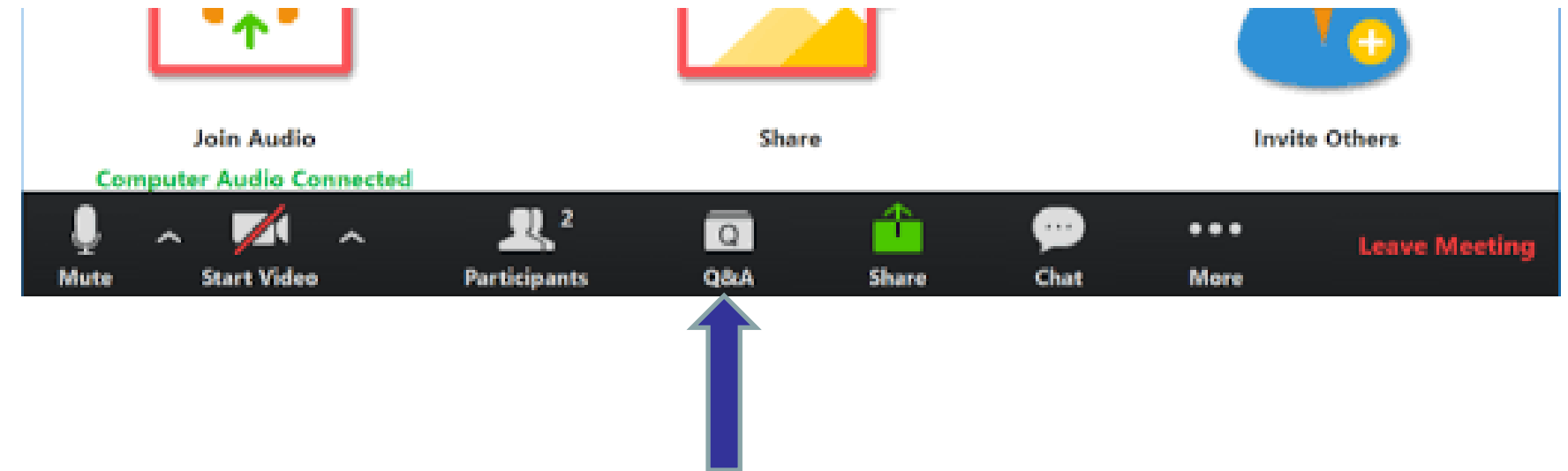




Preparing as Healthcare Data Exchanges Pave the Way for Consumer Health Initiatives

April 22, 2021

Housekeeping



- **All participants are muted**
- Submit your questions in the **Q&A box**
- You can upvote a question by clicking the **thumbs up** icon
- We will answer as many questions as time allows and follow up the unanswered questions
- Use the chat box for *technical difficulties* and other questions / comments



Agenda & Speakers

- 1:00 - 1:10 pm** **Welcome & Introductions**
Wanneh A. Dixon, Director of Programs, Strategy and Development, eHealth Initiative and Foundation
- 1:10 - 1:40 pm** **Discussion of Info Blocking Rules and the Real World Impact**
Catherine Pugh, Assistant Vice President of Policy, eHealth Initiative and Foundation
Jennifer Blumenthal, CEO and Co-Founder, OneRecord
Ruby Raley, Vice President of Healthcare, Axway
- 1:30 – 1:55 pm** **Audience Q&A**
- 1:55 - 2:00 pm** **Closing Thoughts**



eHealth Initiative Members



Our Work



Expert Roundtables
Education Programs
Webinars, Workshops
Networking
Receptions
Surveys Reports



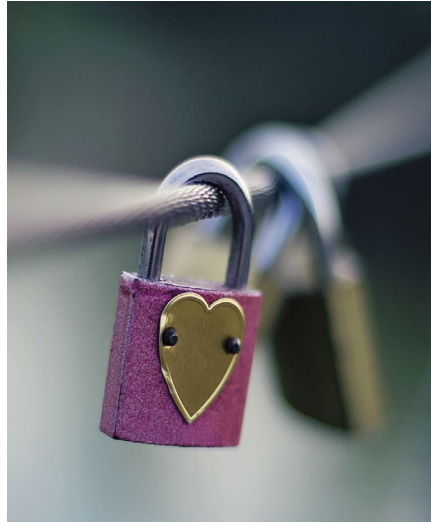
Recommendations
Privacy Policy
Comment Letters
Policy Steering Committee (PSC)
Capitol Hill Briefings
HHS, FTC, OCR, Relationships
Hill Meetings



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



Current Critical Issue Areas



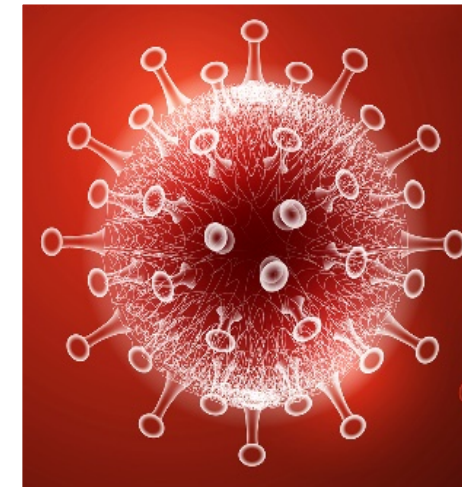
**Consumer Privacy for
Health Data**



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

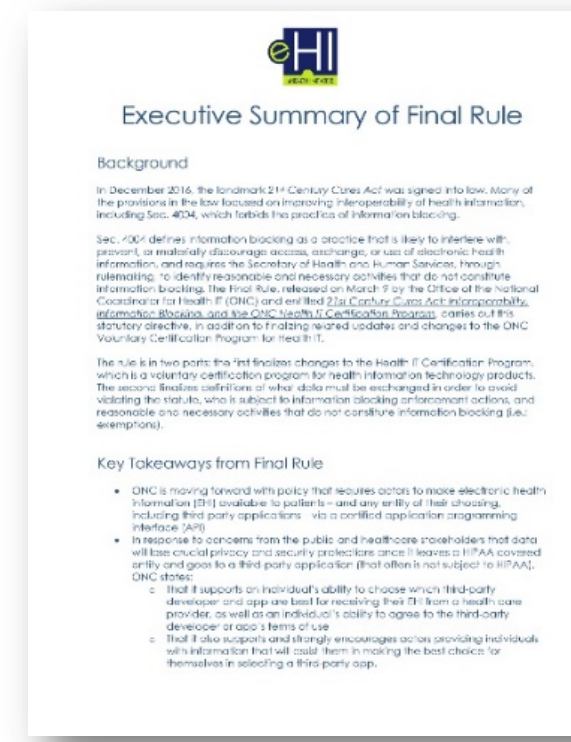
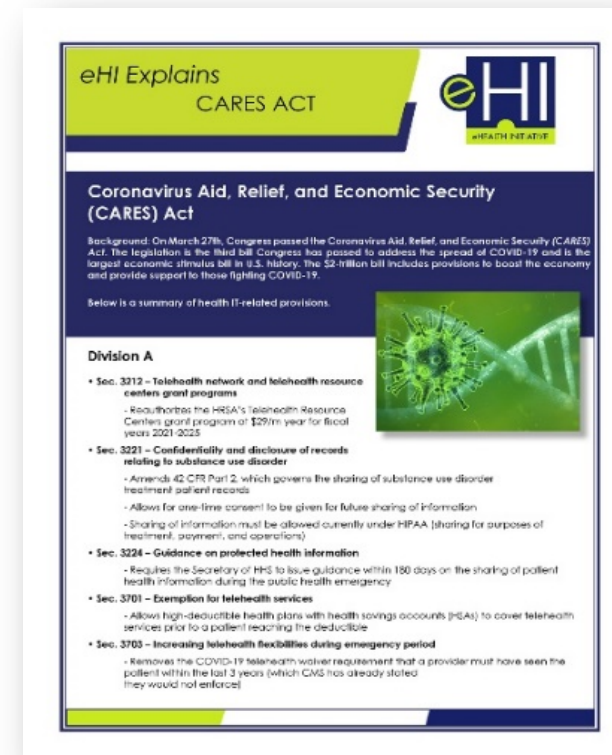
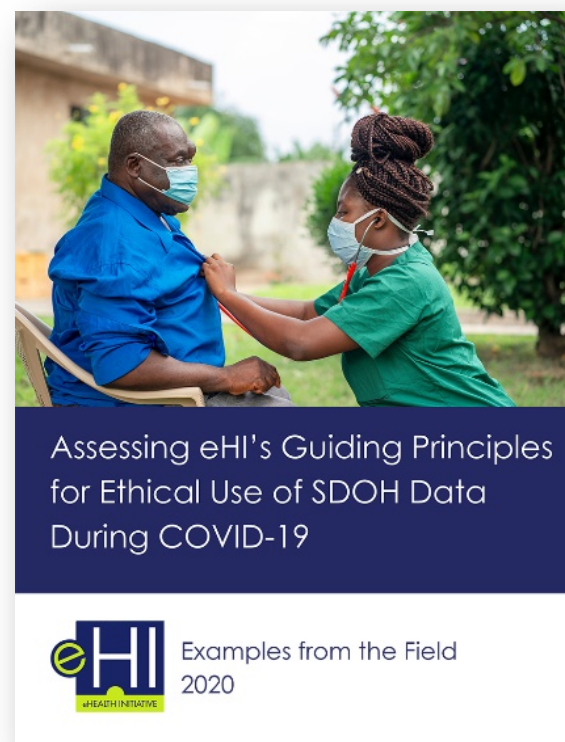
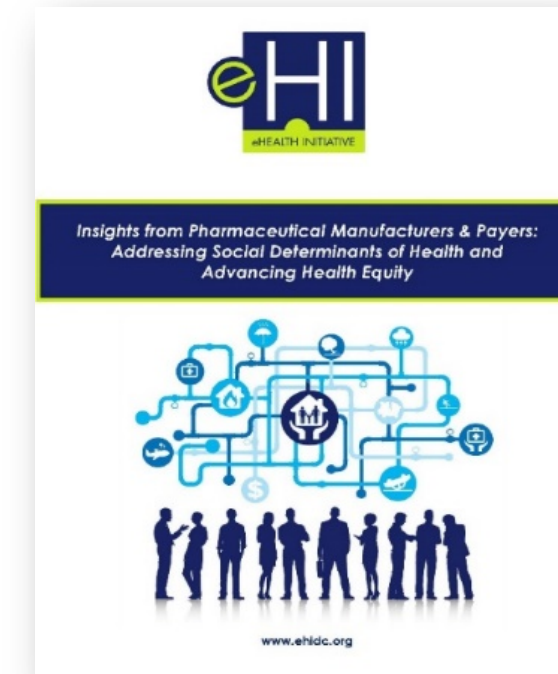
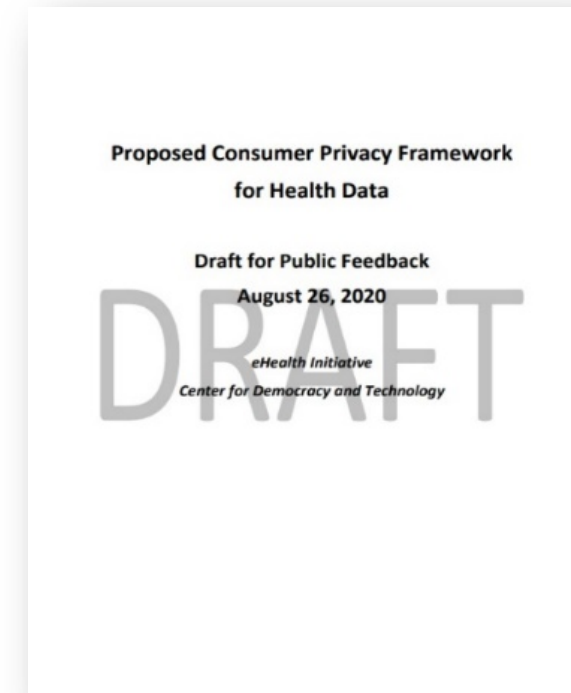
- Maturing Virtual Care in the AI/AN Communities
- Addressing Capacity and Cashflow with Virtual Care
- How to Grow Your Practice with Reimbursement Considerations
- Telehealth during COVID-19: New Strategies on How Physicians are Addressing the Outbreak

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



The cover has a white background with a blue network diagram and silhouettes of people. The eHI logo is at the top, and the title is in a blue box. The website 'www.ehdc.org' is at the bottom.

eHI eHEALTH INITIATIVE

Medicare Physician Fee Schedule

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 3 to the Medicare telehealth services list for CY 2021.• Proposed Temporary Addition of a Category 3 Bonus 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.• 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

- April 27 - COVID-19 Vaccine Administration & Tracking: Understanding the Privacy Implications
- May 25 – Consumers and Advancements in Data Technology
- May 26 – Interoperability and Physician Burnout

Report Coming Soon!

Maturing Virtual Care in American Indian/Alaska Native Communities

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



Thank You to the Sponsor



Moderator & Panelists



Wanneh A. Dixon
Director of Programs,
Development
eHealth Initiative and
Foundation



Catherine Pugh
Assistant Vice President
of Policy
eHealth Initiative and
Foundation



Jennifer Blumenthal
CEO and Co-Founder
OneRecord



Ruby Raley
Vice President of Healthcare
Axway



Background: 21st Century Cures Act

- Sweeping bipartisan health legislation signed into law by President Obama in Dec. 2016
- Health IT provisions focused on interoperability, information blocking, and regulation of health IT
- Frustration that despite govt. investment in adoption of EHRs, there was still a lack of meaningful and useful health information exchange



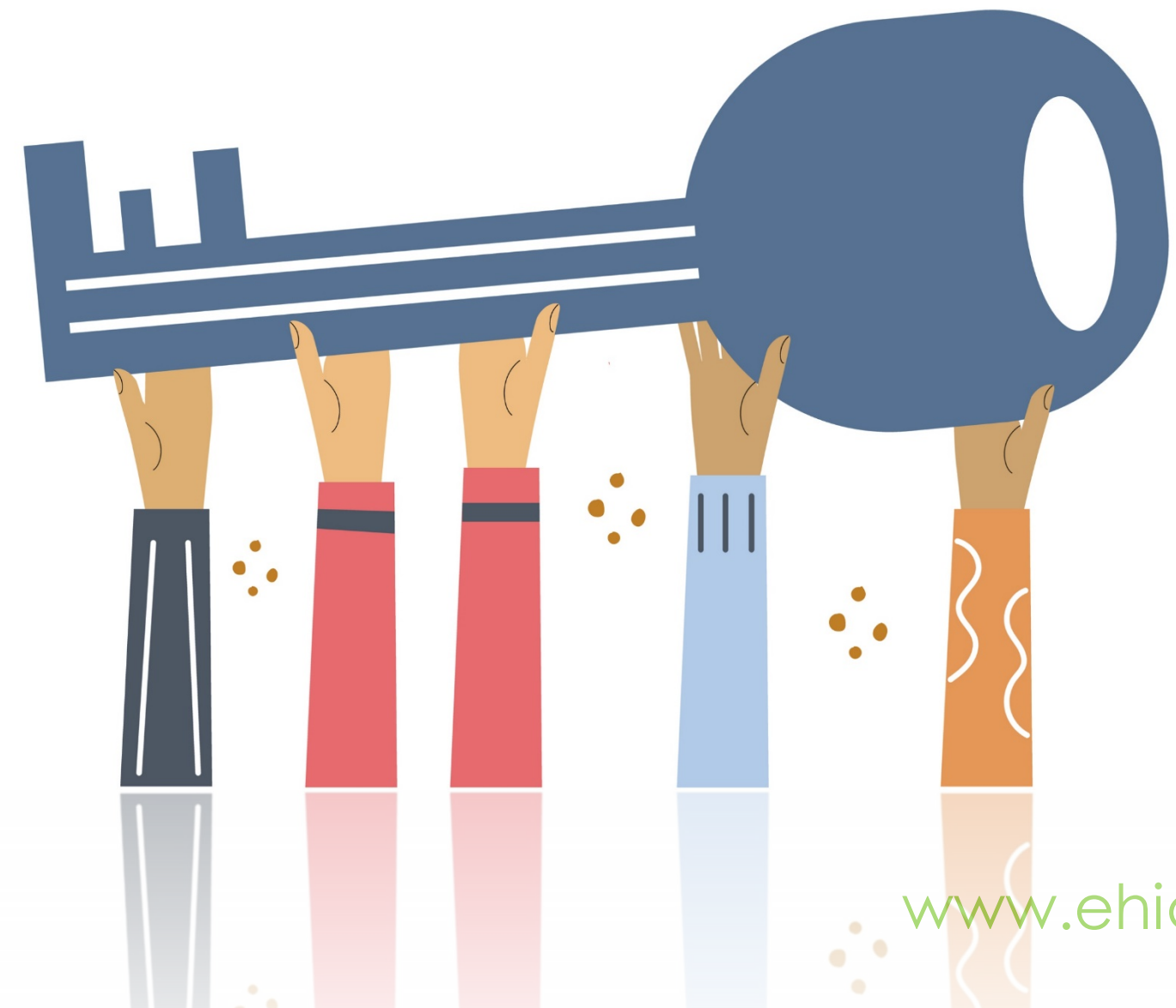
Fast Forward Three Years



- While the intent of law was to ensure *providers* have access to their patients' health info, Trump Administration focused on *patients* accessing and controlling their own info
- HHS felt this was key to moving toward true interoperability

Key Takeaways from ONC Final Rule

- The ONC rule requirements focus on two main areas: HIT certification and information blocking
- ONC's only major statutory requirements was to establish exceptions, which they did, that represent 'reasonable and necessary' activities that do not constitute information blocking and to establish a public reporting system
- ONC went a step further than statute to require actors 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)



Key Takeaways from CMS Final Rule



- CMS is requiring Medicare Advantage organizations, Medicaid and CHIP FFS programs, Medicaid managed care plans, CHIP managed care entities, and Qualified Health Plan (QHP) issuers on Federally Facilitated Exchanges (FfEs) to implement and maintain a standards-based Patient Access API. Payers must allow third-party applications to retrieve, with the approval and at the direction of the current enrollee, certain data
- While Trump HHS used Cures as impetus for new regulations, CMS only major statutory requirement was to establish 'appropriate disincentives' for providers who were found to be engaging in information blocking



Key Regulations on Price Transparency



- Oct. 2020 HHS final rule requiring payers to disclose price and cost-sharing information
- HHS hospital price transparency rule (now in effect) that requires hospitals to provide pricing information online as a machine-readable file and display shoppable services in a consumer-friendly format
 - Hospital groups have filed suits to block the rule – future TBD

What's Next?

- Increasing transparency and a consumer-centric health care system is bipartisan
 - Last week, bipartisan House Committee leaders sent a letter to HHS Secretary Becerra urging him to enforce hospital transparency rule
- More consumer-friendly regulations!
 - The No Surprises Act - passed in December – bans so-called “surprise billing” beginning January 1, 2022
 - HHS will need to promulgate rules to enforce this year



eHI Axway OneRecord Transforming Infrastructure to Power Consumer Health

April 22, 2021

Axway

Axway is an enterprise integration platform leader that empowers businesses to securely accelerate digital transformation, create captivating customer experiences, collaborate better, and speed innovation.

Axway powers integration, experience, marketplace and governance services. No matter where you are on your digital journey Axway can help you do more with what you have. We accelerate our customers API-First journey and deliver a scalable secure integration platform.



***Ruby Raley @
rraley@axway.com***

Ruby applies her unique market insight and perspective to help customers tackle the challenge of digital transformation and opening their platforms to deliver brilliant experiences and reduce costs.

What is a third party application?



Mobile apps

Apps that fit in your pocket and make life better



Web apps

Apps that live on the internet



Browser extensions

Apps that make the browser experience that little bit better



3rd Party integrations

Plug-ins that integrate with your favorite tools



Data visualization

Presenting data in an easy to understand way



Desktop apps

Apps to super-charge your desktop

The Opportunity

Make it simple for the user with a streamlined experience for finding the payer, connecting to the portal, and retrieving their records.

Brand/Search

Understand the terms that each payer’s members will use to find the payer

Authorization

Understand how the search terms will relate to the member portal(s)

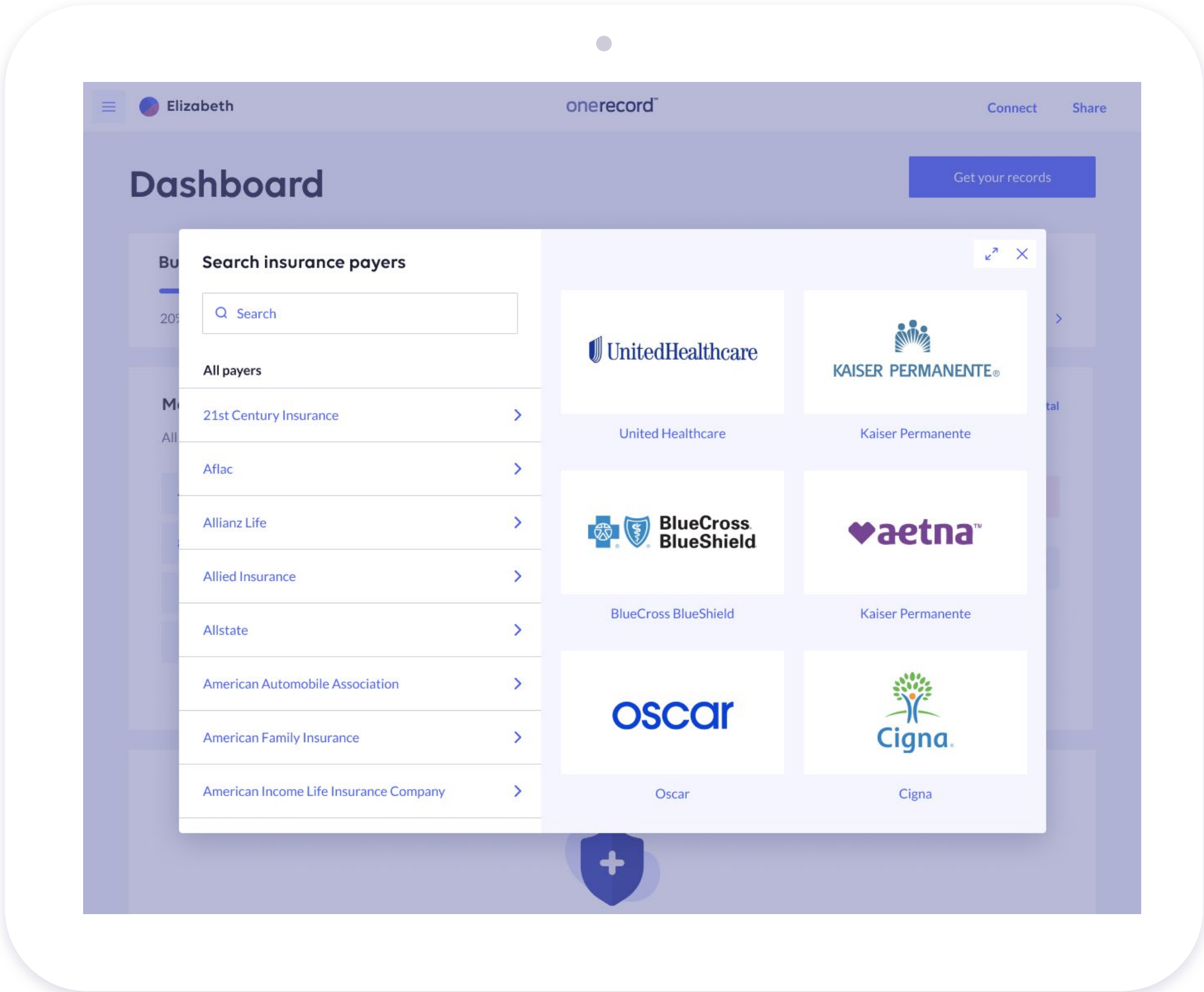
FHIR Retrieval

Understand how the member portals will need to redirect to the FHIR server(s)

Staying Current

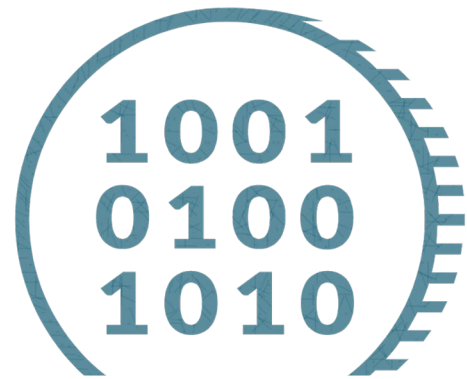
Leverage processes and tooling to keep the consumer app up to date with changes in the payer org or vendor relationships

Help Members
discover and use
your FHIR API



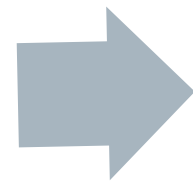
Open FHIR APIs need a Strong Infrastructure

Brilliant Experiences and Flawless Delivery require API Management



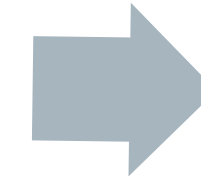
Register

- Simplified onboarding
- Standard and Secure protocols
- Developer Management
- Automated Notifications/feeds



Discover

- Easy to find (marketplace)
- Getting started “guide”
- Seamless subscription to APIs
- Sandbox testing
- Request for production access



Manage

- Monitoring application to API access
- Application and key management
- Token and scope validation
- Redaction and compliance
- Proactive alerting and notifications
- Version management



THANK YOU FOR JOINING US TODAY!