



**How APIs are Changing the Economics of EHR
Integration
March 18, 2021**

Agenda

2:00 -2:10 pm

Welcome & Introductions

Jennifer Covich Bordenick, Chief Executive Officer, eHealth Initiative & Foundation

2:10 -2:20 pm

API Overview

Craig Limoli, Chief Executive Officer, Wellsheet

2:20 -2:45 pm

Panel Discussion

Srinath Adusumalli, MD, MSc, FACC, Penn Medicine
Aneesh Chopra, President, Care Journey
John Glaser, PhD, Wellsheet

2:45 – 2:55 pm

Audience Q&A

2:55 -3:00 pm

Closing Thoughts



Our Work



Expert Roundtables
Education Programs
Webinars, Workshops
Networking
Receptions
Surveys Reports



Recommendations
Privacy Policy
Comment Letters
Policy Steering Committee (PSC)
Capitol Hill Briefings
HHS, FTC, OCR, Relationships
Hill Meetings



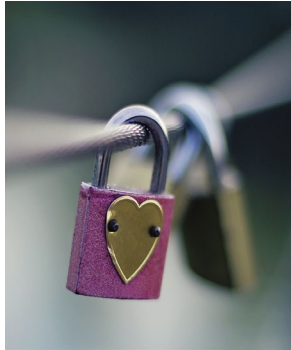
Expert Roundtables
Advisory Boards,
Workgroups
Grants/ Partnerships
HHS, FTC, OCR,
Relationships
Surveys, Reports
Expert Faculty



eHealth Initiative Members



Current Critical Issue Areas



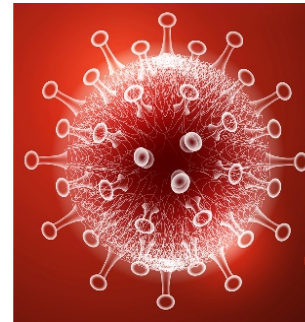
Consumer Privacy for Health Data



Virtual Care



Analytics, Social Determinants of Health (SDOH) & Artificial Intelligence



COVID-19 Best Practices & Education



Recent Forums & Webinars

COVID-19

- Rapidly Deployed Remote Monitoring for COVID-19
- COVID-19 and Beyond: Telepsychiatry Best Practices and Regulatory Priorities
- Fitbit Talks About Population Health Initiative During COVID-19 Pandemic
- How the Pandemic Influences Consumer Health Behavior
- After the Curve Flattens: What's Next for Healthcare and COVID-19

Telehealth & Policy

- Addressing Capacity and Cashflow with Virtual Care
- How to Grow Your Practice with Reimbursement Considerations
- Telehealth during COVID-19: New Strategies on How Physicians are Addressing the Outbreak

Privacy

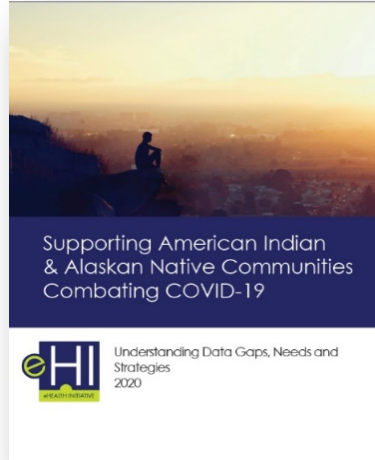
- What's Ahead in 2020 for Consumer Privacy?
- HIPAA: What's Covered and What's Not Covered?
- Changes to Privacy Policies and Regulations in the Face of the Coronavirus Pandemic - eHI Privacy and Security Webinar Series
- Key Survey Findings from the State of Patient Matching in America



2020 Publications



eHI Building a Modern Health Care System: Recommendations from the COVID-19 Federal Policy Work Group



eHI Understanding Data Gaps, Needs and Strategies 2020

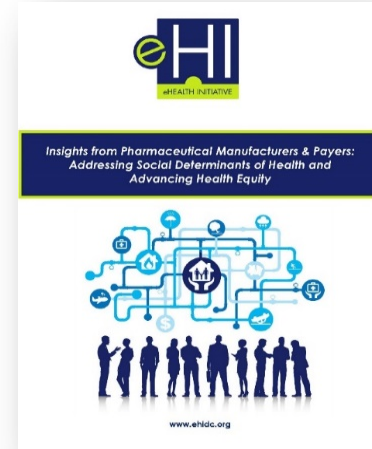
Supporting American Indian & Alaskan Native Communities Combating COVID-19

Proposed Consumer Privacy Framework for Health Data

Draft for Public Feedback
August 26, 2020

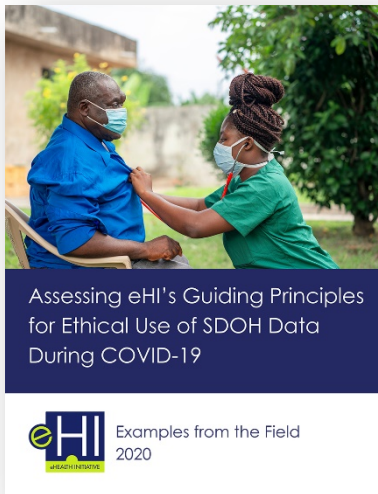
DRAFT

eHealth Initiative
Center for Democracy and Technology



Insights from Pharmaceutical Manufacturers & Payers: Addressing Social Determinants of Health and Advancing Health Equity

www.ehidc.org



Assessing eHI's Guiding Principles for Ethical Use of SDOH Data During COVID-19

eHI Examples from the Field 2020

eHI Explains CARES ACT

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Division A

- **Sec. 3012 - Telehealth network and telehealth resource centers grant programs**
 - Allocates the new Telehealth Resource Centers grant program of \$200 million for fiscal year 2021-2023.
- **Sec. 3021 - Confidentiality and disclosure of records relating to substance use disorders**
 - Amends 42 CFR Part 2, which governs the sharing of substance use disorder treatment patient records.
 - Allows for one-time consent to be given for future sharing of information.
 - Sharing of information must be allowed currently under HIPAA (including for purposes of treatment, payment, and operations).
- **Sec. 3024 - Guidance on protected health information**
 - Requires the Secretary of HHS to issue guidance within 180 days on the sharing of patient health information during the public health emergency.
- **Sec. 3025 - Examples for telehealth services**
 - Allows high-need/acute health plans with health savings accounts (HSAs) to cover telehealth services prior to a patient reaching the deductible.
- **Sec. 3026 - Increasing telehealth flexibilities during emergency period**
 - Removes the COVID-19 telehealth waiver requirement that a provider must have seen the patient within the last 2 years (unless COVID has already started; they would not enforce).

Executive Summary of Final Rule

Background

In December 2016, the landmark 21st Century Cures Act was signed into law. Many of the provisions in the law focused on increasing transparency of health information, including Sec. 404, which forbids the practice of information blocking.

Sec. 404 defines information blocking as a practice that a party to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information, and requires the Secretary of Health and Human Services, through rulemaking, to identify responses and necessary conditions that do not constitute information blocking. The Final Rule, released on March 9 by the Office of the National Coordinator for Health Information Technology (ONC) and the U.S. Centers for Medicare and Medicaid Services (CMS), implements the information blocking provisions of the Cures Act. The rule also includes updates and changes to the ONC Voluntary Certification Program for Health IT.

The rule is in two parts: the first focuses changes to the Health IT Certification Program, which is a voluntary certification program for health information technology products. The second focuses on the use of what is known as "interoperability" standards. The second focuses on the use of what is known as "interoperability" standards. The second focuses on the use of what is known as "interoperability" standards.

Key Takeaways from Final Rule

- ONC is moving forward with policy that requires doctors to make electronic health information (EHI) available to patients - and any entity of their choosing, including third party applications, via a certified application programming interface (API).
- In response to concerns from the public and healthcare professionals that data will be over-collected and security protections are not strong enough, ONC covered only and give one that party application that allows not subject to HIPAA, ONC states:
 - o That it supports an individual's ability to choose which third party application and app use last for receiving their EHI from a health care provider, as well as an individual's ability to agree to the third party developer of app's terms of use.
 - o That it also supports and strongly encourages access providing individuals with information that will assist them in making the best choice for themselves in setting up their party app.

On August 3, 2020 the Calendar Year 2021 Medicare Physician Fee Schedule and Quality Payment Program proposed rule was released. The rule proposes changes to Medicare payment policies for 2021. Comments are due October 5, 2020. Below is a summary of health IT related proposed changes.

Issue Area	CMS Proposal
Telehealth Services	<ul style="list-style-type: none"> • Proposing to add services listed in Table 1 to the Medicare telehealth services list for CY 2021. • Proposed Temporary Addition of Category 3 Basis for Adding to or Deleting Services from the Medicare Telehealth Services List. <ul style="list-style-type: none"> o In the event the COVID-19 PHE expires before the end of 2021, stakeholders might not have the opportunity to use CMS' current consideration process for telehealth services to request permanent additions to the Medicare telehealth services list prior to those services being removed from the Medicare telehealth services list. o Proposing to create a third category of criteria for adding services to the Medicare telehealth services list on a temporary basis. o The new category would describe services that would be included on the Medicare telehealth services list on a temporary basis. o Would include in this category the services that were added during the PHE for which there is likely to be clinical benefit when furnished via telehealth, but for which there is not yet sufficient evidence available to consider the services as permanent additions under Category 1 or Category 2 criteria. o CMS considered the following factors for Category 3: <ul style="list-style-type: none"> • whether, outside of the circumstances of the PHE, there are increased concerns for patient safety if the service is furnished as a telehealth service; • whether, outside of the circumstances of the PHE, there are concerns about whether the provision of the service via telehealth is likely to jeopardize quality of care; • whether all elements of the service could fully and effectively be performed by a remotely located clinician using two-way, audio/video telecommunications technology.



Important Dates

Webinars

- *Sourcing and Utilizing SDOH Data for Whole-Person Care* – March 25
- *COVID-19: Lessons Learned that Can Be Applied to Value-Based Care* – April 14

Workgroups

- SDOH/Data Analytics Workgroup - April 22
- Policy Workgroup - March 16, April 20

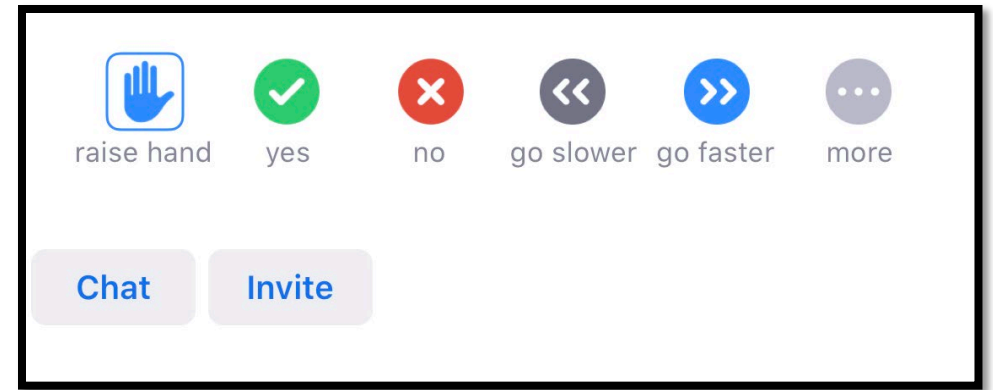
Roundtable

- *Maturing Virtual Care in Tribal Communities* - March 24

For a full list of virtual events: <https://www.ehidc.org/events>



Housekeeping



- **All participants are muted**
- Submit your questions in the **Q&A box**
- We will answer as many questions as time allows and follow up the unanswered questions
- Use the chat box is for *technical difficulties* and other questions / comments



Thank You to the Sponsor



Panelists



Jen Covich Bordenick
CEO
eHealth Initiative and
Foundation



Srinath Adusumalli, MD,
MSc, FACC, Penn
Medicine



Craig Limoli
CEO, Founder &
Chairman
Wellsheet



Aneesh Chopra
President
CareJourney



John Glaser, PhD
Wellsheet



APIs and EHR Usability

- **Build upon the strong foundations that have been implemented in many health systems through a unified EHR**
- **Allow rapid internal development of applications responsive to user needs**
- **Penn Medicine has utilized APIs and custom applications embedded within the EHR to accelerate healthcare delivery innovation**
 - **Telemedicine (during Covid)**
 - **Provider handoffs**
 - **Data visualization**
 - **Clinical trial enrollment**
 - **Increasing guideline-directed medical therapy**

Penn Medicine Addressing Care Team Burnout



Problem: Care teams are burnt out from time and effort spent navigating EHRs

Solution: Applications implemented within EHRs to assist teams with more efficiently and effectively delivering clinical care

Results:

- **Quick build and integration of applications with features and functionality matched to user needs**
 - **Homegrown telemedicine platform built in two weeks**
 - **Integration of external applications within 30 days**
- **High levels of user satisfaction and feedback, enabling rapid iteration**