



HIE Policy Board Meeting

January 25, 2018

Agenda

Meeting Objectives:

- Update on rulemaking timeline and discuss Board's role in the designation process
- Understand and discuss the ONC Trusted Exchange Framework and Common Agreement, and its impact on the DC HIE
- Discuss the charter, board member attendance, and proposal for special meetings

<u>Time</u>	<u>Topic</u>
3:00- 3:08 PM	Call to Order, Roll Call & Announcement of Quorum, Charter and Attendance, New Staff Introductions
3:08– 3:10 PM	Approval of September 21, 2017 HIE Policy Board Meeting Minutes <i>Erin Holve, Chair</i>
3:10 – 3:30 PM	DHCF HIT/HIE Staff Report <ul style="list-style-type: none">▪ Telehealth grants▪ Technical Assistance and Outreach▪ Medicaid EHR Incentive Program (MEIP)▪ State Medicaid Health IT Plan Update▪ Update on HIE Designation Rulemaking Timeline
3:30 – 4:00 PM	Demo New HIE tools and Discuss Next Steps to Promote Adoption <i>Ryan Bramble, Interim Executive Director at CRISP DC</i>
4:00 – 4:35 PM	Presentation of the ONC Trusted Exchange Framework and Common Agreement <i>Elise Anthony, Director of Policy, HHS/ONC</i>
4:35 – 4:45 PM	2018 HIE Policy Board Planning
4:45 – 4:50 PM	Public Comments
4:50 – 5:00 PM	Next Steps/Adjournment

BOARD ACTION – Approval of Minutes

- Vote on **September 21, 2017** HIE Policy Board Meeting Minutes

DC HIE: Vision & Mission Statements

Vision

Improving health and wellness for all persons in the District of Columbia by providing actionable information whenever and wherever it is needed.

Mission

To facilitate and sustain the engagement of all stakeholders in the secure exchange of useful and usable health-related information to promote health equity, enhance care quality, and improve outcomes in the District of Columbia.



DC  **HIE**



DHCF HIT/HIE STAFF REPORTS

Telehealth Infrastructure Grants

The DC Council authorized telehealth infrastructure grants for FY18:

- Wards 7 and 8: **Four (4) grants** in the amount of **\$50,000.00 each** for a **total of \$200,000.00**.
 - Support innovative solutions to connecting District residents in Wards 7 and 8 to telehealth services.
- Shelters and Public Housing Projects: **Two (2) grants** in the amount of **\$75,000.00 each** for a **total of \$150,000.00**
 - Support innovative solutions to connect District residents in homeless shelters or public housing projects to telehealth services.
- Grantees will be creative about use of funds to implement telehealth services under existing health programs. May use funds for IT as well as staff support, training, subject matter and legal expertise, etc.
- Anticipated award date is **February 15, 2018**

FY2018 Technical Assistance and Outreach Activities

DHCF exercised the option year to extend contract with DCPCA

- Meaningful Use Outreach and Education
 - Develop educational content to support technical assistance
 - Host and engage in outreach events, including in-person provider educational sessions
 - Conduct webinars for DC Provider Community
 - Develop website containing Health IT, HIE, and MEIP resources
- Comprehensive Provider Network Analysis
 - Establish greater understanding of District providers, including where they practice and how they use technology
 - Define the universe of providers in the District using Health IT
 - Create a mapping of Medicaid providers to organizations
 - Develop and disseminate provider survey assessing health IT behavior and status

Medicaid EHR Incentive Program Saw Tremendous Growth in 2017 – Now the Hard Part...



PY2015: 64 providers (*paid*)

PY2016: 152 providers (*paid and in process*)

PY2017 providers: 150+ providers (*projected*)

All 150+ providers will attest to a single set of 10 objectives and measures in Program Year 2017 (Calendar Year 2018) to receive \$8,500 each.

DHCF has awarded over \$32 million to EPs and EHs since 2013.

DCPCA remains under contract to support these providers in meeting meaningful use requirements and submitting attestations.

How can DHCF help support providers in meeting challenging MU measures?

Objective 5, Health Information Exchange

- The EP that transitions or refers their patient to another setting of care or provider of care must:
 - Use CEHRT to create summary of care AND
 - More than 10% of transition of care and referrals must be electronically sent to a receiving provider

*Objective 8, Patient Electronic Access

- Measure 2: More than 5% of unique patients seen by the EP during the EHR reporting period views, downloads or transmits their health information during the EHR reporting period. *(PY2016 = 1 patient VDT)*

*Objective 9, Secure Electronic Messaging

- More than 5% of unique patients seen by the EP during the EHR reporting period sends a secure message using the electronic messaging function of CEHRT to the patient or in response to a secure message sent by the patient during the EHR reporting period. *(PY2016 = 1 patient/message)*

Objective 10, Public Health Reporting

- Measure 1: Immunization Registry Reporting
- Measure 2: Syndromic Surveillance reporting
- Measure 3: Specialized Registry Reporting

** New requirements for PY2017*

SMHP Will Define DHCF's Health IT and Exchange Strategy Through 2022

- SMHP = State Medicaid Health IT Plan
- Required strategic planning document for State Medicaid Agency health IT initiatives
 - Captures health IT and HIE infrastructure implementation and expansion
- Based on a 8-month process including a formal environmental scan and stakeholder engagement
 - Synthesis of District reports (Community Health Needs Assessment, metrics)
 - Stakeholder interviews and focus groups to define needs
 - Analysis of connectivity, readiness, & resources to participate in HIT/E
- Establishes a Roadmap and plan for achieving goals through proposed HIT/E projects and programs
 - Consensus among stakeholders that it is critical to maximize 90/10 match (available through 2021) to build sustainable infrastructure

The District's SMHP Provides a Vision of Health IT that Explicitly Supports System Transformation

The SMHP is organized in five Sections:

- I. The District's health care system and challenges
- II. Current state of Health IT and HIE in the District
- III. Assessment of stakeholder needs based on focus groups and interviews
- IV. The Health IT and HIE Roadmap (2018-2023)
 - i. Guiding Principles to Support
 - ii. Health IT and HIE goals
 - iii. Priority use cases
 - iv. Priority projects and timeline
- V. Monitoring and Evaluation Framework

Guiding Principles to Support Delivery System Transformation

EXPAND
ACCESS



IMPROVE
QUALITY



PROMOTE
HEALTH
EQUITY



ENHANCE
VALUE &
EFFICIENCY



Timeline - Progress on SMHP Revision



1

STAKEHOLDER NEEDS

- Environmental Scan
- Data Collection
- Stakeholder Interviews
- Focus Groups
- Gap Analysis

JUN –
AUG '17

3

DRAFT & INTERNAL REVIEW

- DHCF Content Review
- Formatting and Editing
- Begin to Draft IAPD

FEB –
MAR '18

2

SMHP DRAFT

- SMHP Content
- Develop HIT/E Goals
- Identify Use Cases
- Determine Projects
- Develop Roadmap
- HCRIA Content Review

SEP '17 –
JAN '18

4

PUBLIC REVIEW

- Public Comment Process
- HIE PB Feedback
- Incorporate Feedback

APR –
MAY '18

5

FINALIZE & PUBLISH

- Finalize Submission
- Submit to CMS
- Publish SMHP
- Input to Sustainability Plan

MAY
'18

BOARD ACTION – Special Session to Review SMHP

- SMHP is undergoing internal review
- Special session would be scheduled at least four weeks in advance after Doodle poll
- Board would have at least two weeks to review final draft SMHP
- Session facilitated by Board member
- **Vote to hold special HIE Policy Board session in Early April to review and comment on SMHP**

HIE Designation Rule - Review and Timeline



Thank you, Designation Subcommittee!

- Justin Palmer, DC Hospital Association
- Dena Hasan, DHS
- LaRah Payne, DHCF
- Mike Noshay, Verinovum
- Donna Ramos-Johnson, DCPCA (CPC)
- Brian Jacobs, Children's (CIQN)
- Kory Mertz, Audacious Inquiry (CRISP)

Why Establish a Registration and Designation Process?

Five Reasons to Register and Designate HIEs:

1. Establish a **core set of standards** and expectations for health information exchange that DHCF can regulate
2. **Bolster public trust** by defining characteristics and requirements believed to facilitate secure, timely exchange of health information
3. Ensure core services are maintained through designated HIE entities
 - Design **advanced payment models** that utilize the exchange of health information
4. Streamline DHCF's ability to support HIE and expend **Medicaid 90/10 matching dollars**
5. Formalize partnerships to facilitate a more direct level of cooperation between DHCF and HIEs operating in the District (i.e. **clearly define who participates in The DC HIE**)

The Rule Allows DHCF to Establish and Maintain a Standard for HIEs Operations in the District

- Specifies DHCF's responsibility and authority for oversight of registered and designated HIE Entities
 - Defines terms related to health information exchange and establishes the DC HIE
 - Establishes processes and procedures for DHCF to register and designate HIE Entities in the District
 - Defines a compliance and enforcement framework
- Sets minimum security, privacy, access and use requirements for registered and designated HIE Entities

Opportunities - Registered vs. Designated HIE Entities



OPPORTUNITIES FOR REGISTERED AND DESIGNATED HIE ENTITIES	Registered HIE Entities	Designated HIE Entities
Brand and “seal of approval” from DHCF	✓	✓
DHCF will only enter into Data Use Agreements or Business Associates Agreements to provide DHCF data	✓	✓
Opportunities to engage in discussions with other registered and designated HIE entities that make up the DC HIE community	✓	✓
Ability to compete for resources, including Medicaid 90/10 funding, to build and develop HIE infrastructure*		✓

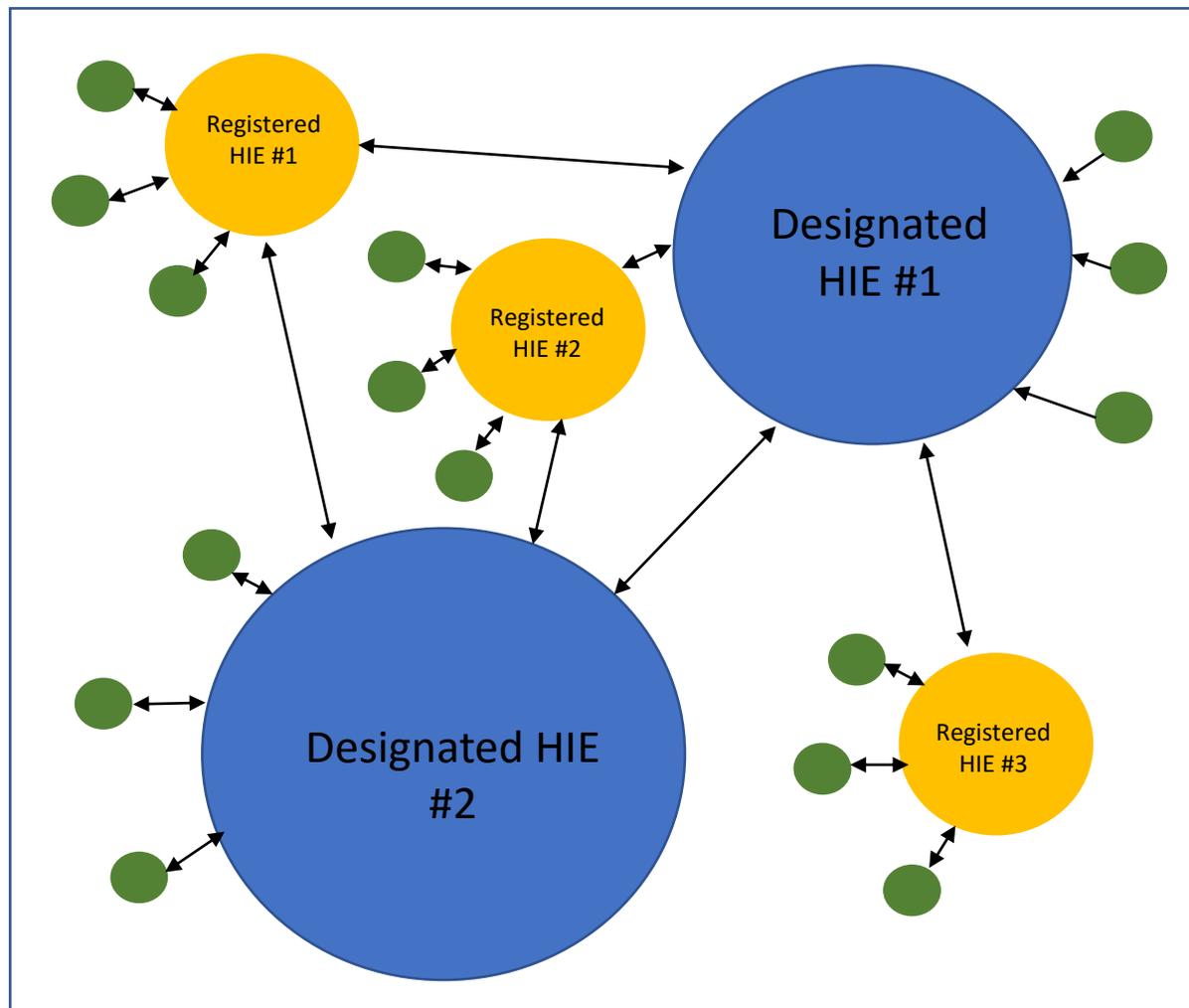
* Registered HIE entities are eligible to receive sub-awards by designated HIE entities

Requirements - Registered vs. Designated HIE Entities



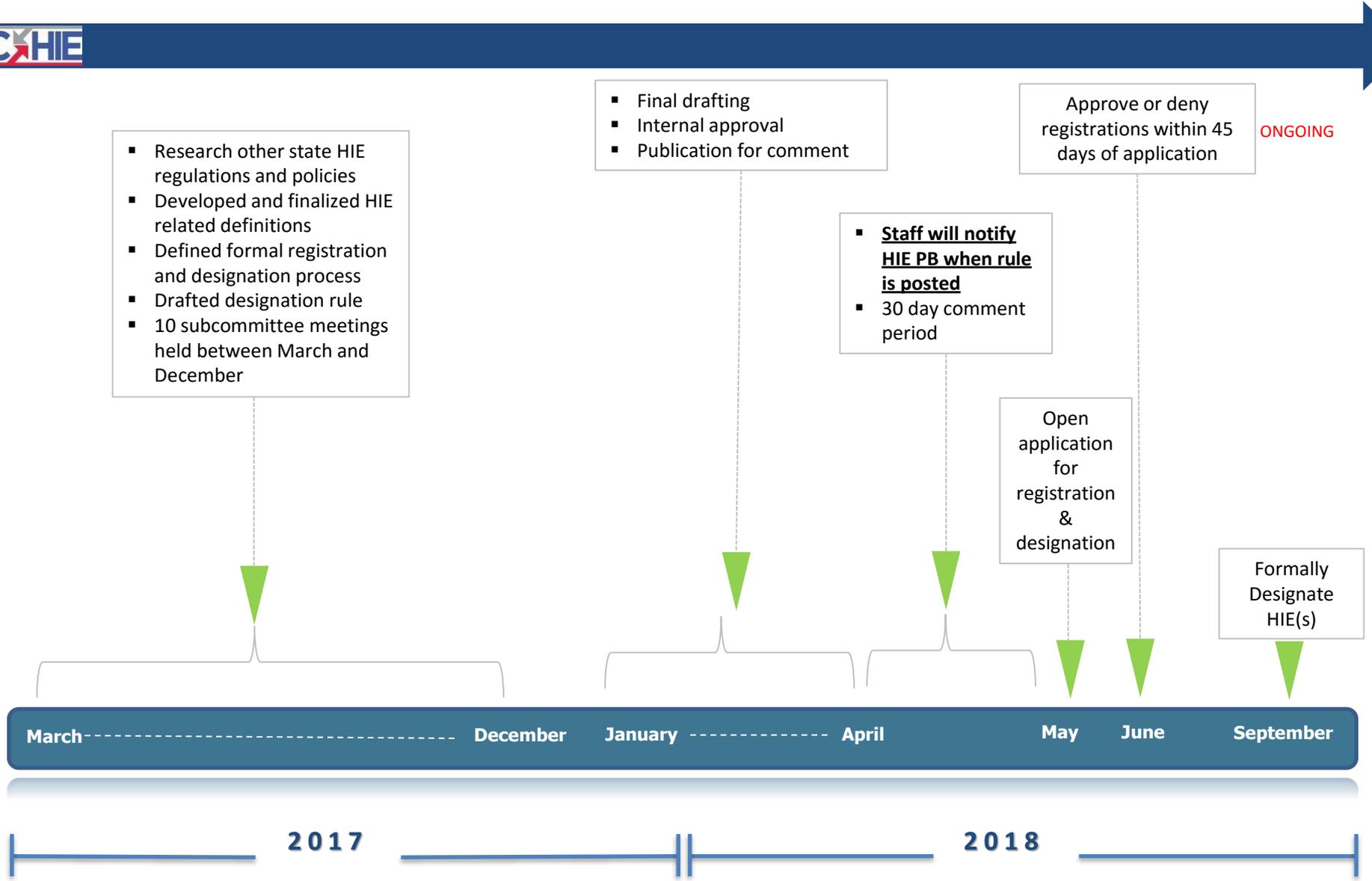
REQUIREMENTS FOR REGISTERED AND DESIGNATED HIE ENTITIES	Registered HIE Entities	Designated HIE Entities
Be a legally established organization with a formal governing body	✓	✓
Comply with privacy, security, access and use requirements defined in the rule	✓	✓
Demonstrate financial viability and compliance with tax obligations	✓	✓
Maintain sufficient and appropriate insurance, including liability insurance	✓	✓
Provide notice to DHCF if HIE operations cease	✓	✓
Demonstrate technical capacity to develop, maintain, or efficiently operate DC HIE infrastructure and services		✓
Provide a detailed approach for maintaining financial sustainability		✓
Provide a strategic plan to address the needs of safety net providers in accessing HIE services		✓

The DC HIE is a market-based system of registered and designated HIEs working with participating providers



- Participating Organizations (providers sharing data)
- Non-registered HIEs

Update on Tentative Rulemaking Timeline





DEMO NEW HIE TOOLS AND DISCUSS
NEXT STEPS TO PROMOTE ADOPTION

RYAN BRAMBLE, INTERIM EXECUTIVE DIRECTOR, CRISP DC

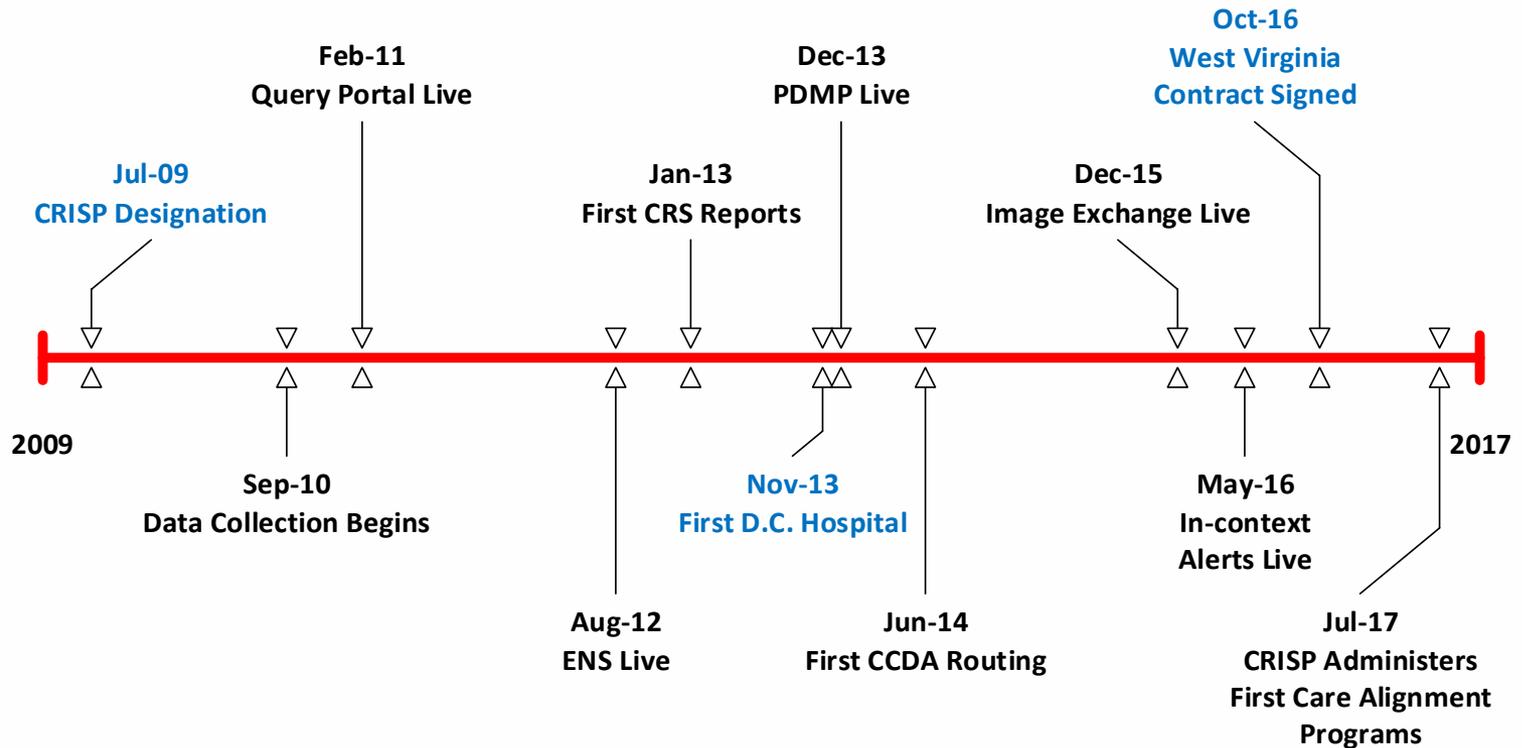
CRISP

An Introduction to CRISP Health

January 2018

877.952.7477 | info@crisphealth.org
www.crisphealth.org

Timeline of CRISP Products



Core CRISP Services for Providers

1. Encounter Notification Service (ENS)

- Allows providers, care managers and others with a treatment relationship to be notified when patients are hospitalized in most of the region's hospitals

2. Clinical Query Portal

- Search for your patients' prior hospital records (e.g., labs, radiology reports, other dictated reports)

3. CRISP In the Workflow

- Access at-a-glance CRISP information directly integrated within your EMR screens at the right spot in your workflow

4. Enhanced HIE Tools for DC

- Data Exchange tools associated with population health, social determinants of wellbeing, clinical care and health-related service utilization throughout the care continuum.

DC Enhanced HIE Project Initiatives Overview



On March 28, 2017 the Government of the District of Columbia's Department of Health Care Finance (DHCF) entered into an agreement with Chesapeake Regional Information for our Patients (CRISP) to implement five health information exchange (HIE) initiatives:

- Patient Care Snapshot
- Analytical Patient Population Dashboard
- Electronic Clinical Quality Measurement Tool and Dashboard
- Obstetrics/Prenatal Specialized Registry
- Ambulatory Connectivity and Support

The Purpose of this agreement is to bolster clinical care, health-related service utilization throughout the continuum of care, and increase the exchange and integration of data associated with population health and social determinants of wellbeing,

DC Enhanced HIE Project Initiatives Overview



#	Initiative	Initiative Description
1	Dynamic Patient Care Snapshot	Design and implement an 'on-demand' web based document accessible to eligible professionals (EPs) and eligible hospitals (EHs) (in addition to members of their care team) that would display an aggregation of both clinical and non-clinical data for a selected patient
2	Analytical Patient Population Dashboard	Design and develop a population-level dashboard accessible by EPs and EHs for patient panel management.
3	Electronic Clinical Quality Measurement Tool and Dashboard	Design and implement an electronic clinical quality measurement (eCQM) tool that aggregates and analyzes data captured through Continuity of Care Documents (CCDs) submitted by EPs and EHs to calculate their performance against quality measures for their empaneled patient population

DC Enhanced HIE Project Initiatives Overview

#	Initiative	Initiative Description
4	Obstetrics/Prenatal Specialized Registry	Design and develop an electronic form within a District-specified electronic health record (EHR) environment, along with a separate web-based accessible outside of that EHR system, that enables EPs and EHs to directly enter and submit data associated with prenatal screenings and assessments to the District's OB/Prenatal Specialized Registry.
5	Ambulatory Connectivity and Support	Engage EPs and support their connection to the DC HIE, including technical assistance aimed at the advanced use of HIE services.

More detailed information about all of the new services can be found in the embedded PDF



Unified Landing Page & Patient Care Snapshot



- The patient care snapshot will be developed within CRISP's current Unified Landing Page (ULP); a web application that allows users to access multiple data types.
- Unified Landing page allows a user to have **one login and perform one patient search** and hop between all of CRISP's apps, maintaining user and patient context
- Allows CRISP to develop purpose built web apps and user interfaces
- ULP will make "calls" for data stored in multiple locations.
- Initially, those data will include Medicaid claims data, ENS subscriber data, and information from the DHS Homeless Management Information System.

Patient Care Snapshot



New Search > Modify Search

Patient Care Snapshot

Patient Name: Gilbert Greape Gender: Male Date of Birth: 01/01/1984

Profile Sections

- Patient Demographics
- Medications From Claims
- Diagnoses From Claims
- Procedures From Claims
- Encounters From ADT
- Health Relationships
- Encounters From Claims

Show all

Collapse/Expand All

Patient Demographics

	Gilbert Greape		4145 Earl C Adkins Dr. River, WV 26000
Gender	Male	D.O.B.	01/01/1984

Medications From Claims

Fill Date	Medications	Quantity	Days Supply	Prescriber Name
07/07/2017	IBUPROFEN 800 mg/1	30	10	PROVIDER, DUMMY
01/02/2014	Intralipid 20 g/100mL	0	0	ABELL, BRUCE
01/02/2014	Dextrose 70 g/100mL	0	0	ABELL, BRUCE
01/02/2014	Sodium Acetate 164 mg/mL	0	0	ABELL, BRUCE
01/02/2014	POTASSIUM CHLORIDE 149 mg/mL	0	0	ABELL, BRUCE

Encounters From ADT

Emergency
 Inpatient
 Outpatient

2017	Jun	Jul	Aug	Sep	Oct	Nov
No data available in table						

1y 6m 3m 1m 7d

06/08/2017

to

12/08/2017

Apply

Clear

Event Source Name

Event Type

Date

No data available in table

Patient Care Snapshot



Medications From Claims					
Fill Date	Medications	Quantity	Days Supply	Prescriber Name	
07/07/2017	IBUPROFEN 800 mg/1	30	10	ABELL, BRUCE	
01/02/2014	Intralipid 20 g/100mL	0	0	ABELL, BRUCE	
01/02/2014	Dextrose 70 g/100mL	0	0	ABELL, BRUCE	
01/02/2014	Sodium Acetate 164 mg/mL	0	0	ABELL, BRUCE	
01/02/2014	POTASSIUM CHLORIDE 149 mg/mL	0	0	ABELL, BRUCE	

Diagnoses From Claims	
Condition	Date Recorded
+ Dermatoaphytosis of foot	
+ Diabetes with Acute Complications	
- Diabetes without Complication	
Diabetes without Complication	05/21/2017
Diabetes without Complication	06/13/2016
Diabetes without Complication	05/17/2016
+ Difficulty in walking	
+ Difficulty in walking, not elsewhere classified	
- Disorder of immunity	

Procedures From Claims				
Service From Date	Service To Date	Place of Service	Description	
07/20/2017	07/20/2017	GENERIC MCO PHYSICIAN	Office/outpatient visit, est	
07/14/2017	07/14/2017	WASHINGTON HOSPITAL CENTER	Eye exam & treatment	
07/14/2017	07/14/2017	ROSAN Y CHOI	Eye exam & treatment	
07/14/2017	07/14/2017	ROSAN Y CHOI	Eye exam & treatment	
07/12/2017	07/12/2017	GENERIC MCO PHYSICIAN	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or	

Health Relationships							
Participant Name	Program	Participant Phone	Enroll Date	Disenroll Date	PCP	Care Manager	Care Manager Phone
Unity Health Care							
Privia Health							
MedStar Southern Maryland Hospital Center							
Medstar Physician Partners							
eCW CCIN					Michelle Joffe		
DHCF	My Health GPS		07/01/2017				
AmeriHealth DC							2027457000
Amerigroup Corporation DC	Not Enrolled		01/01/2199	01/01/2199	Not Available	Not Enrolled	Not Enrolled

Calipr

CRISP Unified Landing Page WELCOME **CALIPR** CALIPR ADMIN **HELP** MARC FALCONE (SIGN OUT)

CAIIPR CQM Aligned Population Reporting Calc ID: 47 View Now Home Help

Calculated on: Sep 26, 2017 Reporting period: Jan 01, 2015 - Dec 31, 2015 (364 days) 0 measures selected Export Add Filter

Search... Communication and Care Coordination (0 selected) Com (2 selected) Effe (5 selected) Effic (0 selected) Pati (1 selected) Pers (0 selected)

1. Once selected, the measure results will display in the dashboard. Users may drag and drop to order them appropriately. Click X to remove a measure from the dashboard

CMS117v5 Childhood Immunization Status IPP = 7 Numerator: 2 Denominator: 7 28%

CMS82v4 Maternal Depression Screening IPP = 3 Numerator: 2 Denominator: 3 66%

CMS160v5 (3 stratifications) Depression Utilization of the PHQ-9 Tool IPP = 5 Numerator: 2 Denominator: 5 40%

CMS125v5 Breast Cancer Screening IPP = 10 Numerator: 2 Denominator: 10 20%

2. Each measure box includes the measure ID, measure name, initial patient population (IPP), numerator value, denominator value, and exclusion values (if applicable).

CMS62v5 HIV/AIDS: Medical Visit IPP = 8 Numerator: 6 Denominator: 8 75%

CMS122v5 Diabetes: Floor Control ... IPP = 6 Numerator: 0 Denominator: 6 0%

CMS177v5 Child and Adolescent Major Depressive Disorder (... IPP = 4 Numerator: 1 Denominator: 4 25%

CMS128v5 (2 str) Anti-depressant Medic IPP = 3 Numerator: 1 Denominator: 3 33%

3. Some measures are broken down by different stratifications. Click next to toggle through the stratifications.

Calculation Parameters Providers Locations GENERATED FOR LOCATION 442 Neha Corner Ports - (Western Health System) GENERATED FOR LOCATION 62495 Arnoldo Meadows Key - (Western Health System) GENERATED FOR LOCATION 6408 Keenan View Island - (Western Health System) GENERATED FOR LOCATION 73835 Walter Course Well - (Western Health System)

Calipr

CRISP Unified Landing Page WELCOME **CALIPR** CALIPR ADMIN HELP MARC FALCONE (SIGN OUT)

CALiPR Calc ID: 47 View Now Home Help

Calculated on: Sep 26, 2017 Reporting period: Jan 01, 2015 - Dec 31, 2015 (364 days) 0 measures selected Export Add Filter

Search...

- Communication and Care Coordination (0 selected)
- Community, Population and Public Health (2 selected)
- Effective Clinical Care (5 selected)
- Efficiency and Cost Reduction Use of Healthcare Resources (0 selected)
- Patient Safety (1 selected)
- Person and Caregiver-Centered Experience Outcomes (0 selected)

Calculations Parameters

Providers

Locations

- GENERATED FOR LOCATION 442 Neha Corner Ports - (Western Health System)
- GENERATED FOR LOCATION 62495 Arnoldo Meadows Key - (Western Health System)
- GENERATED FOR LOCATION 6408 Keenan View Island - (Western Health System)
- GENERATED FOR LOCATION 73835 Walter Course Well - (Western Health System)

CMS117v5 Childhood Immunization Status IPP = 7 Target: 70% Numerator: 25 Denominator: 35 25%

CMS82v4 Maternal Depression Screening IPP = 3 Target: 50% Numerator: 2 Denominator: 3 66%

CMS160v5 (3 stratifications) Depression Utilization of the PHQ-9 Tool IPP = 5 Target: 60% Numerator: 2 Denominator: 5 40%

CMS125v5 Breast Cancer Screening IPP = 10 No target set Numerator: 2 Denominator: 10 20%

CMS62v5 HIV/AIDS: Medical IPP = 7

CMS122v5 Diabetes: Hemoglobin A1c (HbA1c) IPP = 6 Numerator: 1 Denominator: 3 33%

CMS177v5 Child and Adolescent Major Depressive Disorder IPP = 4 Numerator: 1 Denominator: 3 33%

CMS128v5 (2 stratifications) Anti-depressant Medication Management IPP = 3 No target set Numerator: 1 Denominator: 3 33%

1. By selecting Target Set in the right hand corner of the dialog box, a user may create a measure target to measure against.

2. Green indicates that the target/goal is being met.

3. Red indicates that the target/goal is not being met.

Privacy at CRISP

CRISP is an independent nonprofit organization that develops and maintains health information exchange (HIE) services in the District of Columbia and the State of Maryland.

As an HIE, CRISP must adhere to all state and federal privacy and security laws to protect health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security, and Breach Notification Rules are the main federal Laws that protect health information exchanged by CRISP.

Permitted Purposes & Use Cases

The following use cases represent a permitted purpose of CRISP's HIE services:

1. Treatment
2. Public Purpose
3. Care Coordination
4. Research*

*In order to obtain access to the healthcare data available through CRISP, **both** an organization and a user must complete sign-up requirements*

**IRB approval of research study required (different onboarding process than other purposes)*

Signing up for CRISP Access

- An organization must initially:

Sign/execute the CRISP Participation Agreement
Send CRISP an active patient list that attributes patients to providers (live feed, .csv)
Update or add language to their Notice of Privacy Practices that informs patients how and where to opt out of the HIE if they choose

- A provider must then complete:

Obtain approval from a Point of Contact at the organization
Sign an end user agreement/memorandum of understanding
Watch a training video on CRISP services
Obtain approval from an overseeing provider (non-prescribers / dispensers)
Submit valid photo ID and medical license numbers

Monitoring User Activity

Reminder: A user's CRISP account is for their individual access only. Login credentials may not be shared.

CRISP monitors user activity to detect potentially suspicious behavior:

- An usually large number of patient searches in one day
- Searches for patients in the news/social media stories ("VIP lookups")
- Searches for possible family members or other patients not seen at the provider organization

Handling Misuse

If misuse is detected:

- CRISP will share the details of the user's activity with the Privacy Officer at the provider organization
- The Privacy Officer will need to investigate internally to determine if the activity was truly a privacy violation or was legitimate
- CRISP will coordinate with the Privacy Officer to determine appropriate sanctions to apply to the end user – including the possible removal of their CRISP account

Resources

To access the Unified Landing Page log onto
www.ulp.crisphealth.org

Training materials and refresher videos pertaining to ULP can be found
<https://crisphealth.org/resources/>

For general questions regarding the application, logging into the application
please reach out to CRISP Customer Care Team (CCT) 24x7 @
support@crisphealth.org
877-952-7477

Sandeep Puri
DC Outreach Liaison
sandeep.puri@crisphealth.org

Ryan Bramble
Interim ED – CRISP D.C.
ryan.bramble@crisphealth.org



PRESENTATION OF THE ONC TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT

ELISE ANTHONY, DIRECTOR OF POLICY, HHS/ONC



The Office of the National Coordinator for
Health Information Technology

The Draft Trusted Exchange Framework





The Office of the National Coordinator for
Health Information Technology



What is the Draft Trusted Exchange Framework?

Format of the Draft Trusted Exchange Framework

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.*

Trusted Exchange Framework

PART A

6 PRINCIPLES



PART B

TERMS AND CONDITIONS

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.



The Office of the National Coordinator for
Health Information Technology



Why did Congress require the Trusted Exchange Framework?

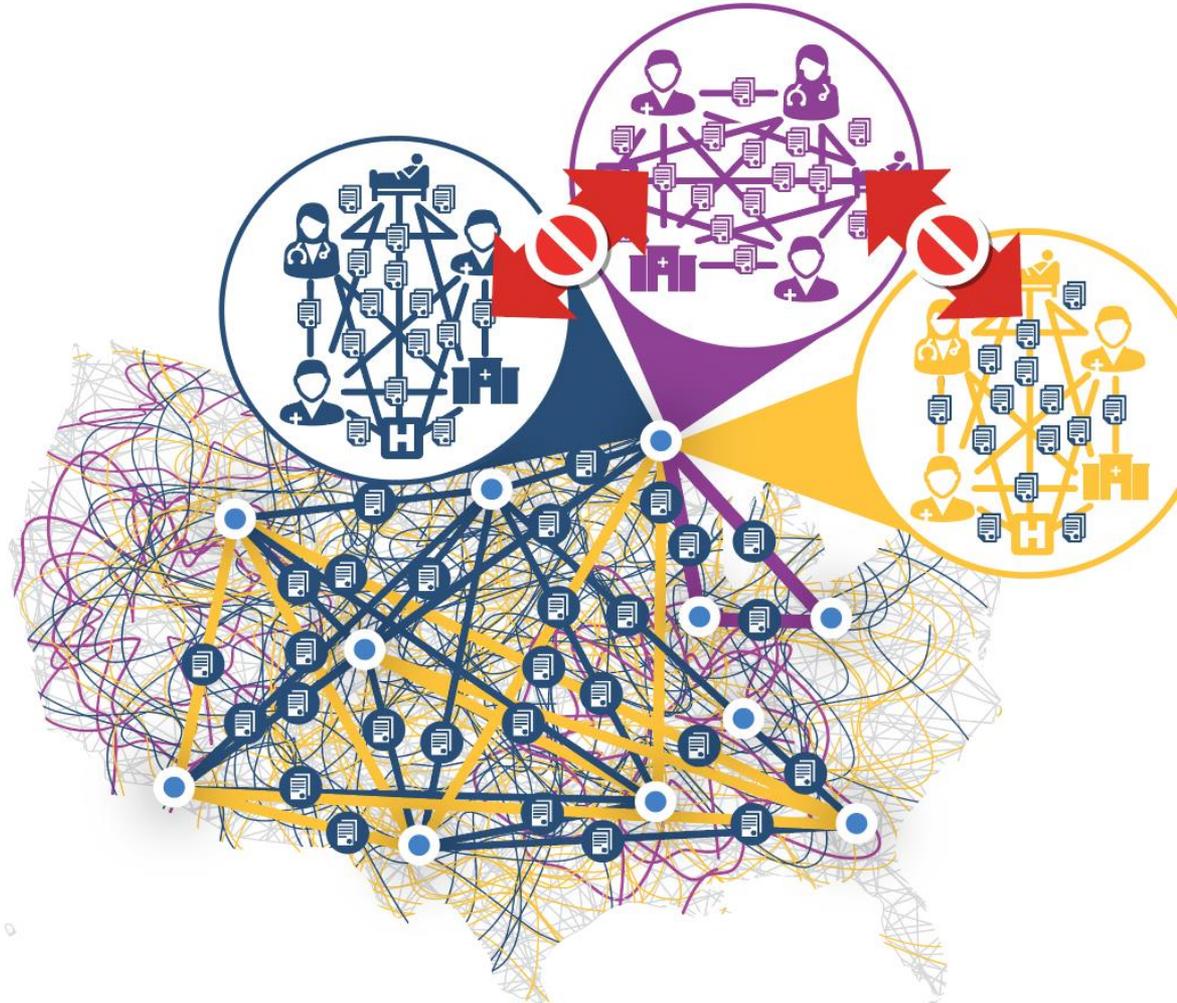
Need for the Trusted Exchange Framework – Complexity

CURRENT PROLIFERATION OF AGREEMENTS

Many organizations have to join multiple Health Information Networks, and the HINs do not share data with each other.

Trusted exchange must be simplified in order to scale.

Each line color on the map represents a different network. There are well over 100 networks in the U.S.



Need for the Trusted Exchange Framework – Costs

Costs to healthcare providers due to lack of Trusted Exchange Framework

Healthcare organizations are currently burdened with creating many costly, point-to-point interfaces between organizations.

The Trusted Exchange Framework will significantly reduce the need for individual interfaces, which are costly, complex to create and maintain, and an inefficient use of provider and health IT developer resources.



Proliferation of Interoperability Methods

Based on a pilot survey of roughly 70 hospitals:

Few hospitals used only one interoperability method.

- A majority of hospitals required three or more methods
- About three in 10 used five or more methods

Rated their own Interoperability as...

- 63% Not or a little bit interoperable
- 17% Somewhat interoperable
- 19% Largely or Fully interoperable

Trusted Exchange Framework and Common Agreement

21st Century Cures Act - Section 4003(b)

“Not later than 6 months after the date of enactment of the 21st Century Cures Act, the National Coordinator shall convene appropriate public and private stakeholders to develop or support a trusted exchange framework for trust policies and practices and for a common agreement for exchange between health information networks. The common agreement may include—

“(I) a common method for authenticating trusted health information network participants;

“(II) a common set of rules for trusted exchange;

“(III) organizational and operational policies to enable the exchange of health information among networks, including minimum conditions for such exchange to occur; and

“(IV) a process for filing and adjudicating noncompliance with the terms of the common agreement.”

21st Century Cures Act - Section 4003(c)

“Not later than 1 year after convening stakeholders...the National Coordinator shall publish on its public Internet website, and in the Federal register, the trusted exchange framework and common agreement developed or supported under paragraph B...”

Goals of the Draft Trusted Exchange Framework



GOAL 1

Build on and extend existing work done by the industry

The Draft Trusted Exchange Framework recognizes and builds upon the significant work done by the industry over the last few years to broaden the exchange of data, build trust frameworks, and develop participation agreements that enable providers to exchange data across organizational boundaries.



GOAL 2

Provide a single “on-ramp” to interoperability for all

The Draft Trusted Exchange Framework provides a single “on-ramp” to allow all types of healthcare stakeholders to join any health information network they choose and be able to participate in nationwide exchange regardless of what health IT developer they use, health information exchange or network they contract with, or where the patients’ records are located.



GOAL 3

Be scalable to support the entire nation

The Draft Trusted Exchange Framework aims to scale interoperability nationwide both technologically and procedurally, by defining a floor, which will enable stakeholders to access, exchange, and use relevant electronic health information across disparate networks and sharing arrangements.



GOAL 4

Build a competitive market allowing all to compete on data services

Easing the flow of data will allow new and innovative technologies to enter the market and build competitive, invaluable services that make use of the data.



GOAL 5

Achieve long-term sustainability

By providing a single “on-ramp” to nationwide interoperability while also allowing for variation around a broader set of use cases, the Draft Trusted Exchange Framework ensures the long-term sustainability of its participants and end-users.



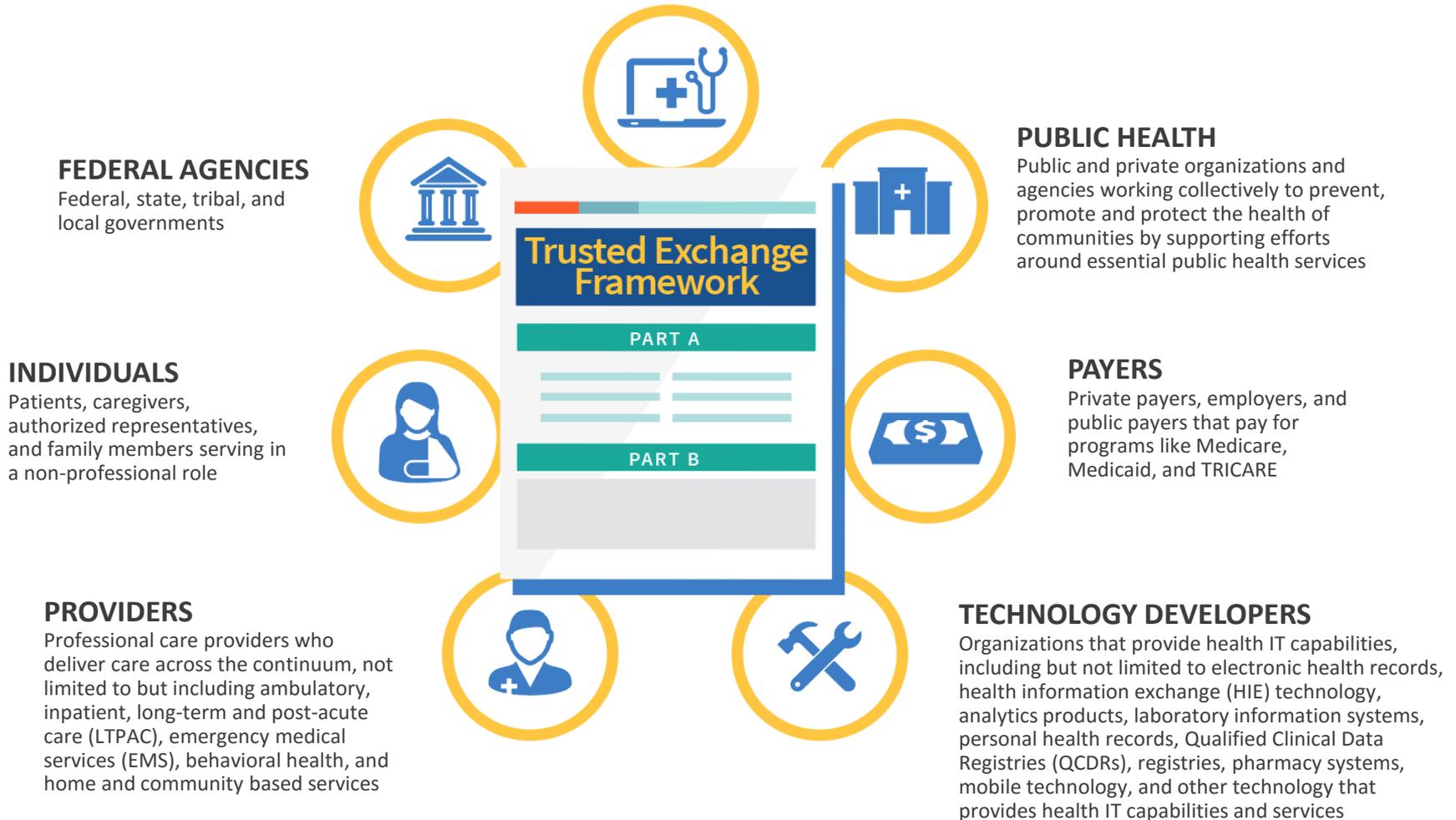
The Office of the National Coordinator for
Health Information Technology



Who can use the Trusted Exchange Framework?

Stakeholders who can use the Trusted Exchange Framework

HEALTH INFORMATION NETWORKS



Defining Terms:

Who is the Trusted Exchange Framework applicable to?

The Trusted Exchange Framework aims to create a technical and governance infrastructure that connects

Health Information Networks

together through a core of

Qualified Health Information Networks.





The Office of the National Coordinator for
Health Information Technology



What are the benefits
of the Trusted
Exchange Framework?

Trusted Exchange Framework Benefits for HINs

For Qualified HINs and HINs the Trusted Exchange Framework will:



Give HINs and their participants access to more data on the patients they currently serve.

- This will enhance care coordination and care delivery use cases.

The Trusted Exchange Framework ensures that there is no limitation to the aggregation of data that is exchanged among Participants.



- This will allow organizations, including Health IT Developers, HINs, QCDRs, and other registries to use the Trusted Exchange Framework to obtain clinical data from providers and provide analytics services. (Note that appropriate BAs must be in place between the healthcare provider and analytics provider.)

Trusted Exchange Framework Benefits for Providers

For Health Systems and Ambulatory Providers the Trusted Exchange Framework will:



Enable them to join one network and have access to data on the patients they serve regardless of where the patient went for care.

- This enables safer, more effective care, and better care coordination.



Enable them to eliminate one off and point-to-point interfaces

- This will allow providers and health systems to more easily work with third parties, such as analytics products, care coordination services, HINs, Qualified Clinical Data Registries (QCDRs), and other registries. (Note that appropriate BAs must be in place between the healthcare provider and analytics provider.)

Trusted Exchange Framework Benefits for Patients

For Patients and Their Caregivers, the Trusted Exchange Framework will:



Enable them to find all of their health information from across the care continuum, even if they don't remember the name of the provider they saw.

- This enables patients and their caregivers to participate in their care and manage their health information.



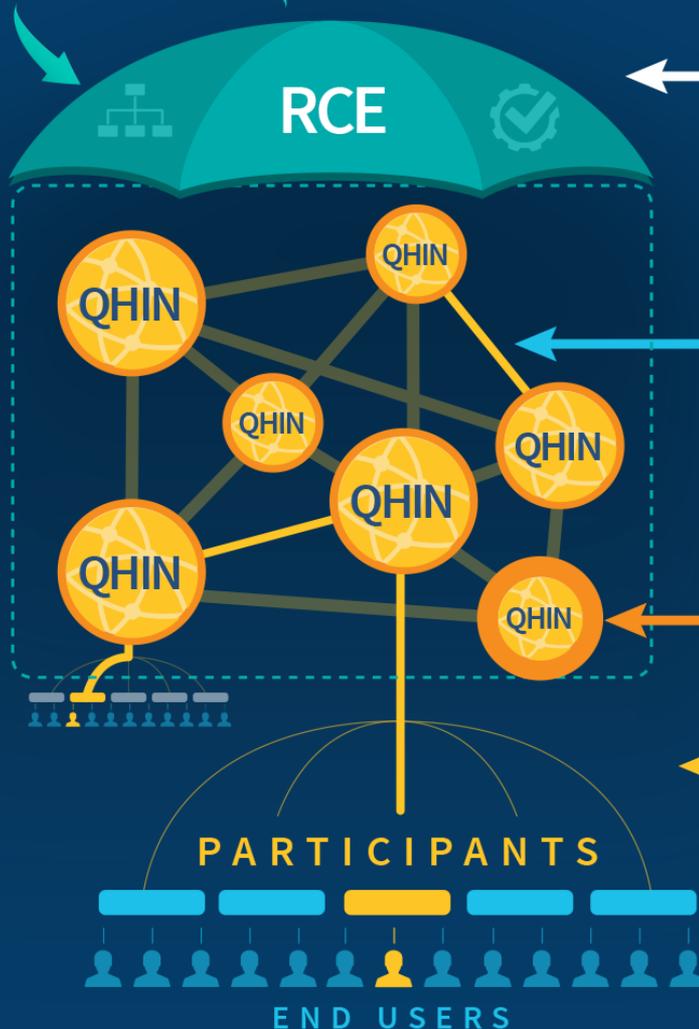
The Office of the National Coordinator for
Health Information Technology



How will the Trusted
Exchange Framework
work?

How Will the Trusted Exchange Framework Work?

The Office of the National Coordinator for Health Information Technology



RCE provides oversight and governance for Qualified HINS.

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, serving a wide range of end users.

READ MORE: QHINs in Part B, Section 2

READ MORE: Connectivity Broker Capabilities in Part B, Section 3



What use cases are covered under the Trusted Exchange Framework?

Permitted Purposes



READ MORE: [Part B, Section 1](#)



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.

READ MORE: Broadcast and Directed Queries- Part B, Section 5.4 and Section 3

READ MORE: Population level data- Part B, Section 8



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.



When will the Trusted
Exchange Framework
be implemented?

Timeline





➤ PUBLIC COMMENT PERIOD

➤ NEXT STEPS

- You will hear from Nina to discuss how to improve experience on the Board
- You will be notified when HIE Designation Rule and SMHP are published for comment
- Next Quarterly meeting: Thursday, April 26, 2018

➤ VOTE TO ADJOURN