

Red Rover, Red Rover, Send APIs Over



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HiMSS

CENTRAL & SOUTHERN OHIO *Chapter*

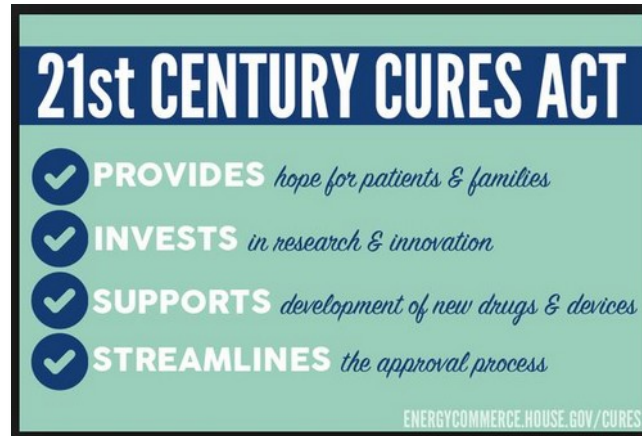
Conflicts of Interest

Alex Vaillancourt, CPHIMS, Scott Mash, MSLIT, CPHIMS, FHIMSS and Cathy Costello, JD, CPHIMS have no actual or potential conflicts of interest in relation to this presentation.

The information presented today is current as of this morning; however, these topics are everchanging and may not be current at any time after this presentation.

21st Century Cures Act

- Regulation that was enacted in December 2016, signed by President Obama
- Provided \$6.3B in funding, mostly to NIH and FDA
- In February 2019, CMS and ONC co-released proposed rules on Interoperability, Information Blocking, and the ONC Health IT Certification Process



I. Information Blocking



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Information Blocking: What is it?

Definition

- “A practice by a health care provider, health IT developer, health information exchange, or health information network that, except as required by law or specified by the Secretary as a reasonable and necessary activity, is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information.”

“we [CMS] understand that health care providers may limit or prevent data exchange in an effort to retain patients. By withholding a patient's health information from competing health care providers, a health care provider can effectively inhibit a patient from freely moving within the health care market because that patient would not otherwise have access to their complete health information.”

Information Blocking: What is it?

- Imposing restrictions on access to, exchanging, or using EHI
- Discouraging efforts to develop or use interoperable technologies
- Opportunistic pricing
- Implementing health technologies in a way that restricts access, exchange, or use, of EHI
- Restricting the ability of users from sharing EHI



Information Blocking: Applies To

Health Care Providers

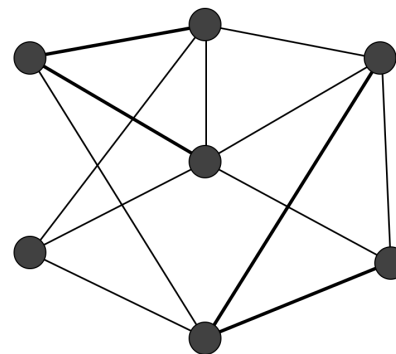
- Hospitals
- Home health
- FQHCs
- Mental health providers
- Emergency Services (Urgent Cares)
- Pharmacies
- Labs
- ASCs
- And all other **‘covered entities’**



Health Information Networks

Health Information Exchanges (HIEs)

Health IT Developers



Information Blocking: Seven Exceptions

1. Preventing Harm
2. Promoting the Privacy of EHI
3. Promoting the Security of EHI
4. Recovering costs reasonably incurred
5. Responding to requests that are infeasible
6. Licensing of interoperability elements on reasonable and non-discriminatory terms
7. Maintaining and improving health IT performance

Information Blocking: Consequences

- Simple, online complaint process
- Civil monetary penalties up to \$1M per violation
- Public shaming
- Ban on your products/services

Information Blocking: Unintentional Consequences

- What about patients and their access to EHI?
- What about patient Apps?
- General fear of complaints & legal actions
- Direct access to EHRs?

Information Blocking: What You Need to Do

Share EHI

Make it Interoperable!!

II. Interoperability

Recent Updates

Top Developments Affecting Patient Access Issues

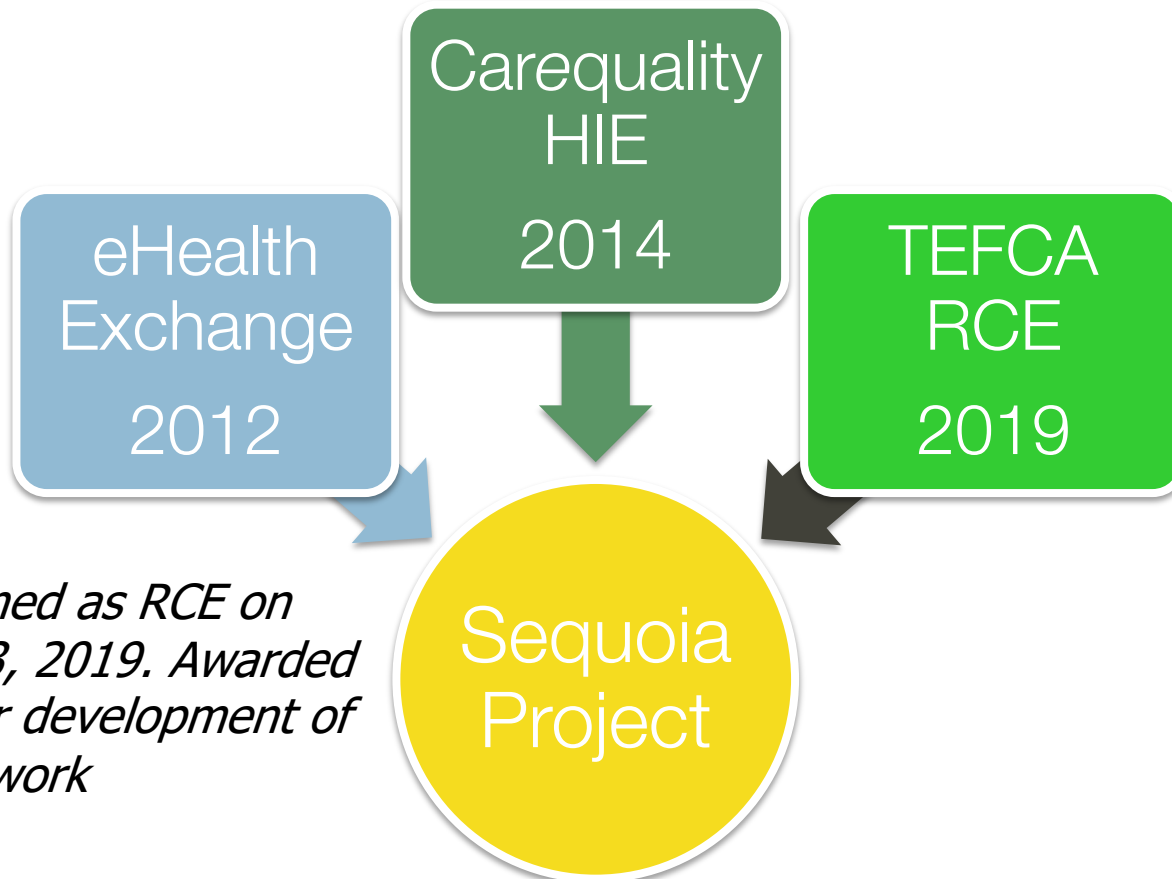


- **OCR HIPAA Enforcement Action (OCR Reference Number 01-18-314114 Bayfront Health St. Petersburg, September 6, 2019):** Patient access to medical records delayed 9 months
- **TEFCA: ONC** announcement of Recognized Coordinating Entity (RCE) for development of trusted exchange framework by **ONC**; Direct patient access?
- **SAMHSA-4162-20 (August 24, 2019):** Release of proposed rule for clarification of transmittal of 42 CFR Part 2 drug and alcohol records



ONC Names the Sequoia Project as the Coordinator for Interoperability

Sequoia is a public-private partnership focused on national interoperability of healthcare records



- Initial focus of TEFCA:*
- Technical standards for transfer
 - Legal agreements for record transfer
 - Patient access may be addressed as a contract issue

Sequoia named as RCE on September 3, 2019. Awarded \$900,000 for development of national network

Office of Civil Rights HIPAA Enforcement Action for Patient Access to Medical Records



Office of Civil Rights (OCR) establishes initiative for patient access to records

- First ever case under the Office of Civil Rights (OCR) enforcement of a patient's right of access to his/her medical record brought against a teaching hospital in Florida:
 - \$85,000 penalty imposed for non-release of newborn's fetal heart monitor records to mother for 9 months.
 - Settlement reached with Bayfront Health Corrective Action Plan (CAP) will extend for 12 months from date of signing, September 6, 2019.
 - Requires hospital to develop access policies to medical records and "distribute access policies and procedures to members of the workforce *and relevant business associates within 30 days.*"

1st step in multi-pronged initiative (TEFCA, API rules, information blocking rules) to give patients better access to their medical records.

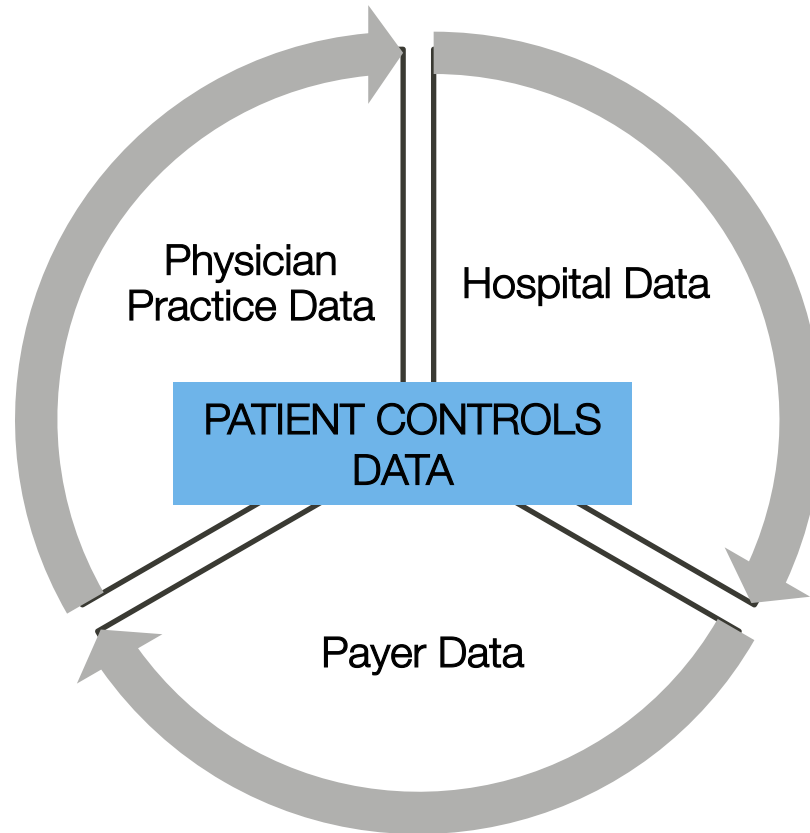
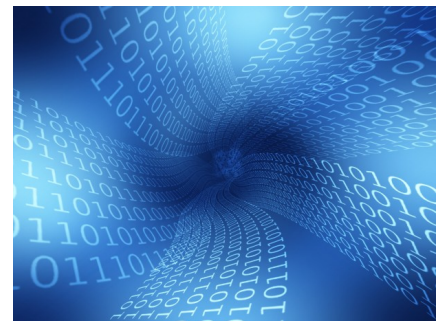
Patient Access Measure: Proposed API (Phone App) Development



CCD Transfer through Portal



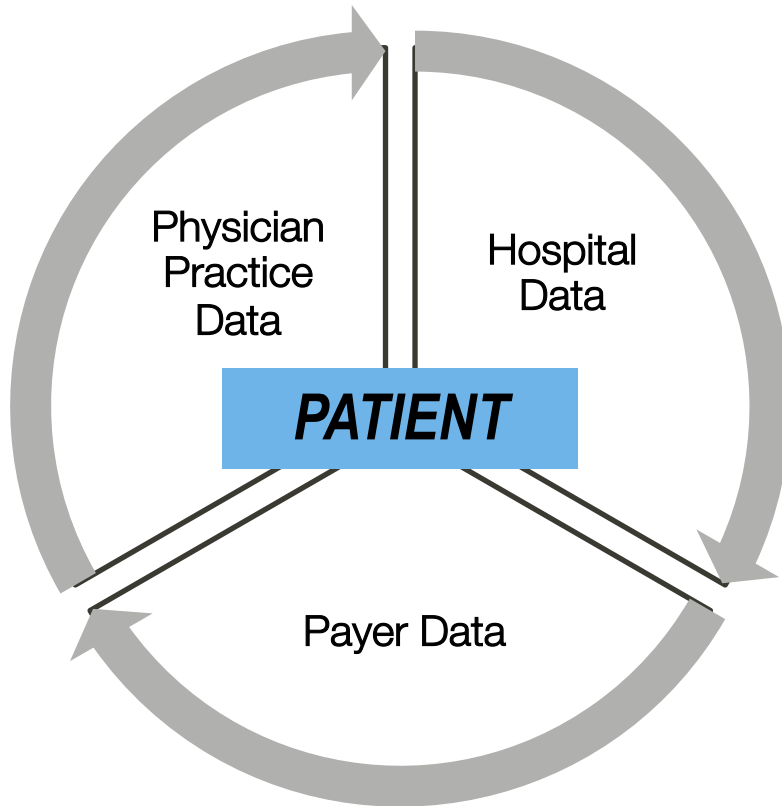
Discrete Data Transfer through Phone Apps



- APIs are designed to push discrete pieces of data (e.g., A1C results, BP, care plan) as opposed to documents that are pushed through CCD transfer (e.g., through the patient portal)
- CMS wants the patient to be able to aggregate the data using a phone app, then forward it to whatever provider or individual the patient chooses to share data.

Entities Covered in the Proposed Payer API Regulations

Medicare Advantage payers initially told to have API connections in place by 2020; now, the timeline is not clear



Payers covered in the proposal:

- Medicare Advantage (MA)
- Medicaid
- Medicaid Managed Care
- Qualified Health Plans in Federally Funded Exchanges

Types of Payer Data Covered in the Proposed API Regulations

PATIENT DATA

Requirement	All Payers	All Except QHPs*	Medicare Advantage Only	Medicaid Only
Adjudicated claims data (including provider remittances and enrollee cost-sharing)	✓			
Standardized encounter data	✓			
Provider directory data	✓			
Clinical data (USCDI including lab results)	✓			
Drug benefit data		✓		
Claims			✓	
Pharmacy directories			✓	
Formulary or preferred drug list data (including tiered formulary structure and utilization management procedures) for covered Part D drugs			✓	
Covered outpatient drugs				✓

If patient controls the data, then there is not a problem with consent for release of data.

Process for Use of Apps to Access Patient Data

Establish requirements for access; consider such areas as:

- ✓ Patient identity verification (potentially the same information required as establishing a patient portal account)
- ✓ Security
 - Who would be establishing the connection?
 - What technical credentials does the app developer have?
 - Validate the app developer is conforming to HIPAA security requirements
- ✓ Write a policy that explains your review process



Proposed Use of Apps to Consolidate Patient Data

2019

Required implementation of APIs for apps to connect with hospitals & physicians

2020

Public payers (MA, Medicaid managed care and exchange payers) must implement API connections

2021 – 2022

Proposed 24-month development of a registration process for app developers

In proposed Physician Fee Schedule rule, CMS is talking of certification for phone apps

Spending *Too Much* Time on Payment Reform and Not Enough Time on Patient Care?

CliniSyncPLUS Can Help!

CliniSyncPLUS provides customized technical assistance for providers and organizations that include support for:

- MIPS, Hospital Promoting Interoperability (PI) & Quality reporting programs
- QPP, QualityNet, Medicaid MPIP attestation support
- Audit response and mock audits of past years' information
- Detailed feedback and program report overview presentations
- Chronic Care Management (CCM), Transitional Care Management (TCM), APM, ACO, CPC+, Primary Cares First and many other value-based payment models.
- Educational webinars, monthly meetings/calls and unlimited email/phone support

We also provide:

- Ohio-specific information on Public Health Reporting from the Ohio Department of Health and payment model updates from the Ohio Department of Medicaid.
- Resources to assist provider and hospital quality reporting.
- Customized educational programs
- Health Information Exchange (HIE) services through CliniSync HIE

Let our experienced staff assist you in understanding the various payment reform programs so you can get back to what you do best – caring for your patients!



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It's a great source of information!