Interoperability MATTERS

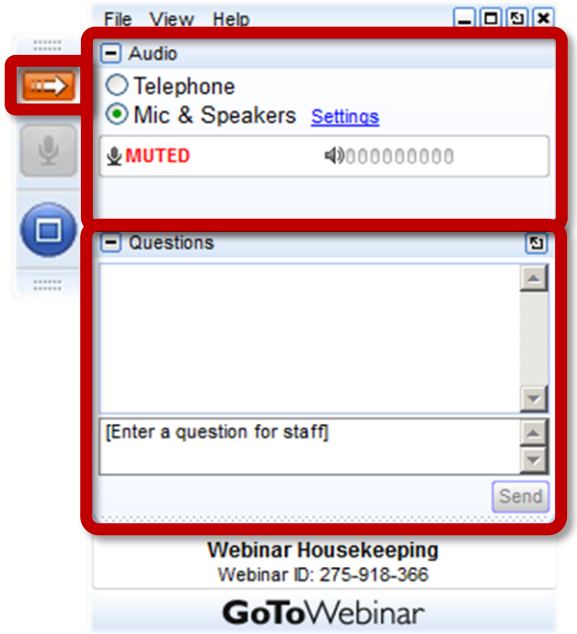
an initiative of The Sequoia Project

Public Advisory Forum

March 23, 2022

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
- Work Group Updates
  - Emergency Preparedness Information WG White Paper
  - Data Usability WG Implementation Guide Update
  - Information Blocking Compliance WG Task Groups
  - Stakeholder Engagement WG Kickoff
- Discussion / Closing

Leadership Council

Leadership Council

Leadership Council

- CA Emergency Medical Services Association
- Cureous Innovations
- Hawaii HIE
- Health InfoNet
- Honor Health
- Imprado
- Innovaccer
- Lyniate
- Mayo Clinic
- Mednition
- Virginia HIE

Interoperability MATTERS

an initiative of The Sequoia Project

Emergency Preparedness Information Workgroup

the sequoia project

Emergency Preparedness Information Workgroup

This workgroup provides a forum to learn about health information technology innovations impacting emergency preparedness. The workgroup will focus on concepts that create potential challenges for states in terms of interoperability and Health IT modernization in the emergency preparedness area.

- ☑ **Policy and/or regulatory**
- ☑ **Programmatic challenges**
- ☑ **Data/data privacy and security**
- ☑ **Funding and resources**
- ☑ **Communications**

Emergency Preparedness Information Workgroup Members

- **Nora Belcher**, Texas eHealth Alliance
- **David Bucciferro,** Foothold Technology
- **Hans Buitendijk**, Cerner
- **Jaime Bustos**, Agency for Health Care Administration, Florida
- **Kimberly Clement**, Public Health Preparedness and Response, North Carolina
- **Debbie Condrey**, The Sequoia Project
- **Robert Cothren**, California HIE (formerly)
- **Caitlynn Cranfill**, State of California Emergency Medical Services Authority
- **Allison Culpepper**, Florida Department of Health
- **George Gooch**, Texas Health Services Authority
- **Adam Harrell**, Virginia Department of Health Emergency Medical Services
- **Suzanne Kirayoglu**, Agency for Health Care Administration, Florida
- **Leslie Lenert**, Medical Univ South Carolina
- **Leanne Lovett-Floom**, California Medical Assistance Team (CAL MAT)
- **Kasey Nicholoff**, HIMSS
- **Corrine Slauterback**, Agency for Health Care Administration, Florida
- **Dana Watson**, Agency for Health Care Administration
- **Leslie Witten-Rood**, State of California Emergency Medical Services Authority

Deliverable 1: Discussion and Approach

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 national level. The group will focus on the following deliverables:

- Lessons learned from response to the current pandemic as it relates to interoperability and Health IT; this might include policy and regulatory challenges and data privacy

Process

The EPIW members determined that it would embark upon a **SWOT (strengths, weaknesses, opportunities, threats) Analysis** to ensure a diverse, fair and complete approach to its first deliverable

This brainstorming effort took place over several monthly meetings with facilitated discussions.

- An online collaboration tool was implemented so members might continue sharing insights and thoughts in between meetings

Recommendations

1. Reconcile Big Ideas with Realism

Often Health Information Exchange (HIE) is considered a magic bullet to resolve COVID-19 data challenges without a clear understanding of the vast nuance and variability in functionality and capacity within each state and throughout the country. We recommend clearly communicating existing infrastructure with leadership and decision makers beginning at the local and state level and setting expectations without limiting innovative thinking. Public health should consider utilizing state and local health information exchanges in a more robust manner. This must include a bi-directional exchange of data in that public health must also share its data, within reason, with those entities with an emergency response role. We recommend that public health staff within localities and states foster and maintain relationships with local hospital systems, emergency medical services, and others to ensure that trusted frameworks for data sharing are in place.

Recommendations

2. Build on Existing Infrastructure

Connect public health to national networks for data exchange such as eHealth Exchange and CommonWell Health Alliance. This nationwide connectivity for public health entities might occur directly, or through local HIE connections depending on the nature of the HIE within a given state. Further, we recommend that public health engage and leverage the new Trusted Exchange Framework and Common Agreement (TEFCA) data sharing ecosystem.

Recommendations

3. Leverage the Lessons of Other States

Collaboration with other states and organizations pursuing similar efforts is key to creating an emergency response ecosystem within healthcare that is cohesive and equitable. We recommend states and localities consider either creating or joining associations, workgroups, teams, organizations, and others that are working toward addressing the changes needed in public health's response during an emergency like the pandemic. We understand that during a declared emergency, the workforce is stretched significantly and is unable to actively pursue collaboration and input from other states and localities. The time to consider this collaboration is not during a declared emergency. Working towards this mutual goal now helps to create a sense of community, promote hope and motivation, and build a better foundation for coordinated responses in the future.

Recommendations

4. 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 federal information blocking and Centers for Medicare and Medicaid Services (CMS) conditions of participation requirements, has 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 the “minimum necessary.” We recommend utilizing resources to support clarifications since there is massive variability between states which makes collaboration on policy very difficult.

Recommendations

5. Understand Funding Opportunities

Multiple funding opportunities from CMS, CDC, the Office of the National Coordinator for Health IT (ONC), and others, while appreciated, can create a challenging environment to determine the best source for funding for projects. Projects in flight prior to the pandemic and funded through non-pandemic funding should not utilize pandemic funding as another funding source. We recommend that states and localities ensure that there is not overlapping or competing funding for a specific project.

6. Develop Funding Sustainability and Matching

Securing matching funds to pursue a grant opportunity is often challenging within states and localities. Often matching funds are required in order to obtain certain types of federal funding such as Medicaid 75/2 funding (also known as MMIS) or HITECH. As government and others develop new grants, we recommend expanding the types of funding that might be used as matching funds by recipients. 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 recommend adding sustainability funding to all grant opportunities going forward.

Recommendations

7. Identify State and Local Emergency Response Workforce Resources and Capabilities

We recommend that public health at the state and local level create high-level inventories of workforce capabilities and skills. Given the funding available for the public health workforce, it is imperative to document specifically what skills exist and identify gaps.

8. Ease Legislative Policy and Regulatory Constraints for Data Sharing

Each state's legislation and policies pertaining to data sharing can vary significantly. Additionally, many policies and regulations in the states may be outdated and do not address the current status of exchange of health information. The EPIW recommends that each state needs a roadmap for patient data sharing that can be used to inform, change and modernize policies in order to ensure data sharing is occurring fully and as seamlessly as possible while maintaining privacy and security. To that end, the EPIW plans to create and deliver this roadmap as part of our second deliverable.

Recommendations

9. Address Public Health and Emergency Response IT Infrastructure

Just as an inventory is needed of workforce skills and capabilities, an inventory is also needed to document existing IT infrastructure and systems. We recommend that changes to IT infrastructure be implemented without necessarily tearing down existing infrastructure and systems. We should build on what is working well and share these best practices with other states and localities. Public health information technology needs significant modernization efforts and upgrades however building on existing tools and systems that work well is preferable to a “rip and replace” wherever possible.

10. Support Healthcare Equity

When considering the adoption of data standards, we recommend that public health should consider adding fields for race, ethnicity, preferred language, gender identity, etc.

Recommendations

11. Assess Public Health Emergency Response Technology Tools

During our response to the pandemic, there were technological innovations offered from various vendors. It was difficult however to discern how to assess these technologies in the least time-consuming manner, especially given the workload public health and emergency response was experiencing. It is our recommendation that the EPIW create a Public Health Emergency Response Technology Tools Guide to assist state and local agencies with determining what is available and what to look for in terms of systems and tools when responding to an emergency.

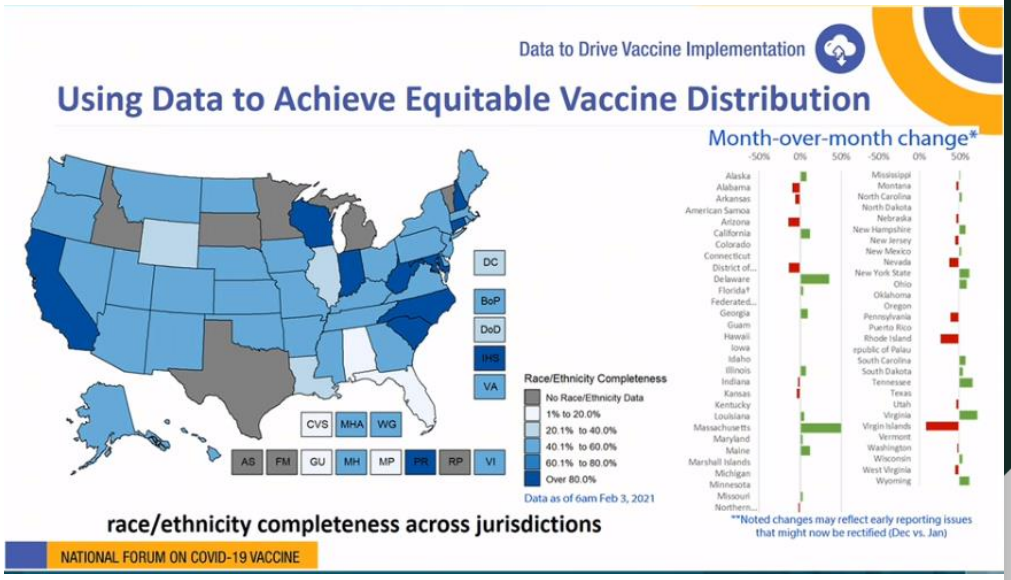
12. Share Vaccination Records Bi-Directionally

Even prior to the pandemic, immunization registries and systems were most often not a bi-directional connection. This means that some healthcare organizations do not have access to COVID-19 vaccination status data from state immunization registries. Encounter notification services, such as Admission, Discharge and Transfer (ADT) feeds and messaging, should assist with this where bi-directionality is not available. We recommend that states evaluate their immunizations systems to determine effort to enable bi-directionality and implement accordingly.

Recommendations

13. Support Vaccination Equity

Lack of adequate demographic data to advance vaccination equity is a significant issue in our emergency response to the pandemic. Linking HIE Master Patient Indices to immunization registries may be able to supplement demographic information. There may exist policy challenges with respect to consent and variability within states.



Recommendations

14. Evaluate Data Analytics Capabilities

In addition to IT infrastructure and systems, we must consider public health and emergency responses' capabilities as it relates to data analytics. Gaining access to data and sharing data bi-directionally is a positive move in the right direction, however the ability to analyze data in order to inform decision making is also crucial. We recommend that states and jurisdictions evaluate their data analytics capabilities and determine gaps in this area that might have impacted the ability to respond to the pandemic.

Recommendations

15. Stop Duplicative Efforts

During an emergency response, it is important to ensure that duplicative efforts are not pursued by state agencies, regional HIEs, health plans, health systems, Accountable Care Organizations (ACOs), etc. Any duplication of this sort typically creates confusion and added work in an already stressed environment. Regular communication and discussion is critical in order to ensure this duplication does not exist if possible. This communication process should ideally be in place when there is not a declared emergency and simply be part of the emergency response plan.

16. Expand Access to Prescription Monitoring Program Data

Individual state laws vary substantially when it comes to access to controlled substance information. Education within states is needed in order to ensure there is a common understanding of what data is available and to whom via the PMPs. Access to this type of information during an emergency, like the pandemic, is critical and should be considered moving forward. Policy and technology considerations should be addressed in a timely manner to “free up,” to the extent possible, access to this information.

Recommendations

17. Share Communication Strategies

Determining the “who” of emergency response in downstream activities is often challenging. This is often different for every state, however discussions on lessons learned can help to guide teams on how to engage, navigate, and coordinate key emergency response actors such as fire and emergency medical services, county health departments, volunteers, Red Cross and other volunteer organizations, contracted nurses, and other personnel, etc.

Next Steps

The EPIW has several goals that it will work toward in 2022. These include:

- ☑ Add additional public health and emergency response stakeholders to the EPIW membership.
- ☑ Prioritize recommendations and refine deliverables.
- ☑ Select one or two “low-hanging fruit” where the EPIW can be helpful to public health and to emergency response organizations in a relatively short amount of time. Items currently under consideration include creating a policy roadmap to facilitate data sharing in states and creating a guide for selecting emergency response technologies to include infrastructure and security considerations.
- ☑ Continue to provide a community of practice forum where members may openly discuss challenges surrounding responding to an emergency such as the pandemic.

Interoperability MATTERS
an initiative of The Sequoia Project

Data Usability Work Group

Data Usability Workgroup (DUWG) Update

- **Many thanks** to Dr. David Camitta for his volunteer leadership to the workgroup 10/2020 - 12/2021
- Workgroup membership continues to grow: 221 Organizations with 336 Participants on the roster
- Co-chairs and staff continue to develop the draft implementation guide
  - Staff will reference and highlight existing recommendations from newly published Carequality/Commonwell Joint IG V2 within the draft implementation guide
  - Phase 2 Draft IG is expected to be published in June to begin the 60 day Public Comment Period with a summary roadmap for future work activities included
- **Welcome** to Dr. Adam Davis from Sutter Health who began his co-chair duties in February 2022 and the DUWG leadership team continue to bring him up to speed on the activities to date
- Workgroup Meeting documentation and recordings available here

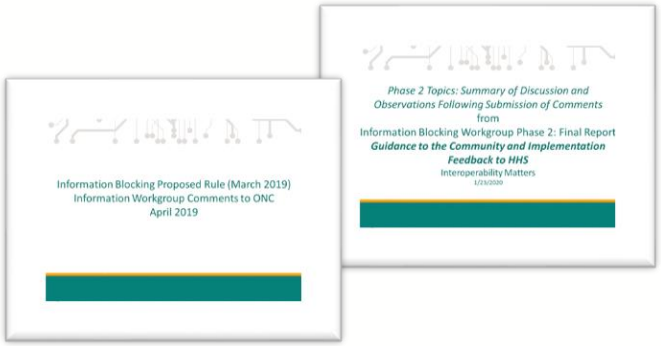
Interoperability MATTERS
an initiative of The Sequoia Project

Information Blocking Compliance Workgroup and its Task Groups: 2022

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



2021

- ✓ Refreshed membership
- ✓ Moved to Bimonthly meetings
- ✓ Integrated Subgroups
- ✓ Joint Subgroup work on EHI
- ✓ FAQ requests to ONC
- ✓ Monitored post-April 5 roll-out

2022

- ✓ Revised Charter
- ✓ Refreshed membership and combined Workgroup and Subgroups
- ✓ Moved to Quarterly meetings
- ✓ Initiated two new time-limited Task Groups focused on deliverables

Information Blocking 2022 Workgroup

Health Information Networks & Service Providers
- Rene Cabral-Daniel, Cenevia/CCNV
- Kevin Conway, CyncHealth
- Daniel Kim, SureScripts
- Dan Paoletti, Ohio Health Information Partnership
- Pat Russell, eHealth Exchange
- Melissa Soliz, Velatura HIE Corporation
- Alan Swenson, Carequality

Healthcare Providers / Physicians
- Steven Lane, Sutter Health
- Roberta Baranda, Valley Children's Healthcare
- Matthew Eisenberg, Stanford Health (Co-chair)
- Ammon Fillmore, AdventHealth – (Co-chair)
- Jim Jirjis, HCA
- Eric Liederman, Kaiser Permanente
- Bridget Leon, Mayo Clinic
- Virginia Lorenzi, New York Presbyterian
- Lori Richter, Common Spirit
- Matthew Shafiroff, White Plains Hospital
- Suzanne Srebnik, Montefiore IT
- Sid Thornton, Intermountain Healthcare
- Casey Bryson, KU Health System

Developers
- Matt Becker, Kno2
- Leigh Burchell, Allscripts
- Alex Desilets, eClinicalWorks
- Peggy Frizzell, Flatiron Health
- Stephanie Jamison, Greenway Health
- Josh Mast, Cerner (Co-chair)
- Alya Sulaiman, Epic
- Rita Bowen, MROCorp

Associations and Organizations - Health IT Community
- Jeff Coughlin, HIMSS
- Cynthia Morton, National Association for the Support of Long-Term Care
- Lauren Riplinger, AHIMA
- Matt Reid, AMA

Payers
- Nancy Beavin, Humana
- Kellie Greer, Evernorth
- Desla Mancilla, BCBSA

Consumers/Data Requesters
Requester
- Jennifer Blumenthal, OneRecord
- Deven McGraw, Ciitizen Platform at Invitae

Consulting
- Kory Mertz, Audacious Inquiry

Full Definition of EHI Task Group 2022

Health Information Networks & Service Providers

- Daniel Kim, SureScripts
- Alan Swenson, Carequality

Healthcare Providers / Physicians

- Steven Lane, Sutter Health
- Roberta Baranda, Valley Children's Healthcare
- Jim Jirjis, HCA (Co-chair)
- Eric Liederman, Kaiser Permanente
- Bridget Leon, Mayo Clinic
- Virginia Lorenzi, New York Presbyterian
- Lori Richter, CommonSpirit
- Matthew Shafiroff, White Plains Hospital
- Sid Thornton, Intermountain Healthcare

Developers

- Alex Desilets, eClinicalWorks
- Peggy Frizzell, Flatiron Health
- Stephanie Jamison, Greenway Health
- Josh Mast, Cerner (Co-chair)
- Rita Bowen, MROCorp

Associations and Organizations - Health IT Community

- Jeff Coughlin, HIMSS
- Cynthia Morton, National Association for the Support of Long-Term Care
- Lauren Riplinger, AHIMA (Co-chair)

Payers

- Nancy Beavin, Humana
- Kellie Greer, Evernorth
- Desla Mancilla, BCBSA

Consumers/Data Requesters

- Deven McGraw, Ciitizen Platform at Invitae

Good Practices Task Group 2022

Health Information Networks & Service Providers

- Rene Cabral-Daniel, Cenevia/CCNV
- Kevin Conway, CyncHealth
- Daniel Kim, SureScripts
- Dan Paoletti, Ohio Health Information Partnership
- Pat Russell, eHealth Exchange
- Melissa Soliz, Velatura HIE Corporation
- Alan Swenson, Carequality

Healthcare Providers / Physicians

- Matthew Eisenberg, Stanford Health
- Ammon Fillmore, AdventHealth – (Co-chair)
- Eric Liederman, Kaiser Permanente
- Bridget Leon, Mayo Clinic
- Virginia Lorenzi, New York Presbyterian
- Sid Thornton, Intermountain Healthcare

Developers

- Matt Becker, Kno2 (Co-chair)
- Leigh Burchell, Allscripts
- Stephanie Jamison, Greenway Health
- Josh Mast, Cerner
- Rita Bowen, MROCorp (Co-chair)

Associations and Organizations - Health IT Community

- Jeff Coughlin, HIMSS
- Cynthia Morton, National Association for the Support of Long-Term Care
- Matt Reid, AMA

Payers

Consumers/Data Requesters

Requester

- Deven McGraw, Ciitizen Platform at Invitae

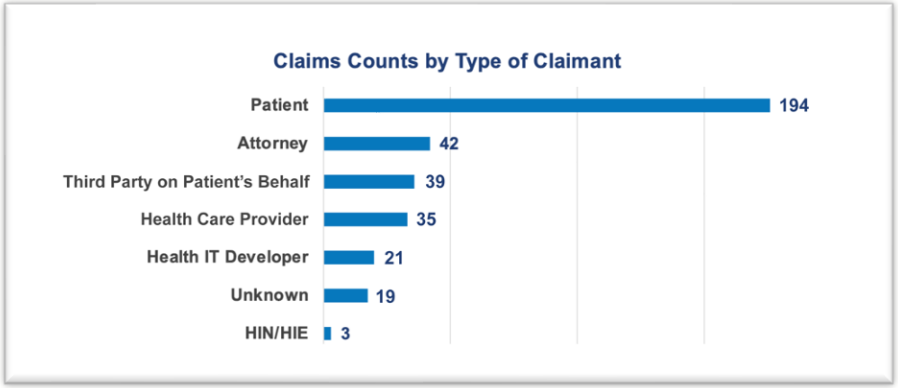
Potential Good Practices Deliverables: Poll

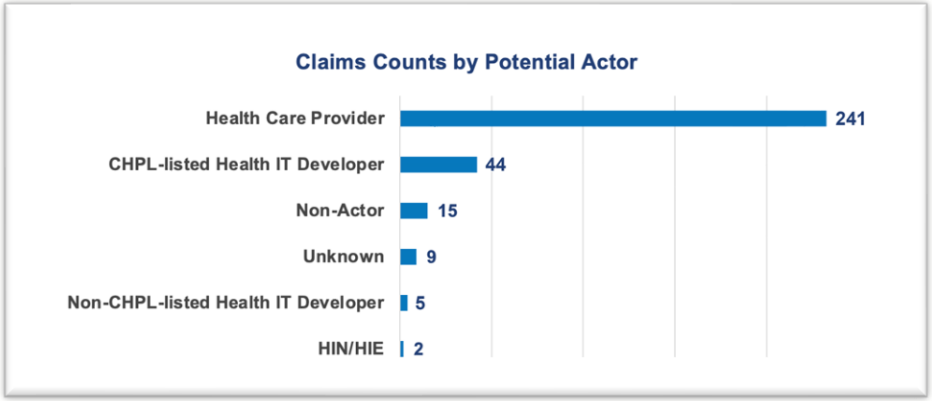
- Compliance planning and implementation
- Usability (data requesters – e.g., APIs and endpoints; and patients - e.g., portals, APIs/Apps, clinical notes)
- Issues facing multi-state Actors: Providers, Developers, HIE/HIN
- Using exceptions
- Responding to complaints of information blocking
- Individual Access
- Contracts, BAAs, SLAs: Timing/ changes
- Identifying, managing, responding to EHI requests
- Interaction with other state & federal laws
- Bulk Data Access/EHI Export
- Capability gaps (e.g., differing developer and provider timetables, technical gaps like data segmentation)

Rate urgency of need for good practices – 1 low, 2 medium, 3 high

ONC Published Data on Information Blocking Claims

- First data on information blocking claims to ONC portal
- 306/331 submissions deemed information blocking claims - 4/5/2021 – 2/28/2022
- Information Blocking Claims: By the Numbers blog has detail
- Data by month available
- Most claims by patients or on their behalf and most aimed at providers or developers of certified health IT; ONC provided examples:
  - Providers reported being charged "excessive" fees to access or export EHI to a new EHR, and unnecessary delays in receiving EHI they have requested for patients
  - Patients and their representatives assert being charged fees for electronic access to their EHI, experiencing unnecessary delays in access to their EHI, or both





Interoperability MATTERS
an initiative of The Sequoia Project

Stakeholder Engagement Work Group Update

Work Group Members

Health IT Developers

- Nihit Bajaj, Epic
- Natalee Agassi, Cerner

Health Information Networks

- Melanie Marcus, Surescripts, **Co-Chair**
- Stacey Schiller, Delaware Health Information Network
- Pat Russell , eHealth Exchange

Health Plans / Payers

- Evan Currie, Blue Cross Blue Shield Association

Release of Health Information

- Rita Bowen, MRO

Stakeholder Engagement Work Group

Overview

The Stakeholder Engagement Workgroup will work alongside the Interoperability Matters Leadership Council and The Sequoia Project leadership to identify, prioritize and recommend strategies for engaging various stakeholder types in The Sequoia Project's interoperability work, both within and beyond current membership.

Timeline

- Time-limited work group to kick off in the first quarter of 2022 with biweekly meetings.
- Three work phases over the course of approximately six months:
  - Phase 1: Interoperability Strategy Driven Stakeholder Assessment (12 weeks)
    - Kickoff Meeting: 3/35/2022
  - Phase 2: Stakeholder Prioritization (6 weeks)
  - Phase 3: Stakeholder Engagement Strategy Recommendation (6 weeks)

Questions? interopmatters@sequoiaproject.org

Interoperability Matters Meeting Schedule

Meetings	Cadence	Day	Time	Upcoming Meetings
Leadership Council	Quarterly	2nd Wednesday	1:00-2:30pm ET	6/8/2022
Public Advisory Forum	Semi-Annually	4th Wednesday	2:30-3:30pm ET	9/28/2022
Work Groups				
Information Blocking Compliance Work Group	Quarterly	2nd Friday	12:00-1:30pm ET	5/13/2022
EHI Definition Task Group	Weekly	Thursday	12:00-1:00 ET	3/31/2022
Good Practices Task Group	Weekly	Friday	1:00-2:00 ET	4/1/2022
Emergency Preparedness Information Work Group	Monthly	4th Wednesday	2:00-3:00 ET	3/30/2022
Data Usability Work Group (Phase 2)	Biweekly (moving to weekly in April)	2nd & 4th Thursday	3:00-4:00pm ET	3/31/2022
Stakeholder Engagement Work Group	TBD	TBD	TBD	Kickoff meeting: 3/25/2022

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

Interoperability MATTERS
an initiative of The Sequoia Project

Discussion / Closing

Interoperability MATTERS
an initiative of The Sequoia Project

the sequoia project

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:

(571) 327-3640

Interopmatters@sequoiaproject.org