Interoperability Matters
Public Advisory Forum
4/5/2019

Request for Public Input: Information Blocking Draft Rule
Agenda

- Welcome and Introductions
- Context: Quick Refresh
  - Interoperability Matters
  - Information Blocking Workgroup
- Information Blocking: Public Input on Key Concepts
- Information Blocking Workgroup Meeting with Public Input
  - April 15, 12:00 noon EDT
  - Register at [https://sequoiaproyect.org/events/](https://sequoiaproyect.org/events/)
The Sequoia Project Team

Lindsay Austin and Chris Baxter, Troutman Sanders Strategies

Didi Davis, VP, Informatics, Conformance & Interoperability

Steve Gravely, Gravely Group

Shawna Hembree, Program Manager

Mark Segal, Digital Health Policy Advisors

Dawn VanDyke, Director, Marketing Communications

Mariann Yeager, CEO
Interoperability Matters Refresher
Interoperability Matters Structure

Interoperability Matters Forum (Public)

Leadership Council (Members Only)

Facilitate

Input

Input

Input

Align Mission

Support

Sequoia Board

Information Blocking Workgroup

Other Workgroups

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Interoperability Matters Forum (Public)

- Provides open, public forum to provide input and assure transparency
- Serves as listening session for staff, workgroup and Leadership Council
- Represents diverse private / public stakeholder and end user perspectives
- Provides input into the priorities and work products
- Enables community to share tools, resources and best practices
- Provides venue for policy makers to hear diverse perspectives in real-time
Information Blocking Workgroup: Refresher
Purpose

- Identify practical, implementation-level implications of proposed and final information blocking rules, which may or may not be consensus positions
- Provide input into Sequoia comments to ONC on proposed rule
- Facilitate ongoing discussions to clarify information blocking policies and considerations prior to and after the Final Rule
Associations and Orgs - health IT community
  – Tom Leary / Mari Greenberger, HIMSS*
  – Matt Reid, AMA
  – Lauren Riplinger, AHIMA
  – Scott Stuewe, DirectTrust

Consumers
  – Ryan Howells, CARIN Alliance
  – Deven McGraw, Ciitizen

Federal Government
  – Steve Bounds, SSA*
  – Margaret Donahue, VA

Health Information Networks and Service Providers
  – Angie Bass, Missouri Health Connect
  – Dave Cassel, Carequality
  – Laura Danielson, Indiana Health Information Exchange
  – Paul Uhrig, Surescripts, Co-Chair

Healthcare Provider
  – David Camitta, Dignity, Co-Chair
  – Eric Liederman, Kaiser Permanente

Legal, Technology, Standards, and Policy Subject Matter Experts
  – Jodi Daniel, Crowell & Moring, LLP
  – Josh Mandel, Microsoft
  – Micky Tripathi, MaEHC

Payers
  – Nancy Beavin, Humana
  – Danielle Lloyd, AHIP
  – Matthew Schuller, BCBSA*

Public Health
  – John Loonsk, Johns Hopkins University

Vendors
  – Brian Ahier, Medicity / Health Catalyst
  – Aashima Gupta, Google
  – Cherie Holmes-Henry, EHRA / NEXTGEN
  – Rob Klootwyk, Epic
  – Josh Mast, Cerner

Informatics
  – Doug Fridsma, AMIA

Safety net providers / service provider
  – Jennifer Stoll, OCHIN

Release of Information Company
  – Rita Bowen, MROCorp

*Invited
Deliverables

- Perspectives on ONC 21st Century Cures proposed rule that inform industry and Sequoia Project regulatory comments
- Assessments of proposed rule implications to the community
- Assessments of ONC proposed rule, with identified follow-up actions needed by federal government and private sector
Key Milestones

- **Proposed Rule Published**
  - March 4, 2019

- **Public Advisory Forum #1**
  - March 19, 2019

- **Leadership Council Mtg #1**
  - March 29, 2019

- **Public Advisory Forum #2**
  - April 5, 2019

- **Leadership Council Mtg #2**
  - April 22, 2019

- **Comments due to ONC**
  - May 3, 2019

- **Workgroup Mtg #1**
  - March 14, 2019

- **Public Launch**
  - March 14, 2019

- **Workgroup Mtg #2**
  - March 25, 2019

- **Workgroup Mtg #3**
  - April 3, 2019

- **Workgroup Mtg #4 – Public call regarding draft report**
  - April 15, 2019

- **Sequoia Board Meeting**
  - April 26, 2019

Information Blocking Proposed Rule: Public Input
Information Blocking Defined: ONC Proposed Rule

§ 171.103 Information blocking.

Information blocking means a practice that—
(a) Except as required by law or covered by an exception set forth in subpart B of this part, is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information; and
(b) If conducted by a health information technology developer, health information exchange, or health information 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
(c) 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.
Electronic Health Information Defined §171.102

• Electronic protected health information (defined in HIPAA), and any other information that:
  – Identifies the individual, or with respect to which there is a reasonable basis to believe the information can be used to identify the individual; and
  – Is transmitted by or maintained in electronic media (defined in 45 CFR 160.103) that;
  – Relates to the past, present, or future health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.
• Not limited to information created or received by a provider
• Does not include de-identified health information per 45 CFR 164.514(b)
• Could include price information but ONC has RFI on including price information within EHI with regard to information blocking
Information Blocking: Key Definitions §171.102

- **Access**: the ability or means necessary to make EHI available for use, including the ability to securely and efficiently locate and retrieve information from any and all source systems in which the information may be recorded or maintained

- **Exchange**: the ability for electronic health information to be transmitted securely and efficiently between and among different technologies, systems, platforms, or networks in a manner that allows the information to be accessed and used

- **Use**: the ability of health IT or a user of health IT to access relevant electronic health information; to comprehend the structure, content, and meaning of the information; and to read, write, modify, manipulate, or apply the information to accomplish a desired outcome or to achieve a desired purpose
Interoperability Element §171.102

1. Any functional element of a health information technology, whether hardware or software, that could be used to access, exchange, or use electronic health information for any purpose, including information transmitted by or maintained in disparate media, information systems, health information exchanges, or health information networks.

2. Any technical information that describes the functional elements of technology (such as a standard, specification, protocol, data model, or schema) and that a person of ordinary skill in the art may require to use the functional elements of the technology, including for the purpose of developing compatible technologies that incorporate or use the functional elements.

3. Any technology or service that may be required to enable the use of a compatible technology in production environments, including but not limited to any system resource, technical infrastructure, or health information exchange or health information network element.

4. Any license, right, or privilege that may be required to commercially offer and distribute compatible technologies and make them available for use in production environments.

5. Any other means by which EHI may be accessed, exchanged, or used

Note: Interoperability element is a key concept of API and Information Blocking provisions, for example relative to licensing
# Actors Defined §171.102

| Health Care Providers | Same meaning as “health care provider” at 42 U.S.C. 300jj—includes hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center, renal dialysis facility, blood center, ambulatory surgical center, emergency medical services provider, Federally qualified health center, group practice, pharmacist, pharmacy, laboratory, physician, practitioner, provider operated by, or under contract with, the IHS or by an Indian tribe, tribal organization, or urban Indian organization, rural health clinic, a covered entity ambulatory surgical center, therapist, and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary. |
| Health IT Developers of Certified Health IT | An individual or entity that develops or offers health information technology (as that term is defined in 42 U.S.C. 300jj(5)) and which had, at the time it engaged in a practice that is the subject of an information blocking claim, health information technology (one or more) certified under the ONC Health IT Certification Program |
| Health Information Exchanges | Individual or entity that enables access, exchange, or use of electronic health information primarily between or among a particular class of individuals or entities or for a limited set of purposes |
| Health Information Networks | Health Information Network or HIN means an individual or entity that satisfies one or both of the following—
1. Determines, oversees, administers, controls, or substantially influences policies or agreements that define business, operational, technical, or other conditions or requirements for enabling or facilitating access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities
2. Provides, manages, controls, or substantially influences any technology or service that enables or facilitates the access, exchange, or use of electronic health information between or among two or more unaffiliated individuals or entities |
Exception: Preventing Harm

- An actor may engage in practices that are reasonable and necessary to prevent *harm* to a patient or another person.
- The actor must have a reasonable belief that the practice will directly and substantially reduce the likelihood of harm (special focus on physical harm) to a patient or another person.
- The practice must implement an *organizational policy* that meets certain requirements or must be based on an *individualized assessment of the risk in each case*.
Exception: Promoting the Privacy of Electronic Health Information

- An actor may engage in practices that protect the privacy of EHI
- An actor must satisfy *at least one of four* discrete sub-exceptions that address scenarios that recognize existing privacy laws and privacy-protective practices:
  1. Practices that satisfy preconditions prescribed by privacy laws;
  2. Certain practices not regulated by HIPAA but that implement documented and transparent privacy policies;
  3. Denial of access practices that are specifically permitted under HIPAA; or
  4. Practices that give effect to an individual's privacy preferences.

- Actors need not provide access, exchange, or use of EHI in a manner not permitted under the HIPAA Privacy Rule
- General conditions apply to ensure that practices are tailored to the specific privacy risk or interest being addressed and implemented in a *consistent and non-discriminatory manner*
Exception: Promoting the Security of Electronic Health Information

• An actor may implement measures to promote the security of EHI
  – The practice must be directly related to safeguarding the confidentiality, integrity, and availability of EHI
  – The practice must be tailored to specific security risks and must be implemented in a consistent and non-discriminatory manner
  – The practice must implement an organizational security policy that meets certain requirements or must be based on an individualized determination regarding the risk and response in each case
Exception: Recovering Costs Reasonably Incurred

- An actor may recover costs that it reasonably incurs, in providing access, exchange, or use of EHI.
- Fees must be:
  - charged on the basis of *objective and verifiable criteria uniformly applied* to all similarly situated persons and requests;
  - *related to the costs* of providing access, exchange, or use; and
  - *reasonably allocated among all customers* that use the product/service.
  - Must not be based in any part on whether requestor is a *competitor*, potential competitor, or will be using EHI to facilitate competition with the actor; and
  - Must not be based on *sales, profit, revenue*, or other value that the requestor derives or may derive that exceed the actor’s reasonable costs.
- Fees must not be based on *anti-competitive* or other impermissible criteria.
- Certain costs would be excluded from this exception, such as costs that are *speculative or subjective* or associated with electronic access by an individual to their EHI.
Exception: Responding to Requests that are Infeasible

• An actor may decline to provide access, exchange, or use of EHI in a manner that is *infeasible*
• Complying with the request must impose a *substantial burden on the actor that is unreasonable under the circumstances* (taking into account the cost to the actor, actor's resources, etc.)
• The actor must *timely respond* to infeasible requests
Exception: Licensing Interoperability Elements on Reasonable and Non-Discriminatory Terms

• An actor that controls technologies or other interoperability elements that are necessary to enable access to EHI will not be information blocking so long as it licenses such elements on reasonable and non-discriminatory terms (RAND)
  – RAND terms often used by SDOs
• The license can impose a reasonable royalty but must include appropriate rights so that the licensee can develop, market, and/or enable the use of interoperable products and services
• License terms must be based on objective and verifiable criteria that are uniformly applied and must not be based on impermissible criteria, such as whether the requestor is a potential competitor
Exception: Maintaining and Improving Health IT Performance

• An actor may make health IT under its control temporarily unavailable to perform maintenance or improvements to the health IT.

• The actor to whom health IT is provided must agree to unavailability, via service level agreement (SLA) or similar agreement or in each event:
  – Obligations differ if health IT vendor or provider.

• An actor must ensure that the health IT is unavailable for no longer than necessary to achieve the maintenance or improvements.
Maintenance of Certification: Information Blocking

- Per Cures, ONC proposes Conditions and Maintenance of Certification requirements for the ONC Health IT Certification Program – some relate directly or indirectly to information blocking*
  - Information Blocking*
  - Assurances *
  - Communications
  - Application Programming Interfaces (APIs)*
  - Real World Testing
  - Attestations*
  - (Future) Electronic Health Record (EHR) Reporting Criteria Submission

Note: In some cases, such as API pricing, criteria are more stringent than general information blocking provisions (e.g., fee record keeping) but must also be met to also satisfy information blocking exceptions.
Conditions of Certification: Information Blocking
§170.402

• As a *Condition of Certification* and to maintain such certification, a health IT developer must not take any action that constitutes information blocking as defined in section 4004 of the Cures Act
  – Note, in some cases, these go beyond specific certification criteria, for example, information blocking focuses on EHI rather than the USCDI and *use* includes *write* and extends beyond the proposed new API certification criteria
  – Note also that there are specific fee and transparency requirements as part of the API Condition of Certification
• This provision is subject to the 7 proposed exceptions to information blocking definition, which define reasonable and necessary activities
• No Maintenance of Certification requirements beyond ongoing compliance
• This provision and the other new Conditions and Maintenance of Certification are implemented as of the effective date of a final rule
Requests for Information

- Additional Exceptions
  - Whether ONC should propose, in a future rulemaking, a narrow exception to the information blocking provision for practices necessary to comply with the requirements of the Common Agreement (TEFCA)—*Not a safe harbor*
  - ONC welcomes comment on any potential new exceptions for future rulemaking
- Disincentives for Health Care Providers
  - ONC asks if new disincentives or if modifying disincentives already available under HHS programs and regulations (e.g., provider attestations under incentive programs) would provide more effective deterrents
Complaint and Enforcement Process

• Section 3022(d)(3)(A) of PHSA directs ONC to implement a standardized process for the public to submit claims of information blocking
  – ONC intends to implement and evolve this complaint process by building on existing mechanisms, including the complaint process available at https://www.healthit.gov/healthit-feedback
• ONC requests comments on this approach and any alternative approaches that would best address this aspect of Cures
• ONC also requests comment on several issues in proposed rule
• ONC and OIG will enforce their respective aspects of information blocking, along with CMS on provider attestations.
Joint Information Blocking Workgroup Meeting & Public Advisory Forum Call to Review Draft Report

• April 15, 2019 Webinar—12:00 noon EDT
• The Information Blocking Workgroup will discuss draft recommendations and provide an opportunity for public feedback to inform their work—during last 10-15 minutes of meeting
• The public is welcome to listen to the entire discussion
• Register at https://sequoiaprotect.org/events/
Interoperability Matters

https://sequoiaproject.org/interoperability-matters/