2019 IHE North American Connect-a-thon

Steve Posnack, Executive Director, Office of Technology, ONC
ONC “In a Nutshell”

- ONC focuses on the Administration’s priority of building a health system that delivers value and maximizes the promise of health IT.
- We use our levers to accelerate individuals’ ability to access and send their health information so they can shop for and coordinate care.
ONC’S Mission

Improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most.
Learning Objectives

By the end of this presentation, you will:

• Better understand the national health IT direction and key interoperability initiatives underway

• Be able to identify how and in what ways your organization(s) can engage in these activities and develop your business strategies with them in mind

• Be interoperable
ONC is focused on the 21st Century Cures Act’s priorities of increasing nationwide interoperability and reducing clinician burden.

» Interoperability Efforts:
  – Promote open, accessible application programming interfaces (APIs)
  – Combat information blocking
  – Accelerate data exchange between disparate health information networks.
  – Promote patient access to health information
  – Administer the Health IT Advisory Committee (HITAC)

» Provider Burden Efforts:
  – Develop strategy with the Centers for Medicare and Medicaid Services (CMS) to reduce administrative and reporting burden among clinicians.
What’s happening nationwide?

**Cures Act(ivities)**

- Proposed Rule
  - Conditions of Certification
  - Information Blocking
- Strategy on Reducing Burden Related to Health IT
- Trusted Exchange Framework and Common Agreement
- Health IT Advisory Committee Task Forces
- EHR Reporting Program

**Industry-wide**

- Standards work: IHE, HL7, NCPDP, etc.
- Network maturity: Commonwell, CareQuality, eHealth Exchange, DirectTrust, SHIEC
- Accelerators: Argonaut, DaVinci, P2 FHIR Task Force
- Collaboration: Interoperability Standards Advisory
- Pilots
- Testing, Connect-a-thon
21st Century Cures Act – Title IV

- **Title IV – DELIVERY**

- **Sec. 4001.** Assisting doctors and hospitals in improving quality of care for patients.

- **Sec. 4002.** Transparent reporting on usability, security, and functionality.

- **Sec. 4003.** Interoperability.

- **Sec. 4004.** Information blocking.

- **Sec. 4005.** Leveraging electronic health records to improve patient care.

- **Sec. 4006.** Empowering patients and improving patient access to their electronic health information.

- **Sec. 4007.** GAO study on patient matching.

- **Sec. 4008.** GAO study on patient access to health information.
• “(10) INTEROPERABILITY.—The term ‘interoperability’, with respect to health information technology, means such health information technology that—

  » (A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user;

  » “(B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and

  » “(C) does not constitute information blocking as defined in section 3022(a).”
“....the Secretary...shall require as a condition of certification and maintenance of certification...that the health information technology developer or entity:”

- “(i) does not take any action that constitutes information blocking as defined in section 3022(a);
- “(ii) provides assurances satisfactory to the Secretary that such developer or entity, unless for legitimate purposes specified by the Secretary, will not take any action described in clause (i) or any other action that may inhibit the appropriate exchange, access, and use of electronic health information;
- “(iii) does not prohibit or restrict communication regarding—
  - “(I) the usability of the health information technology;
  - “(II) the interoperability of the health information technology;
  - “(III) the security of the health information technology;
  - “(IV) relevant information regarding users’ experiences when using the health information technology;
  - “(V) the business practices of developers of health information technology related to exchanging electronic health information; and
  - “(VI) the manner in which a user of the health information technology has used such technology;
“(iv) has published application programming interfaces and allows health information from such technology to be accessed, exchanged, and used without special effort through the use of application programming interfaces or successor technology or standards, as provided for under applicable law, including providing access to all data elements of a patient’s electronic health record to the extent permissible under applicable privacy laws;

“(v) has successfully tested the real world use of the technology for interoperability (as defined in section 3000) in the type of setting in which such technology would be marketed;

“(vi) provides to the Secretary an attestation that the developer or entity—

- “(I) has not engaged in any of the conduct described in clause (i);
- “(II) has provided assurances satisfactory to the Secretary in accordance with clause (ii);
- “(III) does not prohibit or restrict communication as described in clause (iii);
- “(IV) has published information in accordance with clause (iv);
- “(V) ensures that its technology allows for health information to be exchanged, accessed, and used, in the manner described in clause (iv); and
- “(VI) has undertaken real world testing as described in clause (v); and

“(vii) submits reporting criteria in accordance with section 3009A(b).”
Section 4004 Overview:
Information Blocking

• Section 4004(a) provides a definition of information blocking:

  » In this section, the term ‘information blocking’ means a practice that—

  – “(A) except as required by law or specified by the Secretary pursuant to rulemaking under paragraph (3), is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information; and

  – “(B)(i) if conducted by a health information technology developer, exchange, or network, such developer, exchange, or network knows, or should know, that such practice is likely to interfere with, prevent, or materially discourage the access, exchange, or use of electronic health information; or (ii) if conducted by a health care provider, such provider knows that such practice is unreasonable and is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information.
What does 2019 have in store?

- **Regulatory cycle**
  - First required use of 2015 Edition certified products
  - ONC and CMS rules
- **Continued focus on APIs, consumer and provider uses**
- **Cybersecurity and data privacy**
- **Network capacity, connectivity, scale**
- **Payers**
- **Opioids**
- **Price transparency**
- **Continued demand for workflow redesign with interoperability in mind**
Ways to Engage

- Health IT Feedback
  » [https://www.healthit.gov/healthit-feedback](https://www.healthit.gov/healthit-feedback)
- Interoperability in Action Webinars
- Interoperability Standards Advisory
  » [https://www.healthit.gov/isa/](https://www.healthit.gov/isa/)
- Interoperability Proving Ground
  » [https://www.healthit.gov/techlab/ipg/](https://www.healthit.gov/techlab/ipg/)
- Payer+Provider FHIR Task Force
  » [https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/P2+FHIR+Task+Force+Home](https://oncprojectracking.healthit.gov/wiki/display/TechLabSC/P2+FHIR+Task+Force+Home)
- Health IT Dashboard
  » [https://dashboard.healthit.gov/](https://dashboard.healthit.gov/)
- Certified Health IT Product List
  » [https://chpl.healthit.gov/](https://chpl.healthit.gov/)
- C-CDA testing
  » C-CDA Scorecard [https://www.healthit.gov/scorecard](https://www.healthit.gov/scorecard)
  » One Click Scorecard scorecard@direct.hhs.gov