

Market Landscape: Impact of New Interoperability Initiatives on HIEs

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October 10, 2019





Legislative

Policy

**Industry
Initiatives**





Introduction

Bruno Nardone, MHSA, FACHE

SVP Solutions



- 25+ years of experience in the healthcare industry, including as an executive at HIT solutions companies, a strategy consultant, and a hospital administrator.
- Current role, leading solution strategy for NextGen's Connected Health and Population Health solutions.

NextGen Healthcare at a Glance

A leading provider of health IT technology solutions

We provide a range of software, services, and analytics solutions to stakeholders across the healthcare ecosystem.

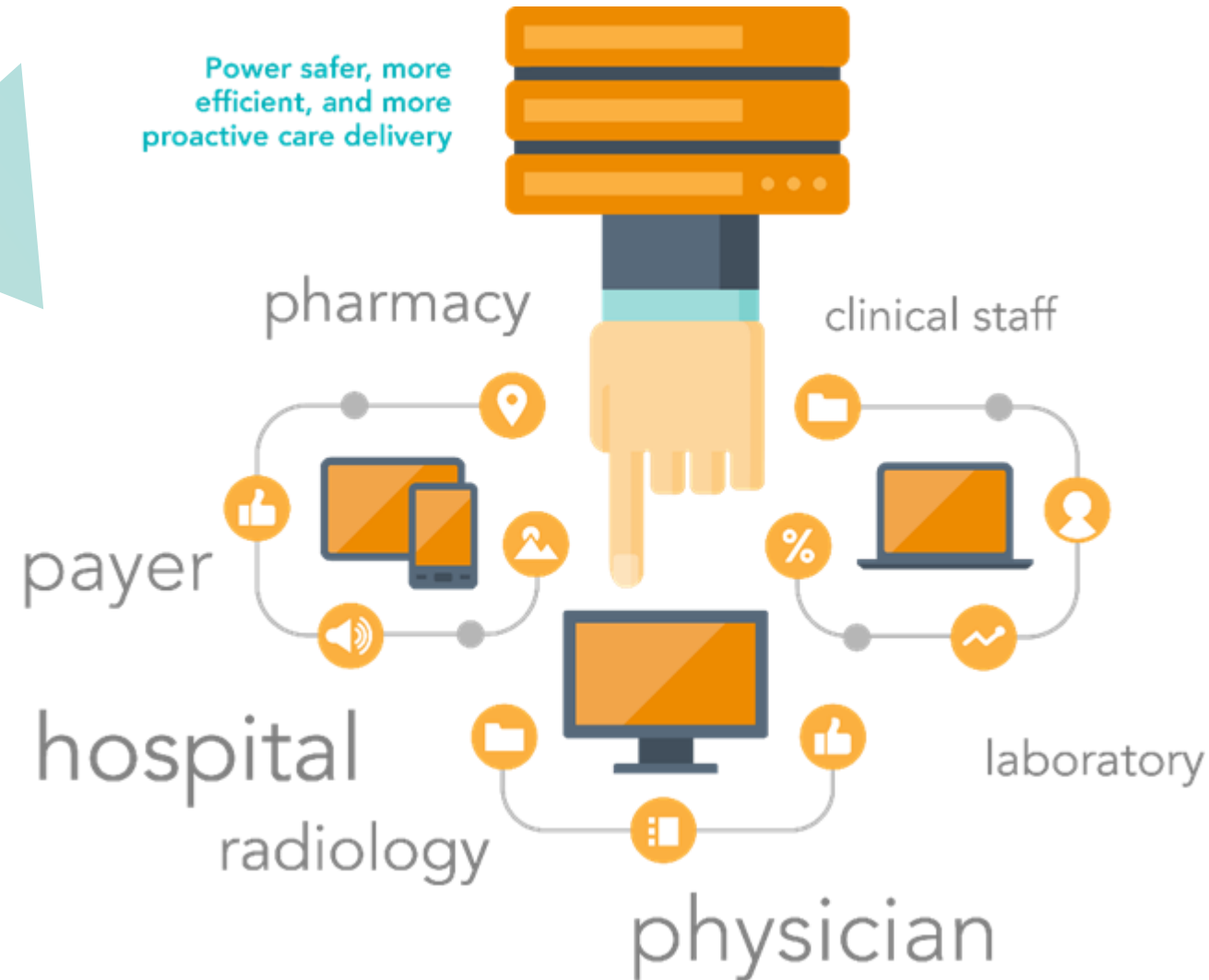
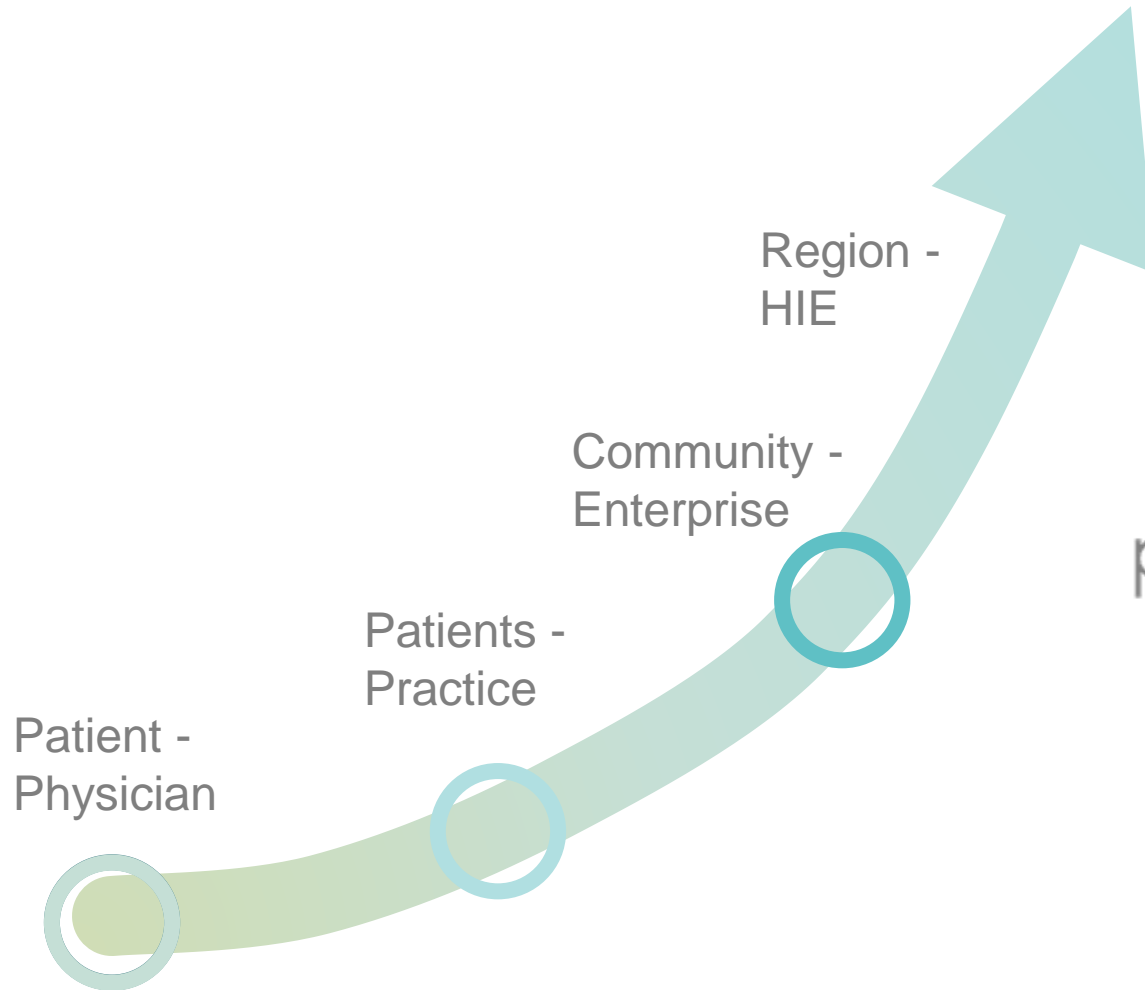


- **Public:** Revenue~ \$5M
- **Headquarters:** Irvine, CA
- **Employees:** ~2,650 worldwide
- **Founded:** 1974 (45 years)

Level set

Interoperability across the continuum

Interoperability Continuum



Interoperability Continuum

Patient – Physician

Ratio	1:1
Interop Focus	Orders & results, immunizations, referrals
Typical management platform	Single EHR with compliance dashboard/ alerts



Patient - Physician

Patients - Practice

Community - Enterprise

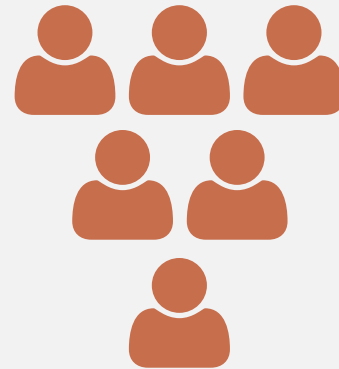
Region - HIE



Interoperability Continuum

Patients – Practice

Ratio	1,000s:1
Interop Focus	Orders & results, immunizations, referrals, hospital admissions, discharge summaries
Typical management platform	Practice management and performance analytics linked to single EHR. Integration to Enterprise/HIE.



Patient - Physician

Patients - Practice

Community - Enterprise

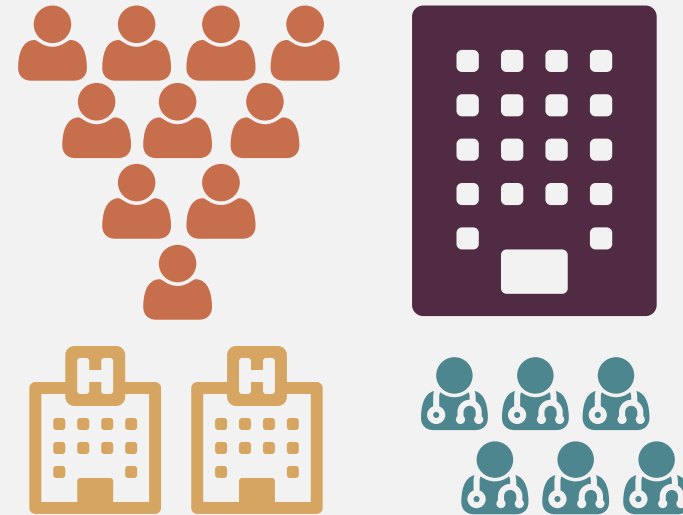
Region - HIE



Interoperability Continuum

Community – Enterprise

Ratio	10,000s:1
Interop Focus	Orders & results, immunizations, referrals, hospital admissions, discharge summaries, local and national queries, HIE exchange
Typical management platform	Agnostic enterprise information management tools to link data and workflow across touch-points. Likely heterogeneous EHR environment.



Patient - Physician

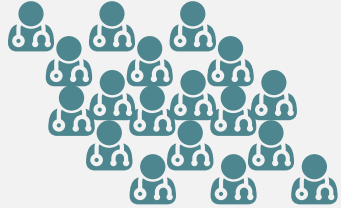
Patients - Practice

Community - Enterprise

Region - HIE



Interoperability Continuum

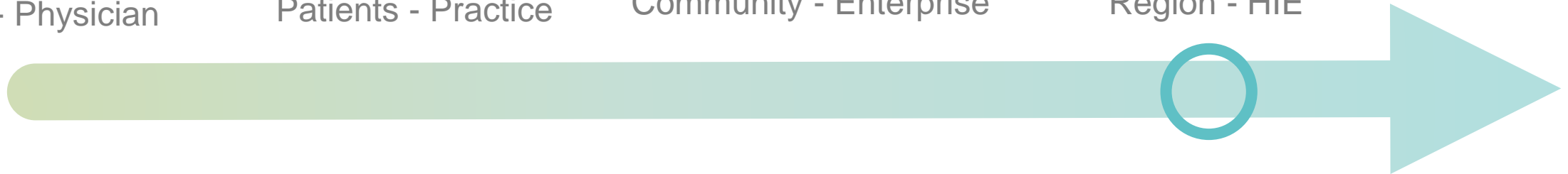
Region – HIE			
Ratio	100,000s:1		
Interop Focus	Manage aggregate utilization of resources to support care of patients across related touch-points in an extended enterprise to optimize outcomes and meet PHM goals. Stratify risk, enable continuity of care management across care teams		
Typical management platform	Agnostic enterprise information management tools to link data and workflow across touch-points. Likely heterogeneous EHR environment.		

Patient - Physician

Patients - Practice

Community - Enterprise

Region - HIE





With tremendous pressure to control the cost of healthcare the legislative and regulatory landscape is bursting with initiatives aimed at improving liquidity and transparency of data

21st Century Cures: Information Blocking

Healthcare Industry's Growing Regulatory To-Do List

Prescription Drug Mgmt Program

Promoting Interoperability

New API Rules

42 CFR

Trusted Exchange Framework

HIPAA
CFR 42 PT 2
STATE-SPECIFIC
SPECIALTY-SPECIFIC
PEDS CERTIFICATION
?



*Still pending CMS clarification of measure logic

Interoperability: Regulatory versus Strategic

Legislative and regulatory guidelines dictate minimum sharing requirements, but strategic organizations let value drive their decisions

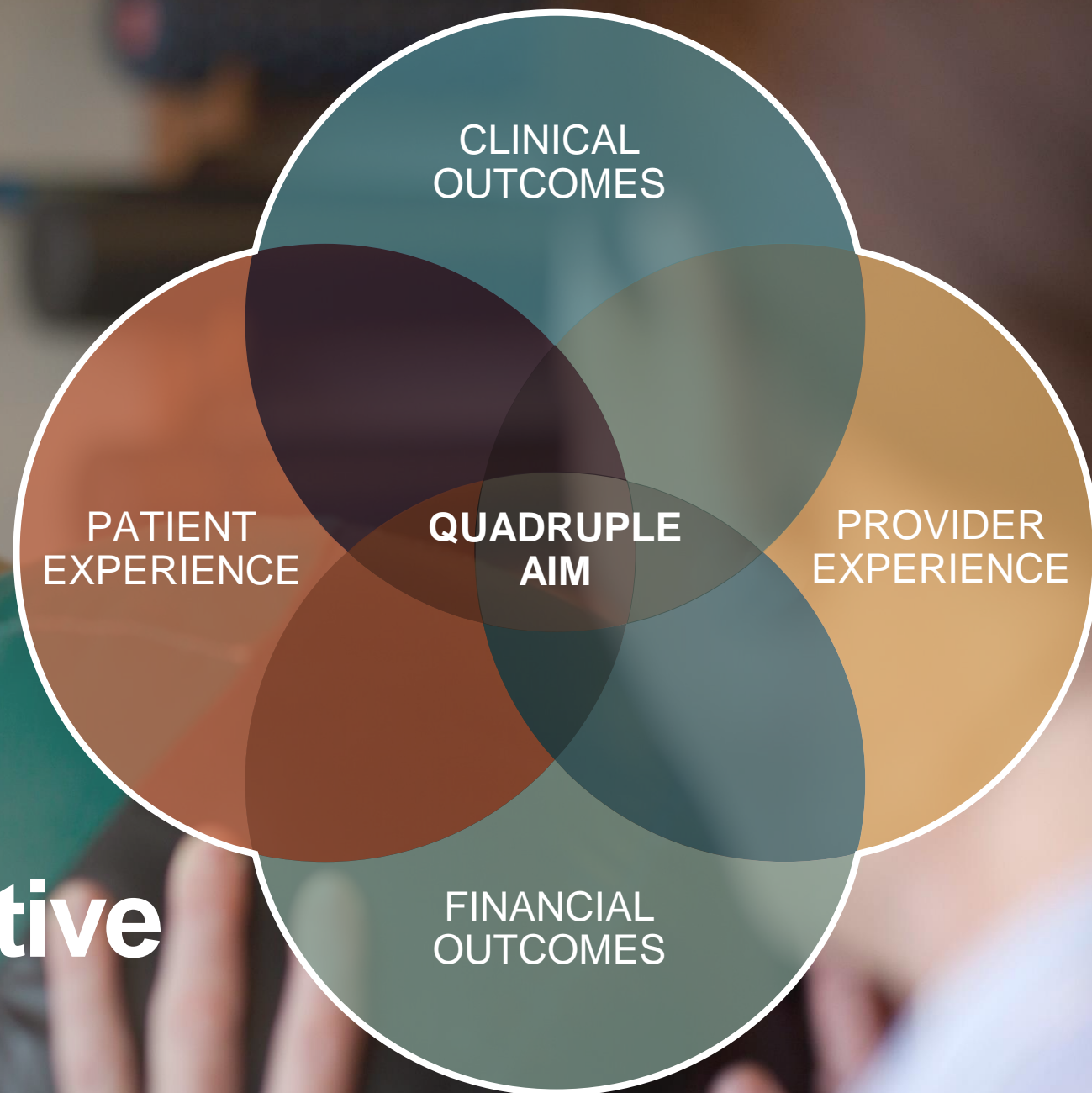
- Improve Clinical Outcomes
- Improve Financial Outcomes
- Improve Patient Experience
- Improve Clinician Experience



Does interoperability feel strategic to your organization?

Defining Success

The Interop Imperative



New fuel for HIE/ interop opportunities



**Information
Blocking Rule**



**Promoting
Interoperability
Incentives**



**Prescription Drug
Management
Programs**



**42 CFR Part 2
and Patient
Consent**



**Trusted
Exchange
Framework**

Information Blocking Rule



- Forthcoming Information Blocking Rule of 21st Century Cures Federal Legislation
 - Goal to reduce structural, technical, or policy barriers to system interoperability, e.g. discrete language on increased API availability
 - Detailed definition of information blocking, and penalties for behavior and practices which prevent data sharing
- What to expect
 - Final guidance at the end of this year
 - Will require evaluation of capabilities, policies, procedures, etc.
 - Determine if vendor “lock-in” is a challenge for you

Promoting Interoperability Incentives



- MU → MU2 → ACI → PI
 - With the renaming of the program, the focus is squarely on data sharing and interoperability
 - Links PI compliance to quality reporting programs and and new value-based care incentives
- What to expect
 - Pressure to activate national frameworks like Commonwell, Carequality or regional connectivity options like an HIE
 - On-going measurement of data exchange

Prescription Drug Monitoring Programs



- National & regional opioid monitoring programs
 - States have managed these programs differently:
 - Criminal justice approach
 - Health department
 - National network
- What to expect
 - New requirements to connect to local / national drug monitoring programs
 - Emerging patient privacy concerns

42 CFR Part 2



- 42 CFR Part 2: Confidentiality of substance use disorder patient records
 - Promote whole patient care and access behavioral health records
 - Address confidentiality concerns
 - Reduce stigma
 - Nurture doctor-patient relationship
- What to expect
 - A regulatory update: *coming soon!*

Trusted Exchange Framework

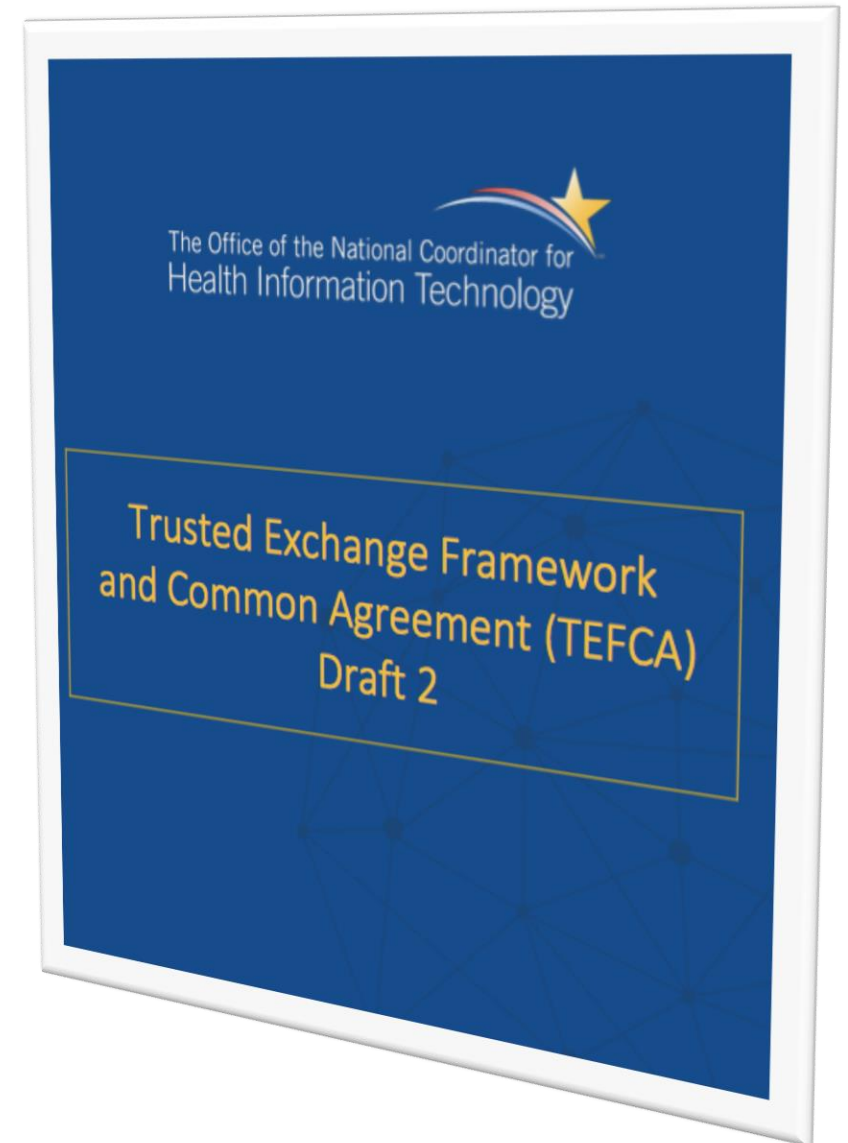


- The Trusted Exchange Framework and Common Agreement (TEFCA) will accelerate use of national data exchange frameworks
 - E.g. Carequality, Commonwell & eHealth Exchange
- What to expect
 - Qualified Health Information Network standards
 - Meet the minimum required terms of exchange
 - New requirements for bulk data extracts

A deeper dive

ONC's Trusted Exchange Framework and Common Agreement (TEFCA)

- As directed through 21st Century Cures Act, ONC released the TEFCA first draft for public comment in January 2018 (Draft 2 released April 19, 2019)
 - TEFCA outlines a common set of **principles, terms, and conditions** to support the development of a Common Agreement that would help enable nationwide exchange of electronic health information (EHI) across disparate health information networks (HINs)
 - The framework provides the **policies, procedures and technical standards** necessary to exchange patient records and health information between providers, state and regional health information exchanges and federal agencies





TEFCA Stewards

- Formed in 2012 from ONCs eHealth Exchange initiative
- Mission: to advance the implementation of secure, interoperable nationwide health information exchange
- Now independent not-for-profit
- Largest HIE in the country supporting other national frameworks like Carequality and eHealth Exchange

FOR IMMEDIATE RELEASE
September 3, 2019

Contact: HHS Press Office
202-690-6343
media@hhs.gov

ONC Awards The Sequoia Project a Cooperative Agreement for the Trusted Exchange Framework and Common Agreement to Support Advancing Nationwide Interoperability of Electronic Health Information

The Office of the National Coordinator for Health Information Technology (ONC) today announced that The Sequoia Project has been awarded a cooperative agreement to serve as the Recognized Coordinating Entity (RCE). The RCE will be responsible for developing, updating, implementing, and maintaining the Common Agreement component of the Trusted Exchange Framework and Common Agreement (TEFCA). The Common Agreement will create the baseline technical and legal requirements for health information networks to share electronic health information and is part of ONC's implementation of the 21st Century Cures Act (Cures Act).

“We have learned through our own operations that seamless nationwide sharing of health information is most readily enabled through trust agreements, consistent policy and technical requirements, and appropriate, balanced governance to provide assurance of trust and interoperability.”

-Mariann Yeager, CEO of The Sequoia Project.

HIEs Impact and Opportunity

Opportunity not for the faint of heart

- New care delivery and financial models changing stakeholder needs for meaningful data from outside their organizations
- New legislative, policy, and standards initiatives will open information sharing
- No new direct legislative funding coming for HIEs to support aggregate exchange
- All industry stakeholders will be looking for opportunities that enable the most efficacious path to value



Key Variables to Watch for HIEs

Headwinds



- Disappointment with utility of stacked CCDAs to support patient care workflow
- New information sharing initiatives give stakeholders more options for accessing patient data from outside their organizations
- Health system consolidation gives organizations increased direct access to desired data
- Despite increased standards activity, disparate data access requires more active data curation to deliver value
- Skilled resource disparities: clinical, HIT, other



Tailwinds

- Acceleration of Value-Based Care initiatives driving need for 360 degree view of patient
- Emphasis on continuity of care management
- Financial incentives promoting interop
- Increased interest in access to non-traditional data sets; e.g. Claims, Digital Health, SDoH
- Industry-driven standards maturation and design guidelines; e.g. FHIR/SMART on FHIR
- HIT system cost and change fatigue increases attractiveness of shared resource solutions

Will HIEs rise to the challenge of new opportunities in the environment?

Thank You!