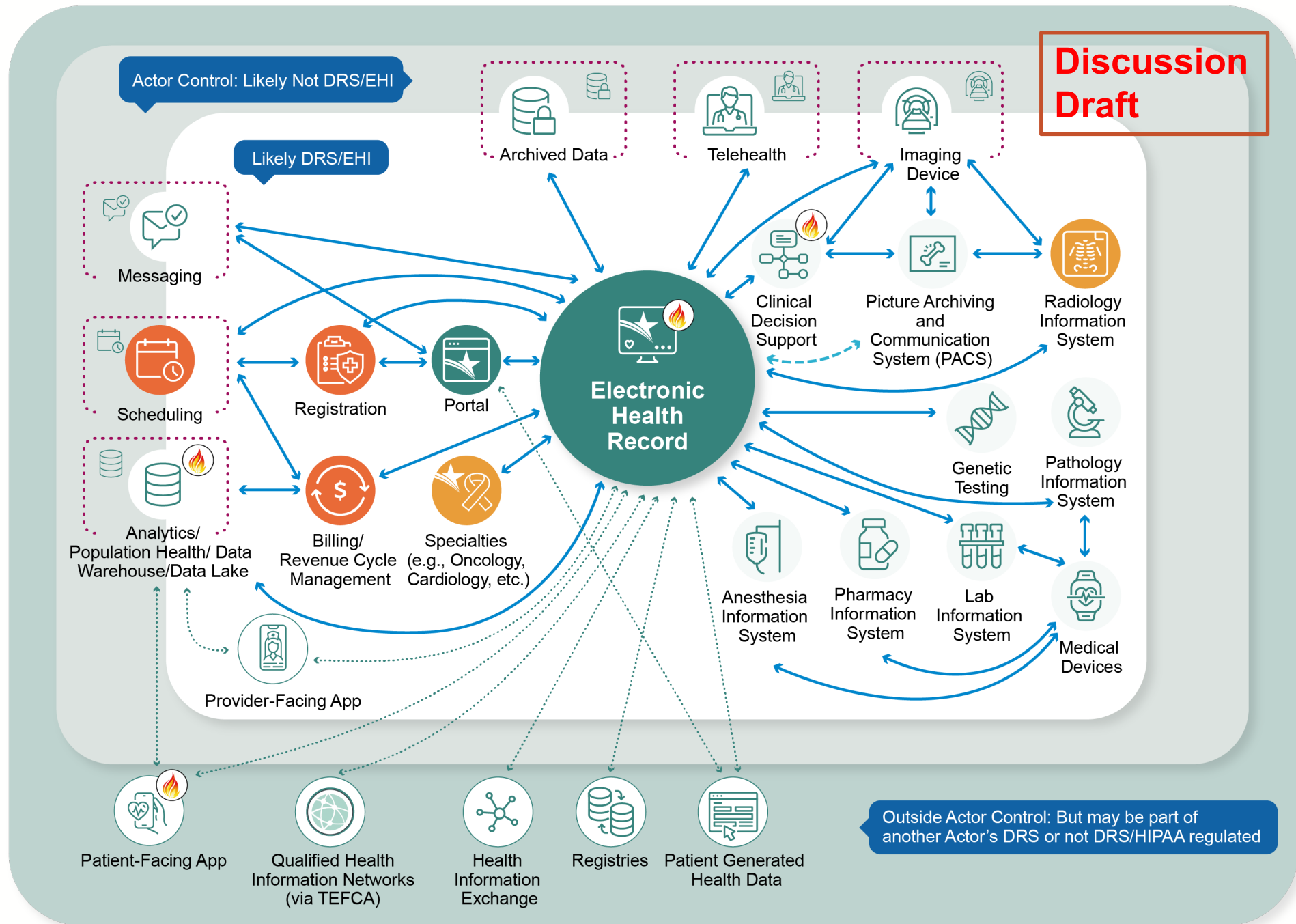


Complexity of Designated Record Set (DRS)-Based Electronic Health Information (EHI) 10/2022

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



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.