

DISCERNING Identities



HIPAA – Interoperability and Potential Changes

August 16, 2019

CtHiMA
AHIMA Affiliate
Connecticut Health Information
Management Association

Today's Topics

Interoperability - Definition, National Landscape

Sharing/Linking Patient Data – Goals, Benefits, Challenges

ONC – CMS - HIPAA

HIPAA Modernization - Key Stakeholder Input

Privacy Officer's Expanding Role

Best Practice Recommendations

Interoperability Defined (HIMSS)

The ability of different information systems, devices or applications to connect, in a coordinated manner, within and across organizational boundaries to **access, exchange and cooperatively use data amongst stakeholders**, with the goal of optimizing the health of individuals and populations...

Optimally, interoperability facilitates **connections and integrations across systems** to occur regardless of the data's origin or destination or the applications employed, and ensures the data are usable and readily available to share without additional intervention by the end user.



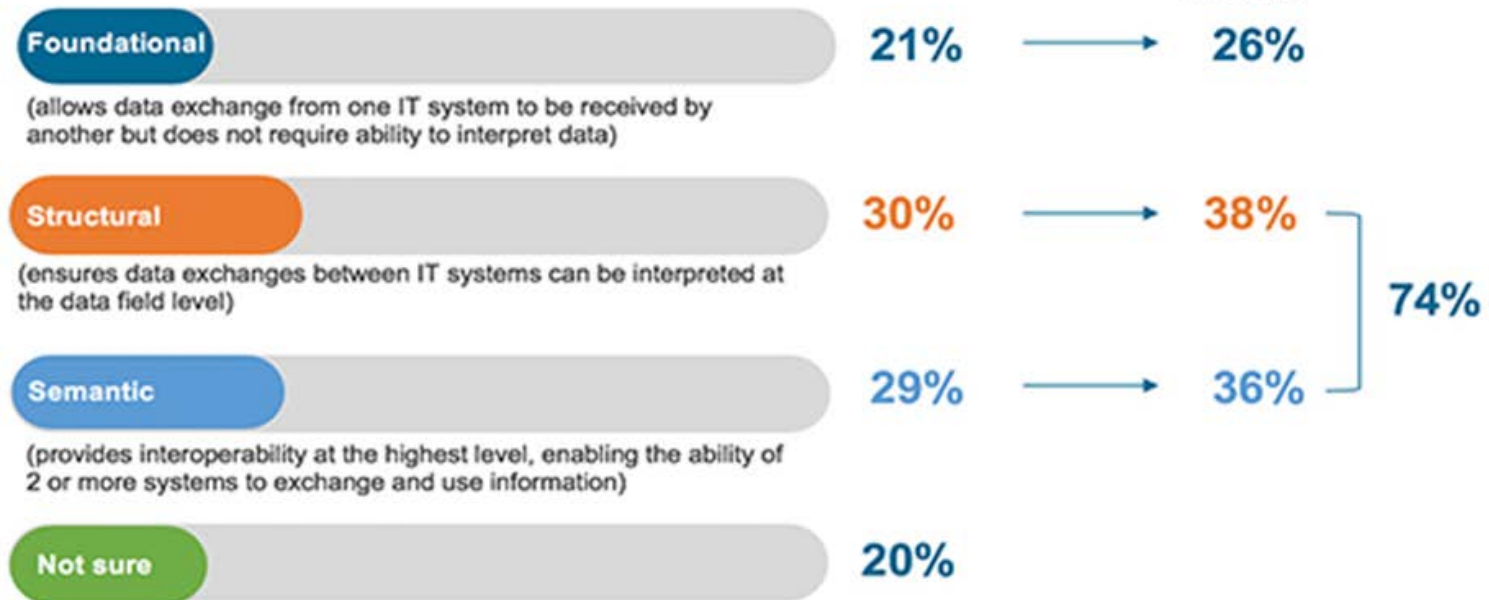
Data Sharing Benefits

- **Improve patient care**
- **Care Coordination – Big Picture**
- **Increase patient satisfaction**
- **Reduce costs for patients and providers**
- **Innovation by tracking patient outcomes**
- **Detect fraud – misuse of services**

Survey Reveals 75% are beyond Foundational level

DESPITE OBSTACLES, $\frac{3}{4}$ HAVE PROGRESSED BEYOND THE FOUNDATIONAL LEVEL OF INTEROPERABILITY

Which best describes the highest level of health information technology interoperability your organization has achieved across core HIT applications?



Other Perspectives

- Three decades - moving toward digital patient records.
- Ten years ago – Congress passed the Health Information Technology for Economic and Clinical Health (HITECH) Act and invested \$40 billion in health IT
- Unfortunately ...progress has been elusive. "Rather than an electronic information ecosystem, the nation's thousands of **EHR systems remain a sprawling, disconnected patchwork**. Unlike ATMs, the proprietary EHR systems don't talk to each other, meaning that doctors still resort to transferring medical data via fax and CD-ROM." (Kaiser Health News and FORTUNE)
- For certain...**Patient Matching** is one of the barriers to enhanced interoperability (Pew Charitable Trust Report)

Patient Matching

The accuracy of patient matching is critical in assisting healthcare organizations in meeting the goals of the Institute for Healthcare Improvement's (IHI) “Triple Aim,” including:

- Improving the patient experience of care (quality & satisfaction)
- Improving the health of populations
- Reducing the per capita cost of healthcare

Other Impacts

- Poor preparation for population health management
- MPI errors can affect performance in value-based care
 - Risk based contracts – responsible for pre and post treatment – can be duplicating services, studies, etc.
 - Inefficiencies, Increased Costs



National Landscape



ONC, CMS, HIPAA

ONC oversees interoperability aspects of handling PHI
ONC/CMS – Published Fact Sheets (Feb 2016)

ONC Interoperability Road Map goals:

- **2015-2017:** Send, receive, find and use priority data domains to improve health care quality and outcomes.
- **2018-2020:** Expand data sources and users in the interoperable health IT ecosystem to improve health and lower costs.
- **2021-2024:** Achieve nationwide interoperability to enable a learning health system, with the person at the center of a system that can continuously improve care, public health, and science through real-time data access.

Proposed Rules In Progress

- Per 21st Century Cures Act, CMS and the ONC have released separate—but related—proposed rules pressing the healthcare industry to **improve interoperability**
- Reflects a critical shift in the industry towards **enabling patient access** and reducing information blocking
- Supports providers having access to patient information



ONC Proposed Rule Goals

- Seeks to **advance use of open APIs** based on HL7® FHIR® standard
- **Expand data access** for patients and organizations through apps and applications that would use these APIs to gain secure access to electronic health information (EHI).
- Impose significant limitations and requirements for API pricing, contracts and transparency.
- API certification provisions apply to narrower, standards-based USCDI (replacing CCDS)

















Application Programming Interfaces (API's)

Proposed API would provide mechanism for individuals to exercise the HIPAA right to access PHI, by giving them a simple/easy electronic way to request, receive, and share data (with third parties)

- May not be sufficient – all health information may not be transferable through the API - limitations in current availability of interoperability standards for some data types --patient's rights to be granted access in the manner of their own choosing

CMS|ONC: US Common Data for Interoperability v1

Assessment and Plan of Treatment 	Laboratory  <ul style="list-style-type: none"> • Tests • Values/Results 	Provenance *NEW  <ul style="list-style-type: none"> • Author • Author Time Stamp • Author Organization
Care Team Members 	Medications  <ul style="list-style-type: none"> • Medications • Medication Allergies 	Smoking Status 
Clinical Notes *NEW  <ul style="list-style-type: none"> • Consultation Note • Discharge Summary Note • History & Physical • Imaging Narrative • Laboratory Report Narrative • Pathology Report Narrative • Procedure Note • Progress Note 	Patient Demographics  <ul style="list-style-type: none"> • First Name • Last Name • Previous Name • Middle Name (including middle initial) • Suffix • Birth Sex • Date of Birth • Race • Ethnicity • Preferred Language • Address *NEW • Phone Number *NEW 	Unique Device Identifier(s) for a Patient's Implantable Device(s) 
Goals  <ul style="list-style-type: none"> • Patient Goals 	Problems 	Vital Signs  <ul style="list-style-type: none"> • Diastolic Blood Pressure • Systolic Blood Pressure • Body Height • Body Weight • Heart Rate • Respiratory rate • Body Temperature • Pulse oximetry • Inhaled oxygen concentration
Health Concerns 	Procedures 	<ul style="list-style-type: none"> • Pediatric Vital Signs *NEW <ul style="list-style-type: none"> - BMI percentile per age and sex for youth 2-20 - Weight for age per length and sex - Occipital-frontal circumference for children < 3 years old

Other Data Class Candidates (2019 -2021)

- Adm/Discharge Dates
- Cognitive Status
- Encounter
- Discharge Instructions
- Family Health History
- Functional Status
- Gender Identify
- Pediatric Vital Signs
- Pregnancy Status
- Reason for Hospitalization
- Care Provider Demographics
- Care Team Contact Info
- Care Team Roles/Relationships
- Diagnostic Image Reports
- Individual Goals/Priorities
- Responsible Practitioner
- Provider Goals/Priorities
- Reason for Referral
- Referring Provider Name & Contact Info

CMS Proposed Rule

Primarily – Health Plan focused – Empower beneficiaries

RFI – how to improve patient identification to facilitate improved patient safety, care coordination, interoperability

Looking at innovative ways to provide technical assistance to private initiatives to further develop accurate patient matching solutions to promote interoperability without a UPI.

Prevent Information Blocking

TEFCA – Compliments API Data Access Model



GOAL 1

Provide a single
“on-ramp” to
nationwide
connectivity



GOAL 2

Electronic Health
Information (EHI)
securely follows
you when and
where it is needed



GOAL 3

Support
nationwide
scalability

Trusted Exchange Framework and Common Agreement (TEFCA)

- Knits together organizations, HIE’s, networks, and frameworks that are increasingly exchanging health information
- Enables nationwide organizational and individual *queries* for health information as well as the ability to *push* health information messages to targeted locations.
- Oversight by a private *Recognized Coordinating Entity* (RCE) - QHINS would have *member* organizations (HIE’s) which have *participants* (e.g., medical groups, hospitals, individuals, payers).

What about HIPAA?



Perceptions...

- *HIPAA makes it difficult or impossible to exchange patient data*
- *The U.S. should not stand by while other countries adopt privacy rules that affect U.S. competitiveness*

Modernization Needed

The 22-year-old privacy law should be updated for a mobile tech-centric and data-driven world

Lack of harmonization between federal and state privacy standards creates uncertainty for HIPAA covered entities that want to exchange health information

HIPAA Repeal - Recommended

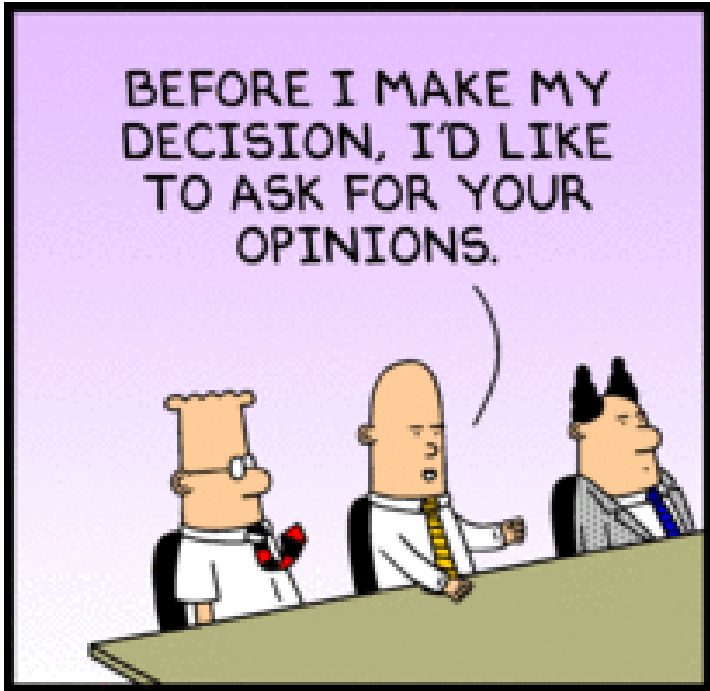
The Information Technology and Innovation Fund is **recommending** a repeal of privacy regulations across the U.S., including HIPAA

...calling for data protection rules based on type of data and the entity collecting it, that enables consumers to make more informed decisions around their data, establishes clear consumer rights, and addresses concrete consumer harms – rather than hypothetical ones

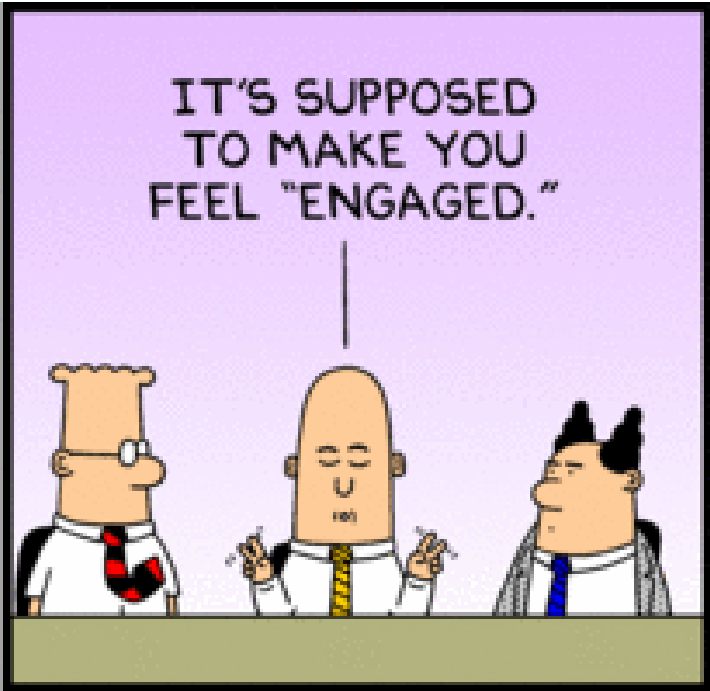
<https://healthitsecurity.com/news/could-hipaa-be-repealed-replaced-with-a-unified-federal-privacy-law>

Stakeholder Input





Dilbert.com DilbertCartoonist@gmail.com



12-19-12 ©2012 Scott Adams, Inc. All rights reserved. Universal Uclick



Regarding... Proposed Rules

- AHIP - expressed significant concerns that implementation timeline outlined in proposed rules is unrealistic (1/1/20 or 7/1/20) - simply not feasible – would pose significant burdens on insurance and healthcare providers
- AHA - does not support electronic event notification as a condition of participation for Medicare/Medicaid
- CMS proposed rule puts the cart before the horse

Alan McQuinn – ITIF Sr. Policy Analyst

- Others are proposing bureaucracy to put onto general privacy laws... if we're going to open the hood and look at privacy laws, let's do a grand privacy law, for all industries, based on sensitivity of data and collection that applies to everyone and their data.
- Congress can repeal these regulations to create a single set of protections for sensitive data in certain instances, like health and financial services, while creating less burdens of rules for those who fall out of HIPAA traditionally, such as apps, labs, etc.



ONC Chief Don Rucker....on Interoperability

- I'm optimistic. There's an interesting conjunction of technology, Congressional mandate and burden placed on consumers with high deductible health plans that I think will fuel a lot of consumer empowerment.
- People want to be in control of their healthcare. This is an overarching theme of human choice and freedom and dignity. They want to be in control of their lives. And so transparency is a huge issue here. Having the gap between what the American public sees on their smartphones and in all the rest of their lives, versus what they get in healthcare – we're trying to close that gap. We're trying to make healthcare apps have the same level of performance, convenience and intrinsic value as all the other tools you use in your life.

Taking Action...

- AMIA/AHIMA called on Congress to "extend the HIPAA individual right of access and amendment to non-HIPAA Covered Entities that manage individual health data, such as mHealth and health social media applications. The goal is uniformity of data access policy, regardless of covered entity, business associate, or other commercial status."
- July 2019 - AHIMA co-hosted a congressional briefing to urge Senate to support US House of Representatives' recent repeal of a ban on the use of federal funds to adopt a nationwide unique patient identifier.



Is a Unique Personal Identifier (UPI) in the works?

HIPAA required adoption of a unique individual identifier for healthcare purposes...

Congress prohibited HHS from funding or promoting any program where patients receive permanent UPIs

21st Century Cures Act required GAO to study patient matching

House approved lifting Ban on discussion

UPI – Privacy Concerns

Twila Brase, president/co-founder of advocacy group Citizens' Council for Health Freedom, said she was "deeply concerned" about the possibility of such an identifier...

- "Make no mistake: The UPI would be the end of privacy and the foundation of a national health data system and a socialized healthcare system,"
- "This would end all hope for protecting privacy in the exam room, enable surveillance and deep predictive analytics, and allow the creation of a lifelong, fully linked, cradle-to-grave medical record available to the millions who, due to the permissive HIPAA data-sharing rule, could have access without patient consent."
- Sent letter to President Trump, urging him "to stop the national patient ID, singlehandedly, if necessary."

<https://www.govinfosecurity.com/health-groups-push-for-ok-national-patient-id-measure-a-12830>

Moving Forward



Privacy Officer – Expanding Role

- Breach Investigations on the rise
- Business Associate – Vetting/Management
- Relationship with IT/Security essential
- PII Breach Reporting – Varies by State
- Resolving Patient Access Challenges (OCR main issue)
 - Differences by State, Age, Diagnosis
- Must be **PROACTIVE** and not **REACTIVE**



I've got bad news and good news. The bad news is that you have only two days to live. The good news is that I accidentally posted your medical record online, and it will live on forever.



Written by Daniel J. Solove

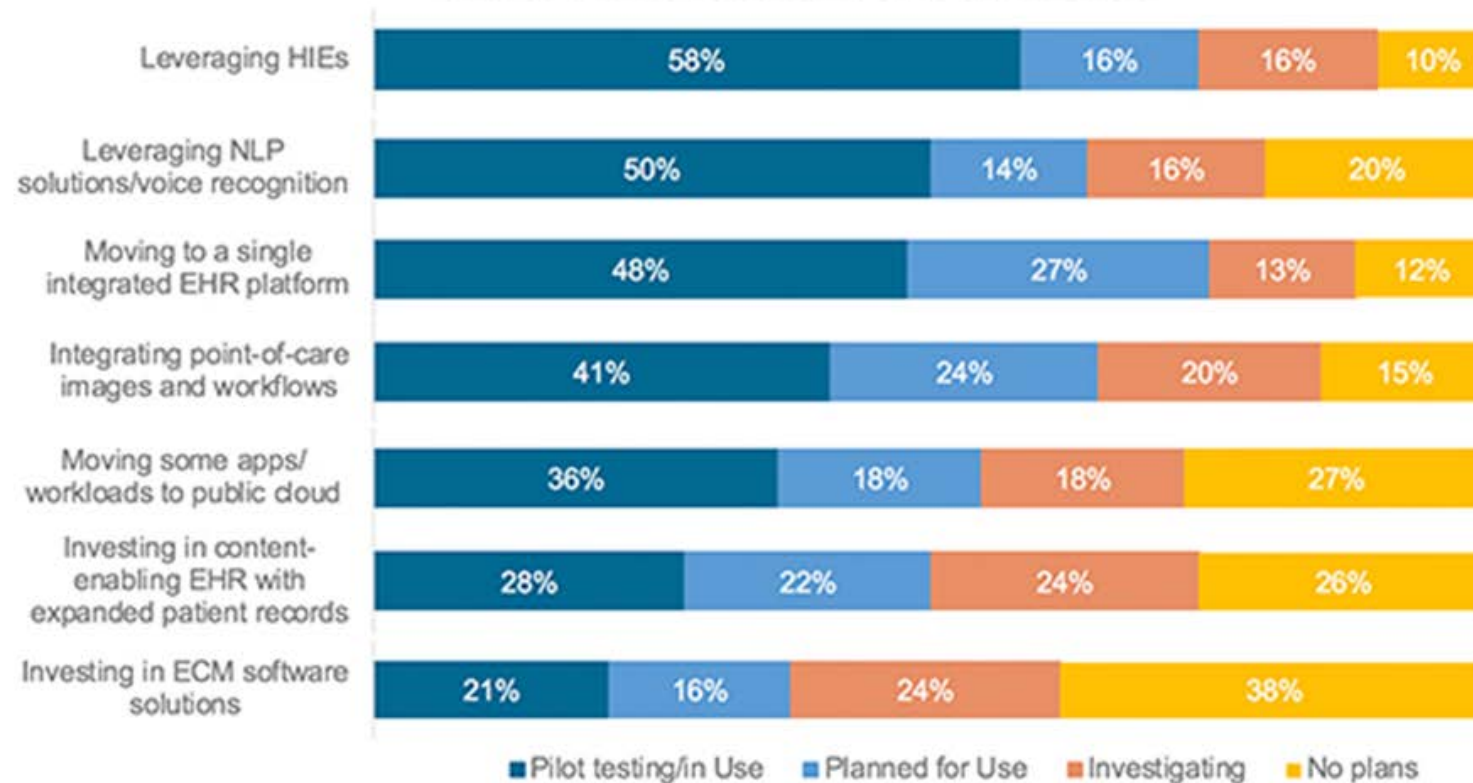
www.teachprivacy.com

Illustrated by Ryan Beckwith

Best Practices to improve Interoperability

LEVERAGING HIEs, NATURAL LANGUAGE PROCESSING AND SINGLE EHR PLATFORM ARE AMONG BEST PRACTICES

What steps is your organization taking to improve interoperability and deliver a more connected care experience?



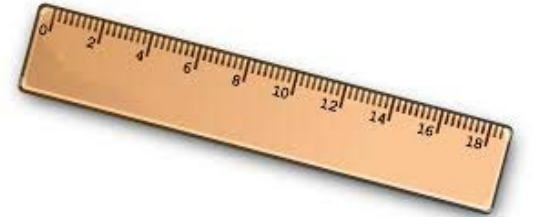
Data Standardization is Key!

- Standardizing last names and addresses can improve linking of patient records by as much as 8 percent
- Researchers* added specific structure to several identifiers in health records and determined that addresses and last names were specific factors that improved matching

*(*Regenstrief Institute, Indiana University Richard M. Fairbanks School of Public Health at IUPUI, IU School of Medicine and The Pew Charitable Trusts)*

Patient Demographic Data Quality (PDDQ) Framework

- Quick assessments of “current state”
- Identifies gaps – proven yardstick to measure progress
- Accelerator to improve quality
- 76 Key questions, 25 process areas, 414 functional practices, 596 work products
- Incorporates best practices
- Promotes building roadmap for data management



<https://www.healthit.gov/playbook/pddq-framework/>

Data Quality Maturity Scale

Figure 1: Data Quality Maturity Level Scale†**

Item	Level 1	Level 2	Level 3	Level 4	Level 5
Data Attribute	Given Name* Last Name* Date of Birth* Gender* Middle Initial Suffix † Race Primary* Phone #* Address* Street* State* Zip*	Middle Name Mother's Maiden Name Prefix † Marital Status †	Alias or Previous Name USPS Address † Identifier Last 4 SSN* DL Passport Alien ID#	Multi Birth † Birth Order † Birth Place † E-mail* Previous Address † Previous Cell Phone(s) † Quality Assurance Process †	Insurance* ID/policy* Insurance Plan Name † Previous Insurance Medicaid ID Medicare ID Biometric ID*
Supporting Process	-	-	Daily Reconciliation	Quality Assurance Process	-
Required Reporting	Confirm % captured	-	-	-	-

Data Elements in green with asterisk (*) are in the proposed rule
 Data Elements in blue with dagger (†) require structured data capture

References

- <http://sequoiaproject.org/wp-content/uploads/2015/11/The-Sequoia-Project-Framework-for-Patient-Identity-Management.pdf>
- <https://www.healthitoutcomes.com/doc/hfma-educational-report-the-value-of-precise-patient-identification-0001> (HFMA/IMPRIVATA– April 2016)
- <https://cmmiinstitute.com/getattachment/27f0d183-e247-40c2-bdcb-7b26fa7af55c/attachment.aspx>
- <https://www.benzinga.com/pressreleases/19/07/n14134117/patient-data-exchange-errors-rampant-in-u-s-healthcare-system>

Thank You!

