HIMSS20 Insights from your Interoperability & Information Exchange Ambassadors!

Our HIMSS20 Interoperability & Information Exchange Ambassadors share their perspectives about what they look forward to at this year's HIMSS Global Conference and more!

Ambassadors:

Dr. Steven Lane, MD, MPH, FAAFP, Clinical Informatics Director, Privacy, Information Security & Interoperability, Sutter Health

Melissa Kotrys, MPH, Chief Executive Officer, Health Current

Q: What are you most looking forward to at HIMSS20?

- **Steven:** Like many, I anticipate that the final ONC and CMS interoperability rules will be published prior to HIMSS and that stakeholders will take the opportunity of HIMSS to address outstanding questions with government representatives and collaborate regarding the path toward compliance.

- **Melissa:** The Global Conference is always an exciting opportunity to network and learn about all the latest and greatest advances in health IT. For HIMSS20 in particular, I’m interested to see how the industry is reacting to the quickly changing interoperability landscape. Assuming the final rules for information blocking and patient access are released by then, I will be excited to discuss collaboratively with all of my health IT and HIE friends and colleagues opportunities to advance our common interoperability goals, in alignment with the final regulations.

Q: Are there any general education sessions you are particularly excited about?

- **Steven:** HIMSS20 will provide an opportunity for public discussion of and input regarding the evolution of the national Trusted Exchange Framework and Common Agreement. We will be kicking off this discussion on Monday morning in the Interoperability Forum with Session INT1 - Progress toward a National Trusted Exchange Framework and Common Agreement (TEFCA).

- **Melissa:** I always wish I could be in 5 places at once at HIMSS, given my interest in so many different topics. If I had to narrow my recommendations, I would highly suggest the HIE & Interoperability Symposium on Monday, as there will be a good crosssection of interoperability topics covered. I also always enjoy the Views from the Top series, as those sessions provide unique insights into the direction the healthcare industry is moving, including
what to keep an eye out for in the months and years ahead. This year, I’m particularly interested in the session Thursday morning at 11:30am, called a “Candid Discussion on Reducing Health Inequities: Is Technology the Answer?”. It will address some of the challenges we collectively face as we address the intersection of SDOH and healthcare for vulnerable populations.

Q: What are the emerging topics impacting interoperability and health information exchange you are excited to see highlighted at HIMSS20?

- **Steven:** Once the Information Blocking exceptions called for by 21st Century Cures are finalized as part of the final ONC interoperability rule a lot of data that has historically been difficult to access, exchange and use is likely to become more readily available. This will open up new possibilities for innovation and improvements in patient care, population health management and public health. As more data from more sources becomes available for analysis using machine learning, we will begin to see the value of augmented intelligence and the insights that it will bring to improve the value of healthcare. A critical challenge will be to learn how best to leverage these insights within care processes, which are so human and personal for individuals and their caregivers.

- **Melissa:** I’m most interested to see continued advances related to successful use of FHIR-based APIs to deliver specific data elements for specific use cases, as well as efforts within communities to exchange data across sectors. The latter includes opportunities to exchange SDOH data and address social risk factors among vulnerable populations as well as opportunities to support transitions among justice-involved individuals, to reduce recidivism. Of course, I’m always on the lookout for new trends and use cases emerging in interoperability and HIE as our industry advances, especially in light of the pending final rules and TEFCA.

**Questions for Steven**

Q: Conversations around interoperability have moved past simple exchange to considering how it is meaningful and easy to use by clinicians to inform care. As a physician yourself, why should clinicians care about current interoperability efforts and how should they be involved in the dialogue?

- **Steven:** We have seen tremendous advances in interoperability over the past decade, with the majority of clinicians now utilizing electronic health records, millions of patient records being shared between providers and health systems, and most patients having the ability to electronically access their health data. Many providers now feel that they are drowning in data and are desperate for tools that will allow them to automatically integrate data from multiple sources to gain insights that will allow them to provide the safest, most efficacious and cost effective care possible. These changes will only be possible if clinicians collaborate with HIT developers to design and implement solutions that integrate with and support both established and evolving models of care.
Q: 2019 was a big year for interoperability with the ONC’s release of their proposed information blocking rule, CMS’s proposed interoperability rule, and the second draft of the Trusted Exchange Framework and Common Agreement (TEFCA). What are some opportunities in 2020 for physician engagement in the finalization of these rules and guidance to drive nationwide exchange of electronic health information?

- Steven: Once they are finally published in the Federal Register, the rules are going to be what they will be and physicians, other providers and their health IT vendors will need to quickly adapt to new expectations and requirements. One big change that I anticipate is a requirement for providers to share the majority of clinical results and notes with patients. While some providers routinely release results to patients electronically and have successfully embraced the idea of Open Notes, others have expressed concerns about this degree of openness and may be challenged by this sudden evolution in patient engagement and empowerment. Other big changes that we anticipate in the final rules involve the routine communication of care transitions by hospitals to members of a patient’s care team, and the requirement for health plans to make historical claims data available when a patient changes plans. This will all raise the bar for providers who will have more information than they are used to processing and will need to evolve new processes to put this data to work for the benefit of their patients.

Questions for Melissa

Q: Over the past few years, there has been significant growth in the collection of social determinants of health data (SDOH) across the country. What do you think the role of HIEs will be in the growing trend to collect SDOH data?

- Melissa: The unique, trusted position that health information exchanges (HIEs) have in the communities they serve will allow them to continue playing a key role in cross-sector data collection and sharing. For example, as social determinants of health (SDOH) data collection and sharing increases to address individual and community health and wellness beyond the four walls of a healthcare institution, HIEs can serve multiple roles. Some HIEs are working with their healthcare stakeholders to collect and share SDOH data such as discrete EHR captured data elements, patient SDOH assessment-based data elements (e.g., PRAPARE), and SDOH-associated Z-codes among healthcare providers and related stakeholders. Others are implementing community-wide closed loop referral platforms that allow both community-based organizations and healthcare entities to refer individuals to needed social services to address and resolve social risk factors, and subsequently follow-up on these referrals to be sure they were fulfilled. Finally, having SDOH data for a community will allow HIEs to help their communities address social risk factors at an aggregate level, such as through targeted funding and resources for particular areas of need, policy changes or other solutions to improve community health and wellness.

Q: With a shift towards value-based care occurring across the country, what do you think will be the greatest area of growth for HIEs in 2020?
Melissa: As with all HIE opportunities, focus areas for value-based care in 2020 will be somewhat dependent on the maturity and specificity of value-based care in the communities each HIE serves. However, across the industry, the feedback on data sharing opportunities is consistent - end users want specific data delivered to them to meet various use cases. For instance, a community health center provider who has a value-based incentive based on improving the HbA1c levels of their aging diabetic population wants data specific to that incentive opportunity, while a behavioral health provider who has a value-based incentive related to reducing the emergency room visits of their seriously mentally ill (SMI) population has very different data needs. This is where the opportunity of utilizing FHIR-based APIs becomes increasingly important. HIEs must leverage their technology to be able to deliver data to their participants not only when and where they need it, but they must deliver customized data sets to meet an increasing number of use cases. This is a tall order and will be a key focus area for 2020 and beyond, both to support value-based care and a variety of other industry evolutions.