

Patient Access to Data

CMS Announcements

CMS Advances Interop and Patient Access

- Centers for Medicare & Medicaid Services (CMS) on February 11, 2019
- The Interoperability and Patient Access Proposed Rule
 - opportunities to make patient data more useful and transferable
 - through open, secure, standardized, and machine-readable formats
 - reducing restrictive burdens on healthcare providers.
- Requests for Information (RFIs) - [CMS-9115-P](#)
 - Comments accepted until May 3, 2019.
 - MyHealthEData initiated in support of [Executive Order 13813 \(10/2017\)](#)
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Proposed Changes and Updates

- Similar to Blue Button 2.0, proposing to require:
 - Medicare Advantage (MA) organizations, state Medicaid and CHIP FFS programs, Medicaid managed care plans, CHIP managed care entities, and QHP issuers in FFEs
 - implement, test, and monitor FHIR APIs to make Claims and Other data available to Patients
 - through 3rd party applications and developers
- Require MA organizations, Medicaid managed care plans, CHIP managed care entities, and QHP issuers in the FFEs to support electronic exchange of data for transitions of care as patients move between these plan types
- Managed care entities to make their provider networks available to enrollees and prospective enrollees through API technology
- We propose that payers in CMS programs be able to participate in a trusted exchange network which would allow them to join any health information network they choose and be able to participate in nationwide exchange of data

Proposals (cont.)

- CMS proposes an update on the frequency with which states are required to exchange certain Medicare/Medicaid data on dually eligible beneficiaries from a monthly exchange to a daily exchange to improve benefit coordination for the dual eligible population
- Make public if anyone / organizations have submitted a “no” response to any of the three attestation statements regarding the prevention of information blocking in the Promoting Interoperability Programs
- CMS is proposing to publicly report the names and National Provider Identifiers (NPIs) of those providers who have not added digital contact information to their entries in the NPPES system beginning in the second half of 2020.
- We propose requiring Medicare-participating hospitals, psychiatric hospitals, and CAHs to send electronic notifications when a patient is admitted, discharged or transferred.

Health IT Analytics Article

- Blocking: After much industry input and debate, the agency is proposing that information blocking is any action that:
 - 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
 - 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
 - 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.

Data Blocking Exceptions

- There are seven categories of exemption to this definition which would not incur the monetary or civil penalties threatened for purposeful withholding of data.
 - Preventing harm
 - Promoting privacy of EHI
 - Promoting security of EHI
 - Recovering Costs Reasonably Incurred
 - Responding to Requests that are Infeasible
 - Licensing of Interoperability Elements on Reasonable and Non-discriminatory Terms
 - Maintaining and Improving Read more about the exception for Practices that Health IT Performance
- Likely Penalties for Blocking Data - assessed penalties individually per occurrence

Data Blocking

- There are three criteria that define information blocking:
 - There is an act or a course of conduct that interferes with the ability to exchange or use electronic health information where permitted/authorized.
 - The actor knows or should know that the actions are likely to cause interference.
 - Under the circumstances, there is no reasonable justification for engaging in the act or course of conduct.
- Examples of information blocking:
 - **Fees** that make data exchange cost prohibitive.
 - Organizational **policies** or **contract terms** that **prevent sharing** information with patients or health care providers.
 - Technology is **designed or implemented in non-standard ways that inhibit** the exchange of information.
 - Patients or health care providers become “**locked in**” to a **specific technology** or health care network **because data is not portable**.

APIs (FHIR)

- Use of **FHIR** to implement APIs
- Includes USCDI core elements:
 - Assessment and Plan of Treatment
 - Care Team Members
 - Clinical Notes
 - Consultation Note
 - Discharge Summary Note
 - History & Physical
 - Imaging Narrative
 - Laboratory Report Narrative
 - Pathology Report Narrative
 - Procedure Note
 - Progress Note
- Patient Goals
- Health Concerns
- Immunizations
- Laboratory
- Tests
- Values/Results
- Medications
 - Medications
 - Medication Allergies
- Patient Demographics
- Problems
- Procedures
- Provenance
- Smoking Status
- Unique Device Identifier(s) for a Patient's Implantable Device(s)
- Vital Signs

API (FHIR) cont.

- Vital Signs

- Diastolic blood pressure
- Systolic blood pressure
- Body height
- Body weight
- Heart Rate
- Body temperature
- Pulse oximetry
- Inhaled oxygen concentration
- BMI percentile per age and sex for youth 2-20
- Weights for age per length and sex
- Occipital-frontal circumference for children < 3 years old

- Code Systems

- Allergies - Medications
 - RxNorm
- Encounter Disagnosis
 - Snomed CT
 - ICD-10-CM
- Lab Tests
 - Loinc
 - Snomed CT
- Medications
 - RxNorm
 - NDC Code
- Procedures
 - Snomed CT
 - CPT-4
- Smoking Status
 - Loinc
 - Snomed CT
- Vitals
 - Loinc

USCDI Cont.

- Section II - Content/Structure Standards
 - Context / Content specific standards
 - Some Commonly Referenced Standards:
 - HL7 v2
 - FHIR STU2
 - CDS Hooks Services
 - Smart on FHIR
 - NCPDP Script Standard
 - NCPDP Script Standard v 20170701
 - HL7 CDA
- Section III - Standards and Impl Specs for Services
- Section IV - Administrative Standards and Impl Specs
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- Appendix I - Sources of Security Standards
- Appendix II - Models and Profiles
- Appendix III - Educational and Informational Resources
- Appendix IV - State and Local Public Health Readiness Guidelines

21st Century Cures Act article (2017)

Past article that lays some of the ground work and provides some past context to these more recent RFIs.

Summary

- Don't Block Access / provision of data
- Increased Visibility
- Increased Ease of Access to Patient Data by Patients and Between Providers
- API Driven

Resources

[FHIR Overview](#)

[CMS Announcement](#)

[Federal Register RFI CMS-9115-P](#)

[Federal Register Executive Order 13813](#)

[Health IT Analytics Article on CMS
Announcement](#)

[Health IT Analytics Article on 21st Century Cure
Act](#)

[ONC Cures Act Info on Blocking](#)

[ONC Cures Act API Info](#)

[HealthIt.gov Information on Blocking](#)

[US Core Data for Interoperability \(USCDI\)](#)

[Healthcare IT News Article: HL7 gives a glimpse
of FHIR 5](#)

[Healthcare IT News Article: MS, Oracle, Google,
Others pledge to remove interop barriers](#)