# Welcome and Logistics

- Exhibit tables are located right through the front doors
- Bathrooms are located next to where you entered the room
- Please silence your phones and do not take calls in the room
- Wifi information has been left on each of the tables
- Coffee and Tea will be available during breaks outside of the room
- Lunch will be available today at approximately noon.
    - We have five RHIO partners here and encourage you to meet with them during lunch
- Evaluations will be emailed to everyone after the workshop

# Thank You to Our Sponsors

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# Interoperability: more than just a Health Technology buzzword?

*"Interoperability is the ability of different information systems, devices and applications ('systems') to access, exchange, integrate and cooperatively use data in a coordinated manner, within and across organizational, regional and national boundaries, to provide timely and seamless portability of information and optimize the health of individuals and populations globally. Health data exchange architectures, application interfaces and standards enable data to be accessed and shared appropriately and securely across the complete spectrum of care, within all applicable settings and with relevant stakeholders, including by the individual."*

-HIMSS Dictionary of Healthcare Information Technology Terms, Acronyms and Organizations, 4th Edition, 2017.

# Four Levels of Interoperability

**Foundational (Level 1)**

Inter-connectivity requirements needed for one system or application to securely communicate data to and receive data from another

**Structural (Level 2)**

The format, syntax, and organization of data exchange including at the data field level for interpretation

**Semantic (Level 3)**

Common underlying models and codification of the data providing shared understanding and meaning to the user

**Organizational (Level 4)**

Governance, policy, social, legal and organizational considerations to facilitate the secure, seamless and timely communication and use of data

# Interoperability Benefits: Why are we here?

- Increased availability of data leads to more informed decisions
- Data access for all parties involved allows patients and their caregivers to be more invested and empowered

**Fully informed Care Decisions**

- Patients receive appropriate tests and medications, while avoiding duplicative or conflicting ones.
- Creates a better, safer and more efficient experience for patients and providers

**Higher Quality Care**

- All parties involved in patient care are able to cut time and costs.
- Both providers and administrative staff are able to reduce duplicate efforts

**Cost-effective and Efficient Outcomes**

- Providers and researchers can get a full view of trends across a population
- Improvements in chronic care management and disease prevention efforts

**Improved Population Health**

# The bad news: We have a long way to go

| | | |
|---|---|---|
| There is no standardized way of identifying patients | Data quality is inconsistent at best | Enforcing health IT interoperability standards across the ecosystem is complicated |
| Interoperability is hard to measure and reporting requirements often include overcomplicated and irrelevant measures | Stakeholders across the industry have differing and sometimes opposing needs and viewpoints | System design and usability varies greatly |

# The good news: the momentum is strong

- Some of the systems you use every day are already (partially) interoperable with external systems
  - Your centers are already electronically accessing information that originated outside your system
- These issues are actively being worked on across all levels of both government and the health care industry

# This workshop:

| Today |
|---|
| • Interoperability Policy |
| • Alerts |
| • External Data in EHRs |
| • Prescription Monitoring |
| • Referrals |

| Tomorrow |
|---|
| • National and State Networks |
| • Patient Privacy and Patient Matching |
| • Standards Overview |

# Additional Resources

- HCCN Learning Collaboratives:
  - Consent Management
  - Referral Management
- Digital Health Library Development
- EHR user groups
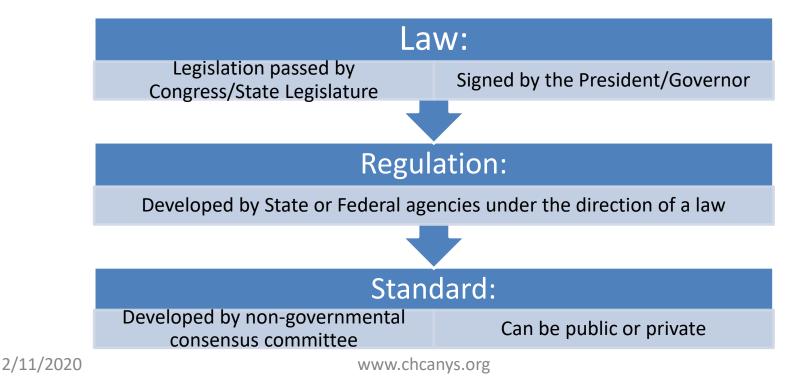- EHR Support
- PCMH Office Hours

# INTEROPERABILITY POLICY
## LACEY CLARKE, VP POLICY CHCANYS

# Key Policy Terminology: Different Types of Rules

## Law:

| Legislation passed by Congress/State Legislature | Signed by the President/Governor |
|---|---|

## Regulation:

Developed by State or Federal agencies under the direction of a law

## Standard:

| Developed by non-governmental consensus committee | Can be public or private |
|---|---|

# Key Interoperability Issues Requiring Rules

Patient Access:
- Control of personal information
- Ability to obtain and update individual data

Provider Access:
- Enabling Value Based Care
- Protecting patient rights and privacy

Security and Data Protection
- Protecting against breaches
- Ensuring proper data mapping

# How is Health IT/Interoperability Regulated: Key New York State Law and Regulations

- Select New York State Public Health Law Provisions
  - 17: Release of medical records.
  - 18: Access to patient information.
  - 206: PHI Disclosure to DOH
  - 2805: Incident Reporting
  - 3371: Confidentiality of Records, Reports, and Information for Persons with Identity Information
  - 4710: Quality of Care Requirements for Shared Health Facilities

- Select NYS Department of Health Regulations:
  - New York Codes, Rules and Regulations Title 10 and 18
  - Examples:
    - SHIN-NY regulation
    - APD Regulation
    - Patient Bill of Rights
    - Immunization Registry Use
    - I-Stop Use

# How is Health IT/Interoperability Regulated: Key Federal Laws and Regulations

- Select Federal Law:
  - Health Insurance Portability and Accountability Act (HIPAA)
  - Health Information Technology for Economic and Clinical Health Act (HITECH)
  - 21st Century Cures Act

- Select Federal Regulations:
  - ONC Health IT Certification Program: Enhanced Oversight and Accountability Rule
  - E-Prescribing and the Prescription Drug Program
  - Electronic Health Record Incentive Program (Meaningful Use)

# Federal Legislative Timeline

**1996**
- Health Insurance Portability and Accountability Act (HIPAA)

**2004**
- Office of the National Coordinator for Health IT (ONC) Created via Executive Order

**2009**
- American Recovery and Reinvestment Act (ARRA)
- Health Information Technology for Economic and Clinical Health Act (HITECH)

**2015**

Medicare Access and CHIP Reauthorization Act (MACRA)

**2016**
- 21st Century Cures Act

# A word about HIPAA

## What HIPAA Covers

- The development and implementation of procedures that ensure the confidentiality and security of protected health information (PHI) when it is transferred, received, handled, or shared.
- All forms of PHI, including paper, oral, and electronic, etc.
- The level of information that can be shared: only the minimum health information necessary to treat or conduct business can be shared

## What HIPAA Does not Cover

- Information that is part of a patient relationship including:
  o healthcare operations
  o treatment purposes
  o payment for healthcare services
- Deidentified patient data
- Data disclosed between entities with a Business Associate Relationship that meets all other privacy protections
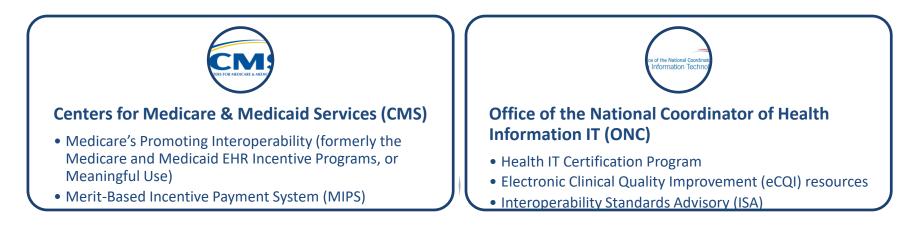
# ONC and CMS: The main players in Federal HIT policy

- The federal government promotes interoperability through the Department of Health and Human Services
- Within HHS there are two main agencies involved in interoperability:

**Centers for Medicare & Medicaid Services (CMS)**

- Medicare's Promoting Interoperability (formerly the Medicare and Medicaid EHR Incentive Programs, or Meaningful Use)
- Merit-Based Incentive Payment System (MIPS)

**Office of the National Coordinator of Health Information IT (ONC)**

- Health IT Certification Program
- Electronic Clinical Quality Improvement (eCQI) resources
- Interoperability Standards Advisory (ISA)

*In addition – the Substance Abuse and Mental Health Services Administration (SAMHSA) has very strict privacy policies around data exchange. Especially as it relates to disclosure and redisclosure of patient information*

# 21st Century Cures Act: Overview

- Signed December 13, 2016, by President Obama
  - Promotes and funds the acceleration of research into preventing and curing serious illnesses
  - accelerates drug and medical device development
  - attempts to address the opioid abuse crisis
  - Defines improvements to mental health service delivery.
- The Act also includes a number of provisions that push for greater interoperability, adoption of electronic health records (EHRs) and support for human services programs

# 21st Century Cures Act:
# Select Interoperability/HIT Provisions

- Enhancement of Patient Access Modalities
- Development of a trusted exchange framework
- Decreased Administrative Burden for use of EHRs
- Implementation of Information Blocking Prevention
- Provider Digital Contact Information
- Establishment of HIT Advisory Committee

Key Terminology:
- Information Blocking: the practice of interfering, preventing, or discouraging the access, exchange, and use of electronic health information
- EHI: Electronic Health Information
- API: Application Programming Interface providing developers with system and data access
- Open API: publicly available Application Programming Interface

# Implementation of the 21ˢᵗ Century Cures Act

- ONC and CMS proposed rules developed to cover both what a treating or paying entity needs to do to increase access to information

- Both proposed rules support increased patient access to data and the seamless and secure access, exchange, and use of electronic health information

CMS Rule:
- Direct support of patient-centered healthcare
- Rules for providers, payers and patients

ONC
- Rules for systems around data access
- Certification requirements

# CMS Rule

- The CMS Rule aims to improve patient access to data and puts increased interoperability requirements on Hospitals to share patient data
  - Patients must be able to access their data in multiple ways
  - Hospitals with Medicare and Medicaid patients must alert community providers when one of their patients is admitted, transferred or discharged.
- In addition the rule increases the data exchange and information sharing requirements on payers

- The CMS Rule will affect:
  - Providers who take Medicare or Medicaid
  - Medicare Advantage Organizations
  - Medicaid (FFS and managed care)
  - CHIP (FFS and managed care)
  - Plans in the federal exchanges

# ONC Rule

- The ONC Rule aims to regulate implementation of technology provisions of the 21$^{st}$ Century Cures Act
  - Exceptions to Information Blocking
  - APIs without special effort
  - Changes and enhancements to the ONC Health IT Certification Program

- The ONC Rule will affect:
  - Product and System Developers including EHR and Population Health systems
  - HIEs
  - Other exchange or health information network systems

# Information Blocking: A mindset change?

**Sharing Data Under HIPAA**

- Justification **for** sharing Data
  - Disclosure for Treatment
  - Disclosure for Health Care Operations
  - Disclosure for Payment

**Sharing Data Under Information Blocking Rules**

- Justification **for not** sharing data
  - Protect patient safety
  - Promote the privacy of EHI
  - Promote the security of EHI
  - Allow for the recovery of costs reasonably incurred
  - Excuse an actor from responding to requests that are infeasible
  - Licensing interoperability elements on reasonable and non-discriminatory terms
  - System Maintenance or Improvements

# TEFCA: another piece of the federal puzzle

Trusted Exchange Framework Common Agreement: a common set of principles, terms, and conditions to nationwide exchange of electronic health information

- **Trusted Exchange Framework:** high-level principles that networks should adhere to for trusted exchange.
- **Common Agreement:** legal agreement that will enable network-to-network data sharing.
- The TEFCA is designed to:
  - Scale EHI exchange nationwide
  - Ensure that stakeholders have secure access to electronic health information when and where it is needed.