California State HIT Day

Sacramento, CA

May 16, 2018

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Agenda

Time	Agenda Item	Presenter(s)
8:30 am	Networking/Breakfast	
9:00 am	Welcome & Sponsor Thank You	Shanti Wilson, HIMSS Western CAR Vice Chair and Northern CA Advocacy Chair John Conklin, HIMSS Southern CA Advocacy Chair
9:10 am	Federal Legislative Update	Jeff Coughlin, Senior Director of Federal & State Affairs, HIMSS
9:40 am	State Legislative Update	Valerie Rogers, Director State Government Affairs, HIMSS
10:05 am	Break	
10:15 am	Advocacy 101 & Legislative Asks	Ian Slade, President HIMSS SoCal Dr. Larry Ozeran, President, Clinical Informatics, Inc.
10:30 am	Legislature Address	Senator Ed Hernandez, O.D. Senate District 22
11:00 am	Federal HIT Update	Dr. Steven Lane, HITAC Committee Member & Clinical Informatics Director, Sutter Health
11:30 am	Lunch/Networking	
11:45 am	Population Health and Data Integration	Dr. Larry Ozeran, President, Clinical Informatics, Inc. Valerie Rogers, Director State Government Affairs, HIMSS Lisa Catanzaro, Health Strategist & Public Health Professional, University of San Francisco
12:15 pm	Depart for Legislative Visits	

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Shanti Wilson, Vice Chair, Western HIMSS CAR & Northern CA Advocacy Chair

scw@freedassociates.com

John Conklin, Southern CA Advocacy Chair

1jrconklin@gmail.com

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Twitter Hashtag:

#HIMSSCAHIT2018

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Federal Public Policy Update

California State Health IT Day

Jeff Coughlin
Senior Director, Federal & State Affairs

May 16, 2018

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Agenda

- Key Health IT Public Policy Issues
  - Value-Based Care
  - Interoperability
  - Clinician Burden
  - Precision Medicine
  - Privacy and Security
  - Telehealth/Remote Patient Monitoring
- Discussion/Q&A

Value-Based Care Delivery Critical to Healthcare Transformation

- Value-based approach favored by both parties
  - Economic argument
    - Value-based care is required for the sustainability of Medicare and entire health system
    - Lower healthcare costs will be key to economic growth policies
  - Quality argument
    - Higher quality care will deliver better outcomes and more value

CMS Announced Impending Changes at HIMSS18

- Reimagining Meaningful Use and Quality Payment Program
  - Streamlining Meaningful Use for hospitals and QPP for clinicians
  - Prioritizing quality measures and improvement activities that lead to interoperability
- MyHealthEData Initiative
  - Announced at HIMSS18 – Empowering patients to decide how their data is going to be used.
- Blue Button 2.0
  - Improving the Medicare beneficiary experience; universal and secure digital format

New Proposed Rule on Promoting Interoperability Program

- New phase of Meaningful Use includes an increased focus on improving patient access to health information
- New performance-based scoring methodology with fewer measures, and moving away from the threshold-based methodology currently in use
  - Not offered in MU Stage 3 Measures
- Inclusion of Opioid Measures
- Require hospitals to use only the 2015 Edition CEHRT
- Adding data sharing to Medicare Conditions of Participation

Nationwide Interoperability Efforts

eHealth Exchange 2012* Sequoia	Carequality 2014	Care Everywhere (EPIC)** 2008	CommonWell Health Alliance 2013	NATE 2013
Surescripts 2008	Patient Center Data Home™ (SHIEC) 2015	Community HIEs 2014	DirectTrust 2011	CARIN Alliance 2016

Key:
Network-to-Network
Person-centric network
Provider-centric network
Secure messaging network/RLS
Consumer-directed network

*Year of launch
** For these purposes, HIMSS used EPIC to represent one example of vendor-mediated exchange

HIMSS Interoperability Call to Action

- Demand Integration between the Interoperability Approaches and Trusted Exchange Frameworks for the Public Good
- Ensure Stakeholder Participation from Across the Care Continuum, Including Patients and Caregivers
- Identify the “Minimum Necessary” Business Rules for Trusted Exchange to Enhance Care Coordination
- Educate the Community to Appropriately Implement Existing and Emerging Standards, Data Formats, and Use Cases to Ensure a Comprehensive, Integrated Approach to Care
- Standardize and Adopt Identity Management Approaches
- Improve Usability for Data Use to Support Direct Care and Research

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Access the Full
Call to Action Here!

Interoperability Defined

- Establishes a new federal definition of interoperability
- Capabilities include:
  - Enabling the secure exchange of electronic health information with, and use of electronic health information from, other health IT without special effort on the part of the user
  - Allowing complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law
  - Does not constitute information blocking (as defined in law)
- Strengthens “trusted exchange framework”; requires ONC to collaborate with NIST and other agencies

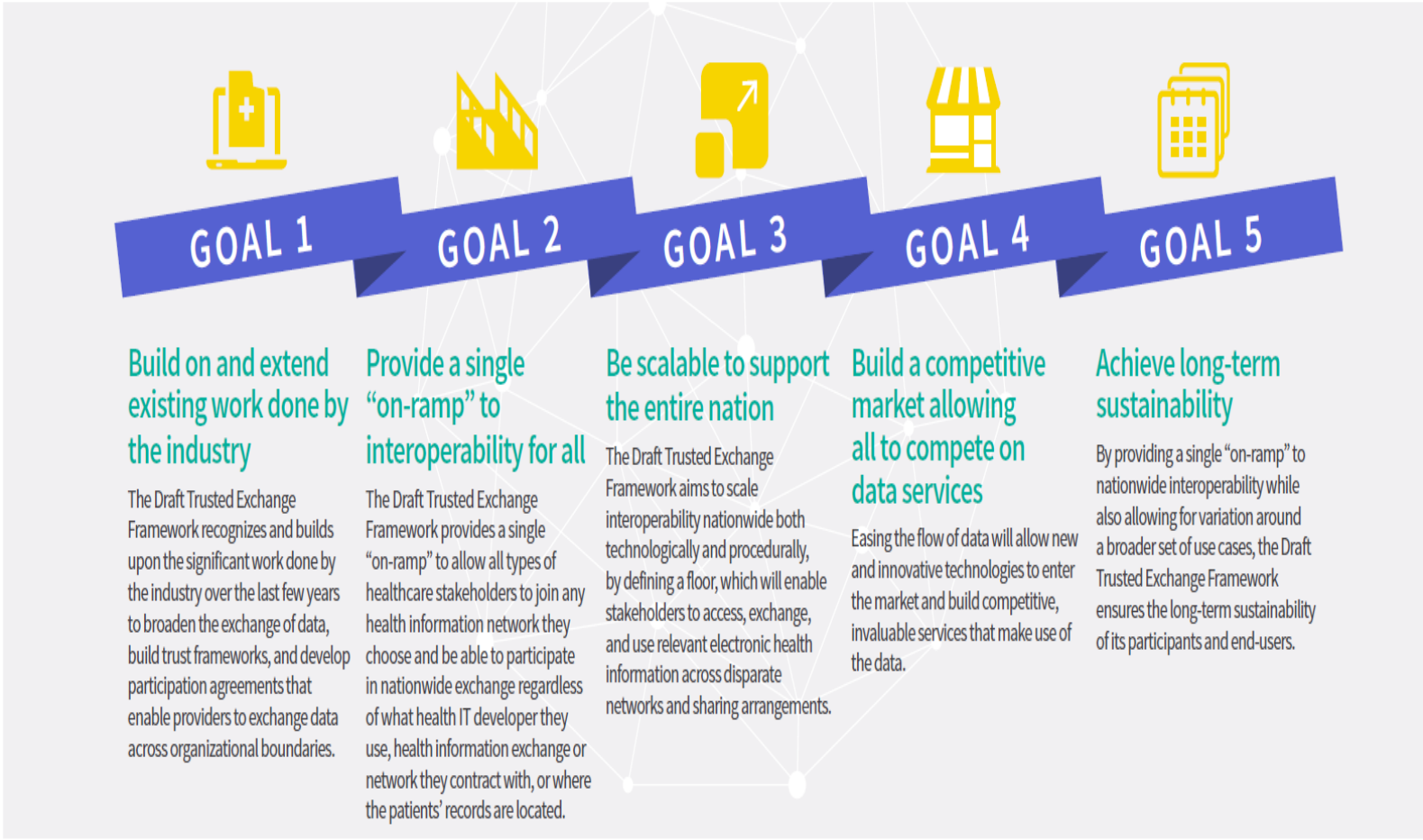
Information Blocking Provisions

- Information blocking defined as a practice that is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information
  - If conducted by a health IT 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
  - 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

Civil Monetary Penalties in Place for Information Blocking

- Developers, Networks, and Exchanges that the HHS IG determines have committed information blocking will be subject to civil monetary penalty not to exceed $1 million per violation
  - Nature and extent of the information blocking and harm resulting from such information blocking will be taken into account
- Providers will be referred to the appropriate agency to be subject to appropriate disincentives using authorities under applicable Federal law
- The law includes the provision that 'information blocking' does not include any practice or conduct occurring before January 13, 2017
  - HHS will identify through rulemaking the reasonable and necessary activities that do not constitute information blocking

Goals of the Trusted Exchange Framework and Common Agreement



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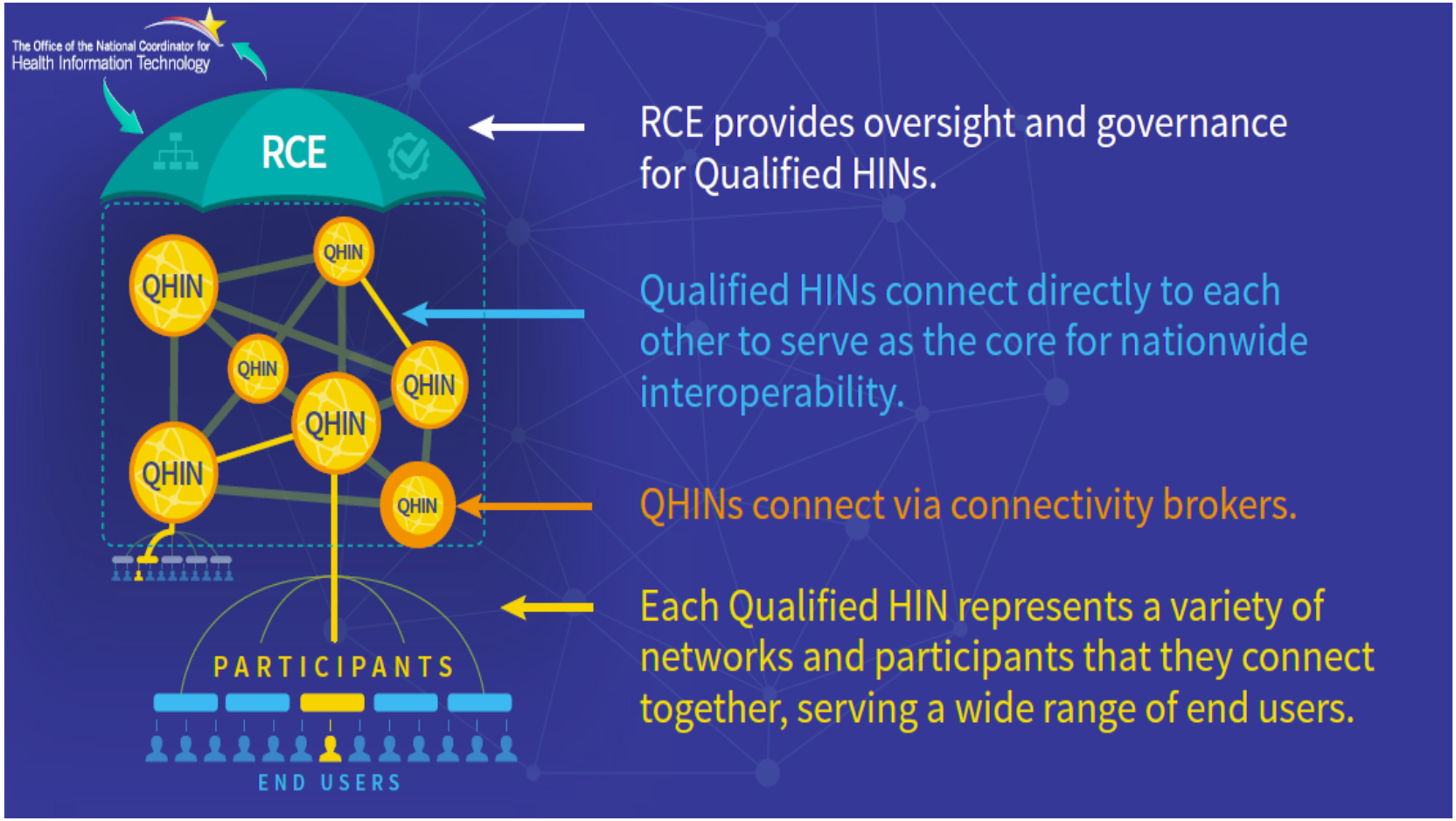
Graphic courtesy of the Office of the National Coordinator for Health IT

How Will the Trusted Exchange Framework Work?



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Graphic courtesy of the Office of the National Coordinator for Health IT

Information Blocking Rule Upcoming

- ONC to Release a Proposed Rule on Information Blocking in the Spring of 2018
  - One of the significant pieces to keep in mind is that ONC will be looking to define what the exceptions should be for blocking information
    - When is it acceptable for a provider, vendor, or other entity to not allow for the seamless exchange of information?

Reducing Clinician Burden

- 21st Century Cures Act calls on ONC and CMS to collaborate on reducing the administrative and reporting burden placed on clinicians
  - Working to reduce the regulatory or administrative burdens (such as documentation requirements) relating to the use of EHRs
- CMS is moving forward with the Patients Over Paperwork Initiative
  - Demonstrates how CMS will reduce unnecessary burden, increase efficiencies, and improve the beneficiary experience
- CMS is soliciting general comments from stakeholders
  - HIMSS is working through its Physician and Nursing Informatics Committees, and collaborating with AMDIS, to develop a comment letter
  - Submitting in mid-May to impact CMS' 2019 draft payment rules

HHS Work on Cybersecurity

- HIMSS Cybersecurity Call to Action
  - Adopt a Universal Information Privacy and Security Framework for the Health Sector
    - Establish a new normal for information privacy and security
    - Voluntary, universal information privacy and security framework
  - Create an HHS Cyber Leader Role
    - Undertaken by an elevated Chief Information Security Officer with internal and external portfolios
  - Address Shortage of Qualified Cybersecurity Professionals
    - 2016 HIMSS Healthcare Cybersecurity Survey
    - 59% of respondents identified the lack of appropriately-trained cybersecurity personnel as the #1 barrier to mitigating security incidents

Cyber Task Force Report Released in June 2017

- The Task Force Report tracks closely to the recommendations in the HIMSS Cybersecurity Position Statement from September 2016
- The Task Force identified six imperatives that must be achieved to increase security within the health care industry. The imperatives are:
  - Define and streamline leadership, governance, and expectations for health care industry cybersecurity
  - Increase the security and resilience of medical devices and health IT
  - Develop the health care workforce capacity necessary to prioritize and ensure cybersecurity awareness and technical capabilities
  - Increase health care industry readiness through improved cybersecurity awareness and education
  - Identify mechanisms to protect R&D efforts and intellectual property from attacks or exposure
  - Improve information sharing of industry threats, risks, and mitigations

CISA Section 405(d) Work Underway

- CISA also included a provision in Section 405(d) to create a common set of cybersecurity voluntary, consensus-based, and industry-led guidelines, best practices, methodologies, procedures, and processes.
  - The 405(d) effort will use a scenario-based approach to cyber risk management to develop a common set of cybersecurity guidelines that are actionable, usable, and relevant to all health care providers
  - This approach has the following objectives and places a particular emphasis on
    - "Ease-of-use" considerations to both assist lesser-resourced providers and be applicable to larger organizations
    - Methodologies, practices, and procedures to foster greater consistency and standardization among larger providers

CMS Adding Several PFS Telehealth Codes

- CMS finalized the addition of several codes to the list of telehealth services, including: HCPCS code G0296 (visit to determine low dose computed tomography (LDCT) eligibility) and CPT codes 90839 and 90840 (Psychotherapy for Crisis)
  - Eliminating the required reporting of the telehealth modifier GT for professional claims
- CMS reviewing broader stakeholder comments about additional steps that the agency could take to expand access to telehealth services within its current statutory authority
  - Pay appropriately for services that take full advantage of communication technologies
- Medicare payment for telehealth services is restricted by statute
  - Establishes the services initially eligible for Medicare telehealth and limits the use of telehealth by defining both eligible originating sites and the distant site practitioners who may furnish and bill for telehealth services
- QPP does not prioritize the use of telehealth or digital technologies in its 2018 Final Rule
  - No specific telehealth-related Improvement Activities in this Final Rule's inventory

Separate PFS Payment for Remote Patient Monitoring

- CMS finalized CPT code 99091 for separate payment in 2018
  - For collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes of time
- The information must be interpreted by a physician or other qualified health care professional
- Practitioner must obtain advance beneficiary consent for the service and document this in the patient's medical record
- CMS is requiring initiation of the service during a face-to-face visit with the billing practitioner, such as an Annual Wellness Visit or Initial Preventive Physical Exam
  - This code cannot be reported more than once in a 30-day period
- CMS also alluded to forthcoming coding changes through the CPT process that it anticipates will better describe the role of RPM

Background on Precision Medicine Initiative

- President Obama announced the intention to launch PMI in State of the Union Address on January 20, 2015
- Vision is for PMI to enhance innovation in biomedical research with the ultimate goal of moving the U.S. into an era where medical treatment can be tailored to each patient
  - The idea is that it would deliver the right treatment at the right time to the right person, taking into account individuals' health history, genes, environments, and lifestyles
- Approach to disease treatment that seeks to redefine disease onset and progression, treatment response, and outcomes
- Will lead to more accurate diagnoses, rational prevention strategies, better treatment selection, and more novel therapies
- Takes the following into account to maximize effectiveness:
  - Individual variability in genes
  - Environment
  - Lifestyle

Enrollment Starting for All of Us Research Program

- Began enrolling 1 million participants nationwide May 6
- NIH beta test on protocols for giving consent, sharing EHRs, and donating biological samples at 129 clinic locations
  - 44,000 early participants signed up, and 26,000 people have completed the enrollment process
- ONC Sync for Science pilots focused moving EHR data
  - Make it easier for patients to share clinical data with the PMI Cohort in a structured electronic format
  - Build up a national ecosystem for patient-mediated data access through APIs

Questions?

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Thank You!

Jeffrey R. Coughlin, MPP
Senior Director, Federal & State Affairs
Phone: 703.562.8824
Fax: 703.562.8801
E-mail: jcoughlin@himss.org

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State Government Affairs Update

California State Health IT Day

Valerie Rogers, MPH
Director, State Government Affairs

May 16, 2018

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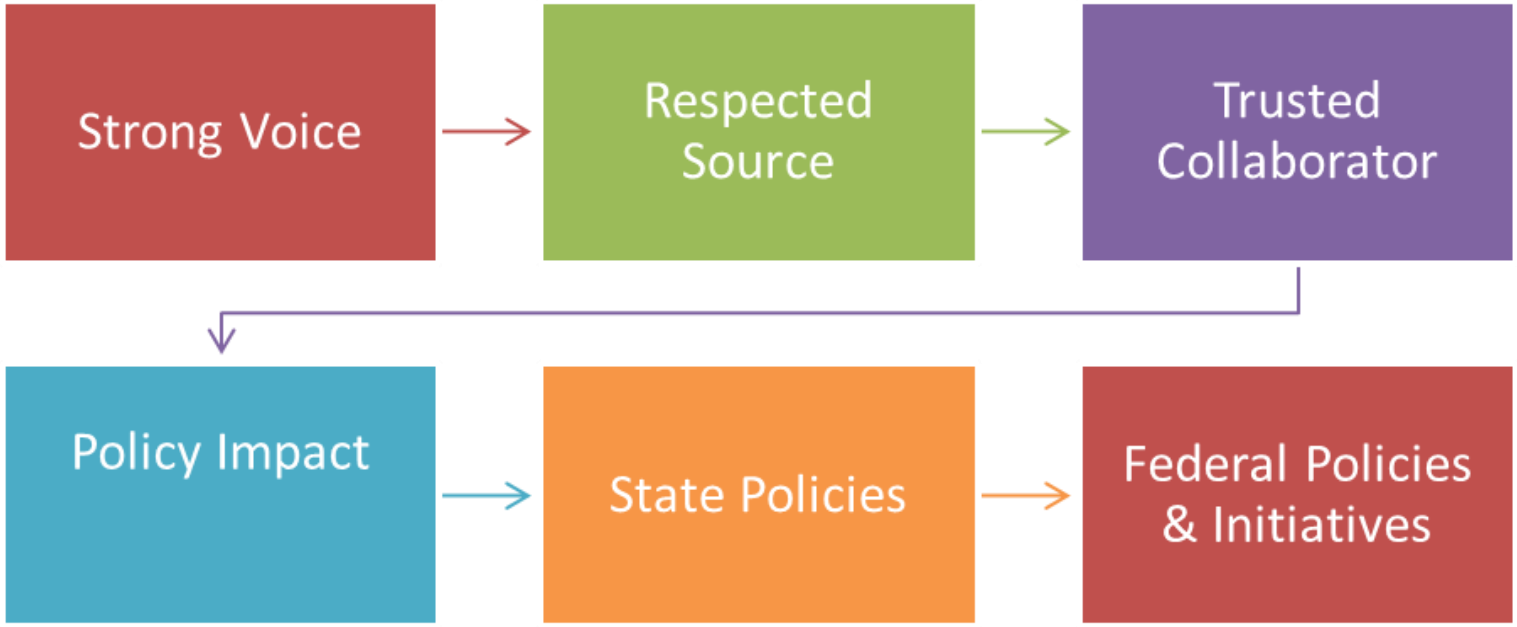
Agenda

- Why CAHIT Day is Important?!
- Overview of HIMSS Analytics
  - California Health IT Trends
  - California HIMSS Davies Awardees
- Current and Future State Health IT Leavers
- Grassroots & Grasstops Levers
- Discussion/Q&A

CAHIT & The Ongoing Work of Chapter Advocates is Crucial to your Progress!



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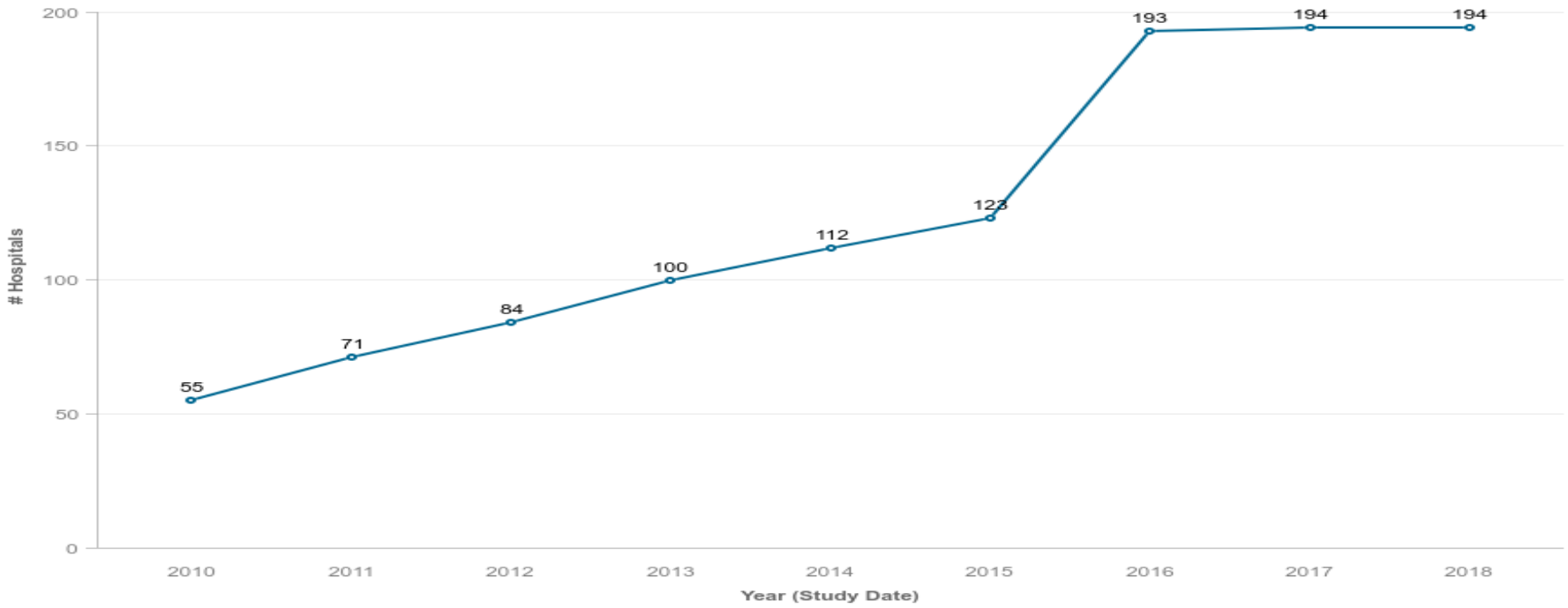
HIMSS Analytics - California Telehealth Trends

[Graph] HIMSS Governmental Report TeleHealth



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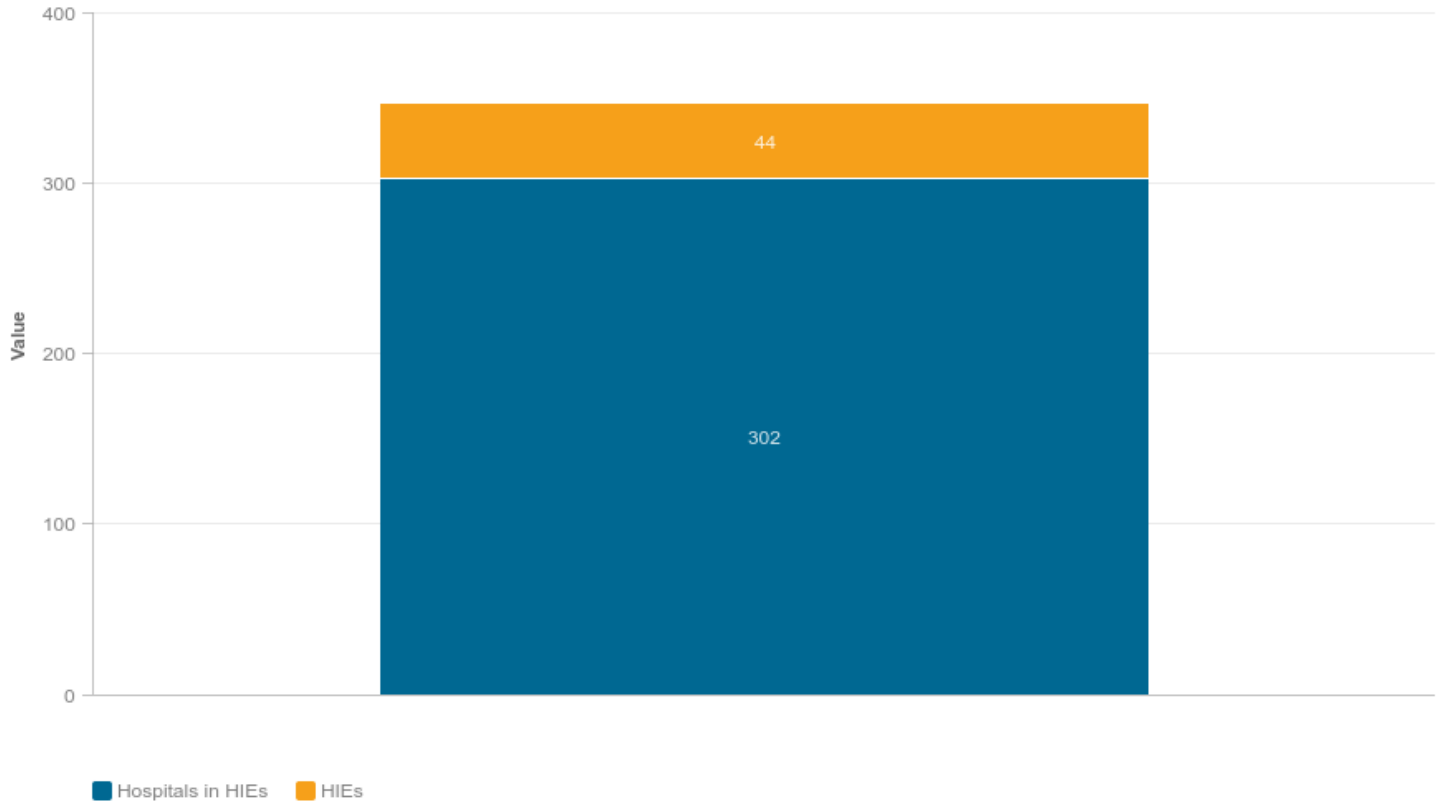
HIMSS Analytics - California HIE Trends

[Graph] HIMSS Governmental Report HIEs



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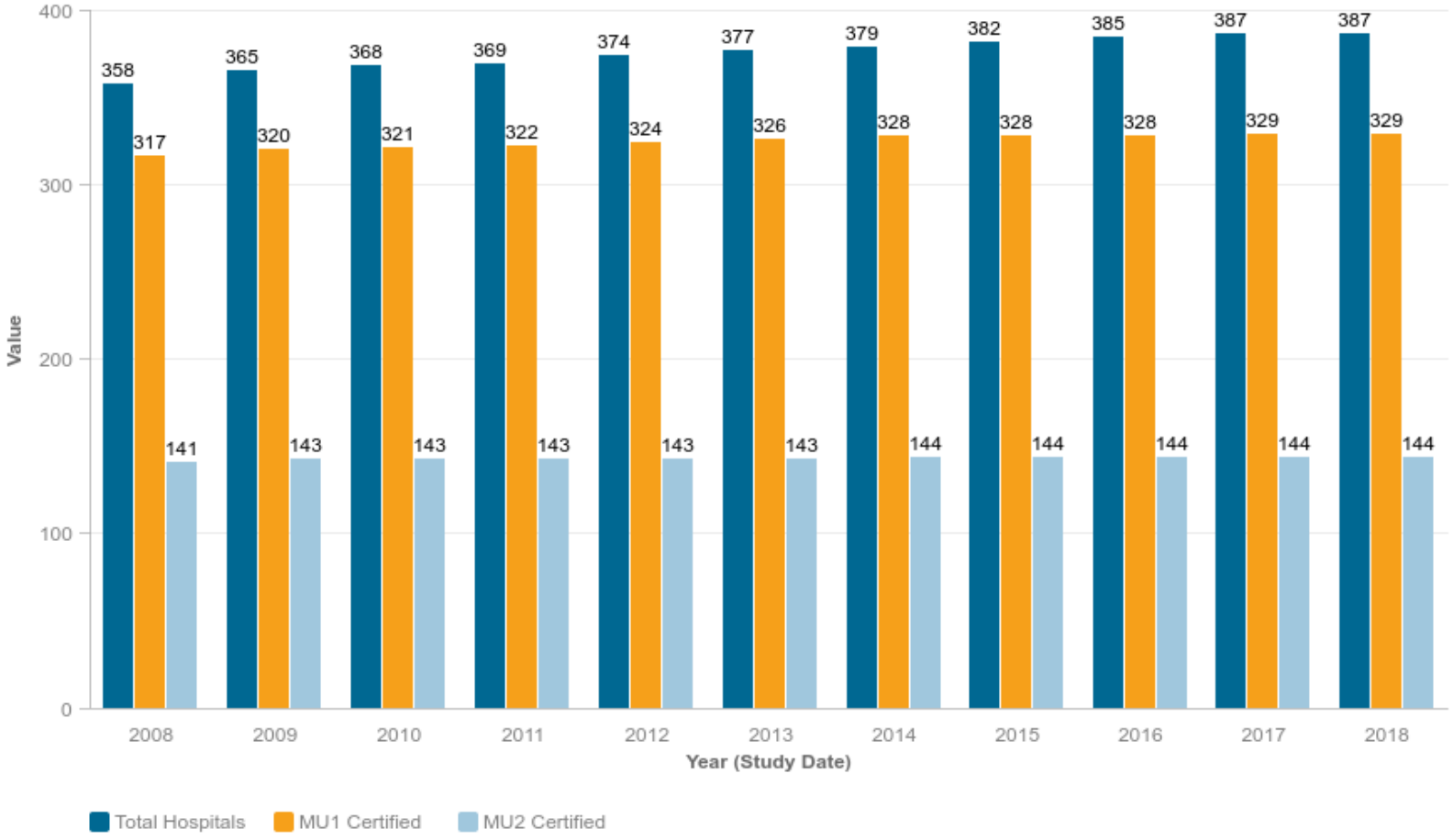
HIMSS Analytics - California Meaningful Use Trends

[Graph] HIMSS Governmental Report MU



About the HIMSS Analytics EMRAM Model℠

- HIMSS Analytics devised the EMRAM to allow the industry to track the progress of adopting applications in the EMR environment.
  - 8-stage model
- Hospitals can gain their EMRAM score by completing their study profile in the HIMSS Analytics® Database.
- For more information about the HIMSS Analytics EMRAM model, please visit: https://www.himssanalytics.org/

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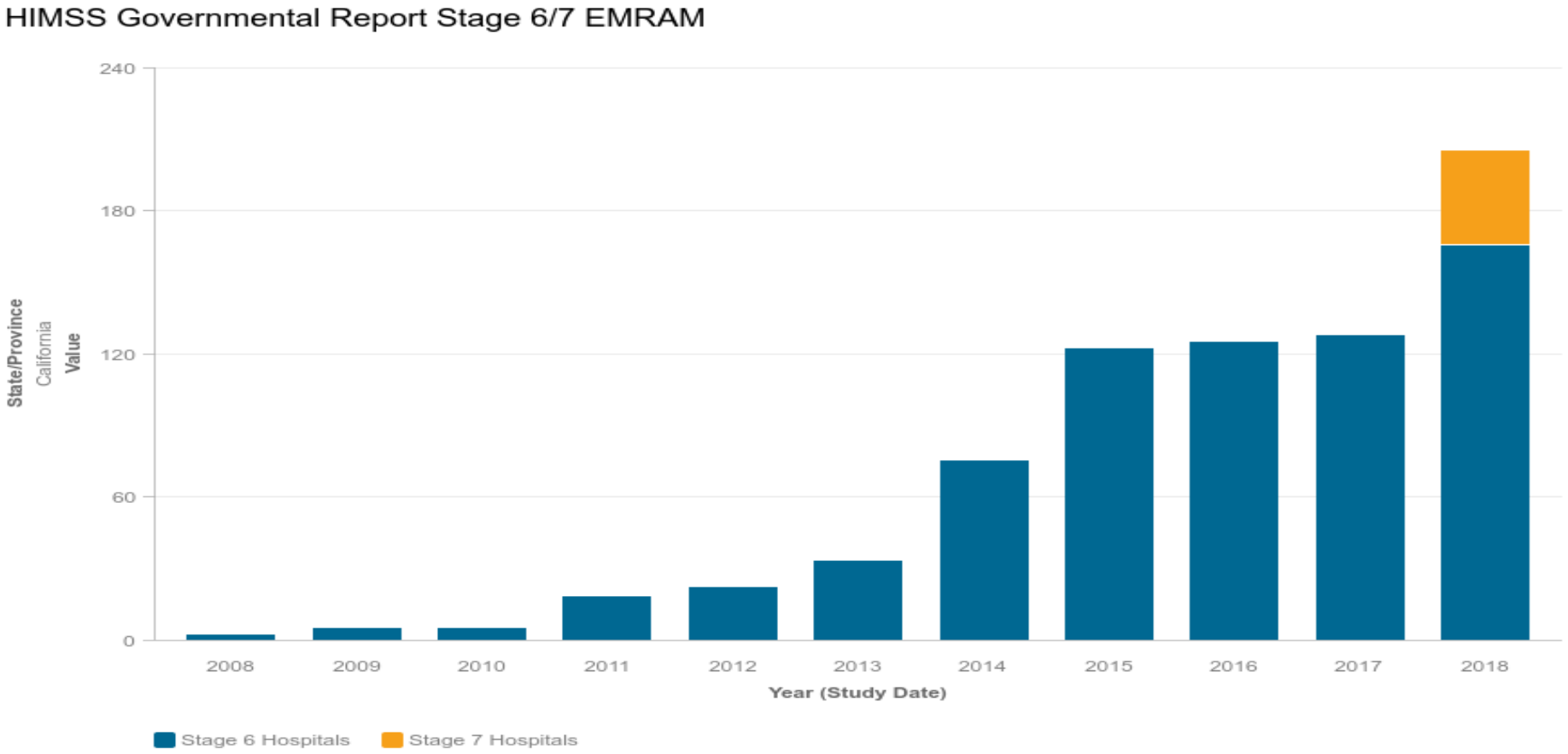
HIMSS Analytics - California EMRAM Stage 6/7 Report



California Davies Award Recipients

- Davies Enterprise/Organizational Award
  - Stanford Children's Health (2017 - Palo Alto, CA)
  - Children's Hospital of Orange County (2016 - Orange, CA)
  - UC Davis Medical Center (2013 - Sacramento, CA)

Current and Future Leavers to Expand Health Information and Technology in California

- Review of 2018 “State of the State” addresses to learn about state Gubernatorial priorities
  - Almost half of Governors’ addresses included opioid crisis
  - California State of the State Address
    - Emergency Preparedness and Response

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Federal – State Grant Initiatives

- **Pandemic and all Hazards Preparedness Act (PAHPA) up for reauthorization**

  www.phe.gov/preparedness/legal/pahpa/pages/default.aspx

- The **Opioid State Targeted Response (STR) grants**, which were created by the **21st Century Cures Act**, are administered by the Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Health information technology, surveillance

State Medicaid Opportunities

- **State Medicaid 90/10 Guidance** - **https://www.medicaid.gov/federal-policy-guidance/downloads/smd18005.pdf**
  - Examples of how a state can facilitate reuse in new development include:
    - Hosting software in a cloud, and making it available for other states to use
    - Developing open source, license-free MES modules that are sharable with other states
    - Sharing specific customizations or configurations to a commercial off-the-shelf (COTS) software product with other states
    - Further developing software or systems created for the Health Information Technology for Economic and Clinical Health (HITECH) Act per SMDL# 16-003 to support other business processes in the Medicaid Enterprise or connected to the Medicaid Enterprise.
    - Long story short, if a state wants to support HIEs forever (using 75% operational match), there is now policy support for that. More SMDs coming going into this further, but this signals it.

Expanding Health IT Economic & Job Opportunities

- Investing in Opportunity Act
  - State governors are able to designate up to 25 percent of all tracts within the state that meet the guidelines used to designate a zone as economically distressed. This puts private capital where it's truly needed.

Other State Leavers

- State Health plans/State Health IT Roadmaps
  - CA State Health Care Innovation Plan, 2014
    - Maternity Care
    - Health Homes for complex patients
    - Palliative Care (end of life care)
    - Accountable Care Communities

Post Meeting Action!

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During the Meeting, Did you Listen carefully?

- Did Your Representative or their staff ask any questions you couldn't answer?
- Did you promise to send them an answer when you return home?
- Do you need assistance from the HIMSS North America staff to send the answer later?
- Did you collect contact information from the Legislator or staffer to continue the relationship in the years to come?
- Did you provide them with the leave-behind packet?

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Outreach Strategies

Meet	Invite	Write	Make	Post	Follow	Attend
Meet with Representatives and staff in State Capitals or local offices	Invite them to visit a facility or attend an event	Write them a letter or e-mail; work with local media to write op/ed	Make a phone call to their office	Contribute to a blog; Tweet; Post on Facebook and LinkedIn	Follow them on Facebook, Twitter, and LinkedIn	Attend a town hall meeting

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Expanding your Advocacy Outreach

- ***Legislative*** – elected and appointed bodies that vote on policy, law, and public budgets. For example: Congress, General Assembly, County Commissioners, City Council, School Board and various subcommittees or appointed bodies under these groups.

- ***Administrative*** – government institutions charged with implementing policy and budgets. For example: US Department of Health and Human Services, State Health Departments or State Innovation Committees, etc.
  - **A state budget is a true expression of public policy and should create engines of opportunity for improvements in health and wellbeing though the use of information management and technology solutions!**
- ***And, don't forget the public!!*** – responsible for electing our leaders and often voting on referendums that create policy. For example: K-12 STEM bond referendum.

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HIMSS Resources

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HIMSS "Legislative Action Center"

- Use the Award-winning HIMSS Legislative Action Center as your personalized electronic tool to stay connected on key policy items and communicate directly with your elected officials.
- Use the "Key Issues" section to stay up to date on important issues, recent votes, and current legislation concerning health IT.
- Send a letter to your Member of Congress or State legislator by entering your zip code.
  - http://cqrcengage.com/himss/home

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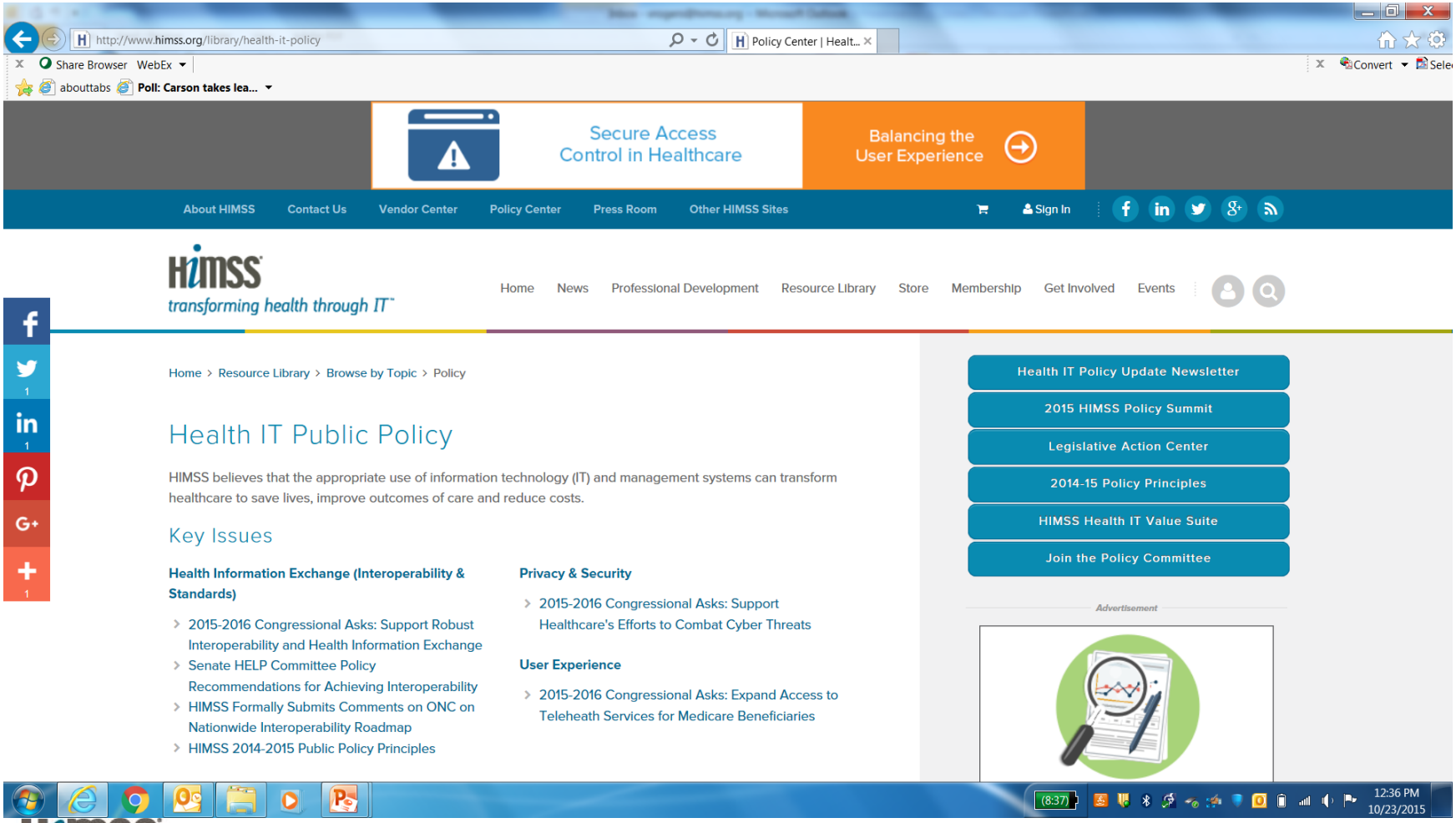
HIMSS Policy Center



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HIMSS SGA Events & Trainings

- Webinar series: Leveraging Health Information and Technology to mitigate the opioid epidemic: First webinar at **June 4th 1:00 – 2:00 ET**
- Chapter Leader Exchange: **July 17-18, 2018**, HIMSS Innovation Center, Cleveland, OH

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Questions & Discussion

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Advocacy 101
and
Legislative Asks

- **Ian Slade, President HIMSS SoCal**
- **Dr. Larry Ozeran, President, Clinical Informatics, Inc.**

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Why Advocate?

"Unless someone like you cares a whole awful lot, Nothing is going to get better. It's not."
- Dr. Seuss, The Lorax

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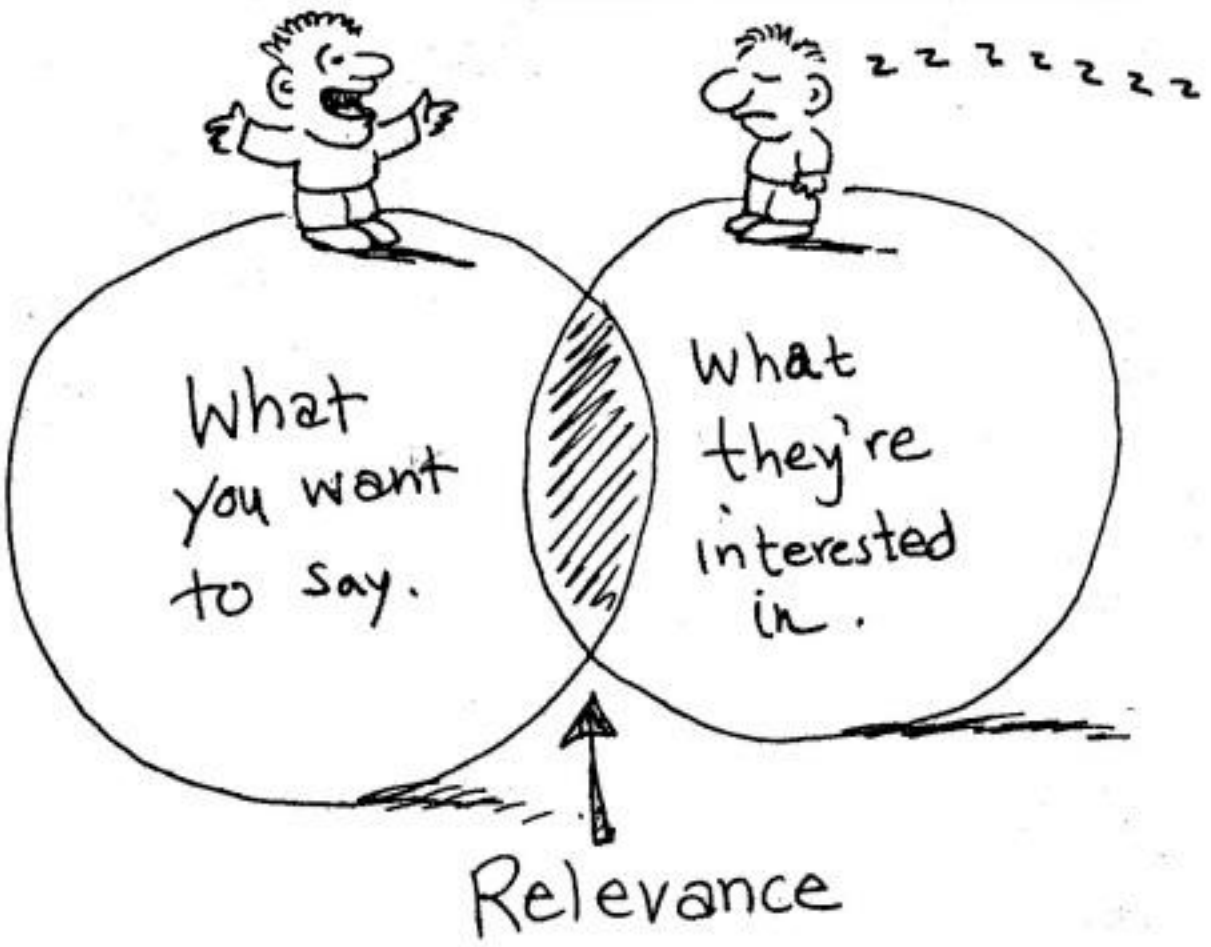
MESSAGE



MEETING


Contact
your
Legislator


SO YOU'RE TELLING ME
THERE'S A CHANCE


BOOK AN
APPOINTMENT

MATERIALS

- Your Organization- HIMSS background
- Your Chapter- State, District, Chapter Information
- Your Asks- Use your Verbs, the more specific the better
- Your References- Resources, Supporting Documents, etc.

Three Parts of a Legislative Meeting

- **Hook** (who you are)
- **Line** (why you care – local stories and statistics)
- **Sinker** (your request, “ask”)

*Kush, Christopher. *The One-Hour Activist.* Jossey-Bass. 2004.

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Legislative Meeting

"Most people do not listen with the intent to understand;

they listen with the intent to reply."

Post Meeting Activities

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Common Pitfalls to Avoid*

Prep:

- Don’t discount meeting with a staff member
- Don’t Assume, Confirm

Meeting:

- Don’t Rush, Listen
- Don’t Debate, Communicate

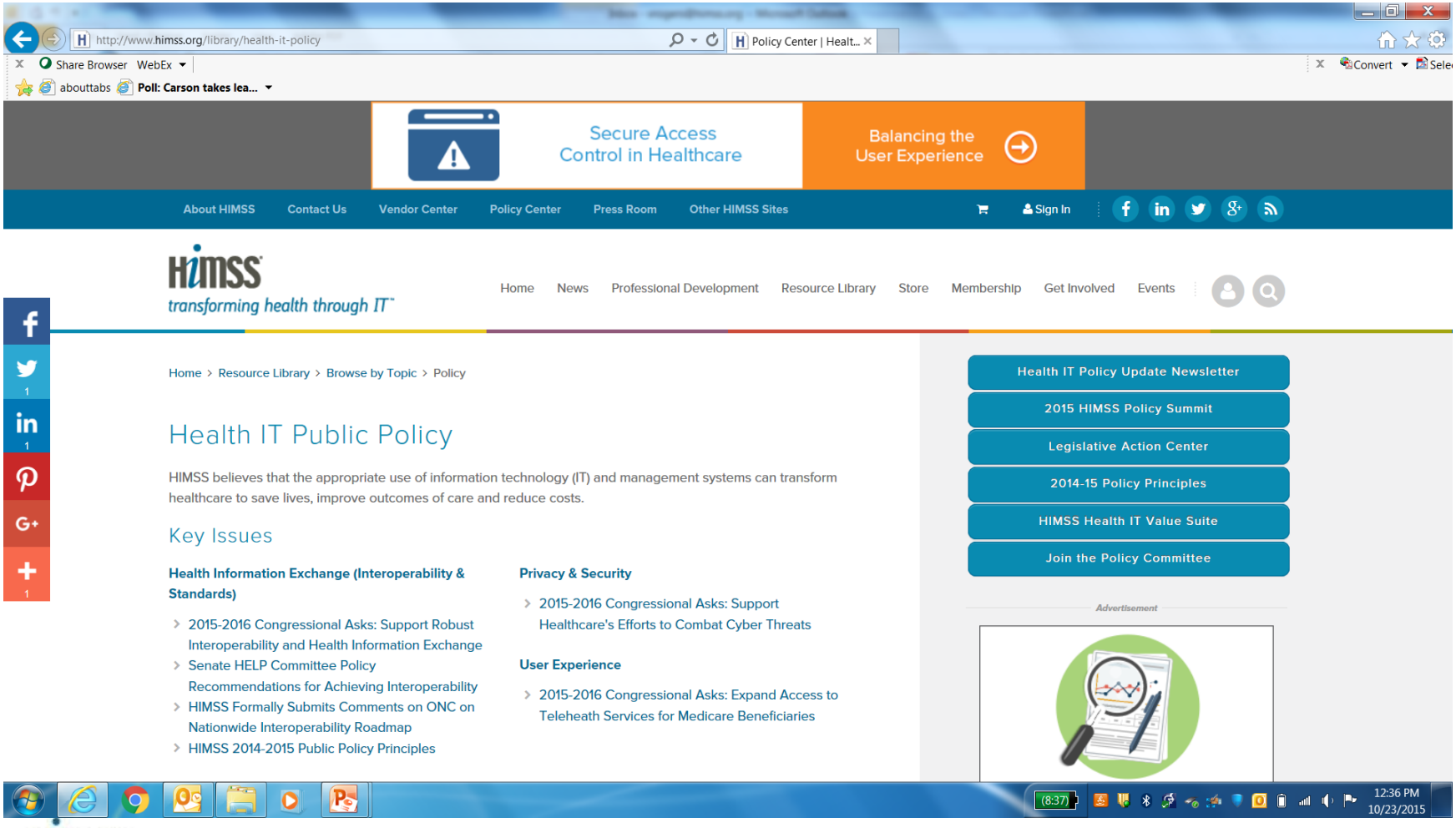
Follow-up:

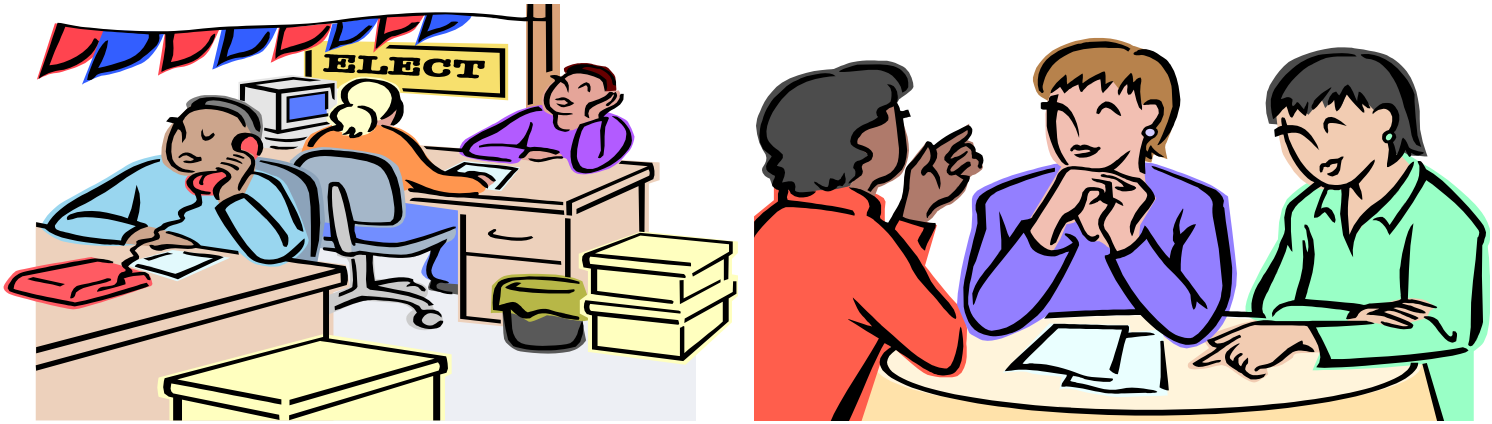
- Don’t be a Stranger
- Don’t wait, Participate

Chapter Advocacy Resources

- HIMSS Materials Available Online:
  - The Legislative Action Center - Virtual March on Washington! http://cqrcengage.com/himss/home
  - The HIMSS StateTrack Dashboard – which includes HIT Legislative Tracking in all 50 states! www.cqstatetrack.com
  - The HIMSS Policy Center
  - Health IT Policy Update – HIMSS weekly Health IT Policy

HIMSS Policy Center





We can’t do it without our HIMSS Volunteers

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2018 Legislative Asks

Larry Ozeran, MD

President

Clinical Informatics, Inc.

May 16, 2018

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AB 2935 - Protection of Consumer Privacy

What it says:

- Companies that are not covered by HIPAA and perform health monitoring must delete the data if requested and consent consumers before sharing health data with a 3rd party.

Why it matters:

- There are currently no protections for consumer health data if the company with whom the data is shared is not a HIPAA covered entity.

Request:

- Please support AB 2935 to give people some control over how commercial health monitoring programs manage their personal data

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AB 2315 – Telehealth for schools

What it says:

- State Department of Education and Medicaid would work with stakeholders to develop guidelines for the use of telehealth in schools to provide mental and behavioral health services

Why it matters:

- Schools with nurses: 43% with health centers: 2%
  Growing health disparities and great need

Request:

- Please join with The Children's Partnership to enable K-12 school districts to access mental and behavioral health providers using telehealth

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AB 1136 - Submit a Grant Request

What it says:

- The State Department of Public Health will submit a grant request to develop a statewide bed availability database for Mental Health facilities

- **Why it matters:**

  - Limited access to mental health services and a CDPH health facility database that does not track bed availability

Request:

- Please support AB 1136 to help CDPH secure funding to update their database to monitor bed availability

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Other bills

- If you have extra time
- If the bill is critically important to you or the legislator
- Otherwise, just leave it behind

Questions?

Larry Ozeran, MD

lozeran@clinicalinformatics.com

(530) 650-8245

Senator Ed Hernandez

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Federal HIT Update

- **Dr. Steven Lane, HITAC Committee Member & Clinical Informatics Director, Sutter Health**

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Federal HIT Update:
HITAC, TEFCA, USCDI, Promoting Interoperability

- Steven Lane, MD, MPH
- Clinical Informatics Director – Privacy, Information Security & Interoperability
- Sutter Health

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ONC Priority Goals / Use Cases

1. **Patient Access:** Patients can access their health information electronically without any special effort.

2. **Bulk data access:** Providers and organizations accountable for managing the health of populations can receive necessary and appropriate information on a group of individuals without having to access one record at a time, which would allow them to analyze population health trends, outcomes, and costs; identify at-risk populations; and track progress on quality improvement initiatives.

3. **APIs:** The health IT community should have open and accessible application programming interfaces to encourage entrepreneurial, user-focused innovation to make health information more accessible and to improve EHR usability

21st Century Cures Act

- Signed into law December, 2016
- Strong bipartisan support
- Focused on “expediting discovery, delivery and development of new cures and treatments” and “maintaining America’s global status as the leader in biomedical innovation”
- Addresses issues ranging from NIH funding, to precision medicine, to opioid abuse
- Focus on Health Information Technology (HIT) as the foundation of medical research and care delivery

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Health IT Sections of Cures

- 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, HITAC, TEFCA, Provider Directory
- 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

Cures Section 4001

- Assisting doctors and hospitals in improving quality of care for patients

- Directs HHS Secretary to… develop a strategy and recommendations… to **reduce regulatory and administrative burdens** (including documentation requirements) related to the use of EHRs.

Cures Section 4006

- Empowering Patients and Improving Patient Access to their Electronic Health Information

- The HIT Advisory Committee shall develop and prioritize standards, implementation specifications, and certification criteria required to help support:
  - **Patient access** to electronic health information
  - **Patient usability**
  - Technologies that offer patients access to their electronic health information in a **single, longitudinal format** that is **easy to understand, secure, and may be updated automatically**

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Cures Section 4003

- Digital Provider Directory
- Interoperability
- Health Information Technology Advisory Committee (HITAC)
- Trusted Exchange Framework & Common Agreement (TEFCA)

Digital Provider Directory

- A provider digital contact information index
- Can be established *de novo* or through a partnership with a private entity.
- The Center for Program Integrity (CPI) in CMS is responsible and is working with ONC on implementation.

Interoperability Definition

- Health information technology that:
  a. enables the secure exchange of electronic health information with, and use electronic health information from, other health IT **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).

Health IT Advisory Committee (HITAC)

- The 21st Century Cures Act established this committee to provide recommendations to the National Coordinator for Health Information Technology on policies, standards, implementation specifications, and certification criteria relating to the implementation of a health information technology infrastructure that advances the electronic access, exchange, and use of health information.

- HITAC unifies the roles of, and replaces, the **HIT Policy Committee** and the **HIT Standards Committee**

HITAC Priority Target Areas

- Achieving a health information technology infrastructure that allows for the electronic **access, exchange, and use of health information**

- The promotion and protection of **privacy and security** of health information in health IT

- The facilitation of secure **access by an individual** to such individual's protected health information

HITAC Members (30)

1. Michael Adcock, RN – University of Mississippi Medical Center
2. Christina Caraballo, MBA – Get Real Health
3. Tina Esposito, MBA – Advocate Health Care
4. Cynthia Fisher – WaterRev LLC
5. Brad Gescheider, MBA – PatientsLikeMe
6. Kate Goodrich – CMS ***Federal Representative***
7. Valerie Grey – New York eHealth Collaborative
8. Anil Jain, MD – IBM
9. John Kansky, MBA, MSE – Indiana Health Information Exchange
10. Kensaku Kawamoto, MD, PhD – University of Utah
11. Steven Lane, MD, MPH – Sutter Health
12. Leslie Lenert, MD – Medical University of South Carolina
13. Arien Malec – RelayHealth Clinical Solutions
14. Denni McColm, MBA – Citizens Memorial Healthcare
15. Clem McDonald, MD – National Library of Medicine

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HITAC Members

16. Aaron Miri – Imprivata
17. Brett Oliver, MD – Baptist Health
18. Terrence O'Malley, MD – Massachusetts General Hospital
19. Carolyn Petersen, MBI, MS – Mayo Clinic website ***Co-chair***
20. Raj Ratwani, MA, PhD – MedStar Health
21. Steve Ready – Norton Healthcare
22. Chelsea Richards – CDC
    Federal Rep
23. Patrick Soon-Shiong, MD – NantWorks
24. Ram Sriram – NIST
    Federal Rep
25. Sasha TerMaat – Epic
26. Lauren Thompson – DoD/VA Interagency Program ***Federal Rep***
27. Andrew Truscott – Accenture

Trusted Exchange Framework & Common Agreement (TEFCA)

- Section 4003 of the 21st Century Cures Act requires the ONC to *develop or support*:
  - A **trusted exchange framework (TEF)** to boost electronic data exchange
  - A **common agreement (CA)** that will include
    - Details on authenticating health information network participants
    - A common set of rules for information exchange
    - Policies and procedures governing the exchange of information among health networks

…in order to achieve full network to network exchange of health information.

Goals of the Draft TEF

Build on and extend existing work done by the industry

Provide a single "on-ramp" to interoperability for all

Be scalable to support the entire nation

Build a competitive market allowing all to compete on data services

Achieve long-term sustainability

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Format of the Draft TEF

Part A: Principles for Trusted Exchange

General principles that provide guardrails to engender trust between Health Information Networks (HINs). Six (6) categories:

- **Principle 1 - Standardization:** *Adhere to industry and federally recognized standards, policies, best practices, and procedures.*
- **Principle 2 - Transparency:** *Conduct all exchange openly and transparently.*
- **Principle 3 - Cooperation and Non-Discrimination:** *Collaborate with stakeholders across the continuum of care to exchange electronic health information, even when a stakeholder may be a business competitor.*
- **Principle 4 - Security and Patient Safety:** *Exchange electronic health information securely and in a manner that promotes patient safety and ensures data integrity.*
- **Principle 5 - Access:** *Ensure that patients and their caregivers have easy access to their electronic health information.*
- **Principle 6 - Data-driven Accountability:** *Exchange multiple records at one time to enable identification and trending of data to lower the cost of care and improve the health of the population.*

Part B: Minimum Required Terms and Conditions for Trusted Exchange

A minimum set of terms and conditions for the purpose of ensuring that common practices are in place and required of all participants who participate in the Trusted Exchange Framework, including:

- Common authentication processes of trusted health information network participants;
- A common set of rules for trusted exchange;
- A minimum core set of organizational and operational policies to enable the exchange of electronic health information among networks.

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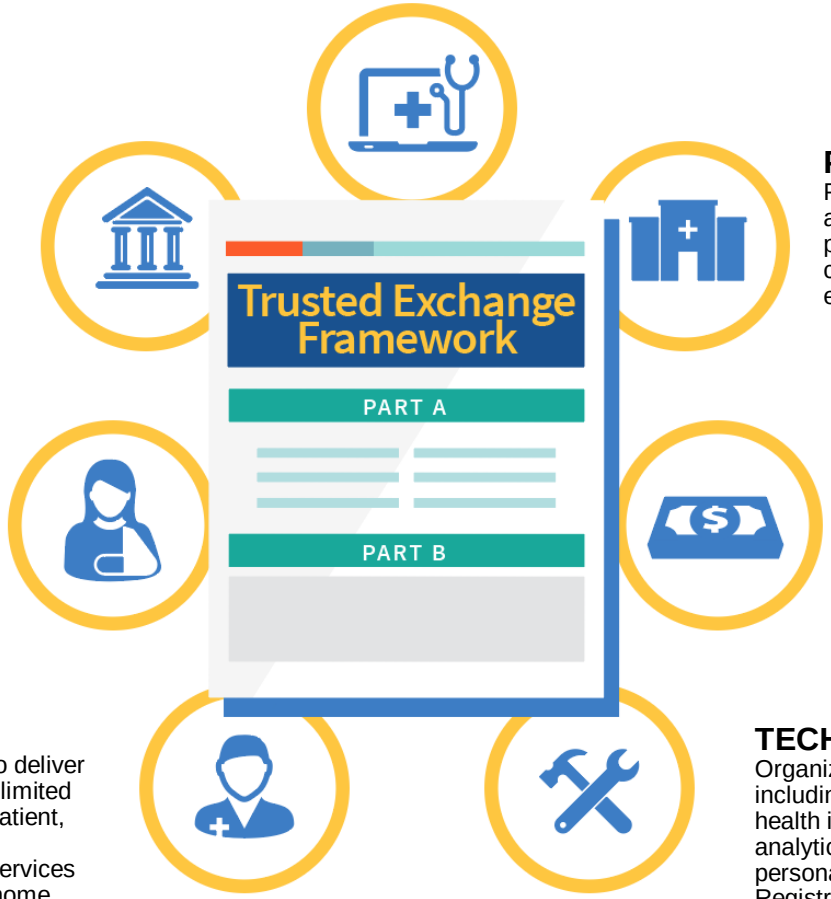
Stakeholders who can use the TEF

HEALTH INFORMATION NETWORKS



FEDERAL AGENCIES
Federal, state, tribal, and local governments

PUBLIC HEALTH
Public and private organizations and agencies working collectively to prevent, promote and protect the health of communities by supporting efforts around essential public health services

INDIVIDUALS
Patients, caregivers, authorized representatives, and family members serving in a non-professional role

PAYERS
Private payers, employers, and public payers that pay for programs like Medicare, Medicaid, and TRICARE

PROVIDERS
Professional care providers who deliver care across the continuum, not limited to but including ambulatory, inpatient, long-term and post-acute care (LTPAC), emergency medical services (EMS), behavioral health, and home and community based services

TECHNOLOGY DEVELOPERS
Organizations that provide health IT capabilities, including but not limited to electronic health records, health information exchange (HIE) technology, analytics products, laboratory information systems, personal health records, Qualified Clinical Data Registries (QCDRs), registries, pharmacy systems, mobile technology, and other technology that provides health IT capabilities and services

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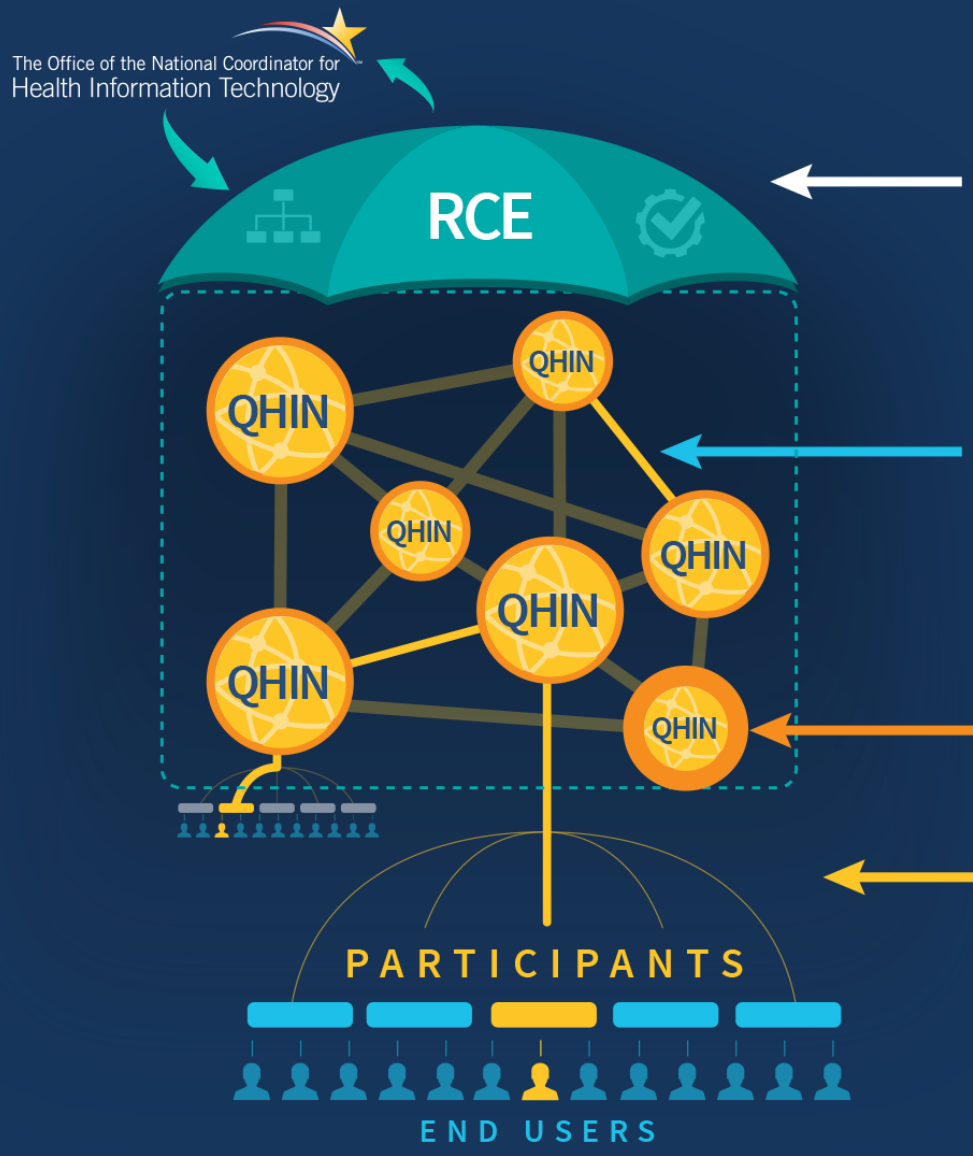
How will the TEF Work?



Recognized Coordinating Entity provides oversight and governance for Qualified Health Information Networks.

Qualified HINs connect directly to each other to serve as the core for nationwide interoperability.

QHINs connect via **connectivity brokers**.

Each Qualified HIN represents a **variety** of networks and participants that they connect together.

6 TEF Permitted Purposes

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3 TEF Use Cases

Broadcast Query

Sending a request for a patient's Electronic Health Information (EHI) to all Qualified HINs to have data returned from all organizations who have it.

Supports situations where it is unknown who may have Electronic Health Information about a patient.

Directed Query

Sending a targeted request for a patient's Electronic Health Information to a specific organization(s).

Supports situations where you want specific Electronic Health Information about a patient, for example data from a particular specialist.

Population Level Data

Querying and retrieving Electronic Health Information about multiple patients in a single query.

Supports population health services, such as quality measurement, risk analysis, and other analytics.

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TEF Task Force

- **Overarching charge:** The Trusted Exchange Framework Taskforce will develop and advance recommendations on Parts A and B of the Draft Trusted Exchange Framework to inform development of the final TEFCA.

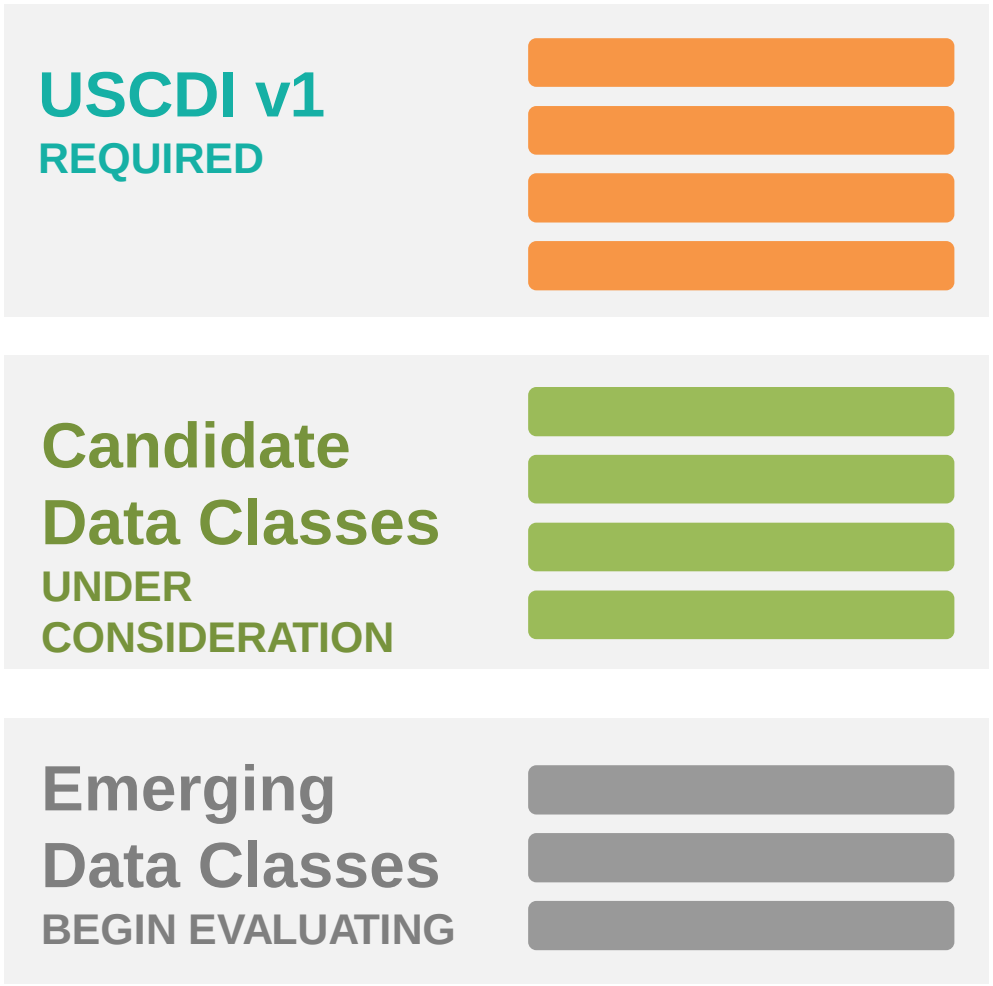
- **Detailed charge:** Make specific recommendations on the language included in the Minimum Required Terms and Conditions in Part B, including—
  - Recognized Coordinating Entity
  - Definition and Requirements of Qualified HINs
  - Permitted Uses and Disclosures
  - Privacy/ Security

- March, 2018 – HITAC approved the Task Force's transmittal letter to the National Coordinator with 26 specific recommendations

US Core Data for Interoperability (USCDI) Glide Path

The USCDI establishes a minimum set of **data classes** that are required to be interoperable nationwide and is designed to be expanded in an iterative and predictable way over time.

Data classes listed in the USCDI are represented in a technically agnostic manner.



Draft USCDI V1 Data Classes

Based on the Common Clinical Data Set*	
Patient name	**Sex (birth sex)**
Patient Date of Birth	**Preferred Language**
Race	**Ethnicity**
Smoking Status	**Laboratory tests**
Laboratory values/results	**Vital signs**
Problems	**Medications**
Medication Allergies	**Health concerns**
Care Team members	**Assessment and plan of treatment**
Immunizations	**Procedures**
Unique device identifier(s) for a patient's implantable device(s)	**Goals**
Provenance	**Clinical Notes**

* Specified in the 2015 Edition Health IT Certification Criteria final rule

Draft USCDI Future Data Classes

- 2019 (V2)
  - Cognitive Status
  - Encounter
  - Discharge Instructions
  - Family Health History
  - Functional Status
  - Gender Identity
  - Pediatric Vital Signs
  - Pregnancy Status
  - Reason for Hospitalization
- 2010 (V3)
  - Care Provider Demographics
  - Care Team Members Contact Information
  - Care Team Member Roles / Relationships
  - Diagnostic Image Reports

- 2021 (V4)
  - Individual Goals and Priorities
  - Practitioner Responsible for Care
  - Provider Goals and Priorities
  - Reason for Referral
  - Referring or Transitioning Provider's Name and Contact Information

USCDI Taskforce

- **Overarching Charge**: Review and provide feedback on the U.S. Core Data for Interoperability (USCDI) structure and process.

- **Specific Charge:** Provide recommendations on the following:
  - Mechanisms/approaches to receive stakeholder feedback regarding data class priorities;
  - The proposed categories to which data classes would be promoted and objective characteristics for promotion;
  - How the USCDI would be expanded and by how much; and
  - Any factors associated with the frequency with which it would be published.

- April, 2018 – HITAC approved the Task Force's transmittal letter to the National Coordinator

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USCDI Task Force Recommendations

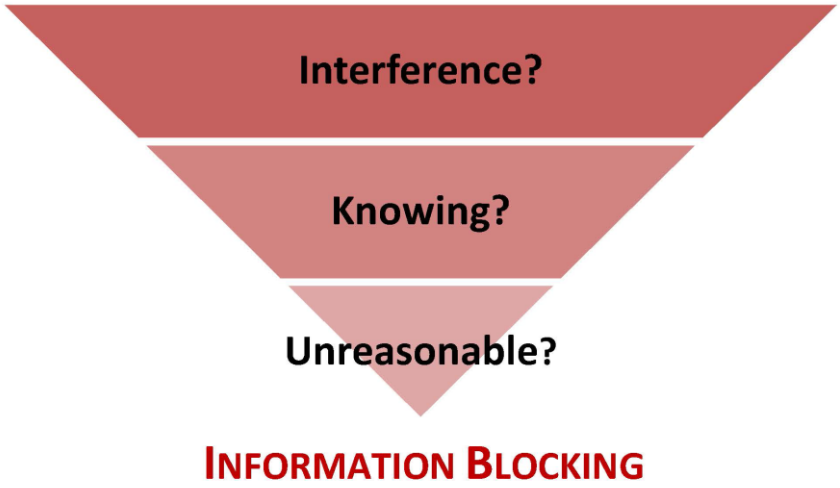
- Anyone should be able to propose any data class to the USCDI
- New data classes should be promoted based on net value to the stakeholder community
- Each new Data Class should have a Work Group of stakeholders to define and see it through the process
- 6 stage maturity model with public input at each stage
- USCDI should be updated and published as an annual reference edition with quarterly updates

www.healthit.gov/sites/default/files/facas/2018-04-18_USCDI_TF_DraftRecommendations-508.pdf

Information Blocking

April, 2015:

- Information blocking occurs when persons or entities ***knowingly*** and ***unreasonably interfere*** with the exchange or use of electronic health information.



https://www.healthit.gov/sites/default/files/reports/info_blocking_040915.pdf

Cures Section 4004

- December, 2016 – Defines **Information Blocking**:
  - "a practice that … is likely to interfere with, prevent, or materially discourage access, exchange or use of electronic health information; and" if that practice *is* known by a developer, exchange, network, or provider as being likely to "**interfere with**, prevent, or **materially discourage the access**, exchange, or use of electronic health information."

- Provides for civil penalties up to $1 million *per violation* for health IT developers, networks, and health information exchanges

ONC Proposed Rule – *"Summer, 2018"*

- ONC must define what practices are "**reasonable and necessary**" under the law before the OIG can enforce it.
- ONC is working with the OIG to collect input from federal partners and the public.
- Proposed rule will include:
  - Guidance defining what practices are acceptable and which are illegal
  - Standard for when a practice is "known" or should have been known
  - How "per violation" will be defined when determining penalties for violations
- This will be followed by a public comment period and the issuance of a final rule for enforcement by the OIG

Information Blocking Risks

- Accusations of Information Blocking could be used to gain competitive advantage.
- Concerns regarding liability related to Information Blocking could stifle innovation.
- Penalties or threats thereof could drive small vendors or providers out of business.
- The health information technology industry could spend years in court litigating what is and is not information blocking and won't accomplish real interoperability.

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Information Blocking Opportunities

- Concerns re accusations of Information Blocking could:
  - Motivate providers to implement and support functionalities and system configurations that lower barriers to information exchange and facilitate interoperability
  - Motivate vendors to provide, recommend and support system functionality, configurations and workflows to minimize the risk of Information Blocking

ONC/HITAC Next Steps

- TEFCA Recognized Coordinating Entity (RCE) Funding Opportunity Announcement and selection
- ONC Proposed Rule & Comment Period
  - Update certain provisions of HITECH Act
  - Implement provisions of 21st Century Cures
    1. Conditions of Certification for HIT developers
    2. Voluntary certification of HIT by pediatric providers
    3. HIN attestation of adoption of TEFCA
    4. Information Blocking exceptions
- Standard Use Cases
- Final TEFCA publication & Comment Period
  - Changes based on public comments
  - Common Agreement drafted by RCE

Support for Interoperability

- March – HIMSS18
  - Jared Kushner & Seema Verma: *The Trump administration has a new plan for interoperability*
  - Strategy focus:
    - Individual access to data to drive competition in value based care
    - Support innovation
  - Tactics:
    - MyHealthEData
    - Blue Button 2.0 – Medicare claims data available to patients, third party applications, services, and research programs
    - Interoperability between VA and DoD
    - Overhaul Meaningful Use

Support for Interoperability

- April – Health Datapalooza
  - Seema Verma: *Fueling the Engine of Innovation by Unleashing the Power of Data*
    - Access to all data, including device data
    - Empower patients to access and use data to make informed decisions
    - Patients control data and know how it is being used at all times
    - Make data available for research, public and population health
  - Meaningful Use > "*Promoting Interoperability"*
  - Considering making sharing data with patients a condition of participation in Medicare
  - *Data Driven Patient Care*
    - Claims data access for research including MA, Medicaid, CHIP
    - API-first approach

Steven Lane, MD, MPH, FAAFP

LaneS@SutterHealth.org

@emrdoc1 www.linkedin.com/in/steven-lane-md/

Lunch Sponsored by:

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Population Health and Data Integration

California HIMSS

Health IT Advocacy Day

May 2018

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Healthcare Information and Management Systems Society (HIMSS)

- HIMSS is a global, cause-based, not-for-profit organization focused on better health through information and technology
- HIMSS leads efforts to optimize health engagements and care outcomes using information technology

HIMSS North America
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HIMSS Strategic Advocacy Framework

Focus on the value of health information and technology through:

- Supporting Healthcare Transformation
  - Ensuring Interoperability Across the Spectrum of Care
- Expanding Access to High Quality Care
  - **Particularly for underserved (both urban and rural) and remotely located patient populations**
- Increasing Economic Opportunity
  - Economic Growth by expanding health IT export opportunities
- Making Communities Healthier
  - Healthcare Payment/Delivery System Reform/Innovations in Care Delivery
  - **Expanding Public Health Information Technology Infrastructure**

Environmental Scan

While many IT systems, electronic data, and exchange capabilities exist within communities that could be brought to bear in **preventing, detecting, and effectively responding to crises**, today few – if any – have inventoried their health-related IT systems, nor created collaborative efforts to optimally leverage those systems, to meet their public and population health needs

State/Territorial/Local Government Trends

- Telehealth
- Cybersecurity
- Substance Abuse/Opioid Epidemic
- Public Health Crises (i.e. natural, manmade)
- Medicaid Changes -- synching federal reforms with Delivery System and Payment reform
- Job Creation/Economic Stimulus related to Innovation
- Future of Open data utilization
- Infrastructure Funding and Financing
- Behavioral Health System integration/connectivity

HIMSS Five Critical Domains to Interoperate

Leveraging or rechanneling existing funding streams, integration of governmental services, utilization of open data and partnerships with health information exchanges are foundational requirements to more effectively respond to health crises and facilitate better health outcomes through legal, regulatory and/or policy changes across the following five critical domains:

1. Public health
2. Public safety
3. Environmental health
4. Human and social services
5. Emergency medical services

DRAFT Recommendations for State/Local Action

- Facilitate the development of a national data infrastructure based on a **health-in-all-policies framework**. Such a framework can realize improvements in information sharing interoperability among public health and human services systems at the state and local levels, and strengthen efforts to coordinate surveillance, detection, and response to health emergencies.
- Convene the greater public health and healthcare information and management community to identify the impediments to information sharing and interoperability
- Advance the application of 21st Century healthcare and innovative technologies in health informatics and data analytics for emergency preparedness and responses to public health crises at the state level
- Challenge state officials (and where applicable, federal agencies) to evaluate existing funding avenues with the purpose of updating the current technical infrastructure for enhanced interoperability, and consider collaborating with the health IT community to "connect the dots" among communications and data-sharing efforts that already are underway by relevant organizations and systems

HIMSS Interoperability Call to Action

- Demand Integration between the Interoperability Approaches and Trusted Exchange Frameworks for the Public Good
- Ensure Stakeholder Participation from Across the Care Continuum, Including Patients and Caregivers
- Identify the “Minimum Necessary” Business Rules for Trusted Exchange to Enhance Care Coordination
- Educate the Community to Appropriately Implement Existing and Emerging Standards, Data Formats, and Use Cases to Ensure a Comprehensive, Integrated Approach to Care
- Standardize and Adopt Identity Management Approaches
- Improve Usability for Data Use to Support Direct Care and Research

Access the Full Call to Action Here!

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Contact Information

Valerie Nicole Rogers, MPH
Director, State Government Affairs
HIMSS North America
Email vrogers@himss.org | Office 703.562.8849
Mobile 571.232.3032 | @vnrogers74
4300 Wilson Boulevard | Suite 250 | Arlington, VA 22203

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Population Health – Educational Perspective

Definition of Population Health Informatics

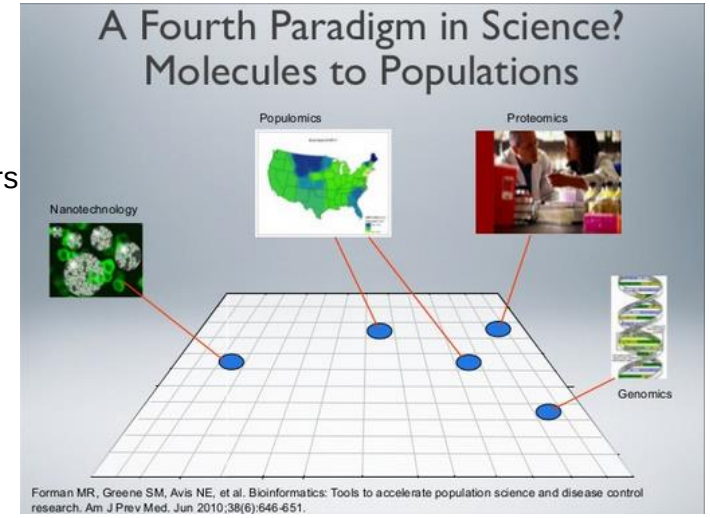
- Interdisciplinary approach that uses information and computer technologies at the intersection of biomedical, clinical, and public health domains to impact health status and services provided to populations.
- Uses the power of technology in the service of public health practice all with the goal of improving the health of populations

Key Events in Public Health Informatics Policy (US Health Care)

- The 2010 “Accountable Care Act ” represents the biggest change in the health insur. and financing system in 45 years
- HITECH Act - ONC/CMS HITECH Policies Meaningful Use, and Health information Exchange.

Applied Models/Theoretical Underpinnings for Population Health IT Interventions

- Societal, Healthcare, Individual levels



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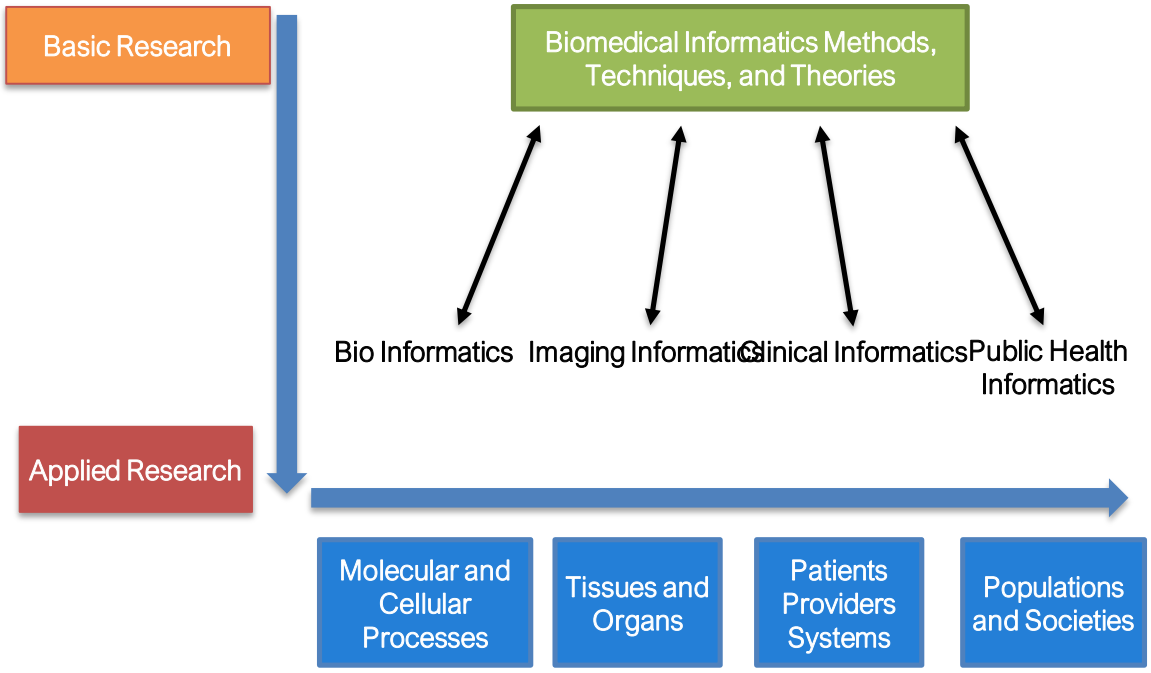
Population Health Informatics in Perspective



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Varying contexts of population health informatics, public health informatics, and clinical informatics

Domain / Context	Population Health Informatics	Public Health Informatics	Clinical Informatics
Common Intervention Targets [a]	• Total population • Target populations • Provider organization • Healthcare systems	• Total population	• Clinician • Patient or consumer • Provider organization • Target population
Main Operational Goal	• Outreach and prevention • Care integration • Disease management	• Assessment • Prevention	• Treatment • Rehabilitation
Action Arm	• Population health organization • Care management organizations	• Public health agencies • Non-for-profit and non-governmental organizations	• Clinical organizations
Key Stakeholders	• Provider and payer systems • Government and community	• Federal, state, and local governments	• Providers • Consumers
Key Information Challenges	• Capturing non-medical info • Information system inter-operability across sectors	• Expanding public health IT systems • Medical and public health interoperability	• Decision support • EHR interoperability

(Kharrazi, H. et al., 2016)

- Risk identification/stratification
- Consumer education (at all levels of “risk pyramid”)
- Provider care process improvement
  - Guidelines/clinical decision support
  - Education/benchmarking/P4P
- Supporting patient/consumer disease management
- Monitor population outcomes
- Evaluate impact of interventions
- Enhance knowledge (e.g., support “pragmatic” and conventional clinical trials)

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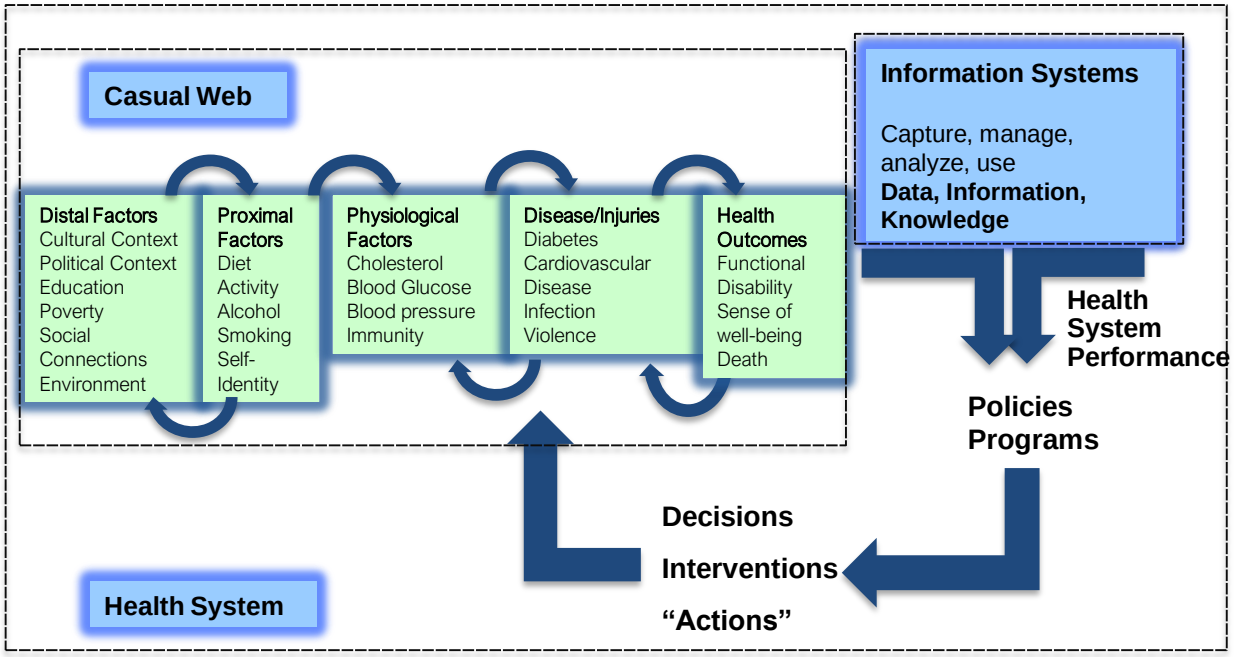
Systems & Theoretical Underpinnings for Health IT Interventions



- Societal level (diffusion of innovation)
- Healthcare level (patient centered medical home, value based care)
- Individual level—providers and consumers
  - **Learning theories**
  - **Models of behavior change**

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Social Determinants of Health

- Encompasses environmental, lifestyle, psychosocial, and socioeconomic factors that influence one's health
  - Engagement of communities to improve their own well-being and help to expand the boundaries of care delivery
  - Emerging technologies can bring us one step further to positively impacting health outcomes, engaging patients, making sense of the vast amounts of data, and addressing performance-based incentives.
- Consumer Health IT
  - Monitoring of risk and preventive factors on population level
  - Decision support and education on health care provider level
  - Health education and behavioral change support on individual level

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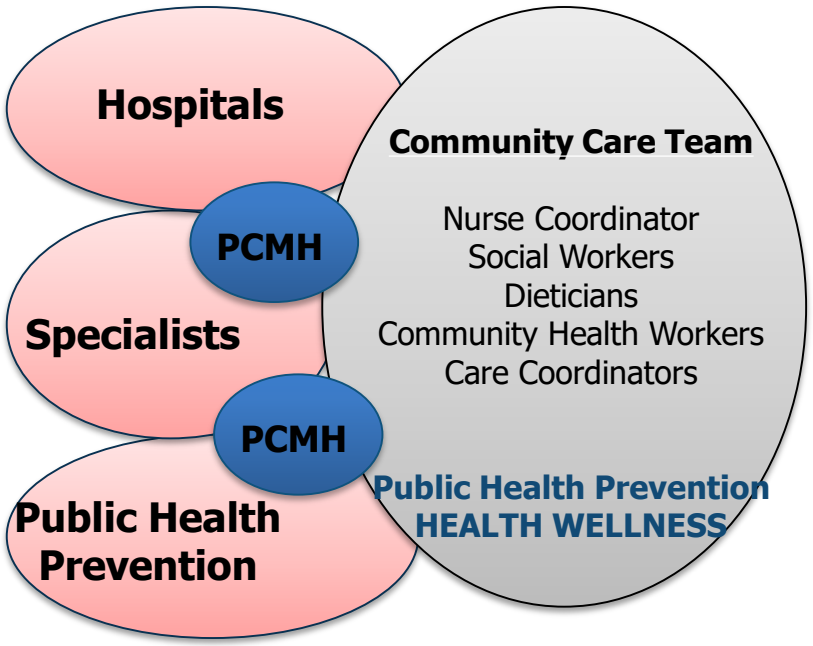
Patient Centered Medical Home Example



A Coordinated Health System

Health IT Framework

Global Information Framework

Evaluation Framework

Operations

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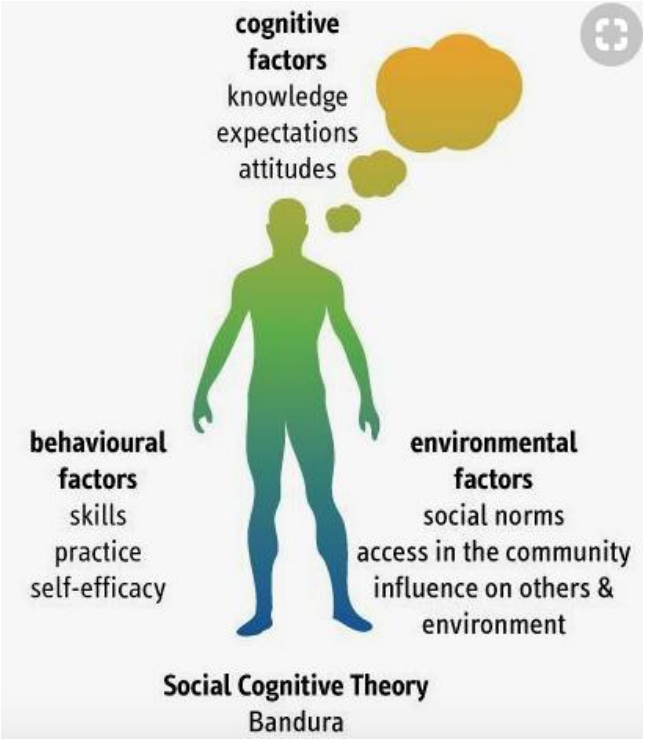
Application of Concepts from Social Cognitive Theory to the Consumer-IT Interaction

Concept	Application
1. Behavioral capability	Users/patients are given information about specific behavioral actions (i.e., trigger avoidance, regular exercise, etc.), and stepwise training and suggestions for how to incorporate desirable behavioral patterns into their daily lives
2. Self-efficacy	The use of praise, feedback, and setting achievable goals are used to increase patients' perceptions of their self-efficacy
3. Outcome expectations	IT tool repeatedly informs the patients that following their individualized self-care plan will reduce disease symptoms and increase quality of life
4. Reinforcement	User/patient receives praise and encouragement for following their self-care plans. The IT tool triggers case manager contact with patients in case of non-compliance to educate and reinforce patient compliance



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Cognitive Computing Aligns with Federal Health IT Strategies

Population HIT will be key to transforming systems

Cognitive computing will transform Healthcare

Care is determined by a proactive plan to meet health needs, with or without visits

Engage Patients

We measure our quality with analytics and make rapid changes to improve it

Improve Outcomes

Care is standardized according to evidence based guidelines and advance cognitive systems

Control Costs

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Thank you!

Contact Information

Lisa Catanzaro, M. Arch, MPH
Adjunct Faculty

University of San Francisco: Change the World From Here
2130 Fulton Street| San Francisco, CA 94117
Mobile:415.624.5100.4730

lncatanzaro@usfca.edu |https://www.usfca.edu/nursing

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Policy Implications: Population Health

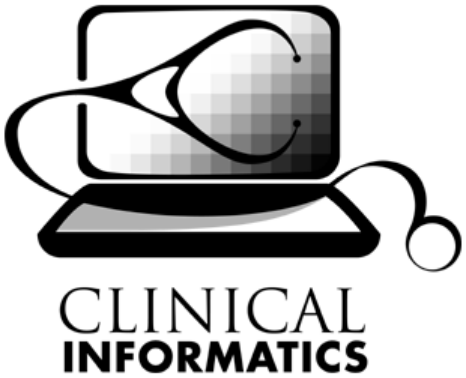
- Value based care / Accountable Care Organizations (ACOs)
- MIPS:
    - Quality
    - Practice Improvement
    - Cost
    - Promoting interoperability (formerly MU / ACI)
- Physician burnout
- Patient and caregiver engagement
- Social Determinants of Health
- Public Health

Policy Implications: Data Integration

- Interoperability within healthcare
  - payers
  - providers
  - patients
- Connecting to non-health entities
  - schools
  - law enforcement
  - financial institutions
  - services (Lyft / Uber)

Axes: clinical outcomes, cost, privacy & security

Questions?



Contact Information

Larry Ozeran, MD

Clinical Informatics, Inc.

lozeran@clinicalinformatics.com

Please mark your calendars and save the date for State HIT Day Next Year

May 2019

HIMSS
transforming health through IT

Legislative Visits