Interoperability MATTERS

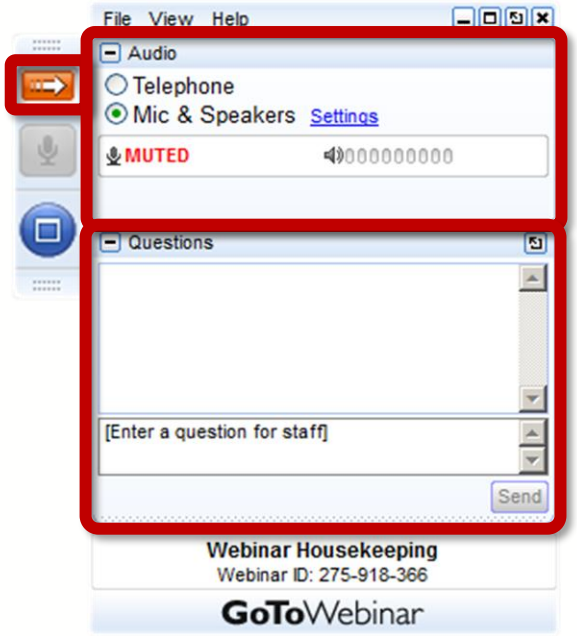
an initiative of The Sequoia Project

Public Advisory Forum

October 19, 2021

the sequoia project

How to Participate Today



Your Participation

Open and close your control panel

Join audio:
- Choose “Mic & Speakers” to use VoIP
- Choose “Telephone” and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today’s presentation is being recorded and will be provided

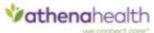
Problems or Questions? Contact the Interoperability Matters Team at:

interopmatters@sequoiaproject.org

Agenda

- Welcome and Agenda
- 2022 Interoperability Matters Focus Areas
- Work Group Updates
- TEFCA Updates
- Discussion / Closing

Leadership Council



Leadership Council

Leadership Council

- Audacious Inquiry
- CA Emergency Medical Services Association
- ConSensys Health
- Cureous Innovations
- CVS Health
- Hawaii HIE
- Health InfoNet
- Innovaccer
- Lyniate
- Mayo Clinic
- Virginia HIE

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2022 Interoperability Matters Focus Areas

2022 Interoperability Matters Focus Areas

- Continue existing:
  - Expanding Data Usability
  - Emergency Preparedness Information Work Group
  - Information Blocking Compliance

2022 Interoperability Matters Focus Areas

- Potential new focus areas:
  - Healthcare directory - policies and governance to support a FHIR-based directory of directories, complementary to the FHIR At Scale Taskforce (FAST) Healthcare Directory Tiger Team
  - Security and Privacy
  - Telehealth workflows, best practices and standards
  - Consumer engagement and education in the context of CMS interop rules, information blocking and TEFCA individual access
  - Stakeholder engagement and education

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Work Group and Program Updates

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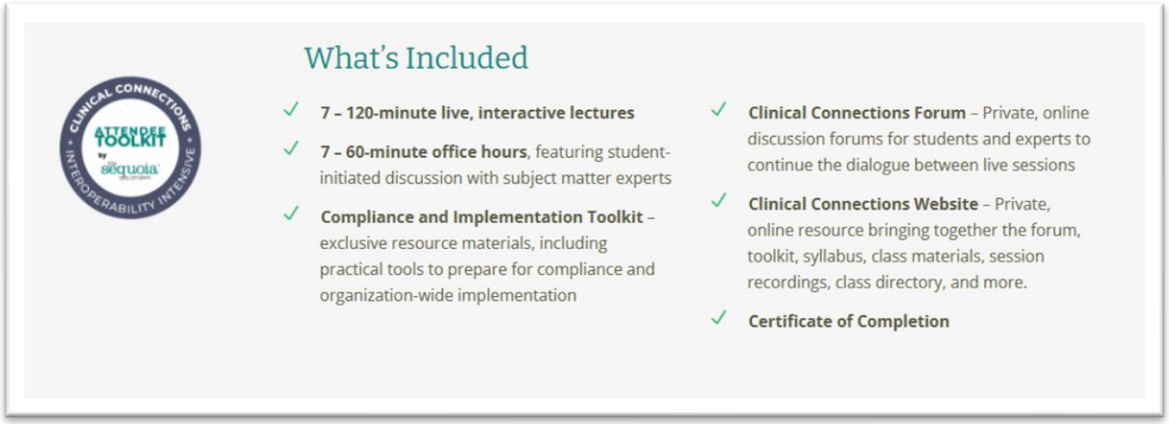
Information Blocking Compliance Work Group and Subgroups:

Clinical Connections: 7 Week Intensive for Health Plans



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THANK YOU

TO OUR CLINICAL CONNECTIONS SPONSORS

United Healthcare

BlueCross BlueShield Association

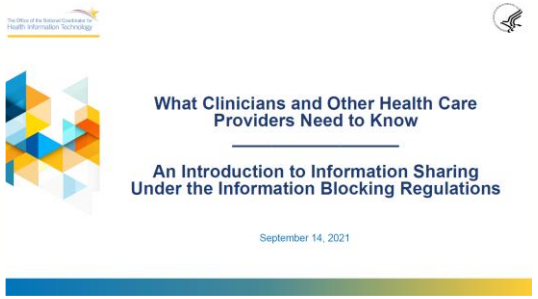
An association of independent Blue Cross and Blue Shield companies

DA VINCI HL7 FHIR

Poll Question

1. What is the level of understanding within your organization of information blocking requirements? Choose one of the following:
   a. Expert
   b. Intermediate
   c. Advanced beginner
   d. Just getting started

ONC Plans More Communication Channels



- Sep. 16 Blog from National Coordinator: Moving Ahead on Information Blocking:
  1. More frequent and pointed FAQs to address practical considerations related to implementing the rule
  2. Blogs and active outreach by ONC leadership and policy, clinical, and technical teams
- Provider Education:
  - Sept. 14 webinar https://www.healthit.gov/curesrule/resources/webinars
  - Sept. 24 Office Hours

Poll Question

2. What information or guidance do you need from ONC or OIG? Choose all that apply:

a. More details on the exceptions
b. Examples of activities that are or are not information blocking
c. How ONC and OIG will work together on enforcement
d. What OIG might be looking for in determining “intent”

More Clarity on Information Blocking Enforcement

- Awaiting OIG final rule: Not released in September as was projected on semi-annual regulatory calendar
- The Sequoia Project board and key staff met with OIG on Sept 14 and shared key concerns
- *Provider* disincentives to be subject of *HHS* rulemaking

Poll Question

3. How prepared is your organization to comply with information blocking requirements? Choose one of the following:

a. Fully prepared
b. Have policies and workflows in place, but working on education
c. Developing policies and workflows
d. Just getting started

Information Blocking Workgroup Subgroups Update: Developers, Providers, HIE/HIN–September/October 2021

Developers

Fees and Licensing Exceptions

- Areas of uncertainty: EHI Export, when to apply each exception
- Licensing does not privilege patient access
- Need for ONC FAQs

Data Segmentation

- Workflow issues and needed functions
- Segmentation challenging when move beyond certain types of data (e.g., documents-level to data element level
- Need for ONC FAQs

Providers

Preparing for Move to Full Definition of EHI in 10/20222

- Full contents of Designated Record Set not in EHR, API, or portal and limited technical tools to manage
- Combine expanded portal/API access with responsive HIM and exceptions
- Need more clarity and similar definitions across organizations

Exceptions: Real-World

- Providers training staff, deploying decision trees, developing protocols to handle requests; few complaints so far.
- Dx imaging requests and third-party requests on behalf of patients
- Infeasibility exception if unable to segment

HIE/HIN

Inter-related Exceptions: Content & Manner, Fees, Licensing, Infeasibility

- Triage/track requests, document compliance
- Role of contract language to document agreement on Content & Manner
- Review pricing to ensure non-discriminatory
- How to document intent?
- Distinction between requests under patient right of access vs. B2B exchange
- Infeasibility due to lack of segmentation,

Information Blocking Workgroup Update: October 2021

- Information Blocking scenarios very complex and will often be very fact-specific, requiring case by case analysis
- 10/2022 shift to Designated Record Set as EHI is top of mind for providers where information blocking is also top of mind
- Patient-facing applications access to query-based exchange
- HIEs and others increasingly hearing from lawyers re: API access
- Next Meeting: December 10, 2021

Poll Question

4. Have you seen an increase in EHI requests given the information blocking requirements? Choose one of the following:

a. Significant increase
b. Moderate increase
c. Small increase
d. No noticeable change

Designated Record Set (DRS): Refresher

Designated record set as defined in HIPAA means:

(1) A group of records **maintained by or for a covered entity** that is:

(i) The **medical records and billing records** about individuals maintained by or for a covered health care provider;

(ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or

(iii) **Used, in whole or in part, by or for the covered entity to make decisions about individuals**.

(2) The term record means any item, collection, or grouping of information that includes protected health information and is **maintained, collected, used, or disseminated by or for a covered entity**.

The scope of a DRS can vary by patient, health care organization/covered entity, and situation

Workgroup and Subgroup Discussions: Moving from USCDI to Full Definition of EHI in October 2022

- Full DRS not in EHR, API, portal
- Providers mapping data elements & evaluating location
- Developers planning for DRS and potential for standardization
- Limited tools to manage EHI/DRS
- Combine portal/API access with highly responsive HIM
- Unclear how often patients to seek full EHI vs. 3rd parties
- “Minimum necessary”
- Smaller providers will rely on developers for support
- No standard/ implementation guides for some DRS data elements via API or C-CDA
- Content & Manner critical for expanded EHI definition

Poll Questions

5. How ready will your organization by on 10/6/2022 to make the transition to the full definition of EHI? Choose one of the following:

a. Confident that we will be ready
b. Actively engaged in preparing
c. In planning stages
d. We have yet to begin

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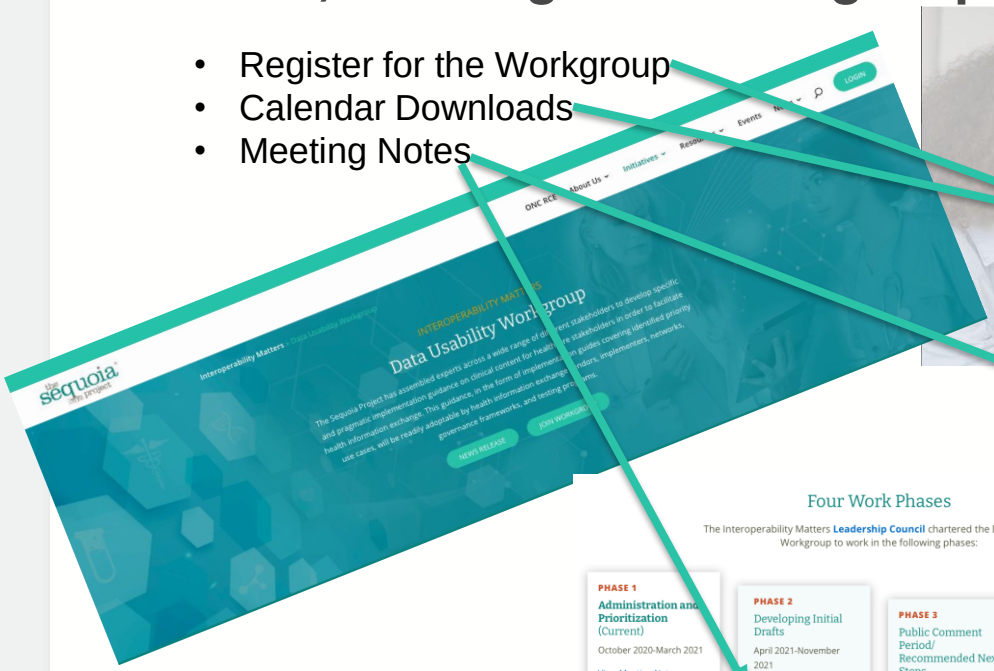
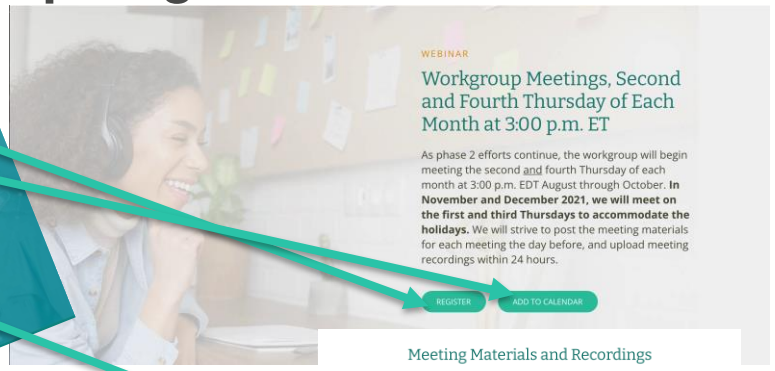
Data Usability Work Group

Website, Meeting and Workgroup Logistics

- Register for the Workgroup
- Calendar Downloads
- Meeting Notes





https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/

Future Workgroup Calendar Invites to be Pushed & Cadence of meetings changed to 1st & 3rd Thursday November/December

- Meetings for the remainder of 2021
  - October 28, 2021
  - November 4, 2021
  - November 18, 2021
  - December 2, 2021
  - December 16, 2021
  - Workgroup will go on hiatus for holidays and restart meetings the 2nd & 4th Thursday's starting January 13, 2022

Poll Question

1. How does your organization exchange data today with providers? Please select all that apply:
   a. HL7v2
   b. HL7-CDA/CCDA
   c. HL7 FHIR
   d. Other: please describe

Poll Question

2. How does your organization exchange data today with public health?
   a. HL7v2
   b. HL7-CDA/CCDA
   c. HL7 FHIR
   d. Other: please describe

Poll Question

3. How does your organization exchange data today with consumers?
   a. HL7v2
   b. HL7-CDA/CCDA
   c. HL7 FHIR
   d. Other: please describe

Phase 2 Implementation Guide Development Process

- Co-chairs and staff have started to organize and finalize scope for guidance for the 7 topic areas developed in phase 1 activities
- Topics will be addressed in priority order with one – two topics reviewed each meeting
  - This will be documented in the existing Google docs and/or the draft IG for the work items
    - Priority Work Items Spreadsheet:
      - https://docs.google.com/spreadsheets/d/1eRbgoStsfhYzIK-wj4TIU9Wr4MEkxfF3syOxsHWIPdg/edit#gid=0
    - Draft Implementation Guide:
      - https://docs.google.com/document/d/18njbwLECzNMg7gm9LP9btAiNQFtuEIHArXr-IrJN69o/edit#
  - Staff will reference existing recommendations from Carequality/Commonwell IG
  - Integrate feedback from workshop(s) and vendor discussions to the draft IG
  - Incorporate feedback from Data Usability Collaboration space / forum
    - https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/
  - Go over problem statements from a more technical perspective
  - Document other aspects to be considered for the solution
  - Identify questions that still require clarification for all topics
  - Update the Draft IG for each topic category and use case
- Draft IG for Public Feedback to be published January 2022

Topic: Data Provenance and Traceability of Changes

There are many things that can happen between a clinician documenting a piece of clinical data in one system, and you seeing that data in your own system. "Provenance" refers to the origin of a piece of data and what has happened to it as it has been transmitted between systems, which may include the name of the clinician who originated a piece of data, their organization, or modifications that have been made to the data.

Poll Question #4 - Which is most important?

a. To know all users who have touched/reconciled clinical information
b. Only the originator
c. Only the most recent
d. N/A

Effective Use of Codes

When a system sends clinical data to another system, it can include references to external "Code Sets", such as LOINC, CPT, or CVX. This allows the receiving system to map the data, a medication for example, to the local representation of that element, which in turn allows the data to be "understood" by the receiving system. Coded data can be more easily incorporated into clinical decision support and may make reconciliation, tracking, trending and searching easier.

Poll Question #5 - **As a recent use case:** What has been the **most difficult part** of integrating outside COVID data into your workflow?

a. Tests
b. Diagnosis
c. Immunizations
d. Problems/Symptoms

Reduce the Impact of Duplicates

When clinical data is exchanged between multiple systems duplicate information is a frequent occurrence. Commonly this is the result of receiving the same information from more than one external organization. Unidentified duplicate information takes clinician time to filter and reconcile and can make it harder to find the most up to date information about a patient.

Poll Question #6 - Do you see duplicate information as

a. A universal problem
b. or variable from one organization to another

Data Tagging/Searchability

The Longitudinal Record, defined as a patient summary and one encounter summary per encounter, is a valuable artifact for understanding the chronology of a patient's care journey. The default content, however, can contain more information than is applicable to the clinical goals of the requestor. The quantity and quality of content can make it difficult to understand the context around particular pieces of data that are of interest and the connection between pieces of information in different sections of the document.

Forum Questions:
https://sequoiaproject.org/groups/data-usability-workgroup/forum/topic/data-tagging-searchability/

- What important types of information are easily available, searchable and filterable in your current EMR but you find hard to find or understand when looking at data from other systems?
- Is there data that you would like to be able to temporarily filter out when looking at Patient Summaries or Encounter Documents?
- How would you envision optimal filtering and searching of external summary data to incorporate and improve clinical usability at the point of care?

Specific Domain Guidance for Usability

We send different types of documents in different clinical scenarios. These different documents contain different types and quantities of information. For instance, in a clinical summary we might only include labs that were resulted within a certain time frame.

Forum Questions:

https://sequoiaproject.org/groups/data-usability-workgroup/forum/topic/specific-domain-guidance-for-usability/

- Have you encountered ‘gaps’ in information received in which a standard minimum amount of information would be useful?
- Are there situations you’ve noticed where excessive information is included in a document and summarized data would be more useful? For instance, averaged or summarized vitals measurements for an inpatient stay, or admission and discharge labs?

Effective Use of Narrative for Usability

Current document formats tend to prioritize ‘discrete’ data elements that are easy to store and understand individually over longer format narrative information that better captures the ‘story’ of the patient. Improving our ability to send and include that information in ways that are easily digestible by receiving organizations and clinicians can significantly improve patient care.

Forum Questions:
https://sequoiaproject.org/groups/data-usability-workgroup/forum/topic/effective-use-of-narrative-for-usability/

- If it is available, should a clinical narrative always be included when primarily discrete information is shared (e.g. automated summaries of care)
  - Are there specific scenarios where this is more useful?
  - In what ways can context between narrative and discrete data be improved in external summaries/documents to easily tell the patient’s story, integrate and support clinical decision making within workflow?

Data Integrity and Trust

Differences in quality and interpretation of data coming from different sources lower the level of trust in data. For example, differences in lab methodology can make interpreting values and reference ranges from external sources difficult. Even for values received with codes, different organizations might interpret codes differently or context may be lost in mapping to concepts internal to an organization.

Forum Questions:
https://sequoiaproject.org/groups/data-usability-workgroup/forum/topic/data-integrity-and-trust/

- What factors cause you to mistrust data?
- Are there scenarios where you have strong trust for external data?
- How do you weigh the value and trust of data from different sources? Payers / Clinical? HIEs? Registries?
- Does trust vary by data type?
- Would it be helpful to know that data had been previously reviewed by a clinician at another org?

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Emergency Preparedness Information Workgroup

Emergency Preparedness Information Workgroup Updates

- After completing the SWOT analysis, the initial deliverable from the group is complete and under review
- Once these reviews are complete, we will present an overview of the deliverable to the Leadership Council and ask for public feedback; eventually the finalized document will be posted to the Sequoia website
- Work is underway on the EPIW's 2nd deliverable along with discussions around future deliverables and engaging more fully in the emergency preparedness and response space (especially public health)

Emergency Preparedness Information Workgroup Updates

- Recommendations include the following:

  Address Policy Confusion: Members of the EPIW noted that they had firsthand experience in the response to the pandemic where there was confusion around policies pertaining to data and access to data. Navigating the consent and policy requirements around data sharing in the context of the pandemic, particularly with the added complexity of the new information blocking and CMS conditions of participation requirements, as created an effort-intensive and time-consuming policy and regulatory environment around data sharing. There is variability in messaging about what is allowable to share, what is necessary to share, and what is considered minimum necessary. We recommend utilizing coalition resources to support clarifications since there is massive variability between states which makes collaboration on policy very difficult.

Emergency Preparedness Information Workgroup Updates

- Funding Sustainability and Matching: Securing matching funds in order to pursue a grant opportunity is often challenging within states and localities. Expanding the sources for matching funds outside of general funds, etc. should be considered in funding opportunities, especially if a tool or system being developed will be used by private entities outside of public health. Additionally, states and localities applying for grants often find that the grant is a one-time allotment and does not necessarily include sustainability funding. If we are indeed going to consider public health and emergency response as a key partner in the healthcare ecosystem, then we must add sustainability funding to all grant opportunities going forward.
- There are a total of 20 recommendations in the full report to be released soon

Poll Questions

1. Should the EPIW function as a clearing house for possible technologies to be utilized during an emergency response?
   a. Yes
   b. No

Poll Question

2. In what way should the EPIW assist with potential technologies during an emergency?

a) Provide technical expertise
b) Provide a Guide that all states could consider as far as functionality and security as emergency response technologies are being considered?
c) Create and provide an inventory of emergency response technologies that are working in other states
d) all of the above

Poll Question

3. Should the EPIW assist states with addressing policy challenges as it pertains to data sharing and exchange?

a. Yes
b. No

Poll Question

4. Currently the EPIW is a closed working group. Should we consider making this a public working group?

a. Yes
b. No

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TEFCA RCE Update

Opportunities for Stakeholder Feedback on Elements of the Common Agreement

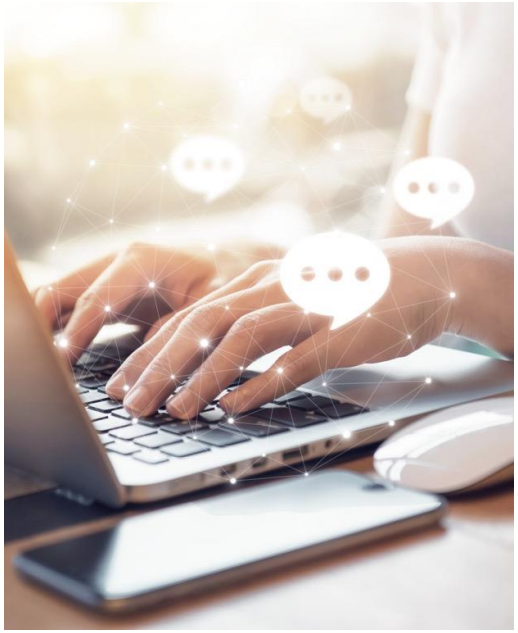
Webinar Series:

- Overview; Cooperation and Nondiscrimination; Exchange Purposes and Related Definitions (September 21)
- Closer Look Topics #1: Permitted Requests, Uses, and Disclosures; Required Responses and Required Information (including Consent); Privacy and Security (September 29)
- Closer Look Topics #2: Individual Access Services; Governing Approach; Change Management; RCE Directory Service; Fees (October 5)
- Closer Look Topics #3: QHIN Designation and Eligibility Criteria (October 14)
- Open Q&A: (October 19)

Common Agreement feedback form on the RCE website open until October 21

https://rce.sequoiaproject.org/common-agreement-elements-feedback-form/

or email us at rce@sequoiaproject.org



All feedback submitted to the RCE will be made publicly available on the RCE's and/or ONC's website, including any personally identifiable or confidential business information that you include in your feedback. **Please do not include anything in your feedback submission that you do not wish to share with the general public.**

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Discussion / Closing

Interoperability Matters Meeting Schedule

Meetings	Cadence	Day	Time	Upcoming Meetings
Leadership Council	Bimonthly	2nd Wednesday	1:00-2:00pm ET	12/08/2021
Public Advisory Forum	Quarterly	3rd Thursday	2:30-3:30pm ET	10/19/2021 (last meeting of 2021)
Work Groups				
Information Blocking Compliance Work Group	Bimonthly	2nd Friday	12:00-1:30pm ET	12/10/2021
HIN/HIE Subgroup	Monthly	2nd Monday	2:00-3:30pm ET	11/8/2021
Joint Health IT Developer & Provider Subgroup	One time meeting	3rd Monday	3:30-5:00pm ET	10/18/2021 (adjusted)
Emergency Preparedness Work Group	Monthly	3rd Monday	2:00-3:00pm ET	10/21/2021 (adjusted)
Data Usability Work Group (Phase 2)	Biweekly	2nd & 3rd Thursday (Nov/Dec)	3:00-4:00pm ET	10/28/2021

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Public Advisory Forum

Contact Us

Thank you for your support of Interoperability Matters!

If you would like to get in touch you can reach us at:

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