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Health and Human
Services

**Texas Department of State
Health Services**

Update on Health Information Technology and Interoperability

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Presentation Overview

- Introduction to Interoperability
- Interoperability Landscape
 - Texas
 - National
- Recent National-level Actions
 - Federal Plans and Reports
 - Federal Final Rules
- How Changes may Impact Providers, Payers and Others
- Questions
- Thank you/Contact



Introduction to Interoperability

What is Interoperability?

The ability of two or more systems to exchange and use information from other systems without special effort on the part of the user.

Key Questions

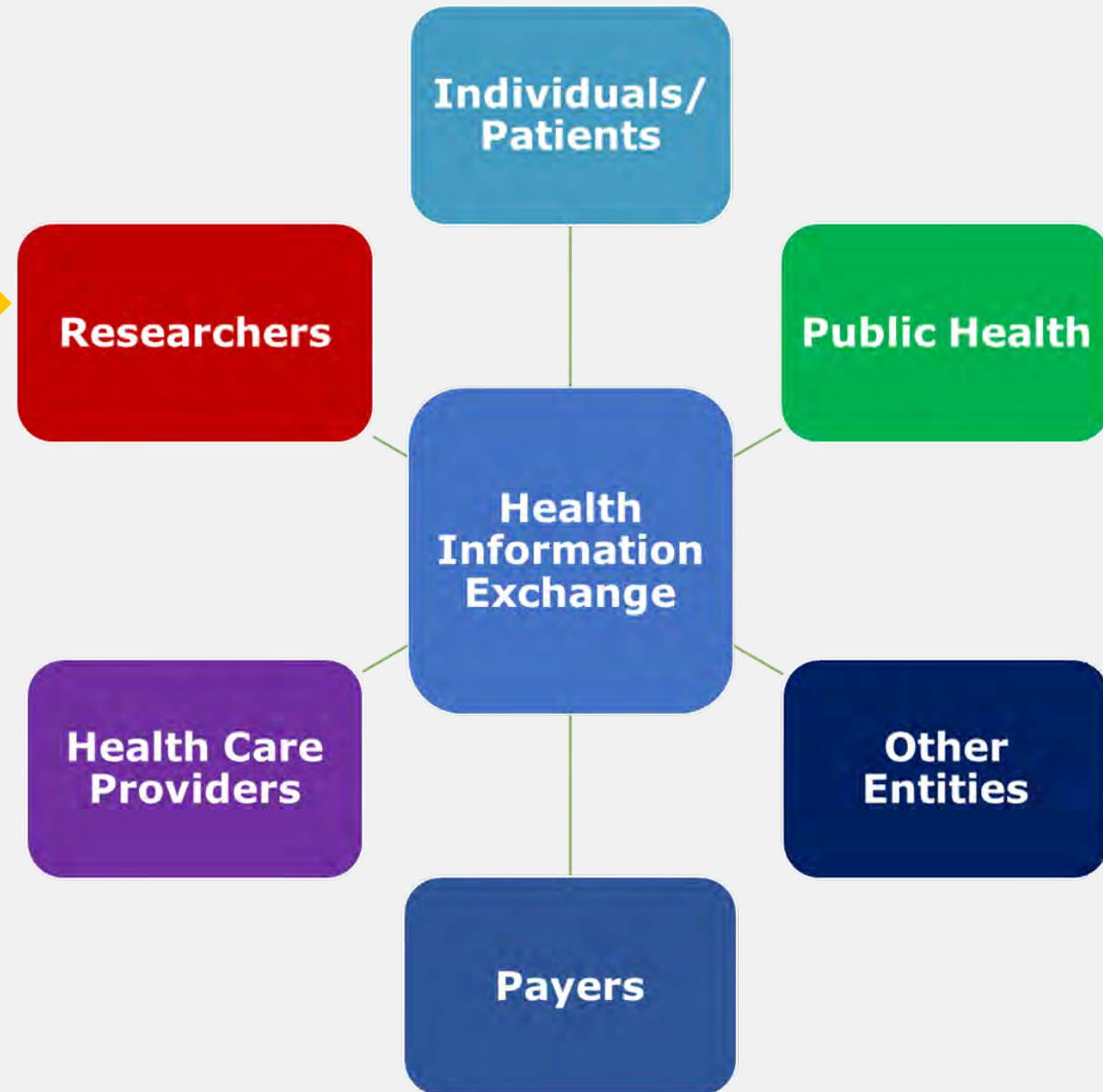
- What does interoperability enable?
- Who is impacted by interoperability?
- What does interoperability require?
- What does the interoperability landscape look like?
- How is interoperability changing?

What Does Interoperability Enable?

- Reduction in duplicative data entry
- Reduction in unnecessary tests
- Faster submission of orders
- Faster access to test results
- Better sharing of information between care providers
- Comprehensive view of patient information
- Improvements in computer decision support systems
- Improved patient access to data and involvement in care

Who is Impacted by Interoperability?

- Information exchange may occur through established, third-party health information exchanges (HIEs) or point-to-point connections between entities/individuals.
- Different laws and regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) may apply to different types of transactions.



Interoperability Requirements and Challenges

Requirements

- Health information technology (Health IT)
 - Source system
 - Destination system
 - Technology for data transmission
 - Certified Electronic Health Record Technology (CEHRT)
- Data standards
- Capability to match records

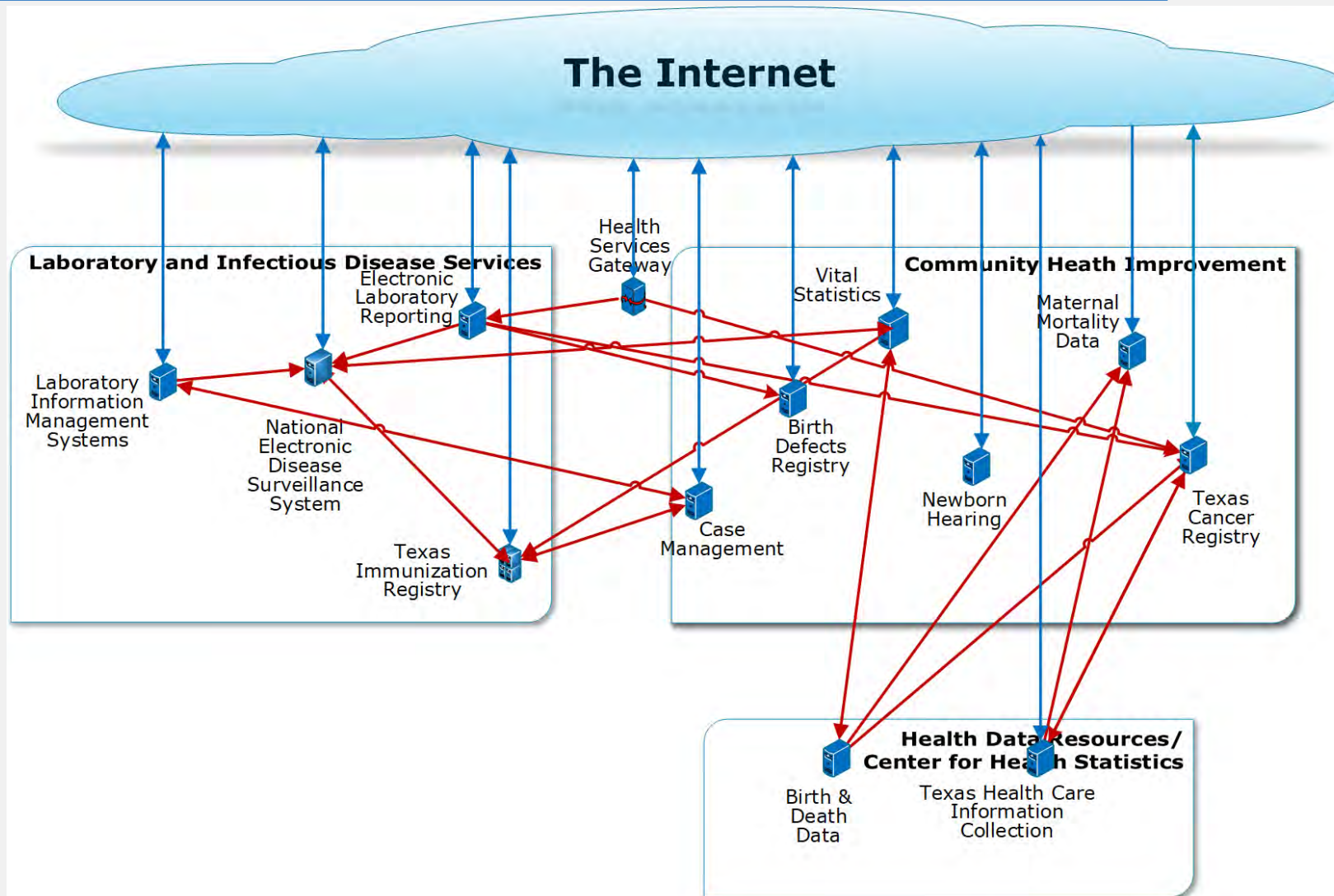
Challenges

- Agreement on data and transmission standards
 - What should be included in the standard?
 - How often should the standard change?
- Identifying data sources
 - Finding needed data within the source
- “Pulling” versus “pushing” data
- Matching records
- Funding

Texas' Interoperability Environment

- HIE landscape
 - Texas Health Services Authority
 - Local HIEs
 - Electronic Health Record (EHR) vendor-based networks
 - Other HIE networks
- Department of State Health Services' (DSHS) and Health and Human Services Commission's (HHSC) activities
 - Use of national standards
 - Medicaid EHR Incentive program
 - Support for Promoting Interoperability programs
 - Enhancing connectivity and data exchange
 - Public health's support for Promoting Interoperability programs

Select Summary DSHS Data Routes



Select DSHS' Information Programs/Systems

- Laboratory order entry and results
 - Newborn results portal/newborn screening Laboratory Information Management System (LIMS)
- Texas Early Hearing Detection and Intervention (TEHDI)
- Texas Immunization Registry (ImmTrac2)
- Texas Syndromic Surveillance (TxS2)
- Texas Cancer Registry (TCR)
- Electronic Laboratory Reporting (ELR)
- Texas Electronic Vital Events Registrar (TxEVER)

Recent and Ongoing National-level Activities

- Trusted Exchange Framework and Common Agreement (TEFCA)
- Federal health IT reports and plans
- Federal Final Rules
- Other exchange processes, tools and resources



TEFCA

TEFCA:

- Is a provision of the 21st Century Cures Act,
- Establishes a new framework for nationwide information exchange,
- Leverages existing infrastructure and organizations,
- Uses connections established between Qualified Health Information Networks (QHINs) and
- Has the Sequoia Project serving as the single Responsible Coordinating Entity (RCE), selected by the Office of the National Coordinator for Health IT (ONC).

Updates are available at <http://www.sequoiaproject.org>.



Federal Health IT Strategic Plan/ Reducing Administrative Burdens

The Federal Health IT Strategic Plan, 2020-2025:

- Promotes health and wellness;
- Targets enhancing the delivery and experience of care;
- Focuses on building a secure, data-driven ecosystem to accelerate research and innovation and
- Encourages establishing an interoperable health IT infrastructure.

Goals to reduce administrative burdens:

- Reduce the effort and time required to record information during care delivery;
- Reduce the effort and time required by providers to meet regulatory reporting requirements and
- Improve the functionality and intuitiveness (ease of use) of EHRs.



Select Recent Federal Interoperability Final Rules

- The Centers for Medicare and Medicaid Services' (CMS) Interoperability and Patient Access Final Rule (CMS Final Rule)
- ONC's Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule (ONC Final Rule)



Changes Included in Recent Federal Rules

- Access to provider information
- Access to patient information for both patients and providers
- Electronic exchange of continuity of care information
- Transfer of information between payers
- Adoption of the United States Core Data for Interoperability (USCDI)
- Requirements for EHR vendors to support Application Programming Interfaces (APIs)
- APIs must support Fast Healthcare Interoperability Resources (FHIR®) Release 4



API Usage

- Open API framework
- Intention is for real-time transactions
- APIs generally focus on “pulling” rather than “pushing” patient data
- Requests may be for very specific information (e.g., reduced need to receive a patient’s entire record, as long as the target data is specified)
- Support for requesting multiple patients’ records in a single transaction



Information Blocking

The components of information blocking include:

- The entity/individual is regulated by the information blocking provision of the ONC Final Rule;
- Electronic health information (EHI) is involved;
- The practice is likely to interfere with the access, exchange, or use of EHI;
- The entity/individual has requisite knowledge;
- Limiting access to EHI is not required by law and
- The action is not covered by an exception included in applicable rules.



Exceptions to Information Blocking in the ONC Final Rule

Exceptions that involve procedures for **fulfilling** requests to access, exchange, or use EHI include:

- Content and Manner,
- Fees and
- Licensing.

Exceptions for **not fulfilling** requests to access, exchange or use EHI include:

- Preventing Harm,
- Privacy,
- Security,
- Infeasibility and
- Health IT Performance.



Other Exchange Tools and Resources

- Electronic Case Reporting (eCR)
- Patient Unified Lookup System for Emergencies (PULSE)
- MedMorph



Change Impacts on Providers, Payers, and Others

- Expansion of data availability for providers
- More granular access to data
- Improvements in exchanging data with public health
- Changes in contextualizing data
 - Health care providers
 - Application providers
 - Opportunities to contextualize laboratory results



Questions/Thank You/Contact

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