

CMS Interoperability: Achieving a Connected Healthcare System

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Alexandra Mugge, MPH

Director, and Deputy Chief Health Informatics Officer, CMS

Lorraine Doo, MPH

Senior Policy Advisor, CMS

Shanna Hartman, MS RN BSN

Senior Technical Advisor, CMS

HIMSS 21

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Welcome



Alexandra Mugge

Director,
and Deputy Chief Health Informatics Officer, CMS



Lorraine Doo

Senior Policy Advisor, CMS



Shanna Hartman

Senior Technical Advisor, CMS

Conflict of Interest

Alexandra Mugge, Lorraine Doo, and Shanna Hartman

Have no real or apparent conflicts of interest to report.

Agenda

- Overview of CMS Office of Burden Reduction and Health Informatics, Health Informatics and Interoperability Group Mission

Learning Objectives

- Describe the CMS interoperability vision and future state for health care
- Explain CMS interoperability rule requirements and objectives
- Discuss the future state of interoperability in health care for CMS initiatives and beyond



Our Team's Mission

The Health Informatics and Interoperability Group (HIIG) oversees CMS' interoperability efforts, promoting the secure exchange, access, and use of electronic health information to support better informed decision making and a more efficient healthcare system.

Our vision is a secure, connected healthcare system that empowers patients and their providers to access and use electronic health information to make better informed and more efficient decisions.





CMS' Role Advancing Interoperability



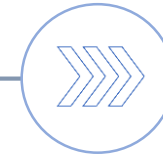
Policy Development

Promoting an HHS-wide move to FHIR-based APIs to support interoperability across the health ecosystem



Fostering Innovation

Developing and piloting programs that leverage FHIR-based APIs to promote better patient care



Implementation Support

Working with standards development organizations to provide open-source implementation guides

PATIENT ACCESS

Empowering patients by giving them access to their health information so they can make the best informed decisions about their care, all while keeping that information safe and secure.

CONNECTING HEALTHCARE THROUGH DATA EXCHANGE

Driving to value-based care by promoting seamless data exchange across the care continuum.

TECHNOLOGY & STANDARDS

Promoting the use of the latest technology and standards to drive innovation and data exchange in healthcare.

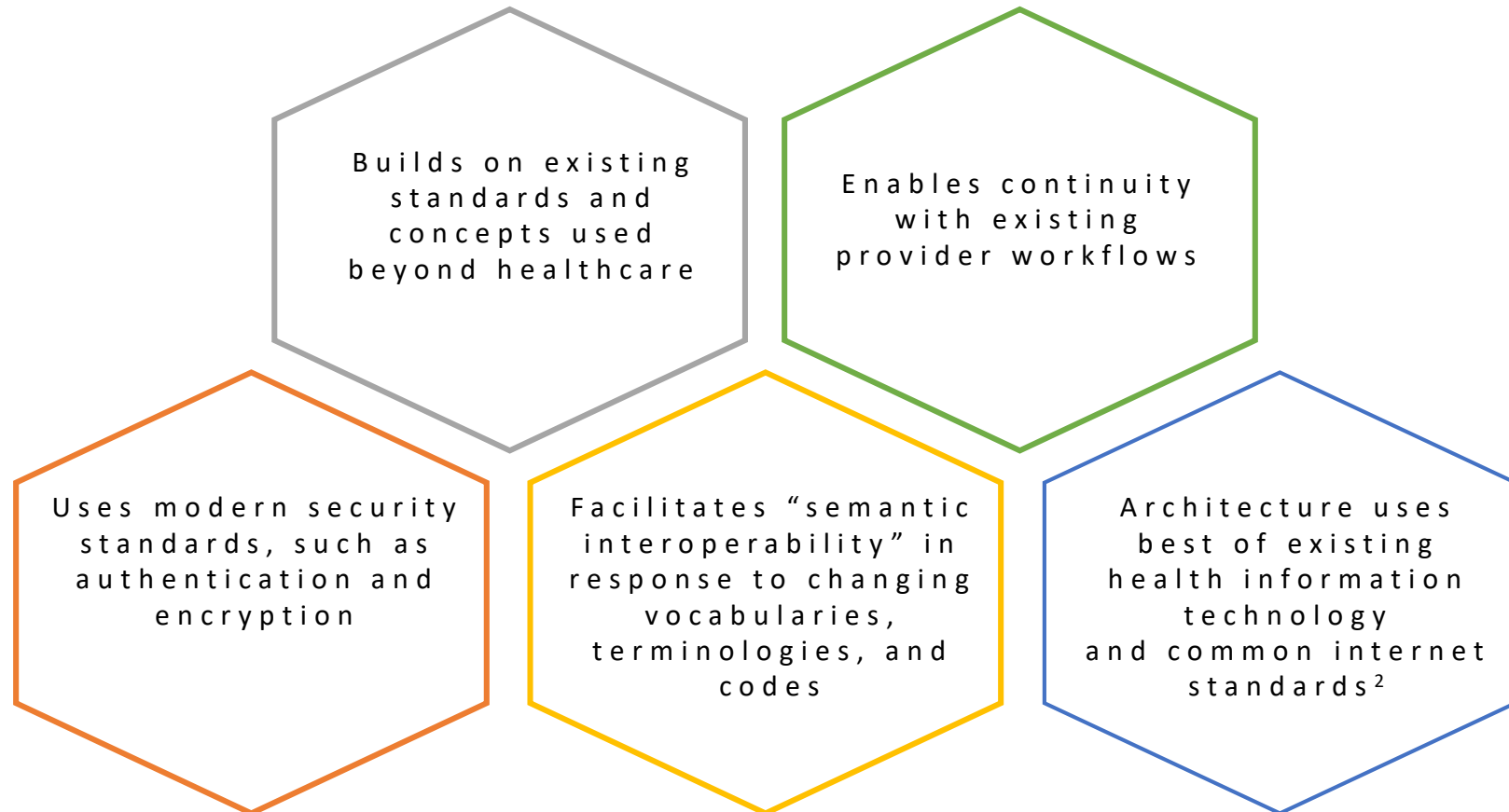


**YOUR HEALTH DATA
WHEN YOU NEED IT MOST**



The Benefits of FHIR

Fast Healthcare Interoperability Resources (FHIR) is a next-generation interoperability standard created by the standards development organization Health Level 7 (HL7)¹. FHIR is designed to enable health data, including clinical and administrative data, to be quickly and efficiently exchanged.



¹ <https://www.healthit.gov/sites/default/files/page/2021-04/What%20Is%20FHIR%20Fact%20Sheet.pdf>

² <https://www.healthit.gov/sites/default/files/page/2021-04/FHIR%20API%20Fact%20Sheet.pdf>



CMS' Commitment to FHIR

- **CMS Blue Button 2.0:** A standards-based API that delivers Medicare Part A, B, and D data for over 60 million Medicare beneficiaries¹
- **Data at the Point of Care API:** Enables healthcare providers to deliver high quality care directly to Medicare beneficiaries by making a patient's Medicare claims data available to the provider for treatment purposes²
- **Beneficiary Claims Data API:** Enables Accountable Care Organizations (ACOs) to retrieve Medicare Part A, Part B, and Part D claims data for their assigned beneficiaries³
- **AB2D (Claims Data to Part D Sponsors) API:** Provides Prescription Drug Sponsors with secure Medicare Parts A and B claims data for their plan enrollees⁴
- **Digital Quality Measurement Blueprint:** Enables a future in which care quality is only measured electronically using standardized, interoperable data by leveraging FHIR API technology
- **Interoperability and Patient Access Final Rule:** Establishes policies that break down barriers in the nation's health system to enable better patient access to their health information, improve interoperability and unleash innovation, while reducing burden on payers and providers⁵

Implementation Guides

The CMS Interoperability and Patient Access Final Rule provides app developers with an opportunity to find innovative ways to help patients access their health information and provider directory information.

The following implementation guides provide information payers can use to meet the requirements of CMS rules without having to develop an independent approach, which will save time and resources.

- The CARIN Consumer Directed Payer Data Exchange IG (also referred to as the CARIN IG for Blue Button®)
- HL7 FHIR Da Vinci PDex IG
- HL7 FHIR Da Vinci PDex US Drug Formulary IG
- HL7 FHIR Da Vinci Payer Data Exchange (PDex) Plan Net

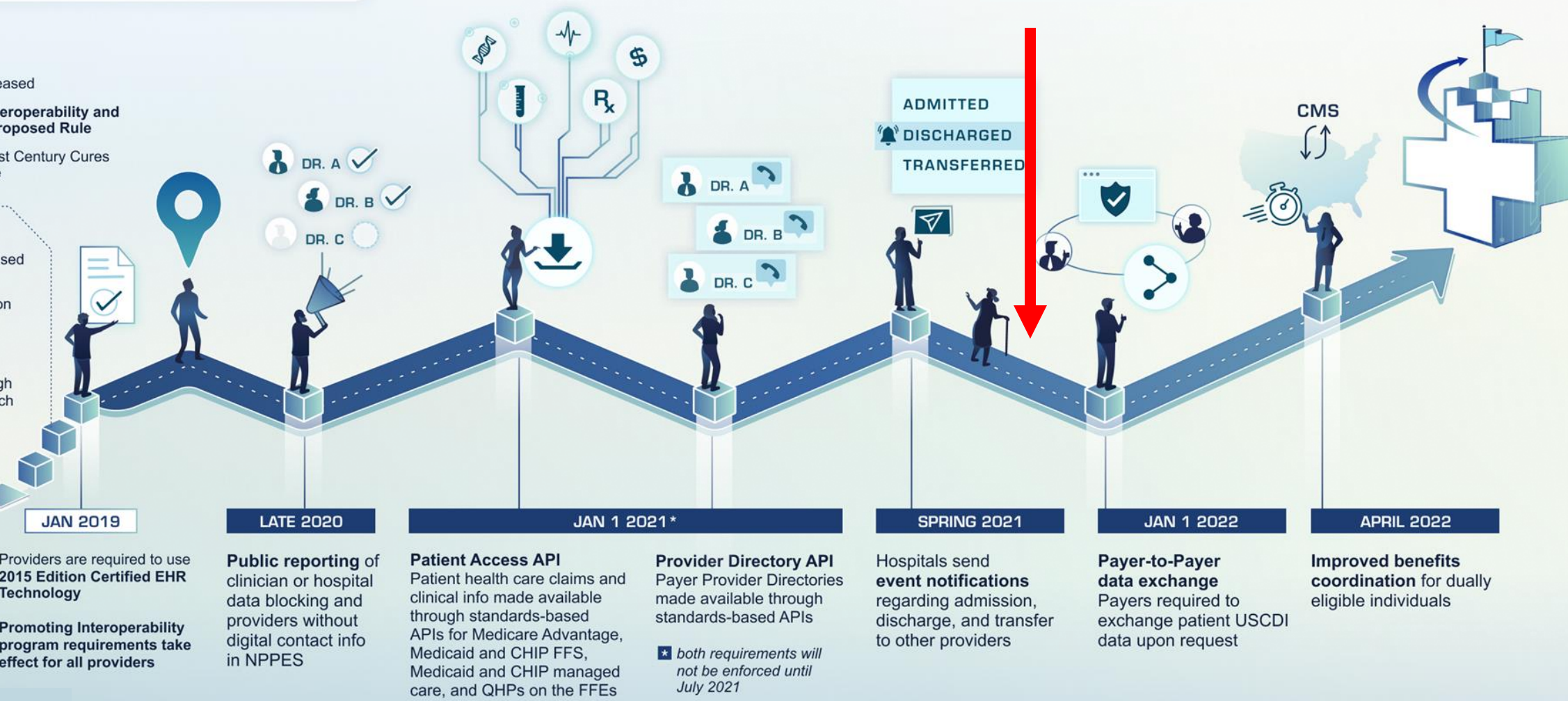
CMS INTEROPERABILITY & PATIENT ACCESS FINAL RULE



YOU ARE HERE

- 2019
 - Draft 2 TEFCA released
 - CMS publishes **Interoperability and Patient Access Proposed Rule**
 - ONC publishes 21st Century Cures Act Proposed Rule

- 2018
 - Draft TEFCA released
 - White House Executive Forum on Interoperability
 - CMS made data available to researchers through the Virtual Research Data Center



JAN 2019

Providers are required to use **2015 Edition Certified EHR Technology**

Promoting Interoperability program requirements take effect for all providers

LATE 2020

Public reporting of clinician or hospital data blocking and providers without digital contact info in NPPES

JAN 1 2021*

Patient Access API
Patient health care claims and clinical info made available through standards-based APIs for Medicare Advantage, Medicaid and CHIP FFS, Medicaid and CHIP managed care, and QHPs on the FFEs

Provider Directory API
Payer Provider Directories made available through standards-based APIs

* both requirements will not be enforced until July 2021

SPRING 2021

Hospitals send **event notifications** regarding admission, discharge, and transfer to other providers

JAN 1 2022

Payer-to-Payer data exchange
Payers required to exchange patient USCDI data upon request

APRIL 2022

Improved benefits coordination for dually eligible individuals

2019 — 2020 — 2021 — 2022

CMS' Future Interoperability Priorities



DEVELOPING
REGULATION



EXPANDING PUBLIC
HEALTH
INFRASTRUCTURE



SUPPORTING
INNOVATION



REFINING
IMPLEMENTATION
GUIDES

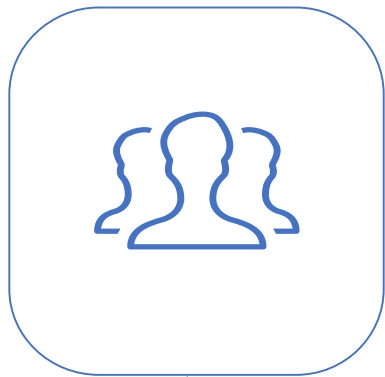


LEADING BY
EXAMPLE

Future of a Connected Healthcare System



MEETING PATIENTS WHERE THEY ARE



**RESPONSIVE
MARKET**

PATIENT-CENTERED,
MARKET-DRIVEN
SOLUTIONS



**INCREASED DATA
AVAILABILITY**

DATA IS AVAILABLE
AT THE POINT OF
CARE



**SEAMLESS DATA
EXCHANGE**

IMPROVING SYSTEM-
WIDE
INTEROPERABILITY



**AI AND API DRIVEN
INNOVATION**

TURNING DATA
INTO ACTIONABLE
INSIGHTS



**IMPROVED CARE
COORDINATION**

PATIENTS' HAVE
INCREASED INPUT
INTO THEIR CARE

Together We Can Create a Better Healthcare Future



Policy and Regulation

Innovation

Access



Improved Outcomes

Transparency

YOUR HEALTH DATA WHEN YOU NEED IT MOST

Contact Us



VIEW OUR WEBSITE:

<https://www.cms.gov/About-CMS/Components/HIO/HIO-Landing>

REFERENCE OUR FREQUENTLY ASKED QUESTIONS:

<https://www.cms.gov/about-cms/obrhi/faqs/faqs>

OR EMAIL US AT:

CMSHealthInformaticsandInteroperabilityGroup@cms.hhs.gov

