Global HIMSS
HIMSS is a global voice, advisor and thought leader of health transformation through health information and technology.

With a unique breadth and depth of expertise and capabilities, we work to improve the quality, safety, and efficiency of health, healthcare and care outcomes.

Our Vision
To realize the full health potential of every human, everywhere.

Our Mission
Reform the global health ecosystem through information AND technology.

With more than 76,000 members 400 employees, HIMSS operates in:

North America | Asia Pacific | Europe | The Middle East | United Kingdom
HIMSS Strategic Advocacy Framework

• Focus on the value of health IT through:
  – Supporting Healthcare Transformation
    • Ensuring Interoperability Across the Spectrum of Care
  – Expanding Access to High Quality Care
    • Particularly for underserved (both urban and rural) and remotely located patient populations
  – Increasing Economic Opportunity
    • Economic Growth by expanding health IT export opportunities
  – Making Communities Healthier
    • Healthcare Payment/Delivery System Reform/Innovations in Care Delivery
Value-Based Care is Foundational to Our Efforts

Cybersecurity

Workforce Development

Precision Medicine

Military Healthcare

Veterans Care

Opioids

Interoperability

AI/ML

SDOH

Connected Care

Big Data

Patient Engagement

Public Health

Quality

Value-Based Care Delivery
Components of Current Interoperability Landscape

- Nationwide Interoperability
- TEFCA
- CMS Reg
- ONC Reg

- Patients
- Developers
- Exchanges/Networks
- Providers

Nationwide Interoperability
## Nationwide Interoperability Efforts

<table>
<thead>
<tr>
<th>Network</th>
<th>Year of Launch</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>eHealth Exchange</td>
<td>2012*</td>
<td>Person-centric network</td>
</tr>
<tr>
<td>Carequality</td>
<td>2014</td>
<td>Provider-centric network</td>
</tr>
<tr>
<td>Care Everywhere (EPIC)**</td>
<td>2008</td>
<td>Secure messaging network/RLS</td>
</tr>
<tr>
<td>CommonWell Health Alliance</td>
<td>2013</td>
<td>Consumer-directed network</td>
</tr>
<tr>
<td>NATE</td>
<td>2013</td>
<td></td>
</tr>
<tr>
<td>Surescripts</td>
<td>2008</td>
<td></td>
</tr>
<tr>
<td>Patient Center Data Home™ (SHIEC)</td>
<td>2015</td>
<td></td>
</tr>
<tr>
<td>Community HIEs</td>
<td>2014</td>
<td></td>
</tr>
<tr>
<td>DirectTrust</td>
<td>2011</td>
<td></td>
</tr>
<tr>
<td>CARIN Alliance</td>
<td>2016</td>
<td></td>
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</tbody>
</table>

*Year of launch
** For these purposes, HIMSS used EPIC to represent one example of vendor-mediated exchange

**Key:**
- Network-to-Network
- Person-centric network
- Provider-centric network
- Secure messaging network/RLS
- Consumer-directed network
ONC observed that prevailing market conditions create incentives for some individuals and entities to exercise their control over EHI in ways that limit its availability and use

- Continued to receive complaints and reports of information blocking from patients, clinicians, etc

Stakeholders described discriminatory pricing policies that have the obvious purpose and effect of excluding competitors from the use of data

ONC concluded that despite significant public and private sector efforts to improve interoperability and data accessibility, adverse incentives remain and continue to undermine progress toward a more connected health system
Several National Interoperability Initiatives Underway

- Information Blocking Proposed Regulation
  - Define exceptions when its acceptable to not broadly share information

- Trusted Exchange Framework and Common Agreement Draft 2
  - Proposes a single on-ramp to nationwide connectivity

- Interoperability Proposed Regulation
  - Outlines opportunities to make patient data more useful and transferable through open, secure, standardized, and machine-readable formats
  - Reduces restrictive burdens on healthcare providers
Interoperability Through Empowering Patients with Information

- Provide patients electronic access and true control of their information
- Share with whomever they want
- Choose the provider that best meets their needs then give that provider secure access
- Make more informed decisions
- Place patients at the center of the system
- Blue Button 2.0 is a key component
HIMSS CMS Comment Letter Positions

• HIMSS supports the provisions proposing to require payers to make patient health data available through open APIs to help provide insights into a beneficiary’s health and healthcare utilization

• HIMSS supports the transparency proposals for more clinicians to make their digital contact info available in the National Plan and Provider Enumeration System (NPPES)

• HIMSS is supportive of investigating the use of TEFCA for the “network of networks” framework to facilitate greater nationwide data exchange

• HIMSS questions requiring the use of ADT feeds as a Medicare/Medicaid Condition of Participation
  – We instead suggest using the Promoting Interoperability Program and further exploration of models at CMMI
Certification Program Expresses Requirements for Health IT Developers

• The higher conditions that developers should be held to include:
  – Information Blocking
  – Assurances
  – Communications
  – APIs
    • Publish APIs and must allow information to be accessed, exchanged, and used without special effort through the use of APIs or successor technology or standards
  – Real World Testing of Certified Health IT
  – Attestations
API Certification Requirements and Applicable Fees

• ONC wants this process to be very transparent and is only permitting certain types of fees to apply
  – An API Technology Supplier must have objective and verifiable criteria and keep detailed
    records for fees
  – All terms and conditions are published in a public manner and are uniformly applied for all
    substantially similar or similarly situated classes of persons and requests

• Any and all fees charged by an API Technology Supplier for the use of its API technology must be
  described in detailed as well as plain language

• The description of the fees must include all material information
  – The persons or classes of persons to whom the fee applies
  – The circumstances in which the fee applies
  – The amount of the fee, which for variable fees must include the specific variable(s) and
    methodology(ies) that will be used to calculate the fee
Information Blocking Provisions

• ONC proposes seven categories of practices that would be considered reasonable and necessary that, provided certain conditions are met, would not constitute information blocking

• Regulated actors consist of the following:
  – Health Care Provider
  – Health IT Developer
  – Health Information Exchange
  – Health Information Network
Seven Exceptions for Reasonable and Necessary Activities

- Exceptions for reasonable and necessary activities that do not constitute information blocking include:
  - Preventing harm
  - Promoting the privacy of electronic health information
  - Promoting the security of electronic health information
  - Recovering costs reasonably incurred
  - Responding to requests that are infeasible
  - Licensing of interoperability elements on reasonable and non-discriminatory terms
  - Maintaining and improving health IT performance
HIMSS Response to ONC NPRM

• HIMSS supports the adoption of FHIR Release 4 in the Final Rule for developers seeking Health IT Certification

• HIMSS supports the creation of the API Technology Suppliers’ Development, Deployment, and Upgrade Fees as well as Value-Added Services Fees and questions the need for API Usage-Based Fees
  – Complexities created in this proposed fee structure may lead to less innovation

• Information Blocking Exceptions should have clear definitions and requirements with examples of what a valid exception in each of the 7 categories should look like
  – ONC should provide best practices to reinforce positive behaviors and establish “safe lanes” for specific use cases

• Appropriately define HIE, HIN, and EHI
  – EHI should track to USCDI but add data classes in the future
Current Complexity

Current Proliferation of Agreements

Many organizations have to join multiple Health Information Networks (HINs), and most HINs do not share data with each other. Trusted exchange must be simplified in order to scale.
TEFCA Draft 2 Specifics

• Three Goals
  – Provide a single “on-ramp” to nationwide connectivity
  – Enable EHI to securely follow the patient when and where it is needed
  – Support nationwide scalability

• Exchange Modalities
  – Targeted Query, Broadcast Query, Message Delivery

• Exchange Purposes
  – Treatment, Quality Assessment, Public Health, Individual Access Services
How Will TEFCA Function?

RCE provides oversight and governance for QHINs.

QHINs connect directly to each other to facilitate nationwide interoperability.

Each QHIN represents a variety of Participants that they connect together, serving a wide range of Participant Members and Individual Users.

Graphic Courtesy of the Office of the National Coordinator for Health IT
Available Resources

- **Proposed Regulations**
  - HIMSS Summary on ONC Regulation
  - HIMSS Summary on CMS Regulation
  - ONC Facts Sheets and Information
  - CMS Information
  - Public Comments Due on June 3

- **TEFCA**
  - HIMSS Summary
  - ONC Information
  - Public Comments Due June 17
Questions?
State Health Information & Technology Strategies to Connect the Spectrum of Care

June 4, 2019
HIMSS Public Policy Efforts

• **Ensure** HIMSS is *the trusted* organization global government policy leaders involve as thought leaders, collaborators and conveners on *all policy matters* where health information and technology advance healthcare transformation --

• **Leverage** diverse member and organizational resources, and coalition-building capabilities to *support* government decision making

• **Harness** the value of health information & technology to:
  – Supporting Healthcare Transformation
  – Expanding Access to High Quality Healthcare
  – Increasing Economic Opportunity
  – Making Communities Healthier
2018 NHIT Week Virtual March on the States

• 2018 Virtual March on the States: HIMSS members, chapter advocates were encouraged to write to their state legislators to address the opioid crisis through health IT focusing on the following asks:
  o Enact Electronic Prescribing of Controlled Substances (EPCS)
  o Act on New Provisions Outlined in the Recent CMS State Medicaid Directors’ Letter to initiate the following:
    − Integrate state-based Prescription Drug Monitoring Program (PDMP) into the electronic health records (EHR), another key area where only a handful of states are currently participating and which aims to reduce clinician burden
    − Promote telehealth as a tool to increase healthcare access to rural and underserved populations suffering from substance use disorders
  o Implement a Centralized Integrated State-level Data Infrastructure (cross-sector data sharing)
Governor Whitmer Prioritizes Health

“Everyone in Michigan has a right to quality health care they can afford. We must get to work to achieve greater health outcomes by focusing on”:

• Making health care more affordable
• Expanding access to health care
• Improving quality
• Investing in public health
Governors Unite for Bipartisan Infrastructure Advocacy

• The National Governors Association today released its Principles for National Infrastructure Investment, which spell out the bipartisan priorities of governors.

  – Technology & Energy Innovation
    Changes in the way we live and work have occurred in recent years. In order to capitalize on these changes, the infrastructure used to communicate, harness technological innovation, and move energy resources from production facilities to markets must be evaluated, and where necessary, modernized and updated.

  – Governors’ Federal Recommendations
    • Expand high-speed broadband internet access to support growing businesses and promote economic development (EDC-1.2.5).
    • Entrepreneurship and innovation should be supported through technology transfer policies that provide for speed and efficiency, but protect national security interests and intellectual property integrity (EDC-1.2.2).
Expectations!!!

- A demand which is upon us today by federal and state leaders, and by the consumer is to have accessible more affordable care.
- It is estimated that 77% of Americans own smartphones and use their device for daily tasks.
- Legislators are expecting solutions for reducing healthcare spend and improving patient outcomes.
- Healthcare executives expect innovative thinking when developing programs which provide a service to the community.
2019 State Priorities in Health IT

• Health System Modernization
• Medicaid
• Telehealth and broadband
• SDoH
• Interoperability & health information exchange
• Cybersecurity
• Patient privacy
• Public health crises (e.g. natural disasters; opioid crisis, infectious disease) where health IT plays a valuable role
• Public-private partnerships
• Federal-state funding mechanisms
• New technologies: Blockchain in healthcare, etc.
Modernization is Name of the Game!

- Medicaid Modernization
- Infrastructure – Smart Cities/Smart States and Smart Healthcare
- Cross sector data exchange – system integration
- Public health surveillance infrastructure – CDC data strategy
- Emergency preparedness
- Training and workforce
- SDoH
2019 Connecting Michigan for Health Conference Explores Trends in Statewide Health IT Roadmaps

From

Focus on Technology  →  Support of Common Capabilities
Focus on Medical Needs  →  Focus on Healthier Residents
Focus on Provider  →  Focus on Needs of Whole Person

Mosaica Partners - http://www.mosaicapartners.com/
Key State Policy Levers for Advancing Health Information & Technology

**Coordinating Bodies**
- Governor’s Office/Taskforce
- State HIT Coordinator
- Local Health Department
- State Health Department
- State Medicaid Department
- State Legislative Taskforce
- Mayor’s Office/Taskforce
- State Health Information Exchange
- HIMSS Chapters!!!

**State Policy Levers**
- State Health IT Roadmap
- State Medicaid IT Plan
- State Plan Amendments (Medicaid)
- State HIE Plans
- State Innovation Plan
- State Health Improvement Plan
- State Emergency Preparedness Plan

**Healthcare/Population Health Topics**
- Opioid Crisis/Substance Abuse
- Behavioral Health
- Broadband
- Social Determinants
- Access to Care
- Chronic Disease Management
- Medicaid & Medicare
- Emergency response and Disaster Preparedness
- Healthcare Transformation and budgets
- Public Health/Prevention
• Singles out telemedicine and prescription monitoring tools as useful in the effort to combat the opioid crisis

• Allows expanded use of Medicaid Information Technology Architecture (MITA), which gives a 90% match in federal funds for the development of a state-run HIT project, and 75% match to maintain these projects

• CMS issued a State Medicaid Director letter, “Strategies to Address the Opioid Epidemic” (SMD 17-003) on November 1, 2017, to describe state flexibility in addressing the opioid crisis via demonstration projects under section 1115 of the Social Security Act.

• The enhanced federal match for MITA and the HITECH Act applies to all states and territories irrespective of participation in a section 1115 demonstration project.

• The CDC and Department of Justice's Bureau of Justice Assistance have required membership in RxCheck, an open-source data-sharing hub, as a condition for the grants.

• The hub is intended to facilitate data-sharing between states at a lower price than private-sector competitors.

• States had objected to the federal government's conditions because their language appeared to give the government rights to transfer PDMP data.

• RxCheck provides states the ability to easily participate in the growing movement of nationwide Prescription Drug Monitoring Program (PDMP) data sharing and integration.

• The participating states maintain full ownership and control of their data.
2019 e-Prescribing Legislation

SB 248: E-prescribing Mandate by Senator Ruth Johnson, MI-014

- **E-prescribing**: Health; pharmaceuticals; physician or other licensee who writes prescriptions; require to electronically transmit to pharmacy under certain circumstances.

- **Last Event(s):**
  - 3/21/2019 SJ 30 Pg. 262 INTRODUCED BY SENATOR RUTH JOHNSON
  - 3/21/2019 Referred to Committee on Health Policy and Human Services
# States with EPCS Legislation Introduced

<table>
<thead>
<tr>
<th>State</th>
<th>Proposed Effective Date</th>
<th>Additional Info</th>
<th>Prescriber EPCS Enablement*</th>
<th>Pharmacy EPCS Enablement*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michigan</td>
<td>01/01/2020</td>
<td>SB 802 will require e-prescribing for opioids and benzodiazepines, both for prescribers and pharmacies. The bill does not mention exceptions, but it does allow for waivers and includes specific penalties.</td>
<td>28.5%</td>
<td>98.0%</td>
</tr>
<tr>
<td>Illinois</td>
<td>01/01/2022</td>
<td>SB 2058 will mandate e-prescribing for all drugs, including controlled substances, and medical devices. There is no mention of exceptions, waivers, or specific penalties, but the bill does require the Department of Health &amp; Human Services to adopt rules governing the use of electronically transmitted prescription orders.</td>
<td>20.2%</td>
<td>95.1%</td>
</tr>
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</table>

Industry stakeholders expected to pursue additional legislation in another 5-10 states in 2019

* as of September 2018
National Prescriber EPCS Enablement is at 29.3%
National Pharmacy EPCS Enablement is at 95.1%
As we have heard time and time again, focusing on the triple aim in healthcare will yield valuable results. As such, selecting telehealth investments based on goals should be priority.

**Snapshot of Opportunities: The Value of Telehealth**

Telehealth-enabled imperatives for growth, value-based care goals

<table>
<thead>
<tr>
<th>Growth</th>
<th>Value-based care</th>
</tr>
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<tbody>
<tr>
<td>Real-time virtual visits</td>
<td>Reduce costs by shifting patients to lower cost settings</td>
</tr>
<tr>
<td>Reduce wait time to next appointment and no-show rates</td>
<td>Cut patient/provider travel time</td>
</tr>
<tr>
<td>Attract and retain new patients</td>
<td></td>
</tr>
<tr>
<td>Differentiate from competitors</td>
<td>Reduce avoidable emergency department utilization and 30-day readmissions</td>
</tr>
<tr>
<td>Align with consumer interest in technology</td>
<td></td>
</tr>
<tr>
<td>Reduce avoidable emergency department utilization and 30-day readmissions</td>
<td></td>
</tr>
<tr>
<td>Increase patient activation and engagement</td>
<td></td>
</tr>
<tr>
<td>Expand specialist coverage</td>
<td></td>
</tr>
<tr>
<td>Achieve operational efficiencies</td>
<td></td>
</tr>
</tbody>
</table>

Source: Service Line Strategy Advisor research and analysis.
Continuity of Care

• Improving quality of care by enhancing how care is delivered both within and beyond the walls of the hospital

• Using telehealth as a means to improve patient management between providers

• Creating a “patient never truly gets discharged” model and avoiding the “black hole” of care

• There is no I in healthcare
What way do you want to go?
What Got Us Here Won’t Get Us There

• In 2017, the United States spent about $3.5 trillion, or 18 percent of GDP, on health expenditures – more than twice the average among developed countries

• During 2016, combined and state spending for Medicaid totaled about $16.9 billion in Michigan

• Michigan ranked solidly in the middle 31 for overall health care among 50 states + the District of Columbia. Michigan ranked 52.19 for healthcare and disparity measures including access, quality and use of health care

• Chronic diseases are among the leading causes of morbidity, mortality and disability

• Behavioral health disorders increase the risk of many major causes of death in Michigan

https://www.ahrq.gov/data/infographics/state-compare-text.html
Tactics for Connecting Michigan’s Spectrum of Care

- Consider the role of health IT in the current and future iteration of the 2010 Michigan Health Equity Roadmap
- Supporting priorities set forth by the MI HIT Commission
- CMS Accountable Health Communities Models and related models such as New Zealand’s Wellbeing budget
- Leverage Smart Cities and Smart States initiatives

HIMSS Five Critical Domains to Interoperate

Leveraging or rechanneling existing funding streams, integration of governmental services, utilization of open data and partnerships with health information exchanges are foundational requirements to more effectively respond to health crises and facilitate better health outcomes through legal, regulatory and/or policy changes across the following five critical domains:

1. Public health
2. Public safety
3. Environmental health
4. Human and social services
5. Emergency medical services
Strategic Needs Assessment

• Fundamental health IT challenges exist related to effective detection of, and response to public health emergencies, public infrastructure, & environmental crises

• Communities need a widely-implemented foundational IT infrastructure: How do they ensure connectivity across the spectrum of care?

• Communities must learn how to identify linkages with existing mobile/telehealth/social media technologies

• Profound IT policy, governance, and execution challenges exist around security, interoperability, C&BI
Build a State Health IT Plan or Roadmap

- Focus on a standalone plan or a part of a broader state health IT plan, health plan or emergency response plan) and policymaking relevant to health imperatives
- Empower state policy leaders to provide critical analyses of the array of legal and policy areas by leveraging the ONC guidance, Connecting Public Health Information Systems and Health Information Exchange Organization; Lessons from the Field, which stresses the importance of developing consensus on policy issues and impediments to information sharing and of incorporating systematic monitoring and evaluation of health crises
Existing State’s Health IT Roadmaps & Reports
Example State Health plans/State Health IT Roadmaps

CA State Health Care Innovation Plan, 2014

- Maternal Child Health
- Health Homes for complex patients
- Palliative Care (end of life care)
- Accountable Care Communities

Supported by:

- Center for Medicare and Medicaid Innovation
- Blue Shield of California Foundation and The California Endowment
- California State Innovation Model (CalSIM) stakeholder group
- California HealthCare Foundation

https://www.chhs.ca.gov/home/innovation-plan/
How Do We Begin to Get There?

Improving Healthcare and Public Health with out of the box thinking while focusing on the Triple Aim…

1. Improving the patient experience
2. Reducing the per capita costs of health care
3. Improving the health of populations overall
Creating Opportunities to Connect

We encourage our members and partners to consider the following checklist of actions that may create:

1) **Political will** through strong chapter/grassroots advocacy

2) A local **brain trust** with public-private engagement to advance technologies for data analysis and decision making

3) **Information sharing** (via state health information exchanges, mobile devices including satellite mobile phones for rural/remote community settings, etc.)
7 Factors Influencing States’ Health IT Planning Efforts

1. Health reform and achieving the **Triple/Quadruple Aim**

2. Increased emphasis on **consumer engagement** in their health

3. Need for integration of **health related social needs**

4. Need for **common, coordinated, tools** and services

5. Focus on **broad interoperability** and **information sharing**

6. The need to **reduce gaps and overlaps** in statewide health information tools and services.

7. Desire for plans that reflect real world situation and are **implementable**
Build meaningful & sustainable partnerships

Strong Voice ➔ Respected Source ➔ Trusted Collaborator

Policy Impact ➔ State Policies ➔ Federal Policies & Initiatives
Questions?