Complexity of Designated Record Set (DRS)-Based Electronic Health Information (EHI) 10/2022

Many systems, complex and incomplete linkages, variable internal and external connectivity

Key

- Non-clinical Health IT
- HL7® FHIR® APIs (near-term)
- HIT has own ecosystem
- ONC Certified HIT
- Some HIT has DRS & non-DRS
- Two-way connection
- Two-way – not all integrated
- Data accessed/ not transferred

Outside Actor Control: But may be part of another Actor’s DRS or not DRS/HIPAA regulated
Complexity of DRS-Based EHI 10/2022: Many systems, complex and incomplete linkages, variable internal and external connectivity*

- The number and types of health IT (HIT) with Electronic Health Information (EHI) will vary within and across Actors; larger providers are complex per the graphic.
- EHI is in both clinical and non-clinical systems (major expansion from clinical data focus of ONC rules).
- Most connections between Actor HIT do not need to meet federal requirements, even if standards-based, and are not “plug and play”.
- Not all EHI will be in ONC certified HIT (e.g., EHRs and patient portals).
- Nor will all EHI be accessible via FHIR APIs internally or externally (e.g., ONC certified APIs) by 10/2022 or soon after.
- Some electronic Protected Health Information (ePHI) accessed by an Actor (e.g., in connected HIEs) is not part of that Actor’s EHI but may be part of another Actor’s EHI (e.g., an HIE).
- Some externally accessed ePHI (e.g., from HIEs or patients) may not be reconciled/integrated in the Actor’s HIT or used for patient decisions.
- An Actor may have the same data in multiple HIT systems; some as duplicates and others in multiple versions, complicating request responses.
- Not all ePHI held by an Actor will be EHI (i.e., in the DRS).
- ePHI can be in data warehouses, “data lakes,” analytical data bases, and archives – with links to multiple HIT and not only EHRs.
- Much of this ePHI is not used to make decisions about individual patients nor readily accessible via FHIR APIs or patient portals.
- Some ePHI is in legacy (e.g., sunset) HIT or archived to meet records retention rules and not readily accessible nor used to make decisions about patients.
- Some HIT will have a mix of DRS/non-DRS data (e.g., devices, provider-provider messaging/chat, scheduling systems, etc.).
- Some EHI may be held by third parties under Business Associate Agreements (BAAs).
- Given EHI complexity, information blocking exceptions will be critical for requesters and Actors.
- Content and Manner will be central to identifying the EHI sought by requesters, with some requests requiring multiple manners of access.
- As Actors respond to specific request for EHI, Infeasibility, Privacy, and Preventing Harm will also play important roles in those responses.
- Use of these exceptions will also help determine an Actor’s necessary decisions on where and how to invest in interoperability for its multiple HIT systems.
- Given this EHI complexity, enforcement agencies must consider an Actor’s intent and the facts and circumstances of requests and how they are handled.

*This infographic is part of a suite of resources released [insert link] by the Information Blocking Compliance Workgroup of The Sequoia Project addressing the October 6, 2022 shift to an expanded EHI definition and compliance Good Practices.