



# Interoperability & TEFCA Readiness

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Presented by:



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# Proposed Rules



- ▶ We asked summit attendees about readiness for CMS/ONC rules on a 1-100 scale:
  - 25% of respondents answered 50 or less
  - 50% answered 70 or less
- ▶ ONC/CMS interoperability rules re “information blocking” and patient access
- ▶ TEFCA (“Trusted Exchange Framework and Common Agreement”) rule
- ▶ Each rule is hundreds of pages long – we can only scratch the surface here
- ▶ Considerable complexity/potential for unintended consequences
- ▶ Final rules pending – a long wait (original effective date was to be 1/1/20)

*Note: The content of this discussion is not intended to provide legal advice*

# What do the ONC/CMS Rules do?

- ▶ Prohibit “information blocking”
- ▶ Advance interoperability and patient access
- ▶ Update EHR certification criteria -- providers will rely on vendors for compliance
- ▶ “Information blocking” affects providers, IT developers, networks and exchanges



# What do the ONC/CMS Rules do?

- ▶ Define “information blocking” – several aspects, including:
  - ▶ Requiring consent to exchange if not required by law
  - ▶ Using HIPAA as a reason to refuse to exchange
  - ▶ Discriminatory practices that interfere with exchange functionality or services **including imposing fees that impede exchange**
  - ▶ **Huge penalties could apply**



# What do the ONC/CMS Rules do?

- ▶ Create technical standards:
  - Permit exchange of health information via FHIR APIs “without special effort”
  - Provide access to a patient’s own claims/clinical records -- applies where CMS has jurisdiction.



# What do the ONC/CMS Rules do?

- ▶ Require sharing of ADTs for MU-eligible hospitals
- ▶ Payer data must flow from payers through “trusted exchange networks”
- ▶ HIEs meet the requirements, or will

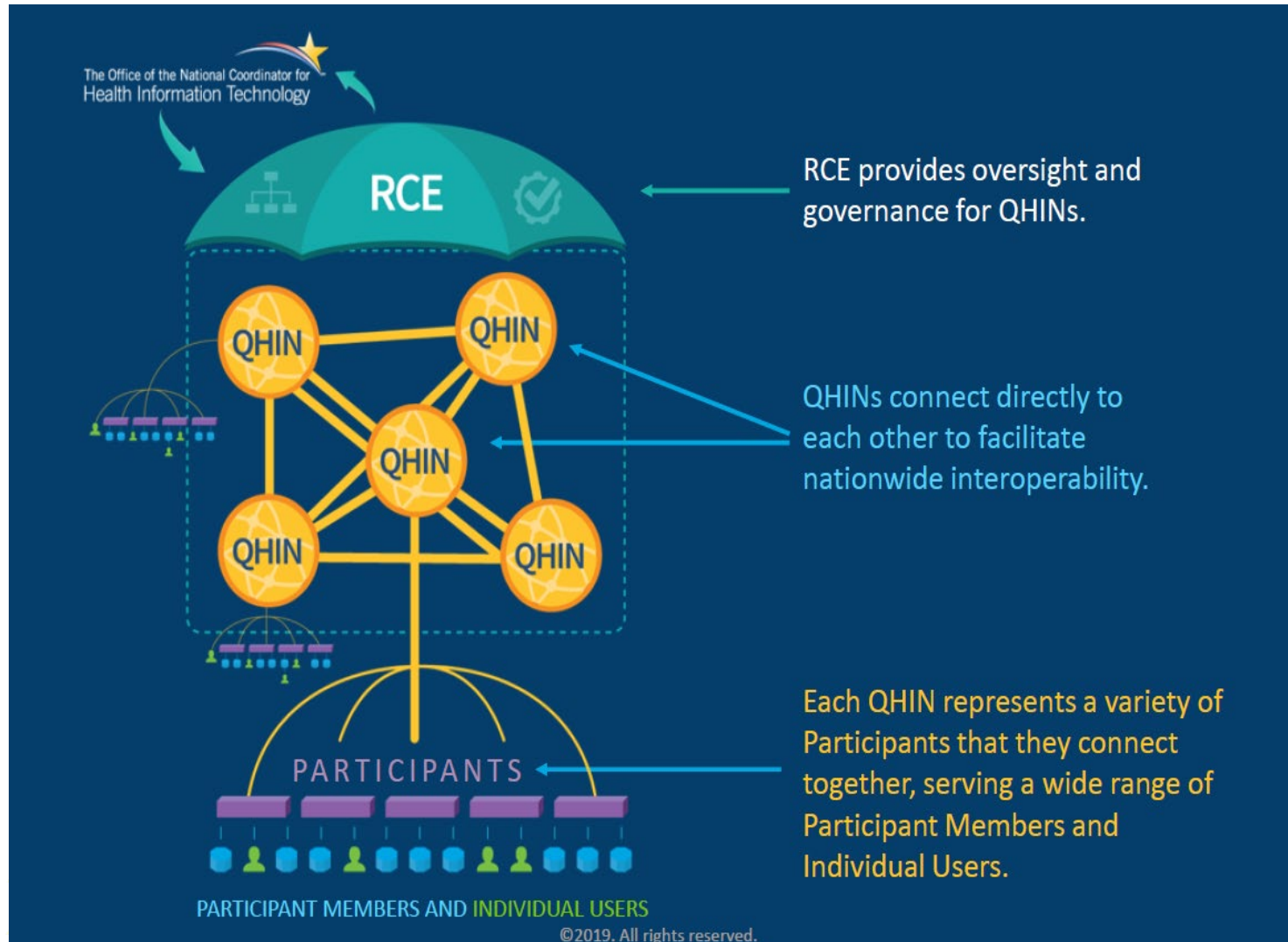


# TEFCA Rule

- ▶ Implements 21<sup>st</sup> Century CURES Act
- ▶ National Coordinator for Health Information Technology “shall . . . develop or support **a trusted exchange framework** for trust policies and practices and for a **common agreement** for exchange between health information networks”
- ▶ Provide a single “on-ramp” to nationwide connectivity
- ▶ Electronic health information securely follows patient when and where it’s needed
- ▶ Sequoia Project is the “Recognized Coordinating Entity” (RCE)
- ▶ HIEs – or groups of HIEs – can be QHINs



# QHINs Facilitate Nationwide Interoperability





# Bottom Line

- ▶ Rules are quite ambitious and complex. They may not “get it right” the first time. Indeed, in earlier versions they seemed to forget about existing HIEs.
- ▶ The vision of frictionless HIE can be realized best if it develops from the ground up, rather than from the top down.
- ▶ HIEs like WISHIN, CORHIO and Missouri Health Connection will continue to be **interoperability partners for providers and payers.**



**On a scale of 1 - 5 (1 being not ready at all and 5 being completely ready), how ready is your organization to comply with the proposed CMS & ONC rules?**

1

2

3

4

5

