



Consumer Engagement Strategy Workgroup

May 27, 2025

CESWG Meeting Agenda – May 27, 2025

- Welcome – and workgroup charge
- Didi Davis –
- Kathryn Lucia –
- Overview – Workgroup action plan
- Tool Kit Discussion
 - Review status
 - Discuss structure and direction
- Meeting wrap up and next steps

Welcome Consumer Engagement Workgroup Members!

- Henry Archibong, HealthMark Group
- Allison Aubuchon, WellConnector
- James Bateman, Marble
- Jennifer Blumenthal, OneRecord
- Whitney Bowman-Zatzkin, RareDots
- Stephanie Broderick, Clinical Architecture
- Hans Buitendijk, Oracle
- Hugo Campos, Consultant
- Bart Carlson, Azuba Corporation
- Barbara Carr, Verisma
- Dan Chavez, Santa Cruz HIO
- Grace Cordovano, Enlightening Results
- David Corso, Azuba Corporation
- Jeff Coughlin, American Medical Association
- Tammy Coutts, EHRA
- Dave Debronkart, HL-7 Patient Engagement
- Cathriona Dolphin-Dempsey, Stanford Health Care
- Tina Feldmann, eHealth Exchange
- Eddie Gonzalez-Loumiet, Ruvos
- Katie Goulette, MiHIN
- Mike Graglia, Cure SynGAP1
- Thomas Grannan, Azuba Corporation
- Leigh Hanes, Attorney
- Joseph Hernandez, BluIP
- Jen Horonjeff, Savvy Cooperative
- Gena Jarosch, MiHIN
- Chris Jones, MatchRite Care
- Nabbil Khan, Lifeline Biosciences
- Shannah Koss, Koss on Care LLC
- Allison Kozee, MRO Corporation
- Jason Kulatunga, FastenHealth
- Amy Laine, Sandwych
- Virginia Lorenzi, The New York Presbyterian
- Tushar Malhotra, eClinical Works
- Shamekka Marty, Patient/Caregiver Advocate
- Josh Mast, Oracle
- Elizabeth McElhiney, Verisma
- Chrissa McFarlane, Patientory
- Deven McGraw, Ciitizen
- Lana Moriarty, ONC
- Leslie Nance, Humana
- Tiffany O'Donnell, MRO Corporation
- Adaeze Okonkwo, Government of DC
- Melis Ozturk, IBM
- Eric Pan, Stoa Medical
- Josh Parker, AthenaHealth
- AJ Peterson, Netsmart
- Aileen Rowan, Oliver Wyman
- Brandi Ryan-Cabot, Contexture
- Paul Seville, Deloitte
- Alexis Shaner, Hawai'i Pacific Health
- Sachin Sharma, JHCP
- Stacey Tinianov, Patient Advocate/Consultant
- Jaffer Traish, FindHelp
- Janice Tufte, Hassanah Consulting
- Brian Van Wyk, Epic
- Vanessa Vogel-Farley, Global Genes
- Diana Warner, MRO Corporation
- Duncan Weatherston, Smile Digital Health
- Carol Zinder, inTandem Health

Sustainability & You: A Call to Action for Workgroup Participants

The Sequoia Project is a 501c(3) non-profit working to improve interoperability for the public good. The Interoperability Matters Program -- including this workgroup -- is made possible in part by member dues.

Please help us sustain the impact of our collective work by **identifying potential funding sources** that believe, like you do, in the power of cross-industry convenings to solve shared problems.

Perhaps your organization has a corporate foundation, or you are aware of relevant grantors or associations that may want to get behind this work.

Drop us an email at InteropMatters@sequoiaproject.org



Consumer Engagement Strategy Workgroup



Workgroup Vision

Make health data work better for consumers!

Workgroup Goal

Work collaboratively to develop tools, propose solutions and recommend actions needed to ***ensure consumers can access, use and share their electronic health data in ways that will decrease patient workload and burden.***

Personal Health Data – *What Patients Need*

Personal Access

All of my health information is readily accessible to me and my caregivers in one place when I need it

My patient portal makes it easy to find my visit reports, lab results, prescriptions and physician notes

I can access all of my health information from all of my physicians through a personal health hub of my choosing

It's easy for me to be able to do what I need with my data to manage my health and care.

Care Team Access

All of my data is readily accessible to all of my care team through their EHR, regardless of their practice affiliation

All of my physicians have access to all of the data about me that I choose to make available through their office electronic health record

It's easy for me to share all of my data with the providers, apps and researchers I choose

I am able to choose to not share specific types of health data with certain providers

Usefulness

I can understand my data and health information makes sense to me

My information is easy to read without straining my eyes

It is easy for me to see which of my lab values are out of range or if a specific test is negative or positive

My information is provided to me in language that is understandable to somebody without a medical degree

My information is accurate and its easy for me to correct inaccuracies

Awareness and Education

I understand my rights to data access, how and by whom my data is used and can advocate for myself and others

My provider makes it easy for me to understand my rights to data use and takes measures to ensure that I am able to exercise those rights in a timely manner.

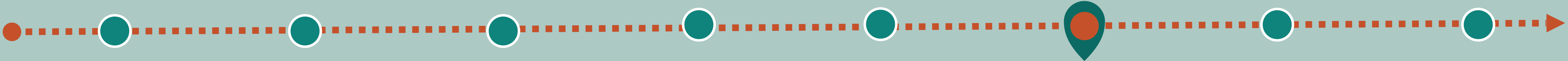
My data access rights are clearly articulated in my patient portal and provider's office, so that I can see and understand them within the context in which that knowledge is relevant

My provider and patient portal makes clear what data is and is not shared with other providers in that health system or other health systems

Consumer Engagement Strategy Workgroup – Our Evolving Roadmap

2025

We are here!



2024

- Group Activities**
- Documented state of patient data dysfunction
 - Explored barriers to functional PHRs
 - Dove deep into current state of policy - rights and limitations
 - Developed plans to create tools to enable industry to comply with existing policy

January

- 2025 Kickoff!**
- Define best practices
 - Outline tool kit elements
 - Recruit volunteers for toolkit development
 - Community input plans

February

- Tool Kit Development**
- Review and refine best practices
 - Finalize leads and support for tool kit element development
 - Clarify expectations for tool development
 - Create process for development

March

- Review drafts and prepare for community buy-in**
- Review first draft of tool kit elements

April

- Review materials/prepare for community input**
- Review revised draft of toolkit elements
 - Discuss plans for community input

May

- Review and Refine**
- Review draft version to be released for community input
 - Explore paths to adoption
 - Solicit and identify policy recommendations

June

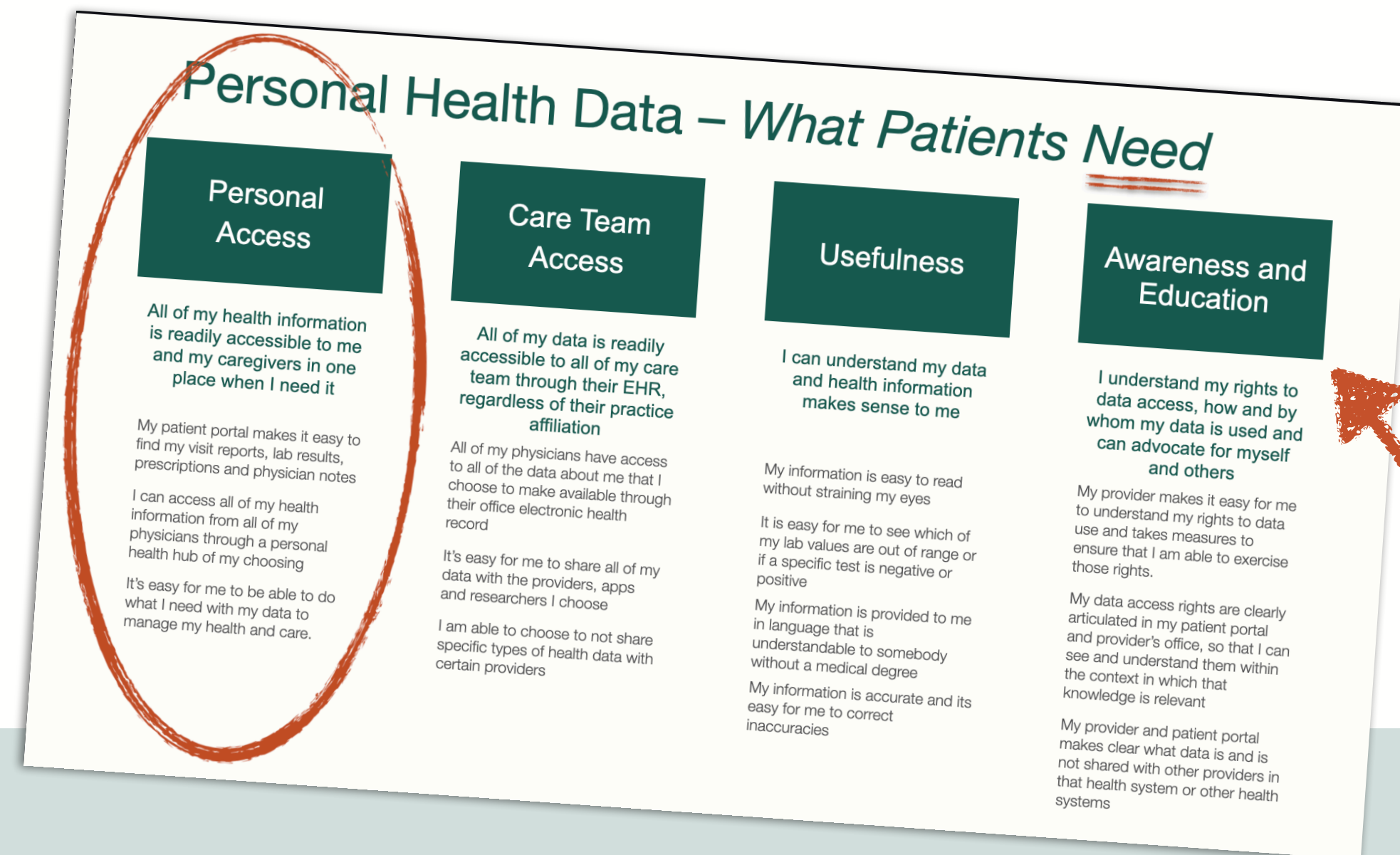
- Preliminary release**
- Discuss plans for community circulation
 - Discuss path to adoption

July

- Review and Explore**
- Explore paths to adoption
 - Review/refine industry pledge content
 - Prepare for toolkit/ best practices release

Enabling Change through Action

Our path to action...



Six Meetings focused on personal access!!

Patient access to all of their electronic health information (EHI) is a right, but ...

Portals insufficient

- Provider/Industry focus
- Insufficient – subset of EHI
- Missing critical data
- Patients must interact with medical records

PHRs face barriers

- Technical barriers
- Policy/identity proofing
- Requires manual effort – difficult to scale/automate

TEFCA still evolving

- Provider use is growing
- QHIN exchange evolving
- Patient matching barrier
- IAS through TEFCA emerging but not “real”

What can we do NOW to make patient access to their EHI easier?

We're Solving the “Last Mile Problem” *for Patient Data Access*

Data Access Barriers Remain

- Barriers to patient data access are real and consequential
 - Can get some data but not all
 - Process is laborious and complex
- Patients STILL are most reliable method for sharing data among providers
 - Necessitates additional testing
 - Prevents longitudinal understanding
- Lack of access limits patient autonomy, self care and research

Policy is Mostly in Place

- 21st Century Cures and info blocking rule **requires** providers to give patients access to EHI in a **timely manner without undue delay**
 - Not well enforced
- Industry does not consistently comply with requirements for timely access
 - Not all EHI - only data in portal

Remaining Problems Operational and Logistical

- Industry focused on “certified EHR requirements” and HIPAA
- EHI access laws not prioritized
- Basic structures are in place
- Biggest issues are now logistical and procedural
 - Information
 - Process
 - Design
 - Training

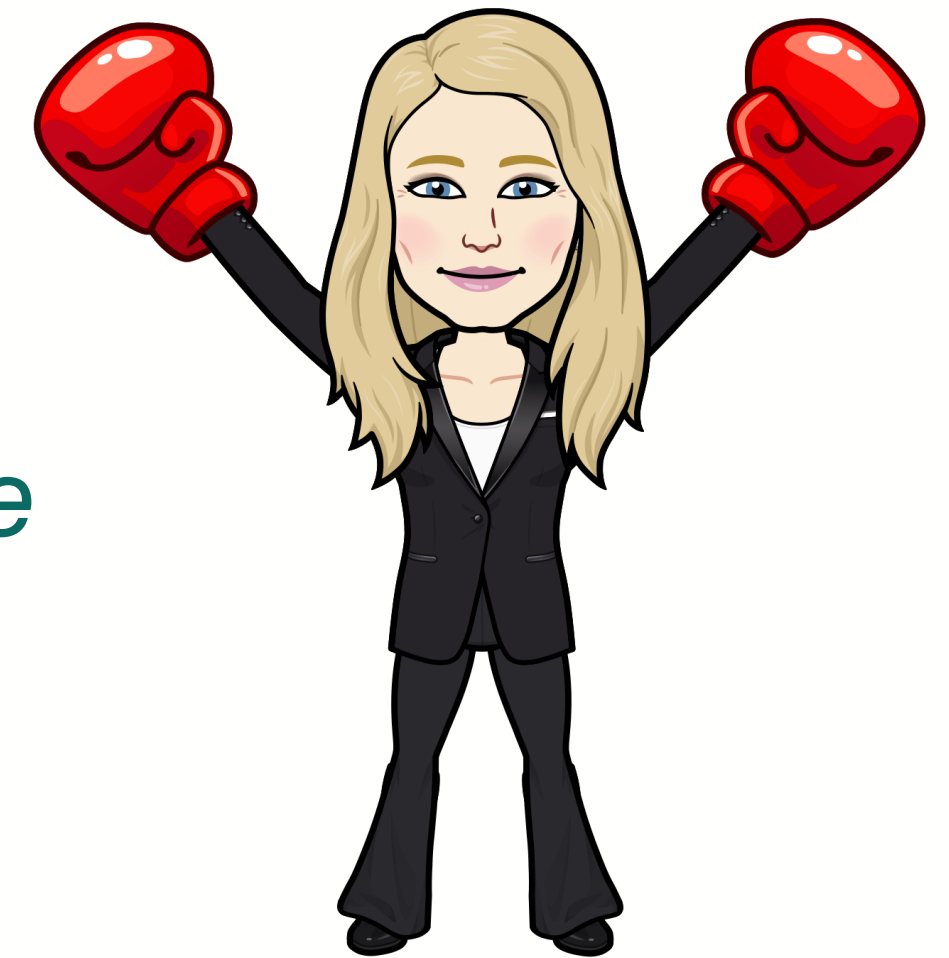
We're creating the tools to make it easier for provider practices and institutions to comply with the law!

- Best Practices guidance document
- Tool kit - make adoption easier
- Pledge - gain industry commitment
-

Moving to action

Goal – Our Desired End State

Patients facing a health crisis can readily access their personal health data in a timely manner, easily find the information they need to gain timely access and understand actions they can take if they are not given timely access



Objectives

1

Drive industry-wide excellence in facilitating timely access to all personal electronic health information

2

Give guidance to and provide materials for industry and providers on how to inform and empower patients to access their data in a timely manner

3

Actively promote and incentivize industry-wide adoption of practices aimed at enabling timely access to all personal data

Tactical plan

Best Practices

Develop industry-wide “best practices” and recommendations for providing readily accessible and obvious information to consumers about their rights to access their data

Tool Kit

Create tool kit with informational and digital assets that can be adopted by industry and placed where patients can find them in their time of need

Industry Pledge

Develop industry “pledge” to adopt recommended best practices

Policy Proposal

Create recommendation to ASTP/ONC to require placement of information in obvious, accessible location in EHR for all certified HIT

Policy Input Opportunity

CMS Request for Information:
Health Technology Ecosystem

Kathryn Lucia, Sequoia Project Policy Team

Background

| | |
|-------------|--|
| 2016 | 21 st Century Cures Act |
| 2017 | Executive Order 13813 “Promoting Healthcare Choice and Competition across the United States” |
| 2018 | CMS Launched Blue Button 2.0 |
| 2019 | CMS launched Data at Point of Care API pilot |
| 2020 | CMS Interoperability and Patient Access Final Rule |
| 2020 | ONC Cures Act Final Rule |
| 2024 | HTI-1 Final Rule: Certification Program Updates, Algorithm Transparency, and Information Sharing |
| 2024 | HTI-2 Final Rule: TEFCA |
| 2024 | Interoperability and Prior Authorization Final Rule |

CMS RFI – Technology Ecosystem

The RFI invites input from patients, caregivers, providers, payers, technology developers, and other stakeholders on how CMS and ASTP/ONC can:

- Drive the development and adoption of digital health management and care navigation applications;
- Strengthen interoperability and secure access to health data through open, standards-based technologies;
- Identify barriers preventing the seamless exchange of health information across systems; and
- Reduce administrative burden while accelerating progress toward value-based, patient-centered care.

Comments are due June 16th!

Press Releases

May 13, 2025

CMS Seeks Public Input on Improving Technology to Empower Medicare Beneficiaries

[Data](#) [Initiatives](#)

Share



The Centers for Medicare & Medicaid Services (CMS) is taking bold steps to modernize the nation's digital health ecosystem with a focus on empowering Medicare beneficiaries through greater access to innovative health technologies. The agency, in partnership with the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC), is seeking public input on how best to advance a seamless, secure, and patient-centered digital health infrastructure. The goal is to unlock the power of modern technology to help seniors and their families take control of their health and well-being, manage chronic conditions, and access care more efficiently.

Key Themes of Section B. Patients and Caregivers

Patient and
Caregiver
Needs

Access to
Health
Information

Awareness
and Gaps in
Existing Tools

CMS's Role
and
Opportunities

Accessibility
and Usability

Measuring
Impact

Example Questions

Patient Needs

Patient Needs:

- **PC-1.** What health management or care navigation apps would help you understand and manage your (or your loved ones) health needs, as well as the actions you should take?

Data Access and Integration

Data Access and Integration:

- **PC-8.** In your experience, what health data is readily available and valuable to patients or their caregivers or both?
 - a. What data is valuable, but hard for patients and caregivers, or app developers and other technical vendors, to access for appropriate and valuable use (for example, claims data, clinical data, encounter notes, operative reports, appointment schedules, prices)?

Information Blocking and Digital Identity

Information Blocking and Digital Identity

- **PC-14.** Regarding digital identity credentials (for example, CLEAR, Login.gov, ID.me, other NIST 800-63-3 IAL2/AAL2 credentialing service providers (CSPs)):
 - a. What are the challenges today in getting patients/caregivers to sign up and use digital identity credentials

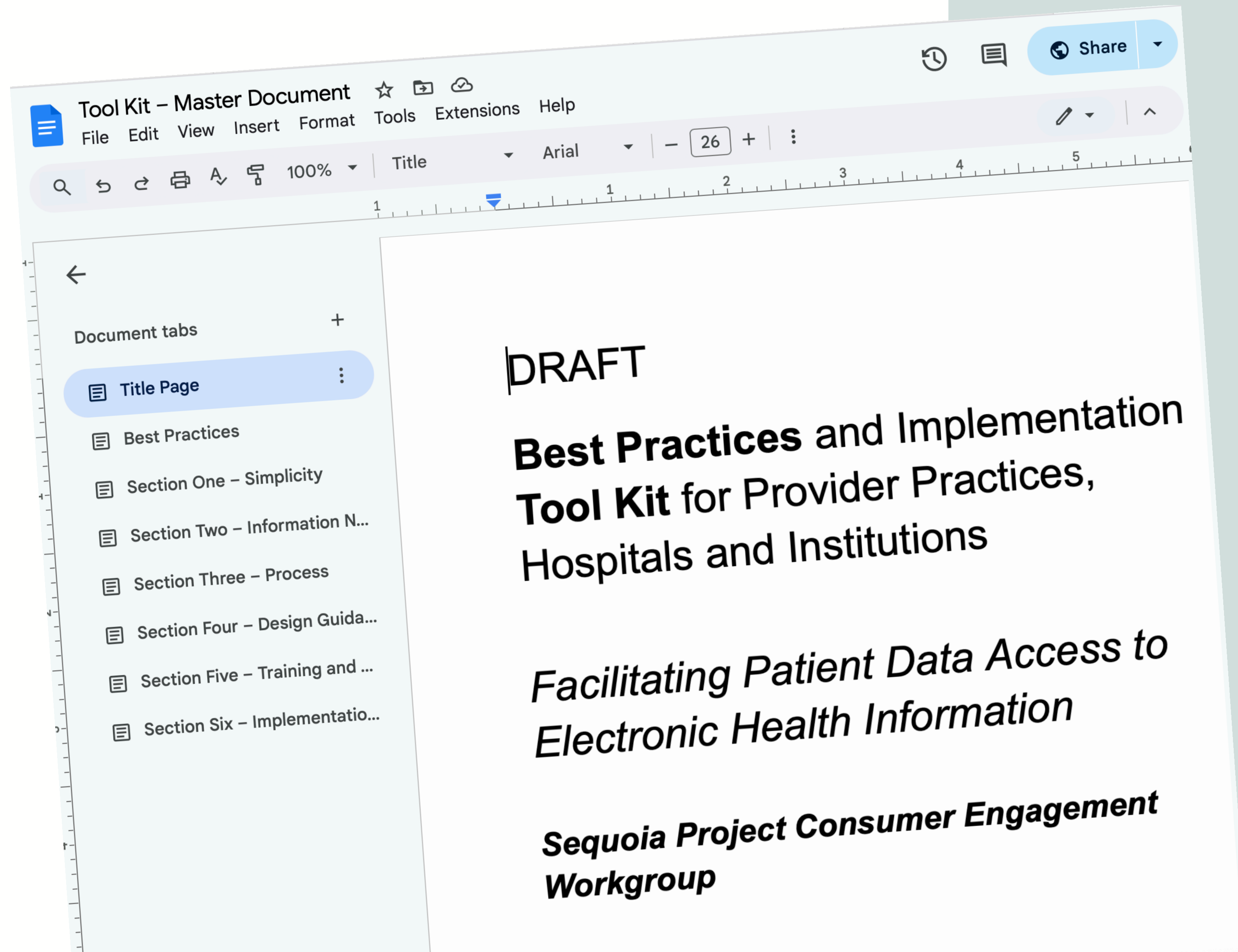
Driving Implementation of Best Practices

Lessons Learned through the Sequoia Project's Data Usability Workgroup and "Taking Root Initiative"

Didi Davis, Vice President of Informatics, Conformance and Interoperability, Sequoia Project

Tool Kit Master Document

Toolkit Master Document



**New consolidated
document**

[DRAFT Tool Kit Master Document](#)

Section Two – Information

Structure

Information Categories

Seven categories that correspond with tool kit elements list

- Patient Data Rights
- Data Types and Access
- Data Access Fees
- Required Forms
- Proxy Access
- Adolescent Health Data Access
- Patient Portal Access

Category components

Each category is divided into three components

- Guidance for Implementors
- Recommendations for Implementors
- Sample Text for Patients

Section Two – Information

This section provides an overview of the information that patients need to understand to successfully access their health data. By providing this information to patients in one, easy-to-find place not only make it easier for patients, but it also cuts down on administrative burden for staff who would be required to respond to requests.

The section provides an overview of the different categories of information. Within each category, there are three components.

- **Guidance for Implementors** – this component provides context and background information for those who will be implementing the recommended best practices. By providing this background, we hope to help implementors understand the legal framework and requirements, as well as the importance of this information for patients seeking to access the data they need.
- **Recommendations for Implementors** – this component provides brief, bulleted recommendations for implementors charged with creating a patient data resource center.
- **Sample Text for Patients** – this component is meant to serve as sample language that implementors can use for their own patient-facing materials and Website. You can copy the language verbatim, adapt it for your practice or rewrite it in whatever way makes sense for your practice and your patients. By providing the sample text, our aim is to make it easier for you to incorporate the information into your own communication tools.

Information Category One – Patient Data Rights

Guidance for Implementors

Federal law gives patients the right to access all of their health information. If you have data in any format that was generated by, through or on behalf of a patient, that patient is legally entitled to be able to access that data to use in any way they choose.

For data that is in electronic or digital form, the government, through the 21st Century Cures Act and the information blocking rule that supports it, specifically requires you to make that data available to patients in a timely manner, especially in situations where urgent or timely access is important for that patient's care.

Section Three – Process

Section Three – Process

Making data accessible requires thinking through an array of complex processes ahead of time. Much of the work is conducted by the hospital information management team, your EHR vendors and/or your information management vendors.

Because responsibility for accessing different types of data likely falls into the domain of different offices within the hospital, navigating the process for patients can sometimes be challenging, especially in times of stress and limited functional capacity. It's important for providers and their vendors to think through the range of processes ahead of time, imagining the full experience from the perspective of the patient.

This section of the tool kit aims to help implementors think through these processes ahead of time within the context of all of the actions that patients will be required to take to access their data.

Process Category One – Data Formats

Guidance for Implementors

Much of the data that is generated by patients is stored in standardized formats that have been prescribed by regulators and/or adapted by informatics vendors. However, specialized data sets from medical devices, diagnostics and imaging often use non-standard data formats or data structures that require special software to read the data.

In instances in which data is stored in non-standard formats, it's important for providers to think through the potential uses that patients might have and proactively address these issues through their communications.

... data may want the data for different

Structure

Process Categories

Three categories that correspond with tool kit elements list

- Data Formats
- Data Transfer Options
- Urgent Access Options

Category components

Each category is divided into three components

- Guidance for Implementors
- Recommendations for Implementors
- Resources (if any)

Thank You!!



Contact Us

interopmatters@sequoiaproject.org
amccollister@sequoiaproject.org

For additional information visit our [website](#).