



Information Blocking Compliance Bootcamp

Office Hours: Questions from Boot Camp Session 2

February 10, 2021

Questions Submitted for 2/10/2021 Office Hours

1. Do labs (whether they be national independent labs or those who are part of a health system) have to also be compliant with 21st Century Cures or can they refuse to connect to a small independent practice for electronic results because the practice doesn't generate enough lab revenue or the lab imposes undue financial pricing as a disincentive?

2. For quality registries, which do often require additional data that is not easily mapped into interface standards: Does denying low-level data access and requiring standard interfaces which don't provide the necessary data constitute information blocking?

3. Trying to recall the definition of "actor" and whether that definition consists only (other than a healthcare provider and HIE/HIN) for certified HIT developers and NOT for health IT developers in general.

4. Is making patient information available only via a portal all that an actor (primarily a doctor's office) sufficient? What if the patient wants the information via an API and not the portal?

5. Regarding this lab question... would a policy of holding lab results for a reasonable amount of time (e.g. 24 hours) to ensure completeness and clinical diligence a problem from an info blocking perspective?

6. Do we, as a covered entity, have any requirements to update our business associate agreements (BAA) or provide training to our BAs?

7. If a community physician requests that we send their patient results and encounter notes to the HIE they use, do we have to comply? Or can we provide an alternative means, such as the HIE our health system uses to share EHI?

Interoperability Matters

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