# Interoperability MATTERS
an initiative of The Sequoia Project

## Public Advisory Forum

**October 4, 2022**

the Sequoia project

# How to Participate Today
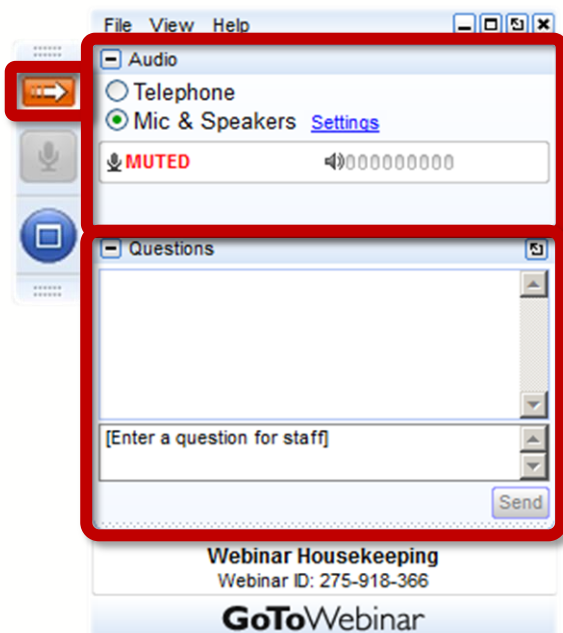


## Your Participation

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

# Our Focus

National-level issues

Maximum stakeholder engagement

Real-world implementation

# Interoperability Matters Process

**Identify**

**Prioritize**

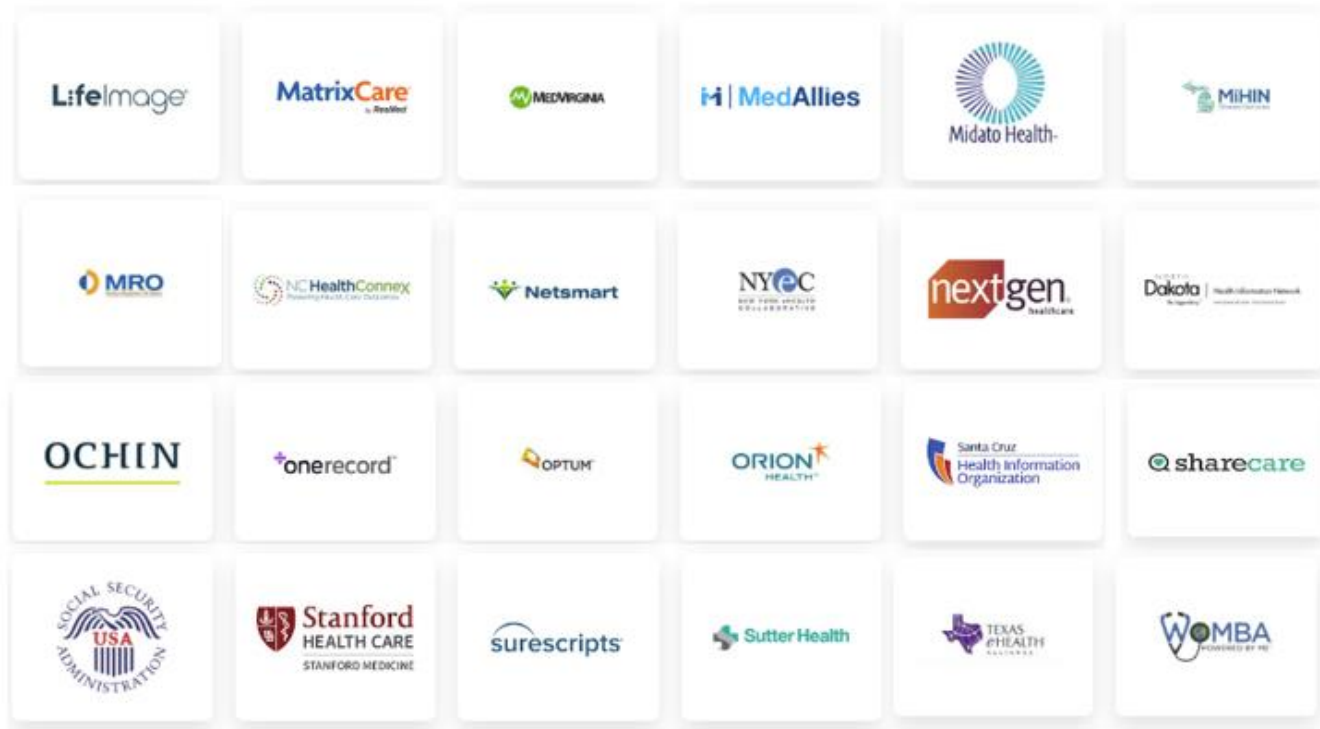**Solve**

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# Leadership Council
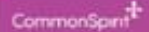
# Leadership Council

# Leadership Council



- CA Emergency Medical Services Association
- CompliancePro Solutions
- Cureous Innovations
- Hawaii HIE
- Health InfoNet
- Honor Health

- Imprado
- Lyniate
- Mayo Clinic
- Mednition
- Parker Health
- Virginia HIE

# Agenda

- Welcome and Agenda
- Work Group Updates
  - Information Blocking Compliance WG
  - Stakeholder Engagement WG
  - Data Usability WG Implementation Guide Update
  - Emergency Preparedness Information WG
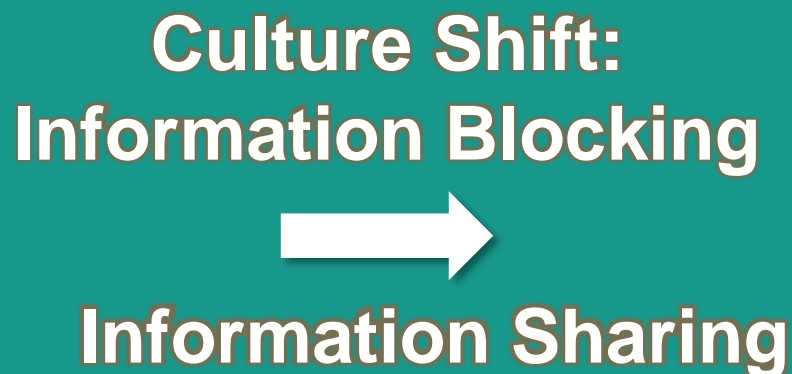- TEFCA Update
- Discussion / Closing

Information Blocking Compliance Workgroup

## Information Blocking Workgroup: Purpose

✓ Provide input into Sequoia comments to ONC on proposed rule

✓ Identify practical, implementation-level implications of proposed and final information blocking rules, which may or may not be consensus positions

✓ Facilitate ongoing discussions to clarify information blocking policies and considerations prior to and after the Final Rule

**Focus for 2021: Work within Actor groups (HIN, provider, developer)**

**Focus for 2022: Learning from Real-World Experience**

# Culture Shift:
# Information Blocking
# Information Sharing

## Focus for 2022: Learning from Real-World Experience

- **Definition of Electronic Health Information (EHI)** — Build on work started by AHIMA, EHRA, and AMIA to better understand scope of EHI that must be included in responses to requests under information blocking rules, including defining data elements and types included in DRS definition, and identifying operational approaches from varying perspectives (e.g., data elements that must be supported by developers) (Three Workstreams)

- **Good Practices for Compliance and to Meet Customer and Patient Needs** — Identify and compile good practices for various types of Actors under information blocking— with emphasis on smaller entities and those that have not yet begun— in order to help guide compliance and implementation of the regulation and to meet customer and patient needs

## Deliverables Released in September

# Information Blocking 2022 Workgroup and SMEs

**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
— Andrew Tomlinson, AHIMA

**Consumers/Data Requesters**
— Jennifer Blumenthal, OneRecord
— Deven McGraw, Ciitizen Platform at Invitae

**Developers**
— Matt Becker, Kno2
— Rita Bowen, MROCorp
— Leigh Burchell, Allscripts
— Alex Desilets, eClinicalWorks
— Peggy Frizzell, Flatiron Health
— Stephanie Jamison, Greenway Health
— **Josh Mast, Cerner (Co-chair)**
— Alya Sulaiman, Epic (As of 6/30/2022)

**Health Information Networks & Service Providers**
—Rene Cabral-Daniel, Cenevia/CCNV
—Kevin Conway, CyncHealth
—Daniel Kim, SureScripts
—Morgan Landerman, OCHIN
—Lacey Millsap, OCHIN
—Dan Paoletti, Ohio Health Information Partnership
—Pat Russell, eHealth Exchange
—Melissa Soliz, Velatura HIE Corporation
—Alan Swenson, Carequality
—Sylvia Trujillo, OCHIN

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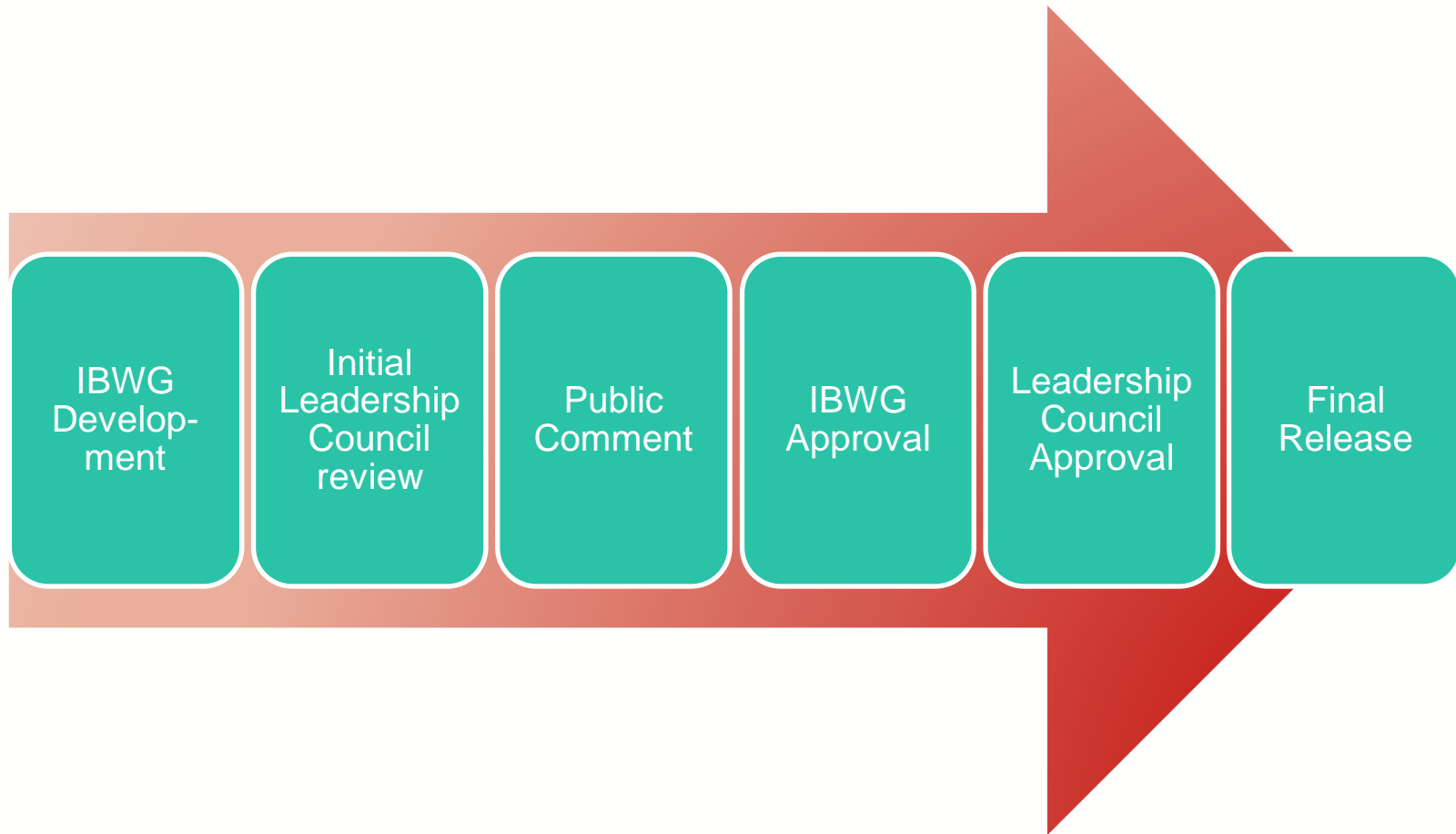— Sid Thornton, Intermountain Healthcare
— Valerie Wilson, HCA

**Payers**
— Nancy Beavin, Humana
— Kellie Greer, Evernorth
— Desla Mancilla, BCBSA

**Sequoia Staff and SMEs**
— Zoe Barber, The Sequoia Project
— Mark Segal, Digital Health Policy Advisors
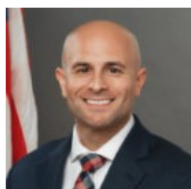— Chantal Worzala, Alazro Consulting

# Deliverable Development Process

IBWG Develop-ment → Initial Leadership Council review → Public Comment → IBWG Approval → Leadership Council Approval → Final Release

# October 6 is Here….

**Information Blocking**

## Information Blocking: Eight Regulatory Reminders for October 6th

Steven Posnack | SEPTEMBER 30, 2022

Tweet  **f Share**  **in Share**  **✉ Email**

On October 6, 2022, we reach the end of the more than two-year glide path laid out for the information blocking regulations. Moving forward, expect to see periodic, experience-driven regulatory updates as well as continued work on education, outreach, and oversight, including the establishment of disincentives for health care providers. There may also be the possibility of information blocking advisory opinions if Congress grants the Secretary such authority.

This blog post covers a few information blocking (IB) reminders, including the significance of October 6, 2022. To help "IB actors" and the community as a whole, we've launched a new, dedicated information blocking webpage that contains links to everything from basic regulatory information, fact sheets, frequently asked questions, and blog posts like this. I'd especially like to call your attention to two upcoming virtual office hours that our team is holding on October 6th and October 27th – click here for more information.

**Reminder #1 – The information blocking definition's <u>limitation on the scope of electronic health information (EHI)</u> is lifted as of October 6, 2022.**

Information Blocking: Eight Regulatory Reminders for October 6th - Health IT Buzz

ONC also has a proposed rule under review by the Office of Management and Budget – the last step before publication in the Federal Register

🌲 Interoperability MATTERS

## The Sequoia Project and its Information Blocking Compliance Workgroup created a suite of practical resources drawing from real world experience.

These resources support the health care field as it navigates compliance with the information blocking rules, including considerations that arise from the move to the full definition of electronic health information (EHI) beginning Oct. 6, 2022. These resources inform the transition to a culture of health information sharing that supports health and care within the context of existing rules.

These resources are the product of intensive, collaborative work by members of the Information Blocking Compliance Working Group and additional subject matter experts who volunteered their expertise and time during the spring of 2022, with the support of The Sequoia Project staff and consultants.

**IBWG Resources:**

- ✅ "Good practices" for information sharing and information blocking compliance
- ✅ Operational implications of the move to an expanded definition of EHI
- ✅ An infographic depicting the web of information systems included in the expanded definition of EHI
- ✅ A further exploration of the expanded definition of EHI and related considerations
- ✅ Policy considerations

[Information Blocking Compliance Workgroup Resources - The Sequoia Project](#)

# Good Practices for Information Sharing and Blocking Compliance

# Why Good Practices?

- These Good Practices are intended to: enhance the speed and effectiveness of Actor organizations' planning and implementation for compliance with the ONC information blocking regulations, enable wider and more effective healthcare information sharing, and expand opportunities to meet customer and patient needs.

- Good Practices can reduce compliance costs, draw on knowledge and experiences across the industry and Actor types, and increase the consistency and usefulness of health care information sharing.

- Finally, Good Practices can be of particular use to smaller organizations and those in earlier stages of information blocking compliance; these Good Practices were developed with such users in mind.

## **Good Practices for Information Blocking Compliance**

- Good Practices: Overview
- Good Practices: Compliance planning and implementation–including responding to complaints of information blocking
- Good Practices: Identifying, managing, responding to Electronic Health Information (EHI) requests–including Individual Access
- Good Practices: Using Exceptions

# Key Themes

- Organizations that are Actors or interact with Actors face many risks and opportunities from the ONC information blocking regulations.

- They will need formal, organization-wide plans for compliant and effective operational and business responses to these regulations.

- Successful responses require engagement and support from the highest levels of an Actor organization and across its teams.

- These responses should emphasize consistent and high-quality documentation.

- Actors should prioritize documented intent to share when possible, avoiding discriminatory or anti-competitive behaviors, and a culture of authorized information sharing.

- Use of Good Practices can reduce compliance costs, draw on knowledge and experiences across the industry and Actor types, and increase health care information sharing.

- Because Actor organizations vary widely on key dimensions relevant to compliance, they should choose from and adapt these Good Practices based on their particular characteristics and needs.

the sequoia project

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# Checklists, Sample Policies, Workflows

- Good Practice: Create an organizational tool kit to *communicate* with patients, team members, other stakeholders and data requesters on the Actor's approach to information sharing and to information blocking compliance
  - Especially for Provider Actors, it will be important to communicate to team members that it is welcome and desirable for patients to access and engage with their health data and that **information sharing** is the organization's goal.

- Good Practice – For Provider Actors, suggest to patients that they should access, review, and use their data and provide patients with information and assistance to enable such data access and use.

- Good Practice: Create policies and procedures for redisclosure of externally developed data that has been received, including use of provenance information.
  - These policies are especially important when portions of received CCDs/summaries have been **integrated into the patient record**.
  - It will also be important to create policies and procedures to track and document data provenance and to create inventories of organizations contributing external summary documents.
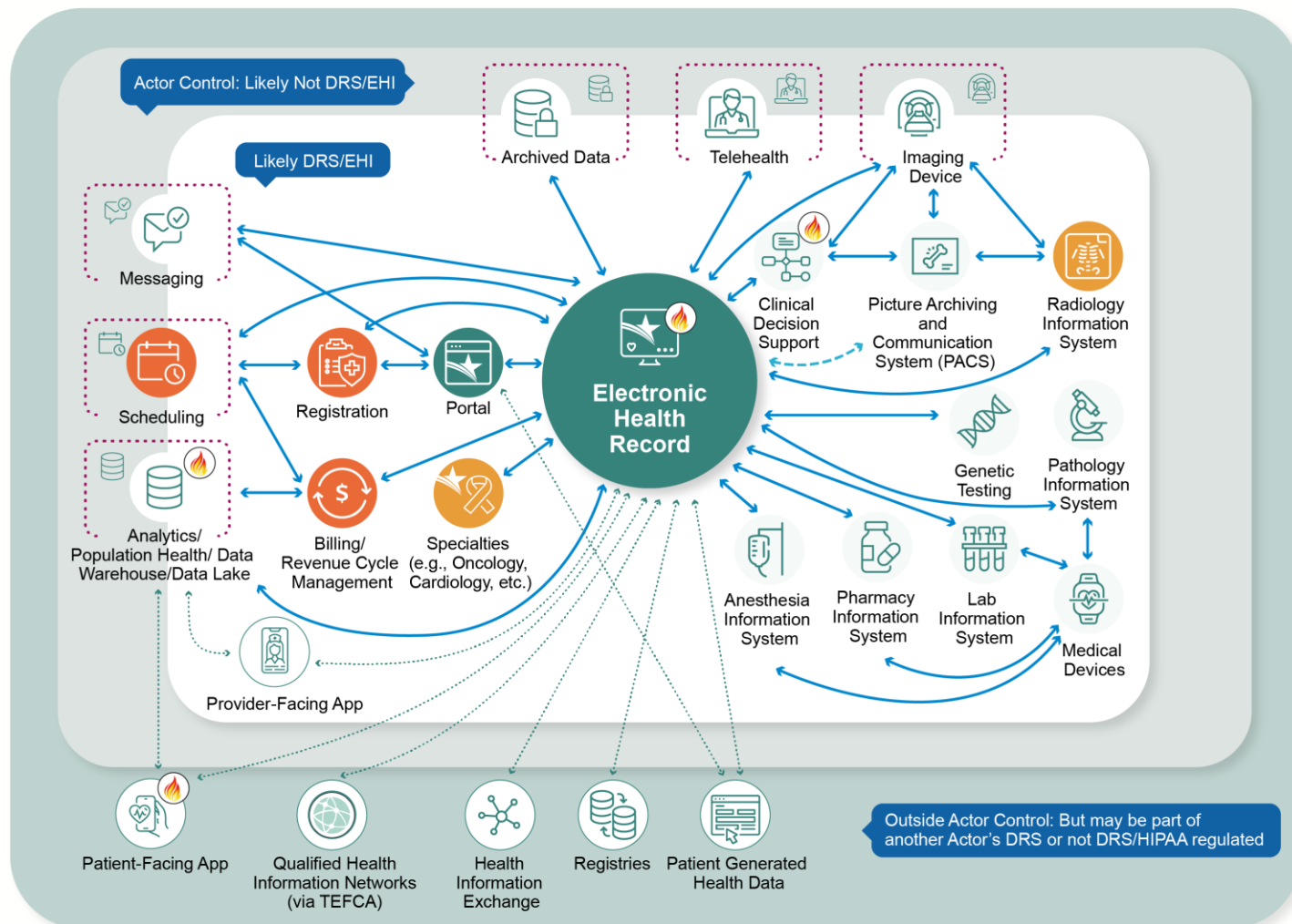
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# Mapping the Complexity of EHI

# 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



Actor Control: Likely Not DRS/EHI

Likely DRS/EHI

Outside Actor Control: But may be part of another Actor's DRS or not DRS/HIPAA regulated

Archived Data

Telehealth

Imaging Device

Messaging

Clinical Decision Support

Picture Archiving and Communication System (PACS)

Radiology Information System

Scheduling

Registration

Portal

Electronic Health Record

Genetic Testing

Pathology Information System

Analytics/ Population Health/ Data Warehouse/Data Lake

Billing/ Revenue Cycle Management

Specialties (e.g., Oncology, Cardiology, etc.)

Anesthesia Information System

Pharmacy Information System

Lab Information System

Medical Devices

Provider-Facing App

Patient-Facing App

Qualified Health Information Networks (via TEFCA)

Health Information Exchange

Registries

Patient Generated Health Data

# Operational Issues for the Full EHI Definition

# Operational Implications of the Expanded Definition of Electronic Health Information

1. Identify where EHI resides.

2. Assess available tools for fulfilling requests, with gap analysis and identification of alternative approaches.

3. Review and modify internal governance of information blocking compliance, as appropriate.

4. Modify processes and policies for receiving and assessing requests against the definition of EHI.

5. Establish processes and staffing needed to understand requests and engage in discussion with requesters.

6. Conduct internal communications and training.

7. Engage clinicians (particularly for provider Actors)

*"The challenge of implementing operational processes to share the broad scope and varied types of information contained in the full definition of EHI should not be underestimated. "*

## Some observations

- The extent and nature of the ePHI in the DRS will vary by organization and is likely to involve many different systems with varied levels of connection to tools that will allow for sharing.

- With this expanded definition of EHI, Actors are likely to encounter more requests that require them to use one of the exceptions to information blocking

- Expanded definition of EHI will likely lead to more requests that will need to be clarified to determine the Content to be shared and requested Manner for sharing it.

- Opportunity for providers and HIEs to work with vendors to automate as much as possible. Opportunity to develop new tools.

- Challenge for developers: Tools for data segmentation and withholding of sensitive data that enable effective and efficient  use of exceptions (Harm, Privacy) while also supporting the ability to share confidentiality restrictions with other health IT tools and actors.

- Implementation challenge: Clinicians will need to be involved in decision to use some of the exceptions. How can Actors best (and most efficiently) document the use of an exception?

# Understanding the Expanded Definition of Electronic Health Information in an Operational Context

# Key Themes

- The role of organizational policy will and should guide decision making.
  - Actors should consider steps to ensure consistent compliance
- Data from external systems require specific consideration
  - Will be EHI under some circumstances, but not all
- Non-standard or non-discrete data create significant challenges
- Exceptions
  - Several are potentially applicable to the majority of identified data classes
  - Actual applicability will be situational

# Understanding the Expanded Definition of EHI in an Operational Context

| Data Class/Element (from EHI Definition TF document) | Is it EHI? | Source System(s) (descriptive, not vendor-based)[4] | Factors to consider in making data available (interfaces, software to access, archives, draft data) | Additional Considerations |
|---|---|---|---|---|
| *USCDI v1 Data Classes* (as defined by ONC) | | | | |
| Allergies and Intolerances | Yes | Electronic Health Record (EHR), Pharmacy, Health Information Exchange/Health Information Network (HIN), Patient Generated Health Data (PGHD), Patient Portal, Radiology Information System (RIS), Picture Archiving and Communication System (PACS), Specialty EHR/IT | External data source considerations.  Data could be generated by the patient, and then viewed and/or reconciled by the provider. | https://www.healthit.gov/isa/uscdi-data-class/allergies-and-intolerances |
| Assessment and plan of treatment | Yes | EHR, non-traditional HIT, HIE/HIN, Specialty EHR/IT | Because the data class is not well defined, Actor may not be aware of the full scope of where the data resides within their health IT/organization.  Multiple clinicians may do the assessment and plan of treatment.  External data source considerations. | Not well defined in the USCDI  https://www.healthit.gov/isa/uscdi-data-class/assessment-and-plan-treatment |
| Care team members | Yes | EHR, Billing/RCM, HIE/HIN, Patient Portal, Scheduling | Definition of Care Team is very broad and how care team is defined varies between institutions, for example some institutions may include the entire nursing staff as | EHI only when linked to an identified patient as a relationship. |

# Policy Considerations

# Policy Considerations

1. Overlapping privacy and security rules
2. Interoperability elements
3. U.S. Core Data for Interoperability
4. Data quality and semantic interoperability
5. Technology challenges
6. Privacy exception
7. Harm exception
8. Fees exception
9. Guidance

# Example Areas for Additional Guidance

- What considerations are **"reasonable"** when assessing **infeasibility?**

- What will regulators be looking for when they assess whether an action or business process is **"reasonable under the circumstances"?**

- Actors find it particularly challenging to comply with information blocking rules when data pertains to **adolescents,** given the wide variation in privacy rules for these individuals and the possibility of unauthorized proxy access by parents and guardians. They would welcome **additional guidance on how best to apply the Privacy and Harm exceptions** for this group when they have legal obligations to protect adolescents' health data that can appear to be in conflict with obligations to share these data with the adolescent or others. These challenges are likely to become especially acute as the scope of information to be shared increases under the expanded definition of EHI.

- What constitutes a **"request" for EHI, notably for portal access** (e.g., is a portal log-in a request for some EHI, specific EHI, all EHI)?

- Actors and data requesters seek written confirmation of the oral ONC staff statement at the April 13-14, 2022 ONC Annual Meeting that t**he 10-day period for Infeasibility starts after initial due diligence** (e.g., is the requester entitled to the EHI and what is the specific request) has occurred.

# Polling Question

## POLLING QUESTION

1. How confident are you that your organization has the knowledge and resources needed to comply with the information blocking rules?

   a. Very confident
   b. Somewhat confident
   c. Somewhat unsure
   d. Very unsure
   e. Do not know

# Questions and Discussion

**Stay Tuned for Announcement of Webinars and Other Events to Share The Sequoia Project's IBWG Resources**

Stakeholder Engagement Work Group

# Stakeholder Engagement Workgroup

**Purpose:**

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. This is a time-limited Workgroup expected to complete its work in approximately six months.

**Workgroup Members:**

**Health IT Developers**

- Nihit Bajaj, Epic
- Natalee Agassi, Cerner
- Brenda Shipley, Midato Health

**Health Information Networks**

- Melanie Marcus, Surescripts, **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 Workgroup Workplan

## Phase 1

### Assessment ✓

- ✓ Completed 9 interviews with Sequoia leadership
- ✓ Surveyed 550 engaged members with 7.5% response rate from great cross-section of groups
- ✓ June: Fielding survey
- • July: Analysis

**Assessment Results:**
- • Stakeholder definitions
- • Current state assessment
- • Why stakeholders do/don't engage
- • Potential new stakeholder groups

March 25, 2022     Est end of July 2022

## Phase 2

### Prioritization

- • Establish prioritization criteria
- • Workshop
- • Develop report

Est Aug, 2022     Est Sept 2022

We are here

## Phase 3

### Recommendation

- • Hold engagement strategy workshops
- • Develop and deliver recommendations to leadership

Est Oct, 2022     Est Nov 2022

# Phase 1: Current Stakeholder Representation
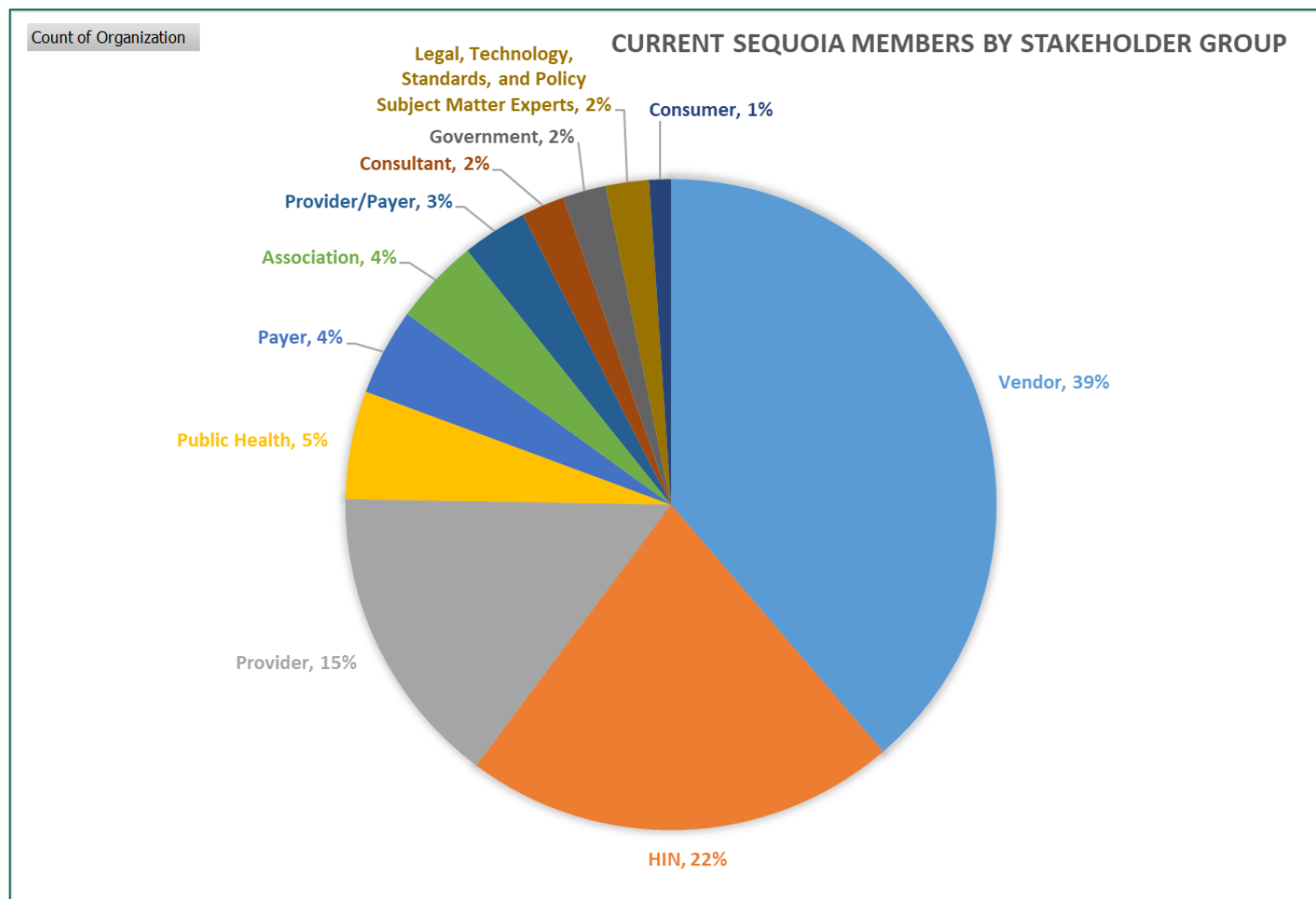
# DRAFT Stakeholder Group Draft Definitions: HIT

*\* Six categories of digital health identified by FDA and DTA (Digital Therapeutics Alliance)*

| Stakeholder Group | Definition |
|---|---|
| A) Health Information Networks (HINs) | Securely exchange clinical and other health data between practitioners and other recognized entities with a right to know for care or payment purposes |
| B) Healthcare Information Technology | Large Category of healthcare automation – see below for sub-categories |
| *Health Information Technology (HIT)\** | *Providers of electronic health and medical record systems, electronic prescribing and order entry, consumer health IT applications.* |
| *Mobile Health (mHealth)\** | *Wellness, fitness trackers and nutrition apps, consumer health information, medication adherence apps* |
| *Digital Therapeutics\** | *Deliver evidence-based therapeutic interventions to patients to prevent, manage or treat a medical disorder or disease* |
| *Devises, Sensors and Wearables\** | *Wearable and wireless devices, biometric sensors, diagnostic products* |
| *Personalized Healthcare\** | *Patient reported outcomes, predictive analytics, clinical decision support* |
| *Telehealth\** | *Telemedicine virtual visits, Remote patient monitoring, Remote care programs* |
| *Cloud tech & Cybersecurity* | *Providers of underlying cloud technology & cybersecurity services* |

# DRAFT Stakeholder Group Definitions: Non-HIT

| Stakeholder Group | Definition |
|---|---|
| C) Associations | An organization that suppoprts companies and employers of a particular type of industry. |
| D) Consultants | A person or group who provides expert advice in the industry |
| E) Consumers/Patients | Patients are key to Sequoia's vision to make the right health information accessible at the right place and time to improve the health and welfare of all Americans |
| F) Employers | Businesses that offer health insurance benefits to staff, typically sharing coverage costs with employees |
| G) Government/Public Health | Representatives from federal, state and local health agencies |
| H) Health Plans/PBMs (Payers) | Third party administrators of health and pharmacy benefits |
| I) Legal, Tech, Standards and Policy SMEs | Organizations who consult with, certify or accredit healthcare entities |
| J) Provider Organizations | Practitioners who deliver patient care acrss the continuum, including FQHCs, dental, long-term care, health systems |
| K) Provider/Payer | Practitioners who deliver care and the health insurance and coordinated care organizations who pay for clinical services rendered |
| L) Retail Pharmacies | Storefront and online pharmacies taking orders for, fulfilling and distributing prescriptions |
| M) SDOH Partners | Organizations providing services and programs designed to address inequities in health status due to the following factors: economic stability; education; social and community context; health and healthcare; and neighborhood and built environment. |

# Interview Results:
# Why Stakeholders Engage

**Biggest Benefits of Engaging:**

★ Mission orientation, making the healthcare system better

• Being heard – seat at the table for input on important interoperability topics

**Sequoia's Biggest Strengths:**

★ Cross-industry convening & collaboration

• Relationship with the government

## Interview Results: Opportunities to Improve Stakeholder Engagement

**Opportunities Areas:**

- Competing with other priorities for time, investment
- Some stakeholder groups want more focus (Payers, HIEs)
- Push for more aggressive support for FHIR and more involvement with other initiatives like HL7

**Opportunity Areas:**

- Communicate more with members
- Promote work in industry and how to engage
- Brand confusion with eHealth Exchange and Carequality

# Important Interoperability Issues to Tackle in Next Three Years

## Important Interoperability Issues for next 3 years

Telemedicine, 1%

Other, 6%

Privacy & Security, 9%

Patient Matching, 24%

Information Blocking, 14%

Consumers, 6%

Public Health, 6%

Data Usability, 34%
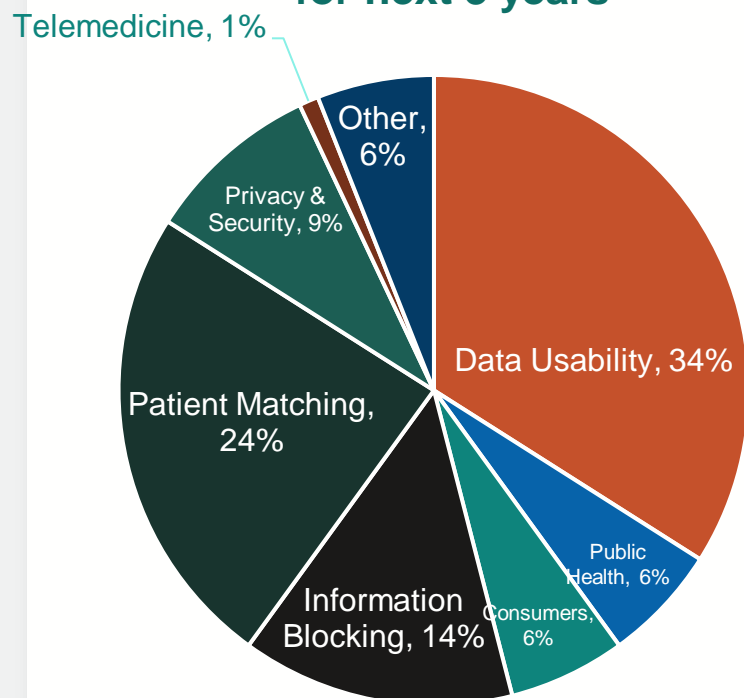
## Additional Call-Out Areas:

- *Implementation of TEFCA*
- *Payer to Provider, Payer to Payer, Payer to Patient*
- *Supporting Health Equity*
- *Integrating modalities for interop, data access and data exchange – no matter where the data flow/reside*
- *Collaboration with the RIGHT stakeholders*
- *Consumerism*
- *Scale*
- *Data Quality*

# Work in Progress: Stakeholder Outreach Prioritization

- **Goal:** Prioritize stakeholder groups for to engage more based on the priorities of the Sequoia Project.

- **Prioritization Criteria** (rating each stakeholder group on whether they help with identified gaps or needs):

  - **Sequoia Strategic Plan:** Federal engagement; identified gaps in telehealth, big data, consumers, SDOH; Public Policy; FHIR

  - **TEFCA Use Cases:** Treatment, Payment, Quality Assessment, Benefits Determination, Consumer Access, Public Health

  - **Additional Identified Issues:** Data Usability, Patient Matching, Information Blocking, Privacy & Security, Payer Connectivity, Health Equity, Consumerism, Data Quality, Public Health, FHIR/HL7

  (NOT: there are repeats)

# Work in Progress: Idea Collection on what other organizations do to engage members

- Newsletters

- Mentorships

- Newcomer programs and engagement tracks that help someone get from one level to another

- Celebrations and awards

- Local groups/Chapters

- Secure panel speaking opportunities

- Host happy hours at various conferences for members

- Job boards and job sharing?!

## POLLING Questions

1. What stakeholder group do you represent (select one)?
   a. Technology vendor
   b. Health information exchange
   c. Provider Organizations
   d. Patient/Consumer
   e. Other Data User

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# POLLING Questions

1. What are the top interoperability issues that The Sequoia Project should address over the next three years? (select two)
   - Privacy & security
   - Patient matching
   - Telemedicine
   - Data usability
   - Consumerism
   - Information blocking
   - Public health
   - Other, please explain_____ [CAN WE ALLOW A TYPED RESPONSE? IF NOT, JUST LEAVE AS OTHER]

# Data Usability Work Group Update

# Agenda

- Data Usability Workgroup Overview
  - Roadmap
  - Membership
  - Website, Meetings, Workgroup Logistics and Overview of Phases
  - Phase 3 Begins: Press Release for the publication of the Draft IG was sent out August 29, 2022



**Adam Davis, MD, Co-chair**
**Sutter Health**

**Bill Gregg, MD, Co-chair**
**HCA Healthcare**

**Didi Davis, VP**
**The Sequoia Project**

# Workgroup Members

**223 Organizations**

**351 Participants**

Healthcare Providers
20%

HIN/HIEs
13%

Consumer/Patient
5%

Public Health
2%

Health IT Developers
18%

Other
15%

Federal, State, Local Government
13%

Health Plan/Payer
10%

Standards Developer
4%

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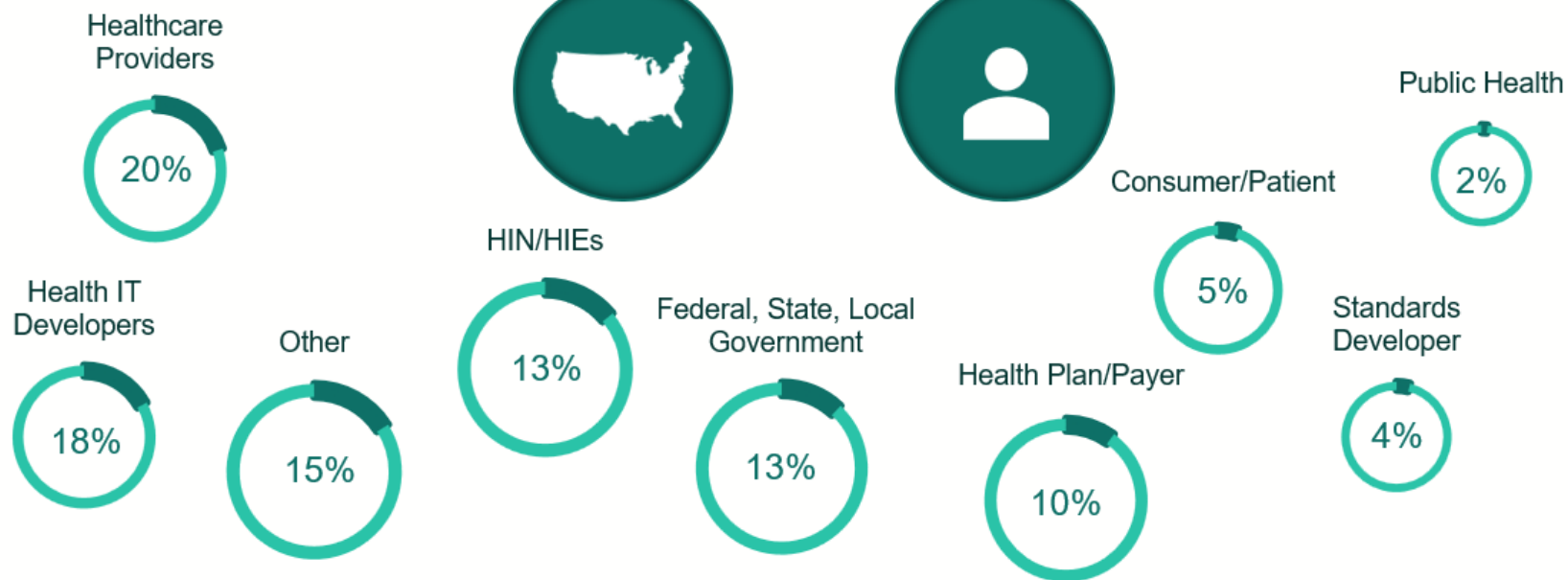
# DATA USABILITY WORKGROUP ROADMAP

**Phase 1:**
Administration and Prioritization

**223** Organizations
**351** Participants

**October 2020**
Workgroup launches

Open call for participation

Priority work items discussed for scoping on Draft Implementation Guide

Input on data usability pain points received, categorized, and prioritized

**March 2021**
Workgroup votes on priority work items

**Phase 2:**
Developing Initial Draft

**April 2021**
Begin writing Draft Implementation Guide

**June 2021**
Clinician Workshop gathers feedback from additional vendors and workgroup members

**August 30, 2022**
Draft Implementation Guide published

**Phase 3:**
Public Comment Period/ Recommended Next Steps

**August 30, 2022**
45-Day public comment period begins

Sequoia Project works with industry partners and leaders to encourage and solicit feedback

**October 14, 2022**
Public comments due

**Phase 4:**
Finalizing Implementation Guide
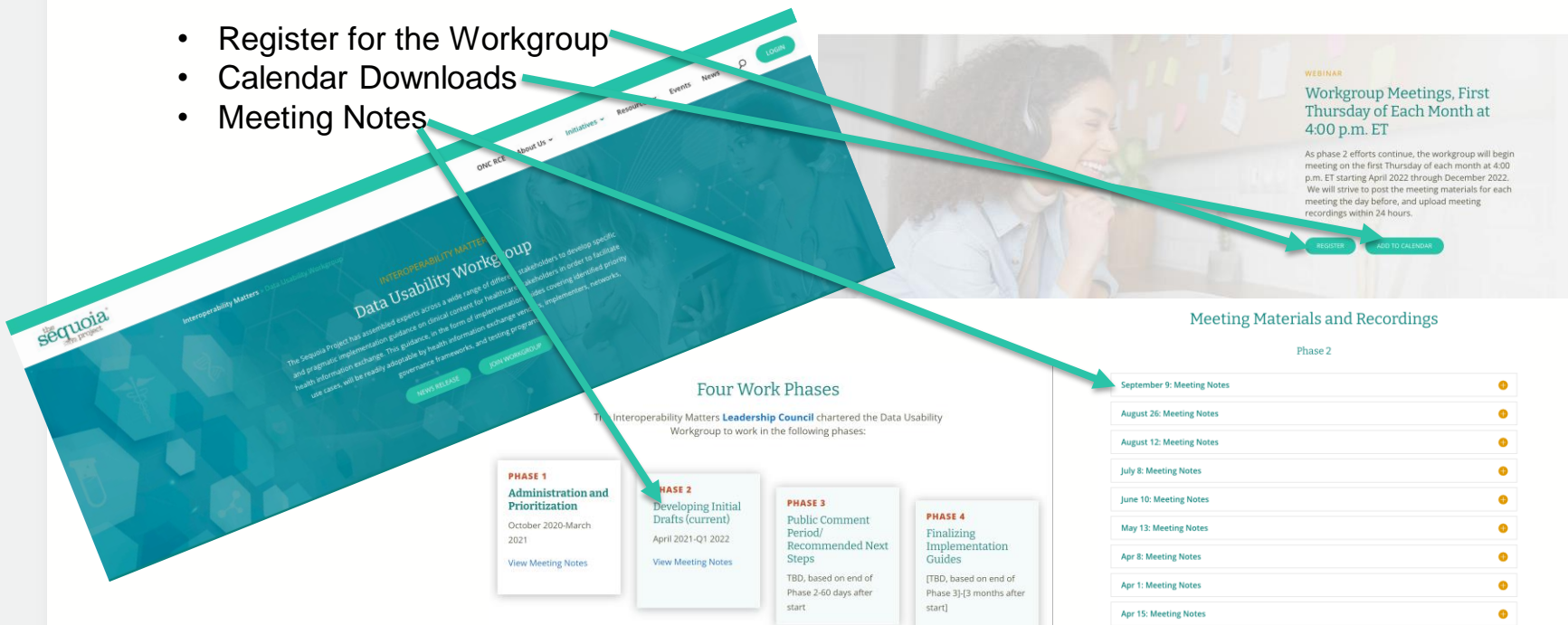
**December 14, 2022**
The Sequoia Project Annual Member Meeting

Implementation Guide published

**Continues through January 2023**
Industry vendor call to action for commitment to implement guidance

Iterate for future versions of Implementation Guide

Weekly Meetings          **January 2022**          Monthly Meetings

# Website, Meeting and Workgroup Logistics

- Register for the Workgroup
- Calendar Downloads
- Meeting Notes

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

# Phase 2 Implementation Guide Development Process

- Co-chairs and staff organized and gathered the content for the 8 topic areas developed in phase 1 activities
- Topics were addressed in priority order
  - Staff reviewed existing industry guidance from Carequality/Commonwell, CDC, HL7, LOINC, NLM, ONC, and other industry groups
  - Integrated feedback from workgroup members, workshop(s), vendor discussions and Interoperability Matters Advisory and Leadership Councils to the draft IG
  - Reviewed feedback from the Data Usability Collaboration space / forum
    - https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/
  - Updated the Draft IG for each topic category and use case
    - All workgroup comments were accepted to the draft IG through August 19, 2022

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- Executive Summary & Phases Timeline
  - Phase 1 - Administration & Prioritization
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- Statement of Intent
- Sections/Chapters
  - Six Topic Categories
  - Guidance with SHALL, SHOULD, MAY
- References
- Appendix A – High Priority Lab Results

Guidance for
**Data Provenance & Traceability of Change**

Guidance for
**Data Integrity, Format and Trust**

Guidance for
**Effective Use of Codes**

Guidance for
**Data Tagging / Searchability**

Guidance for
**Reducing the Impact of Duplicates**

Guidance for
**Effective Use of Narrative for Usability**

## Use Cases

- Provider-to-provider health information exchange
- Provider-to-public health agency information exchange
- Healthcare entity-to-consumer information exchange
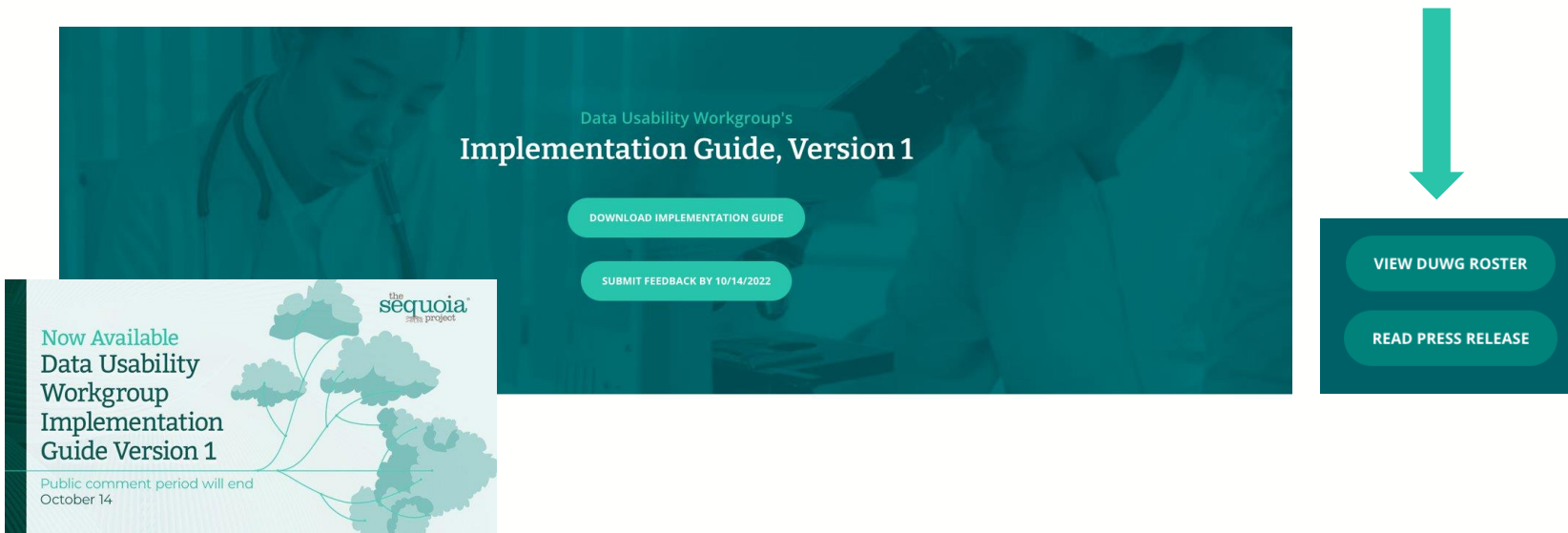
## Section / Chapter Structure

- Problem statement
- Use Cases
- Existing Published Work
- Guidance
- Future Efforts

Interoperability MATTERS

# Phase 3: Public Comment Website Navigation

- The Implementation Guide was published August 29, 2022 for 45 day public comment period ending October 14, 2022
- The Implementation Guide and Comment form can be found here
- At the top of this page you will find two buttons
    - Download the Implement Guide PDF using the first button
    - The second button takes you to the Sequoia form Tool used to Submit Feedback by October 14, 2022
- Scroll past the Executive Summary to find the *workgroup roster* of members and *press release* issued August 29, 2022

# Phase 3: Public Comment Links

- Multiple forms may be submitted from one person and/or organization until October 14, 2022
- Sequoia will be reaching out to socialize with industry partners through the comment period
- Share with your colleagues – comments are welcome from all and encouraged
  - Press Release Issued August 29, 2022
  - Implementation Guide
  - Comment Form
  - Workgroup Roster
    - Join the Workgroup



the sequoia® project

Now Available
Data Usability
Workgroup
Implementation
Guide Version 1

Public comment period will end
October 14

# Phase 3: Public Comment Process Example

# Phase 4: Finalizing Implementation Guide for Publication

- Comments will be disposed as they are received by the Leadership team and socialized on the monthly workgroup meetings (first Thursday of each month) through December 1, 2022

- <span style="color:red">The Final Version 1</span> of the Implementation Guide will be published <span style="color:red">December 14, 2022</span>

- The Implementation Guide will be highlighted at the in-person Sequoia Annual Member Meeting in Washington, DC

  – Grand Hyatt Washington

  – Register and Subscribe for Updates

  – https://sequoiaproject.org/2022-annual-meeting/

**14 DEC 2022**
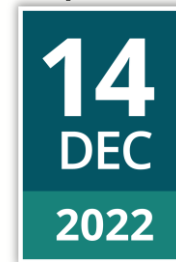
**Emergency Preparedness Information Workgroup**

# Emergency Preparedness Information Workgroup Updates

- The EPIW continues to meet and discuss its next deliverable: Public Health Interoperability Policy Roadmap. This roadmap seeks to deliver considerations for all public health agencies that are determining a path forward for data exchange, data quality and data access. This ties to the data and IT modernization projects that many state agencies are currently undergoing

- We are also working on a TEFCA situational roadmap for public health that defines how TEF could enhance interoperability when inserted into an existing system or workflow

# What's next for the EPIW?

- The EPIW's convening mission was to address the nation's response to the pandemic and to provide a community of practice for its members
- While both components of the mission continue to be important, the workgroup is considering expanding its mission and adding members that represent public health in other areas
- The workgroup is discussing becoming more public health focused in general, but not just as it relates to emergency preparedness and response
- More to come on this as we continue our discussions

# TEFCA Recognized Entity (RCE) Update

# Timeline to Operationalize TEFCA

**2021**
- Public engagement
- Common Agreement Work Group sessions
- RCE and ONC use feedback to finalize TEFCA

**Summer/Fall 2022\***
- Finalize initial SOPs
- QHINs begin signing Common Agreement and applying for Designation

**2023**
- Establish Governing Council
- Follow change management process to iterate Common Agreement, SOPs, and QTF, including to support FHIR-based exchange

| 2021 | 2022 – Q1 | Q2 | Q3 | Q4 | 2023 |
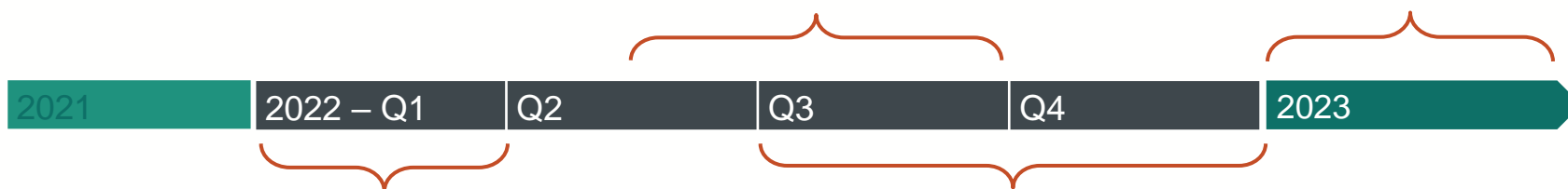
**Q1 of 2022**
- Publish Common Agreement Version 1
- Publish QHIN Technical Framework (QTF) Version 1 and FHIR Roadmap
- Initiate work to enable FHIR-based exchange
- Public education and engagement

**Q3 and Q4 of 2022**
- Onboarding of initial QHINs
- Additional QHIN applications processed
- RCE establishes Transitional Council
- RCE begins designating QHINs to share data
- Prepare for TEFCA FHIR exchange pilots

\*Updated per ONC Buzz Blog post, May 16, 2022

# TEFCA Update

- QHIN Onboarding & Designation SOP and QHIN Application released August 31
  - Application opened for submissions October 3rd
  - 9 Letters of Intent submitted
  - QHIN Application, Onboarding, and Designation process

- Upcoming
  - Transport Testing update
  - FHIR Roadmap
  - Payment & Healthcare Operations SOP
  - Public Health SOP

- TEFCA Resources

# Discussion / Closing

# 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