



Interoperability MATTERS

an initiative of The Sequoia Project

Steering Committee Annual Report

2025

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A Message from Our Co-Chairs

On behalf of the Interoperability Matters Steering Committee, we are pleased to provide our first Annual Report for the Interoperability Matters program. Since 2018, the program has been a mainstay for Sequoia member engagement to tackle the most pressing, discrete challenges to nationwide health information sharing. In 2024, the program more than doubled in size in response to Sequoia member and board priorities, catalyzing the need for a more rigorous approach to program governance.

The state of the Interoperability Matters program is strong. The program reinforces Sequoia's brand of advancing interoperability for the public good and is a popular benefit for Sequoia members. Member engagement and satisfaction in the program are high, published deliverables are on the rise, and the program attracted new sponsors. Workgroups are planning for impact, thinking beyond publication of workgroup products to the promotion, dissemination, education, adoption and implementation of workgroup products.

Over the course of 2025, the Steering Committee established criteria, process and metrics to objectively evaluate and help evolve program activities, outputs and impact. We have been deeply moved by the commitment Steering Committee members have shown to undertaking program prioritization, evaluation and sustainability efforts. Steering Committee members worked closely with Sequoia's program staff to ensure all mature and emerging workgroups and work products underwent review, providing opportunities for rich conversations between workgroup leads and Steering Committee members. We believe our approach has laid a solid foundation for the program:

- Objective criteria to prioritize new workgroups
- Consistent format for new workgroup charters
- Consistent format outlining workgroup activities, outputs and impact
- Objective approach using metrics to compare and evaluate workgroups
- External review of work products prior to publication

We commend the Interoperability Matters program as a vehicle for neutral convening and practical implementation. Further, we encourage Sequoia members to participate in and consider sponsoring workgroups to ensure that this important work continues as a model for industry to collectively solve shared interoperability barriers without burdening government.

We look forward to robust discussion of this annual report and ideas for future efforts.

Melanie Marcus

Chief Marketing & Customer Experience Officer
Surescripts
Co-chair, Steering Committee

William Gregg, MD

Vice President, Clinical Data and Interoperability
HCA Healthcare
Co-chair, Steering Committee

Mission

Interoperability Matters engages experts from across the healthcare and healthcare IT communities to identify, prioritize and collaborate on the most pressing, discrete challenges to nationwide health information sharing.

Program Overview

The Interoperability Matters program is a vehicle for (1) engaging Sequoia members in the interoperability community, (2) reinforcing Sequoia’s brand of trusted, neutral convenor, (3) recruiting new members and sponsors to sustain our work, (4) impacting the healthcare industry and (5) influencing policy in support of our public good mission. The program provides Sequoia members the opportunity to co-chair, participate in and sponsor cross-industry workgroups to collectively solve discrete barriers to interoperability.

In 2025, 7 workgroups actively convened to fulfill their chartered purposes which can be broadly characterized as advancing data access and data quality. Ideas for workgroups come from Sequoia Member Surveys, Sequoia Board Members, Sequoia’s Strategic Planning Committee and Sequoia staff conversations with government and industry. While 2024 Annual Meeting attendees showed strong interest in launching a new Clinical Research Workgroup and a new TEFCA Community of Practice, planning was paused amidst federal priority shifts.

DATA ACCESS	2019	Unlocking compliance with information blocking rules. <i>-Information Sharing Workgroup</i>	30 Healthcare Organizations
DATA QUALITY	2020	Making exchanged clinical data more useful. <i>-Data Usability Workgroup</i>	30 Healthcare Organizations
DATA ACCESS	2020	Progressing interoperability at state agencies. <i>-Public Health Community of Practice</i>	26 Public Health Agencies & Associations
DATA ACCESS	2024	Protecting patient privacy in health data exchange. <i>-Privacy & Consent Workgroup</i>	37 Healthcare Organizations Privacy Experts
DATA ACCESS	2024	Advancing implementation for new exchange partners. <i>-Payer Workgroup</i>	18 Healthcare Organizations Payers
DATA ACCESS	2024	Solving the last mile problem for patient data access. <i>-Consumer Workgroup</i>	48 Healthcare Organizations Patient Advocates
DATA ACCESS	2025	Evolving the integrated care team. <i>-Pharmacy Workgroup</i>	40 Healthcare Organizations Pharmacies

Sequoia members are invited to virtual Member Forums to hear workgroup updates and have access to all workgroup materials on the Community Website, whether they participate in the workgroup or not.

Guiding Principles

The Interoperability Matters program is an important part of how The Sequoia Project executes on its role as a trusted, neutral nationwide convener of healthcare stakeholders. The program:

- Prioritizes matters that benefit from national-level, public-private collaboration
- Focuses on addressing and solving targeted, high impact interoperability issues
- Engages a broad group of stakeholders and collaborators
- Coordinates collective efforts for a cohesive set of strategic interoperability directions
- Channels end user needs, requirements, and priorities
- Introduces and addresses diverse opinions
- Facilitates discussion to develop work products with an emphasis on implementation
- Supports a public forum to assure maximum openness and transparency
- Provides feedback and insight to policymakers based on real-world implementation

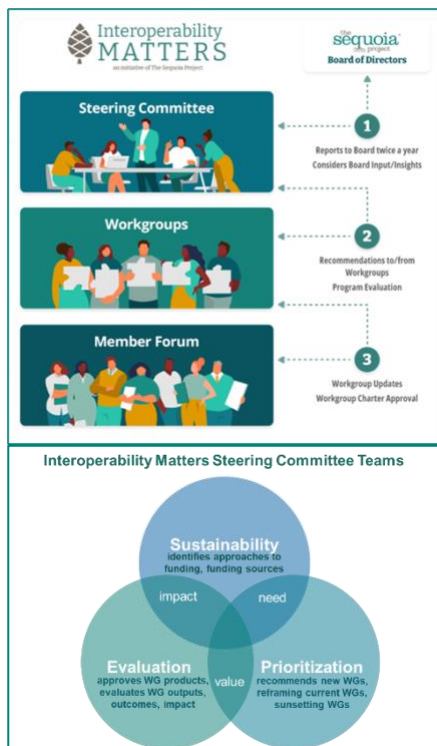
Program Governance

Sequoia Project members are elected by their peers to serve on the Interoperability Matters Steering Committee, established in 2024 for the chartered purpose of representing Sequoia Project members and facilitating the Interoperability Matters program for the benefit of The Sequoia Project and the interoperability community.

The Steering Committee is comprised of 13 volunteer members, including 2 that serve as Co-Chairs. The committee’s composition includes Provider, Vendor, HIN, Healthplan, Consumer and Association members.

Our deepest gratitude
to our inaugural
Steering Committee
members!

Steering Committee Members	
PROVIDER	<ul style="list-style-type: none"> • Bill Gregg, HCA Healthcare – Co-Chair • Jeff Coughlin, AMA • Sid Thornton, Intermountain Healthcare - Evaluation Team Lead
VENDOR	<ul style="list-style-type: none"> • Nihit Bajaj, Epic - Prioritization Team Lead • Josh Mast, Oracle
HIN	<ul style="list-style-type: none"> • Melanie Marcus, Surescripts – Co-Chair • Jayme Pina, eHealth Exchange
HEALTHPLAN	<ul style="list-style-type: none"> • Nancy Beavin, Medica • Matthew Schuller, BCBSA - Sustainability Team Lead
CONSUMER	<ul style="list-style-type: none"> • Shamekka Marty, Patient Advocate • Anna McCollister, Patient Advocate
ASSOCIATION	<ul style="list-style-type: none"> • Stan Huff, University of Utah • Lauren Riplinger, AHIMA



The Steering Committee reports to The Sequoia Project Board twice a year and at all Sequoia Project Member Forums featuring Interoperability Matters program updates.

In its inaugural year, the Steering Committee formed three teams to focus on critical aspects of program management: Evaluation, Prioritization, and Sustainability. These teams undertook a rigorous meeting schedule to develop and operationalize guidance and approaches to strengthen the Interoperability Matters program including objective criteria, processes, and tools. (See Appendix for these foundational approaches.)

Now that the foundation has been laid for evaluating workgroups and work products, evaluating and prioritizing new or revised workgroup charters, and considering approaches for sustainability, the Steering Committee is positioned to meet in aggregate with any eye toward more strategic conversations in 2026.

Sponsor Recognition

The Interoperability Matters program is funded by Sequoia member dues and the generosity of our sponsors and collaborative partners. Sponsorships support the planning, launch and sustainability of new workgroups and educational programming to tackle interoperability issues of importance to the healthcare industry.

2025 Interoperability Matters sponsorships were in support of the Pharmacy, Data Usability and Information Sharing Workgroups.

We thank the following sponsors for their support of this critical work:



Program Participants

A survey of Interoperability Matters workgroup participants found a variety of motivations and self-initiated plans to disseminate workgroup products for broader impact. Based on survey results, Sequoia program and marketing staff created tips and tools that workgroup participants can use to amplify their work on LinkedIn.

75%
of Sequoia members participate in Interoperability Matters workgroups



Program Impact

In 2025, Interoperability Workgroups leaned in to collectively solve shared barriers to advance interoperability. Impact is created when workgroups share knowledge, accelerate adoption and influence policy. The Steering Committee’s Evaluation Team evaluated all work products prior to publication to encourage plans for education, promotion, dissemination, and adoption.



The **Information Sharing Workgroup** held a public webinar to educate industry on *Unlocking Compliance: Tools for Compliance with the Information Blocking Rule (IBR)* and published resources to support industry compliance with information blocking rules and preparation for rule enforcement, including an inventory of state-level policies and legal actions pointing to information blocking rules. In 2026, the workgroup will onboard a new Co-chair, convene on a bi-monthly basis, and prioritize additional work products.

The **Data Usability Workgroup** held a virtual workshop to educate industry and encourage adoption of the Data Usability Implementation Guide (IG) V2.0. One of the sessions, *Under the Microscope: Data Usability & Labs*, focused on the critical importance of usable lab data, as emphasized in stories shared by frontline providers. The workshop was open to the public.

INFORMATION SHARING WORKGROUP | **Interoperability MATTERS**

Information Sharing Matters Because:

The Challenge: Healthcare stakeholders face difficulty understanding and operationalizing the Information Blocking rules under the 21st Century Cures Act.

The Impact: Misunderstanding or inconsistent implementation of these rules could lead to noncompliance, enforcement risks, and barriers to interoperable data exchange.

The Problem: There is a need for practical, implementation-focused guidance to help public and private sector stakeholders comply with Information Blocking regulations.

- 1 Information Sharing Toolkit** [Download]
- 2 Understanding and Preparing for the Enforcement Process** [Download]
- 3 Compendium of State-level Policies and Legal Actions** [Download]

Get Involved

Contact interopmatters@sequoiaproject.org to join this workgroup or become a sponsor.

Josh Mast, Oracle Health, Co-Chair | Ammon Fillmore, ABBEY, Co-Chair

SPONSORSHIP AVAILABLE

DATA USABILITY WORKGROUP | **Interoperability MATTERS**

Data Usability Matters Because:

The Challenge: It's one thing to get health data to the right place at the right time; it's quite another to make sure that data is complete and useful for clinical, public health, research, and patient-facing use.

The Impact: Data usability is integral to patient safety. When health data is usable, clinicians make safer decisions, AI and clinical decision support tools are more reliable, patients are empowered with accurate information, public health gains real-time visibility, and the healthcare ecosystem reduces costs and improves efficiencies.

The Problem: Digital health data exchange often delivers data that is fragmented, inconsistently formatted or lacking context, and contains duplicate information and limited value for decision making.

Data Usability Implementation Guide V2.0

A consensus driven guide developed by diverse industry stakeholders to provide actionable, real-world specifications for improving the quality and usability of exchanged digital health data across networks, vendors, and care settings.

- Why data usability is essential for trusted interoperability
- Key principles and rules to:
 1. Reduce duplicate data
 2. Ensure data is trusted when exchanged
 3. Effectively use codes to enable semantic interoperability
 4. Improve data tagging to enable searchable data
 5. Improve laboratory data usability

Get Involved

Contact interopmatters@sequoiaproject.org to join this workgroup or become a sponsor.

Adam Davis, MD, Sutter Health, Co-Chair | William Gregg, MD, HCA Healthcare, Co-Chair

Coming Soon in 2026: Gather input from industry for timing of next version of Data Usability Implementation Guide 2.x or 3.0 while promoting adoption of v2.0.

SPONSORSHIP AVAILABLE

“When lab data isn’t shared or can’t be trusted, we resort to texting, faxing and even re-ordering lab tests to make care decisions. Data usability is integral to patient safety.”

~Provider Attendee

The Data Usability Workgroup is unique in its approach to dissemination and adoption of its IGs. The Workgroup Lead and Co-chairs launched a Data Usability Taking Root Movement that provides an on-going community of practice and technical assistance to adopt the IGs. This effort, sponsored by AHIMA, is a direct pathway from workgroup convening to industry impact. In 2026 this workgroup will continue to convene quarterly, allowing time for industry to adopt and implement its earlier released V1.0

and 2.0 IGs. A survey is now underway to elicit feedback for the next generation IG.

PUBLIC HEALTH WORKGROUP **Interoperability MATTERS**

Public Health Matters Because:

We work to protect and improve the health of all people across many critical domains: safe food/water, infectious disease, chronic disease, maternal/child health, nutrition, environmental safety, vital statistics, and more.

The Challenge: Public health is under-resourced and lacks some of the interoperability capacity/ capability that other parts of the health ecosystem at large have.

The Impact: Interoperability between public health and healthcare leads to improved:

- Population health across key metrics
- Treatment decision-making for providers at the individual level through key resources such as immunization registries and prescription drug monitoring programs

The Problem: Outdated policies, lack of funding, siloed data systems, manual processes and data exchange, limited workforce capacity.

Public Health Interoperability Policy Roadmap

This guide includes useful examples for how public health agencies can move the needle with interoperability through key policy changes.

The Top 15 priorities for public health agencies to tackle to exchange data more effectively.

Get Involved

Contact interommatters@sequoiaproject.org to learn more about sponsoring this work.

Coming Soon in 2026:

Updates from the intersection of interoperability and public health as the Public Health Workgroup evolves into a Community of Practice.

Nora Cox
Texas Health Advance
co-chair

Chris Baumgartner
Washington State
Department of Health
co-chair

The **Public Health Workgroup** is now eliciting public comment on its draft *Public Health Interoperability Policy Roadmap*, a resource for state agencies. In 2026 this workgroup will publish and disseminate its roadmap via an educational webinar and public health conferences. In recognition of current challenges in the public health space, this workgroup refreshed its charter and fully transitioned to a Community of Practice (CoP). The CoP will convene quarterly and keep Sequoia members apprised on the pulse of public health via blog posts and *Branching Out* newsletter features.

The **Privacy & Consent Workgroup** published two white papers, *Moving Toward Computable Consent: A Landscape Review* which outlines the policy and technical challenges of managing consent and privacy in electronic systems and *Guidance to States: Legislating Technical Standard Definitions for Existing State Sensitive Health Data Laws* which provides practical guidance to states in support of privacy rules and computable consent by ensuring that sensitive health data can be

consistently recognized and acted upon across technologies and jurisdictions. The workgroup also focused on advancing impact through knowledge sharing, with an educational public webinar on computable consent. The Workgroup Lead and Co-chairs are frequently invited to speak about their work at a variety of conferences and webinars, including a public webinar with 700 attendees.

PRIVACY AND CONSENT WORKGROUP **Interoperability MATTERS**

Computable Consent Matters Because:

The Challenge: Healthcare data holders face complex privacy rules and a lack of technical solutions for consent management.

The Impact: This leads to administrative burdens, barriers to information sharing, and a failure to honor patient preferences effectively.

The Problem: Patients, fearing a lack of privacy, may withhold information or avoid seeking care altogether, a phenomenon known as "privacy protective" behaviors.

Moving Toward Computable Consent: A Landscape Review

An analysis of regulatory and technical barriers to effective consent management and the potential benefits of granular and computable consent.

Guidance to States

Draft guidance for states to reference standards-based vocabularies and tools to identify and protect sensitive information.

Get Involved

Contact interommatters@sequoiaproject.org to join this workgroup or become a sponsor.

SPONSORSHIP

Coming Soon in 2026:

Draft guidance to organizations on considerations for implementing computable consent.

Kevin Day
Editor
co-chair

Mel Soliz
Co-Chair

In 2026, the Privacy & Consent Workgroup will publish guidance to organizations and has secured sponsorships from AHIMA and Oracle to convene a series of roundtables with other organizations working to solve for privacy and consent.

Health care providers and other data holders face both complex privacy rules and a lack of technical solutions for consent management, leading to administrative burdens, barriers to information sharing and limitations in effectively honoring individuals' preferences.

PAYER-TO-PAYER FHIR® API IMPLEMENTATION WORKGROUP

Interoperability MATTERS
an initiative of the Sequoia Project

Payer-to-Payer FHIR® API Implementation Matters Because:

The Challenge: Payers lack critical member health data that sits idle in previous payers' data silos and lack clear, actionable guidance for implementing Payer-to-Payer FHIR® APIs in a consistent and interoperable way.

The Impact: This lack of interoperability creates systemic redundancies that drain resources and negatively affect clinical, quality, cost, and care management outcomes.

The Problem: There is a critical need to translate requirements into practical, operational, and governance-level implementation steps that payers can realistically follow.

Payer-to-Payer Readiness Checklist

This checklist is designed to help payers assess their readiness for compliance with the payer-to-payer components of CMS-0057-F, a critical regulation for improving data sharing and interoperability in healthcare.

The checklist helps payers identify regulatory and operational requirements in the Payer-to-Payer component of CMS-0057-F. It aligns with CMS's strong recommendation to use the 2 Do-Not-Track Burden Reduction implementation guides but does not mandate them. While it includes some technical elements, the initial focus is on business and operational aspects of compliance.

[Download](#)

Get Involved

> Contact interopmatters@sequoiaproject.org to join this workgroup or become a sponsor.



Nancy Beavin
Medica
co-chair



Robert Oakley
Barnwell
co-chair

Coming Soon in 2026:

The workgroup is transitioning from the planning focus of the checklist to an implementation focus aimed at critical enablers of Payer-to-Payer exchange.

SPONSORSHIP AVAILABLE!

The **Payer-to-Payer Workgroup** published a Payer-to-Payer Readiness Checklist, designed to help payers assess their readiness for compliance with the payer-to-payer components of CMS-0057-F, a critical regulation for improving data sharing and interoperability in healthcare. The workgroup focused on advancing impact through knowledge sharing by presenting the checklist to WEDI and AHIP audiences. In 2026 this workgroup will continue monthly convenings and finalize requirements for an enhanced endpoint directory for payer-to-payer exchange. The Workgroup Lead and Co-chairs are frequently invited to speak about their work at a variety of podcasts, conferences, and webinars.

The **Consumer Engagement Strategy Workgroup** is nearing publication for public comment *Simplifying Data Access – Redesigning for Better Patient Experience*, a best practice guide and toolkit for providers to make patient access easier. In 2026 this workgroup will continue to convene monthly to finalize, publish, promote and disseminate its publication. The workgroup aims to seek endorsements, advance adoption through an incentivization program, and track uptake to measure industry and patient impact.

A win-win for patients and providers; a step towards solving the last mile problem for patient data access that reduces patient burden and boosts provider efficiency.

CONSUMER ENGAGEMENT STRATEGY WORKGROUP

Interoperability MATTERS
an initiative of the Sequoia Project

Consumer Engagement Strategy Matters Because:

The Challenge: Patients face a significant amount of administrative burden and unnecessary hurdles when trying to access their personal health data.

The Impact: This results in an inability for patients to share data with multiple providers, less informed care, repeated tests, delays in treatment and administrative burnout.

The Problem: Patients feel angry and frustrated with unnecessary burdens, experience unnecessary stress, are forced to undergo additional tests or receive care without context.

Solving the Last Mile Problem for Patient Data Access

Proposed best practices and implementation tool kit released for public feedback

How to rethink and reorganize aspects of patient data access around the needs and experience of patients.

[Learn More](#)

Get Involved

> Contact interopmatters@sequoiaproject.org to learn more about sponsoring this work.



Anna McCallister
Consultant and Patient Data Advocate
co-chair



Brian Van Wyk
Epic
co-chair



Cathiona Dolphin-Dempsey
Stanford Health Systems
co-chair

Coming Soon in 2026:

Release of final best practices and implementation toolkit for providers

SPONSORSHIP AVAILABLE!

The **Pharmacy Workgroup** launched in Q2 2025 with forty participants including thirteen new Sequoia members and four sponsors. Pharmacists are recognized stakeholders and now have a seat at the interoperability table. In 2026 the workgroup will continue to convene monthly and is on track to publish a pharmacy interoperability use case in Q1 2026.

When clinical information flows seamlessly between all care providers and systems, patient care becomes more efficient, effective and coordinated.

Program Evaluation

The Steering Committee recognized the need to objectively evaluate the impact of the Interoperability Matters Program and its active workgroups on members, the broader industry, policy and patients. In keeping with Sequoia’s public good mission and non-profit status, it is essential the program returns value to member organizations and sponsors that fund the program.

Once a workgroup has been launched, its progress and work products are evaluated by the Interoperability Matters Steering Committee. Evaluation serves to objectively strengthen the planned activities, outputs and impact of the work. The Interoperability Matters Steering Committee evaluates mature and emerging workgroups, comprehensively considering each workgroup’s activities, outputs, and outcomes in accordance with the workgroup’s charter and also in comparison with other workgroups.

In 2025, 6 mature and/or emerging workgroups were objectively evaluated using a workgroup participant survey to gauge member satisfaction, impact metrics, and self-assessment logic models.

Evaluation Tools

1

Workgroup Participant Survey

An anonymous survey was sent to all workgroup participants on 03/12/25, with a reminder email sent on 03/19/25 and the March *Branching Out* member newsletter. The survey was closed on 03/31/25. This is the first time workgroup participants have been surveyed about their experiences participating in the Interoperability Matters program.

2

Impact Metrics

Program staff collected data from Marketing and Workgroup Leads to provide objective, quantitative input across consistent measures. The Evaluation Team had previously identified **Member Impact** and **Industry Impact** as important factors. There are some limitations to marketing metrics that are identified and need to be considered.

3

Self-Assessment Logic Model

Program staff met with each Workgroup Lead to complete a logic model identifying Activities, Outputs, and Outcomes for a consistent approach to understand the workgroup's aims and progress.

This was the first time Sequoia members were surveyed about their experience participating in the Interoperability Matters program.

WORKGROUP PARTICIPANT SURVEY

FACTOR

Satisfaction (1-5 highest)
Clear Purpose / Deliverables (1-5 highest)
Opportunity to influence Workgroup strategy / scope (1-5 highest)
Willingness to recommend Workgroup to others
Addressing the most relevant topic
Opportunity to suggest alternate views and be heard
Workgroup deliverable will add value to industry
Stakeholder Composition

The Evaluation Team established measures and composite scoring to understand each workgroup's impact to Sequoia members and the broader industry. The Evaluation Team's focus on impact aligns with the program's mission and guiding principles.

Workgroups that attract new and retain satisfied participant members as well as those that secure sponsorships to offset member dues investment score higher on Member Impact. Workgroups that publish work products, disseminate knowledge, and accelerate adoption score higher on Industry Impact.

Industry impact is directly tied to marketing metrics. It is critical that workgroups promote their work to the broader interoperability community for maximum impact. We anticipate impact scores will increase for the Public Health Community of Practice and the Consumer Engagement Strategy Workgroup once their work products originally slated for publication in 2025 are published and promoted Q1 2026. We also anticipate impact scores will increase for the Pharmacy Workgroup once it publishes its first work product and for the Information Sharing Workgroup that released work products late in 2025.

Operational Summary

Interoperability Matters program costs are 100% personnel related. Resource intensity fluctuates across workgroups, depending on the stage of the workgroup, the need for external SMEs, and frequency of convening.

Workgroup Mechanics



New workgroups are more resource intense, requiring 3-6 months of planning and development prior to launch. During these initial phases, sponsors are sought to offset program costs and member outreach is conducted to identify workgroup participants. Lack of sponsors and/or member participants may signal low interest

and perceived value in the proposed workgroup topic. Emerging workgroups, in their first year of convening, may require more frequent internal program staff meetings to plan and build momentum. Mature workgroups, convening for over a year, typically require resources for the publication and promotion of work products and production of educational webinars.

In 2025, contracted SMEs performed the role of workgroup lead for two of the 7 active workgroups (Consumer, Payer), and a third workgroup was led by in-kind sponsor staff (Pharmacy). The four workgroups that convened on a monthly basis (Consumer, Payer, Privacy & Consent, Pharmacy) were new and emerging workgroups while the three that convened on a quarterly basis (Information Sharing, Data Usability, Public Health) were mature workgroups.

Leadership & Staff

Mariann Yeager provides executive oversight for the Interoperability Matters program which is led by Bren Shipley and managed by Amber Nava. Program workgroups are led by Sequoia staff (4), consultant SMEs (2) and in-kind SMEs (1). Workgroups are co-chaired by a mix of Sequoia members, collaborative partners and SMEs.

<p>Information Sharing</p> <ul style="list-style-type: none"> • Josh Mast, Oracle Health, Co-Chair • Ammon Fillmore, AdventHealth, Co-Chair • Chantal Worzala, Sequoia Lead • Kathryn Lucia, Sequoia Coordinator 	<p>Privacy & Consent</p> <ul style="list-style-type: none"> • Deven McGraw, Ciitizen, Co-Chair • Dr. Steven Lane, Health Gorilla, Co-Chair • Chantal Worzala, Sequoia Lead • Kathryn Lucia, Sequoia Coordinator
<p>Data Usability</p> <ul style="list-style-type: none"> • Dr. William Gregg, HCA Healthcare, Co-Chair • Dr. Adam Davis, Sutter Health, Co-Chair • Didi Davis, Sequoia Lead • Amber Nava, Sequoia Coordinator 	<p>Payer - Payer API</p> <ul style="list-style-type: none"> • Nancy Beavin, Medica, Co-Chair • Bob Oakley, Evernorth, Co-Chair • Jim Adamson, Lead • Kathryn Lucia, Sequoia Coordinator
<p>Public Health</p> <ul style="list-style-type: none"> • Chris Baumgartner, WA Dept of Health, Co-Chair • Nora Cox, TX eHealth Alliance, Co-Chair • Debbie Condrey, Sequoia Lead • Amber Nava, Sequoia Coordinator 	<p>Pharmacy</p> <ul style="list-style-type: none"> • Meg Murphy, Surescripts, Co-Chair & Lead • Pooja Babbar, NCPDP, Co-Chair • Amber Nava, Coordinator
<p>Consumer Engagement</p> <ul style="list-style-type: none"> • Brian Van Wyk, Epic, Co-Chair • Cathriona Dolphin-Dempsey, Stanford Health Care, Co-Chair • Anna McCollister, Patient Advocate, Co-Chair & Lead • Amber Nava, Sequoia Coordinator 	<p>Member Forum</p> <ul style="list-style-type: none"> • Lee Barrett, DirectTrust, Co-Chair • Stan Huff, Graphite Health, Co-Chair • Bren Shipley, Sequoia Lead • Amber Nava, Sequoia Coordinator

Program staff strive for consistency across workgroups to promote Sequoia’s brand as a neutral trusted convenor. Each of the Interoperability Matters workgroups provides a focused forum for participants while adhering to convening guidelines: (1) Rigorous planning of aims and objectives ensures convening cadence

syncs with expectations, desired outcomes, and funding sustainability; (2) Balanced composition of participants across stakeholders including healthcare providers, HIT vendors, payers, patient advocates and public health and government provides richer understanding and synthesis of broad perspectives; (3) Workgroup charters identify the community’s purpose, goals, and timelines, with specific, practical, and tangible deliverables; (4) Decomposition of complex issues provides a vehicle for prioritization to maintain group momentum and where appropriate, the establishment of tiger teams / task groups that narrowly focus on aspects like policy, technology, or governance; (5) Consensus building advances common, shared goals; (6) Online Repositories, such as the Community Website that you will all have access to for convening materials, resources, participant rosters, and collaboratively created work products are easily accessible on a password-protected community website.

Future Efforts

The Interoperability Matters program is positioned to continue to fulfill its mission from governance, strategic, and programmatic perspectives.

Governance perspective: The Steering Committee will convene on a bi-monthly basis throughout the year to collectively discuss workgroup progress and products, prioritization, and sustainability. Interoperability Matters Steering Committee elections will be held March 2026, followed by onboarding of new members.

Strategic perspective: The Steering Committee's Prioritization Team developed sound criteria to evaluate ideas for new workgroups that can be used by the Sequoia Board and Leadership when contemplating expanding the current program or sunsetting current workgroups to make room for new ones. Criteria include alignment with Sequoia's mission; bringing value to Sequoia members; having a defined, tangible, practical purpose that is of interest and has potential for impact to industry; and identified 2-year funding runway via sponsors, grants, contracts, or new members.

Programmatic perspective: Plans for 2026 activities and outputs have been developed with an emphasis on impact through knowledge sharing. Workgroups will emphasize promotion, dissemination and adoption of work products and seek ways to readily measure impact. This requires strategic attention to continual marketing and communications efforts.

Imagine a day when...

Shared health data is trusted and usable.

Patients, Providers, Payers and Public Health have access to data they need when they need it.

All care team members have access to data to coordinate better care.

Opportunities abound to grow, sustain and participate in the Interoperability Matters program.

- Have an idea for a new workgroup?
- Interested in joining an existing workgroup?
- Considering sponsoring a workgroup?
- Want to stay informed on what the workgroups are working on?

InteropMatters@SequoiaProject.org



InteropMatters@SequoiaProject.org