- Sid Thornton, Intermountain Health Care
- Suzanne Srebnik, White Plains Hospital

## Health Information Exchange / Network

- TBD

# Information Blocking Subgroup – HIEs/HINs

## Health Information Exchanges / Health Information Networks

- Zoe Barber, New York eHealth Collaborative
- Ammon Fillmore, Indiana Health Information Exchange (Chair)
- Daniel Kim, Surescripts
- Pam Matthews, GeorgiaHIE
- Jay Nakashima, eHealth Exchange
- Shreya Patel, MiHIN
- AJ Peterson, NetSmart
- Melissa Soliz, SHIEC
- Elizabeth Steffen, SacValley MedShare
- Jen Stoll, OCHIN
- Scott Stuewe, DirectTrust
- Wylie van den Akker, Collective Medical Technologies
- Paul Wilder, Commonwell

## Data Requestor

- Rick Howard, Apervita
- Micky Tripathi, Arcadia.io

## Vendor

- Kory Mertz, Audacious Inquiry

# Interoperability Matters - Data Usability Workgroup



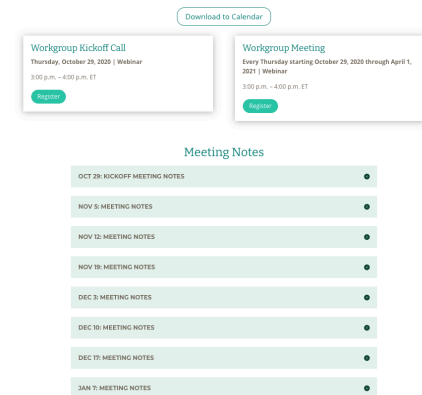
David Camitta, Co-chair  
CommonSpirit Health



Bill Gregg, Co-chair  
HCA Healthcare

# Meeting Logistics and Timeline

- Launch Schedule
  - Kickoff Call: October 29, 2020 3:00-4:00pm ET
  - Ongoing calls: Weekly, Thursday 3:00-4:00pm ET
    - <https://sequoiaproject.org/interoperability-matters-2/data-usability-workgroup/>
- Process & Timeframe
  - Phase 1 - Administration and Prioritization
    - October 2020-March 2021
  - Phase 2: Developing Initial Drafts
    - April 2021-[TBD, based on project plan, but not to go beyond January 2022]
  - Phase 3: Public Comment Period/Recommended Next Steps
    - [TBD, based on end of Phase 2]-[60 days after start]
  - Phase 4: Finalizing Implementation Guides
    - [TBD, based on end of Phase 3]-[3 months after start]



# Purpose

- Develop specific and pragmatic implementation guides on clinical content for healthcare stakeholders to facilitate health information exchange.
- Cover identified priority use cases, that are readily adoptable by health information exchange vendors, implementers, networks, governance frameworks, and testing programs.
- Target improvements necessary to enable semantic interoperability of health information to improve the usability of data received by end users within their workflows.
- Build on existing work (e.g. C-CDA Templates, ONC, USCDI V1, joint Carequality-CommonWell Document Content Workgroup) and coordinate with related SDOs and industry initiatives
  - JDCWG [2020 Priority Work Items](#) remaining from 2.0 guide
  - [JDCWG Draft 2.0 Guide](#)

# Scope and Key Deliverables

- Develop three implementation guides focusing on data quality and addressing each of the following high-level use cases:
  - Provider-to-provider health information exchange
  - Provider-to-Public Health Agency information exchange
  - Healthcare entity-to-consumer information exchange
- Initial focus will be identifying priority elements to address in each implementation guide.
  - [Folder](#) for workgroup documentation
  - [Data Usability Workgroup Work Item Proposal Template](#)
  - Use Case Pain Point Gathering [2020-2021 Priority Work Items](#)
- Limit each implementation guide to a set of recommendations that is reasonable for a technology provider to address in one major software version cycle (e.g. 18 months).

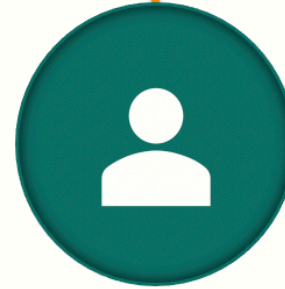


# Workgroup Members

187 Organizations

266 Participants

Healthcare Providers



Health IT Developers



Other



HIN/HIEs



Federal, State, Local Government



Health Plan/Payer



Consumer/Patient



Standards Developer



Public Health



## Use Case Development Approach

- Introduce [Data Usability Workgroup Work Item Proposal Template](#)
- Links/Background
  - JDCWG [2020 Priority Work Items](#) remaining from 2.0 guide
  - [JDCWG Draft 2.0 Guide](#)
  - Homework Assignment: [new proposed work items](#), [folder](#) if you want to create discussion pages
- Readiness/clarity of existing issues
- Categorization of existing issues
- Fleshing out new issues
- Review of any new content

# Emergency Preparedness Information Work Group

# Emergency Preparedness Information Workgroup

## Purpose

- The workgroup aims to focus on concepts that create potential challenges for states in terms of interoperability and Health IT modernization in the emergency preparedness area. This might include:
  - Policy and/or regulatory
  - Programmatic challenges
  - Data/data privacy and security
  - Funding and resources
  - Communications
- Provides a Community of Practice that leverages the strength of the membership of the workgroup and focuses on concepts where this group could have a meaningful impact; and provides a forum to learn about health information technology innovations impacting emergency preparedness

# Key Deliverables

The workgroup's initial operating scope will be to prioritize concepts and challenges where the members can utilize their backgrounds and experiences to bring about meaningful impact at the state and national level.

Deliverables will include:

1. Lessons learned from response to the COVID pandemic as it relates to Health IT and interoperability; this might include policy and regulatory challenges, data quality and availability and privacy
2. Key concepts and items to consider to improve disaster response utilizing technology innovations and best practices across states, HIEs, HINs and partners
3. Create a Community of Practice where Public Health, Medicaid and other state agencies/entities, etc and federal partners can discuss innovations and blockers to those innovations

# Co-Chairs, Press Release, Membership and Next Steps

## Co-Chairs

- Nora Belcher – Texas – Executive Director, Texas Health Alliance
- Carrie Gaudio – State Health IT Policy Coordinator
- Press Release was sent on on January 13<sup>th</sup>
- First meeting was held on Thursday, January 14<sup>th</sup>
- Next steps – invitations to participate will be sent out via the Co-Chairs late this week – membership focused on subject matter experts in the emergency preparedness information technology and policy arenas



## Discussion