

# New Federal Requirements for Sharing Electronic Health Information

Informational Hearing  
California Assembly Health Committee  
November 10, 2020

Khoa Nguyen, KN Consulting LLC  
[khoa.nguyen@kn-consulting.net](mailto:khoa.nguyen@kn-consulting.net)

# What?



Patient Access and Interoperability Final Rule



The Office of the National Coordinator for Health Information Technology



21<sup>st</sup> Century Cures Act Final Rule



Joint CMS-ONC **federal regulatory effort** to make it easier for patients, health plans, and providers to

Access

Exchange

Use

**electronic health information (EHI)** in order to support better care decisions and health outcomes.

## Who Enforces?



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## Who is Impacted?

Health Plans  
Providers  
States

Health IT Developers

# How?

## Data Exchange

Require select health care entities to share certain electronic health information.

## Data Interoperability

Enable seamless flow of data between organizations and their application systems.

## Information Blocking

Prevent practices that restrict authorized access, exchange, and use of electronic health information.

Use Cases

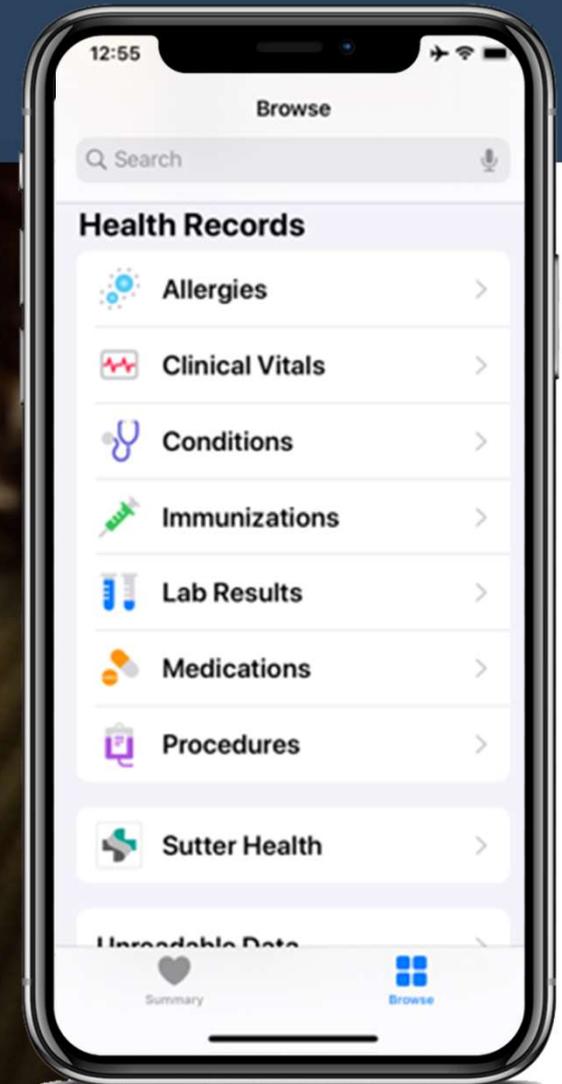
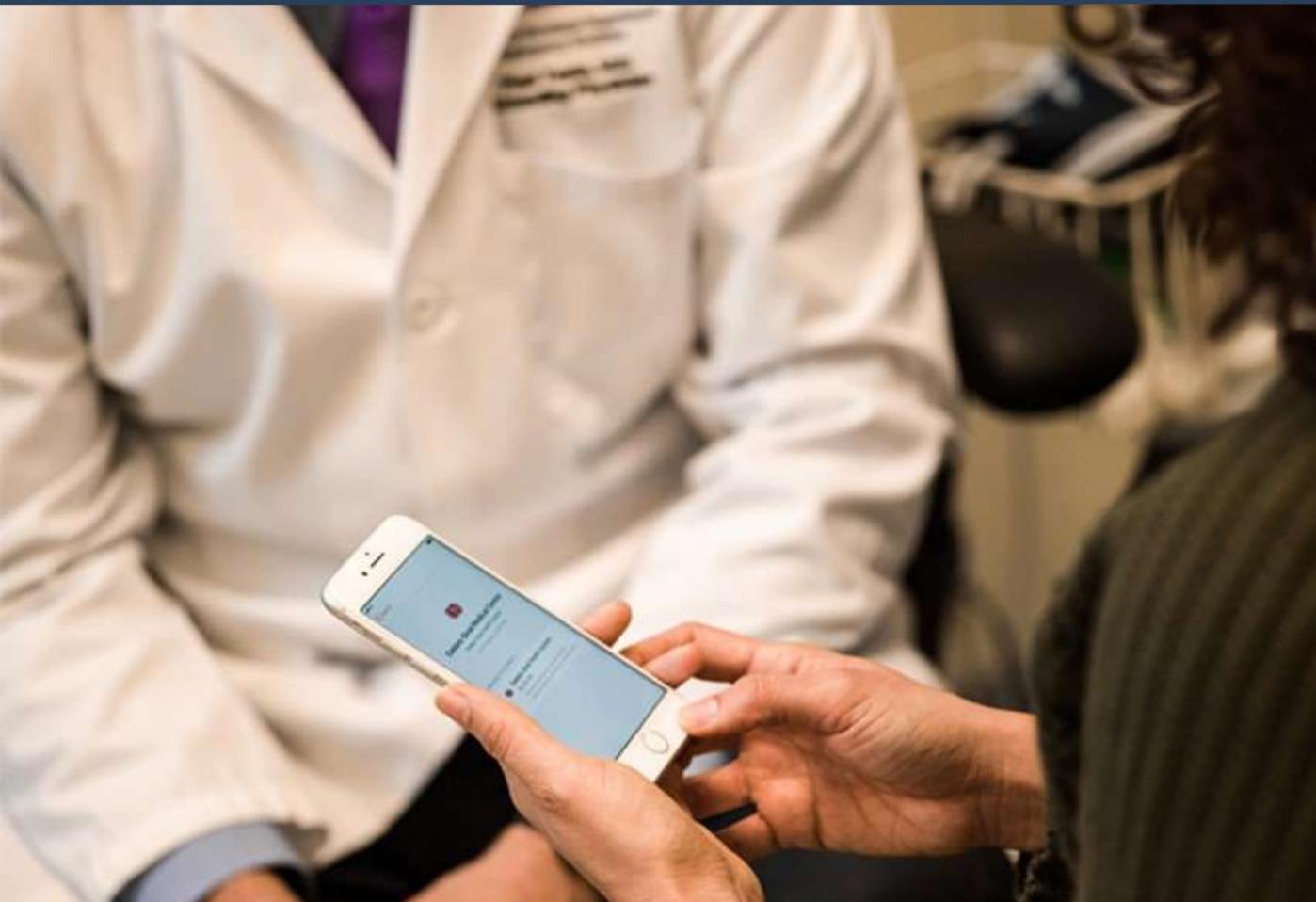
Consumer-directed

Mandate Participation

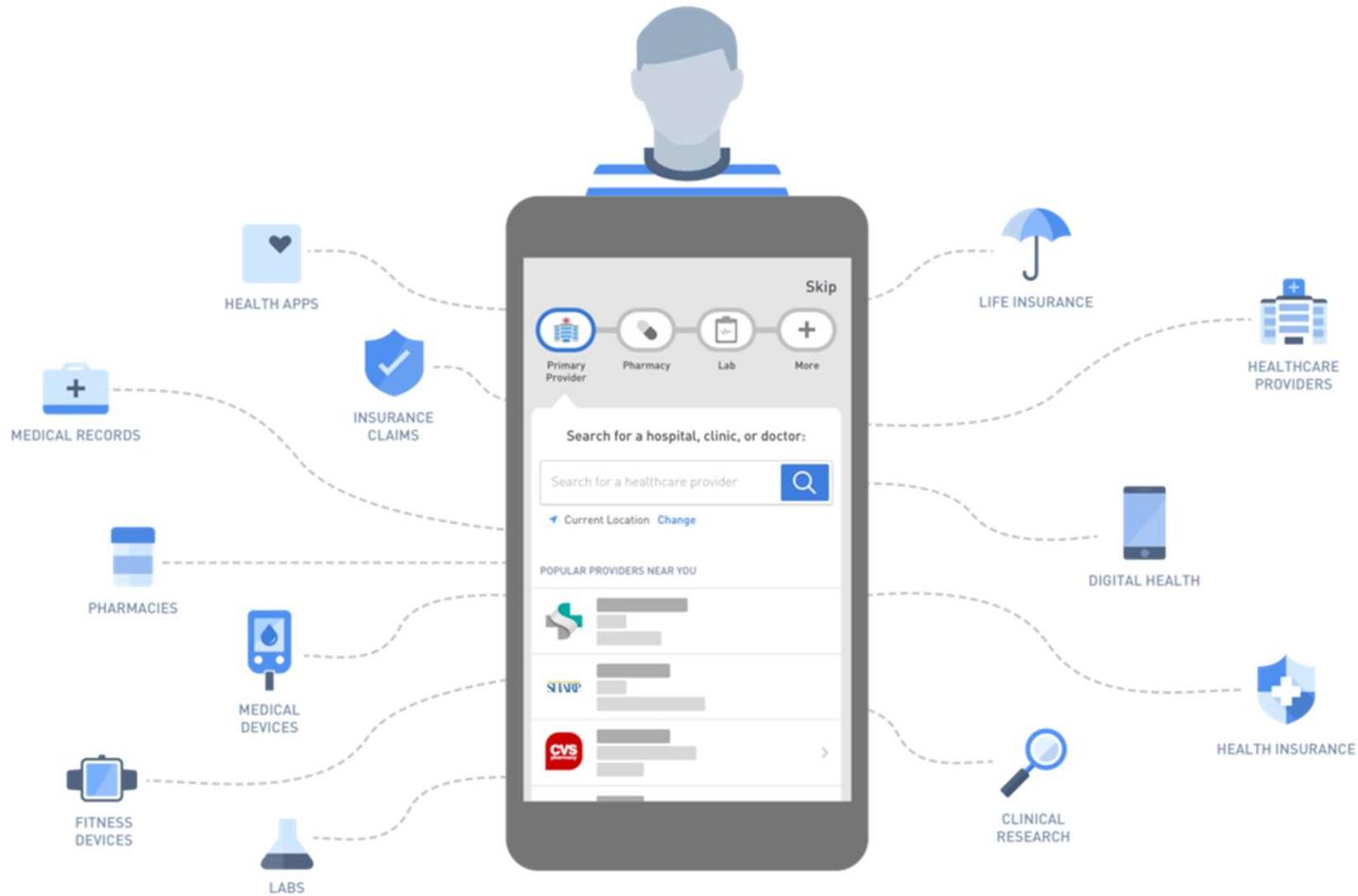
Common Standards

Modern Technologies

Access all **my** health information  
... in one place



# Consumer-Directed Data Exchange



Use Cases		Data Requirements	Consumer Consent
1	Patient access to EHI using application program interfaces (APIs)	Claims and Encounters <sup>1</sup> Clinical Formulary	Yes
2		Physician and Pharmacy Network	No
3	New health plan enrollment (Payer-to-Payer Data Exchange)	USCDI data	Yes
4	Hospital event notification (Provider-to-Provider Data Exchange)	Admission, Discharge and Transfer	No

USCDI = U.S. Core Data Interoperability, a data classification standard that includes 16 data classes and 52 data elements  
 1. Including encounters with capitated providers, provider payment and enrollee cost-sharing data.



## Allergies and Intolerances **\*NEW**



- Substance (Medication)
- Substance (Drug Class) **\*NEW**
- Reaction **\*NEW**

## Assessment and Plan of Treatment



## Care Team Members



## Clinical Notes **\*NEW**

- Consultation Note
- Discharge Summary Note
- History & Physical
- Imaging Narrative
- Laboratory Report Narrative
- Pathology Report Narrative
- Procedure Note
- Progress Note



## Goals



## Health Concerns



## Immunizations



## Laboratory

- Tests
- Values/Results



## Medications



## Patient Demographics



- First Name
- Last Name
- Previous Name
- Middle Name (incl. middle initial)
- Suffix
- Birth Sex
- Date of Birth
- Race
- Ethnicity
- Preferred Language
- Current Address **\*NEW**
- Previous Address **\*NEW**
- Phone Number **\*NEW**
- Phone Number Type **\*NEW**
- Email Address **\*NEW**

## Problems



## Procedures



## Provenance **\*NEW**



- Author Time Stamp
- Author Organization

## Smoking Status



## Unique Device Identifier(s) for a Patient's Implantable Device(s)



## Vital Signs



- Diastolic Blood Pressure
- Systolic Blood Pressure
- Body Height
- Body Weight
- Heart Rate
- Respiratory Rate
- Body Temperature
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2-20 Years) **\*NEW**
- Weight-for-length Percentile (Birth - 36 Months) **\*NEW**
- Occipital-frontal Head Circumference Percentile (Birth - 36 Months) **\*NEW**



For more info:

[HealthIT.gov/USCDI](http://HealthIT.gov/USCDI)

# Use of Specific, Transparent Standards and Technologies

## Technical Standards

- |   |  |
|---|--|
| 1. Data format and data exchange using modern application program interfaces (APIs) |  FHIR <sup>®</sup> R4 |
| 2. Consumer authentication  | OpenID 1.0   |
| 3. Authorize access for 3 <sup>rd</sup> -party applications                         | Oauth 2.0  |

## Content and Vocabulary Standards

- |  |       |
|--|-------|
| 4. Data elements contained in the U.S. Core for Data Interoperability, version 1 | USCDI |
|--|-------|

Mandate  
Participation

## 345 Unique CMS Payers Impacted

### Medicaid and CHIP

- State fee-for-service
  - Managed care plans (MCOs)
  - Prepaid inpatient health plans (PIHPs)
  - Prepaid ambulatory health plans (PAHPs)
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- In California, includes county mental health plans, Drug Medi-Cal ODS and dental plans

### Medicare

- Medicare Advantage health plans (HMOs, POS and PPOs)
- 
- In California, includes Cal Medi-Connect plans

### Exchange

- Health plans on the Federally Facilitated Exchange (exemption available)

# When?

## Use Cases

## Compliance Deadlines

1	Consumer access to EHI using application program interfaces (APIs)	<del>January 1, 2021</del> July 1, 2021*
2	(Payer-to-Patient)	
3	New health plan enrollment (Payer-to-Payer Data Exchange)	January 1, 2022
4	Hospital event notification (Provider-to-Provider Data Exchange)	<del>November 1, 2020</del> May 1, 2021

\* Compliance deadline for ONC certified EHRs is December 31, 2022.

# Key Takeaways

- Big leap forward for empowering consumer engagement and clinical care coordination.
- But these regulations set the floor – not the ceiling, for what is possible. Achieving this level of interoperability can unlock a wide range of use cases that enable even more value-based care.
- California should leverage this solid foundation and federal approach to inform statewide options
  - Use cases
  - Mandate participation
  - Common standards
  - Modern technologies

**Questions?**

