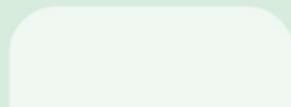
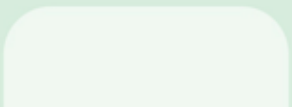




National
eHealth
Collaborative

National HIE Governance Forum Appendix - Presentations



May 3, 2013

Trust Approaches

- Brian Ahier – Direct Trust
- Mariann Yeager – Healtheway
- Dave Whitlinger – NYeC

DirectTrust

Accreditation and Scalable Trust

May 3, 2013

©Cartoonbank.com



"Before DirectTrust.org, no one knew I was a dog."

Key Issues for Scalable Trust: Identity and Security

- Directed exchange is E-mail over the Internet.
- Sender and receiver depend on one another for identity validation and encryption of message and attachments.
- Without trust in these, inability to establish service connections between HISPs are likely, leading to service interruptions.
- Roles for “trusted agents” -- who supply identity validation and encryption -- are critical, because they are potential weak links in the network of trust.
- What constitutes sufficient trust? And how can we avoid costly, time consuming contracts between each HISP? That is, how can trust become “scalable” ?

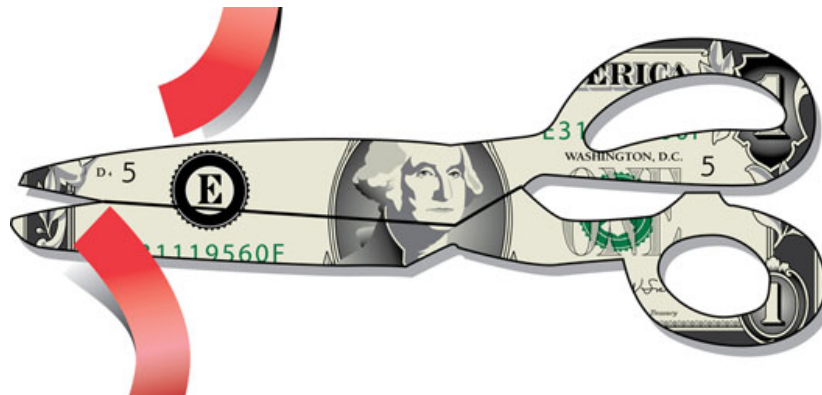
Building Network Via Bi-directional Contracts Is Unworkable

- If HISPs have to forge one-off contracts with each other, the cost of Directed exchange *goes UP* with each new user group, each new contract, and thus the value decreases. Complex. Rate limiting step.



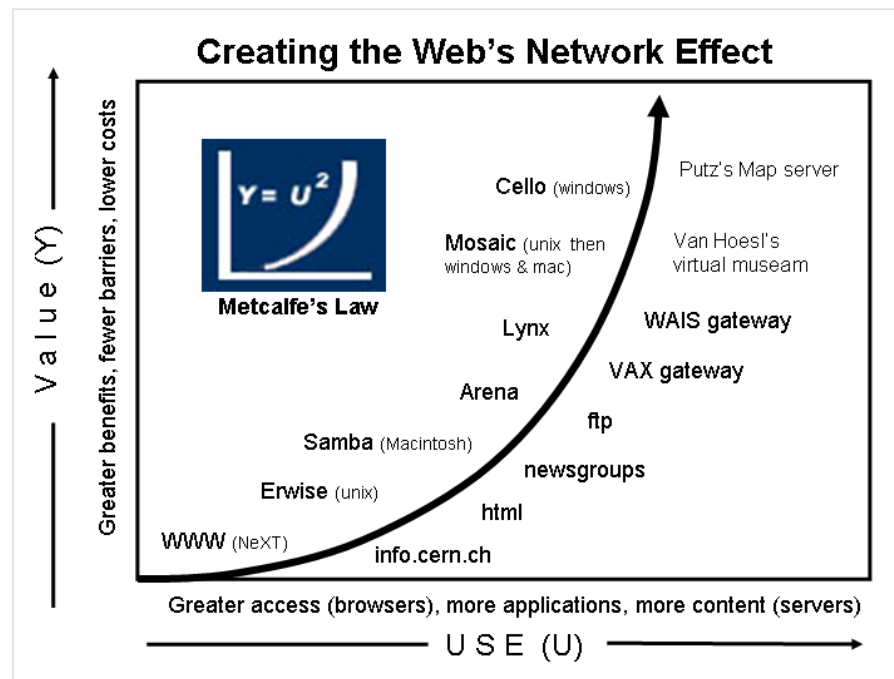
Scalable Trust

- Scalable Trust is a strategy for enabling Directed exchange between a large number of endpoints, in this case HISPs and their users/subscribers.
- If “scalable,”
 - Trust should happen “quickly” and uniformly.
 - A “complete” network will be formed voluntarily.
 - Complexity and cost of establishing a network will decrease, while the value of the network itself will increase, as more nodes are added.
 - This “network effect” will be a by-product of making trust scalable.



Getting to the Network Effect

- The “network effect” is present when the value of a product or service increases as the number of others using it increases (or the cost of using it decreases as the numbers of users increases).

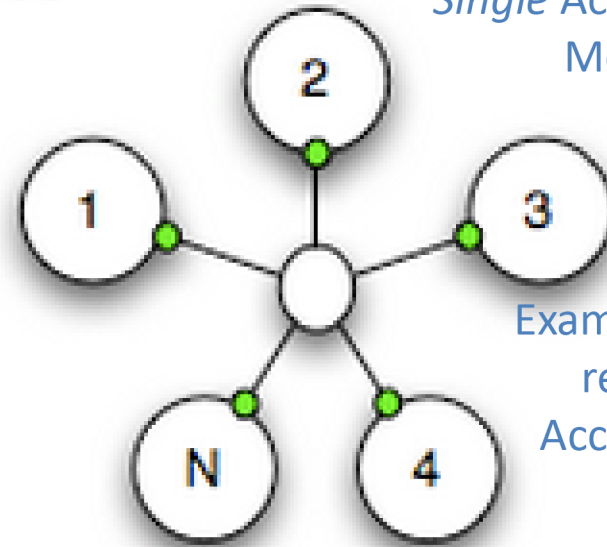
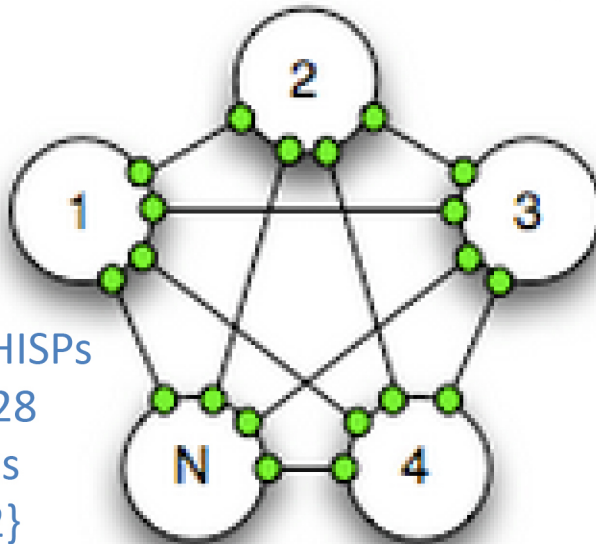


The $n(n-1)$ Connection Problem, Also Known as the N Squared Problem

Bi-directional
Contracts
Model

N Squared

Single Accreditation
Model



Example: 8 HISPs
requires 28
Contracts
{ $N(n-1)/2$ }

Example: 8 HISPs
requires 8
Accreditations

When N is large, # Interfaces $\sim N^2$

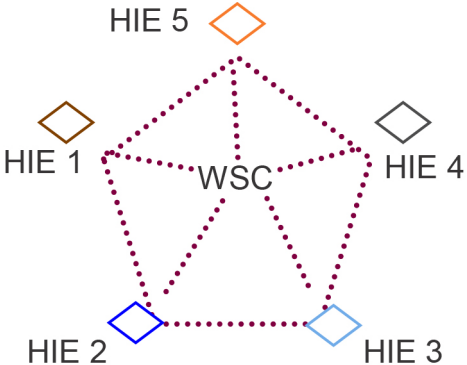
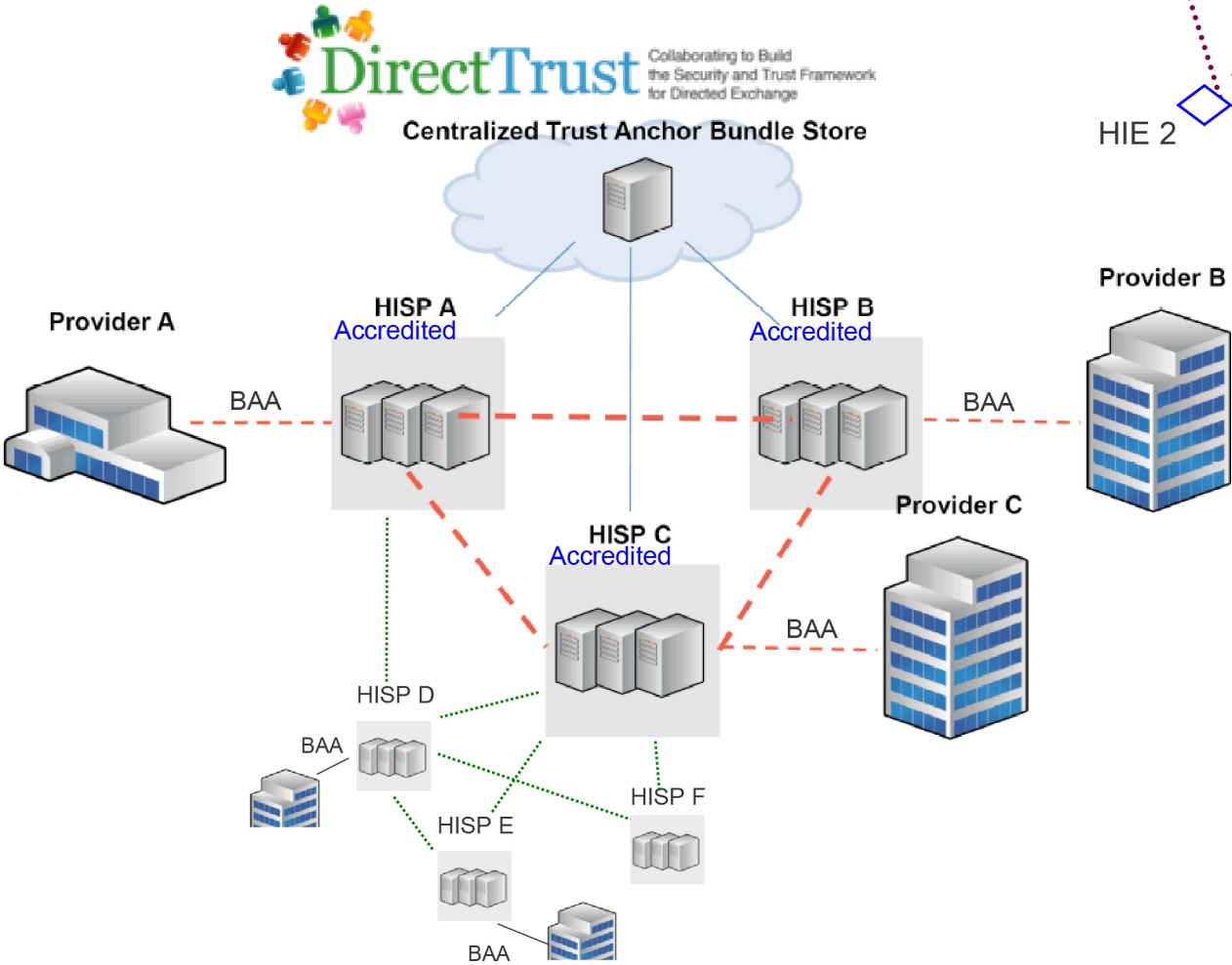
Interfaces = N

Each 2 interfaces requires a contract

The Real World

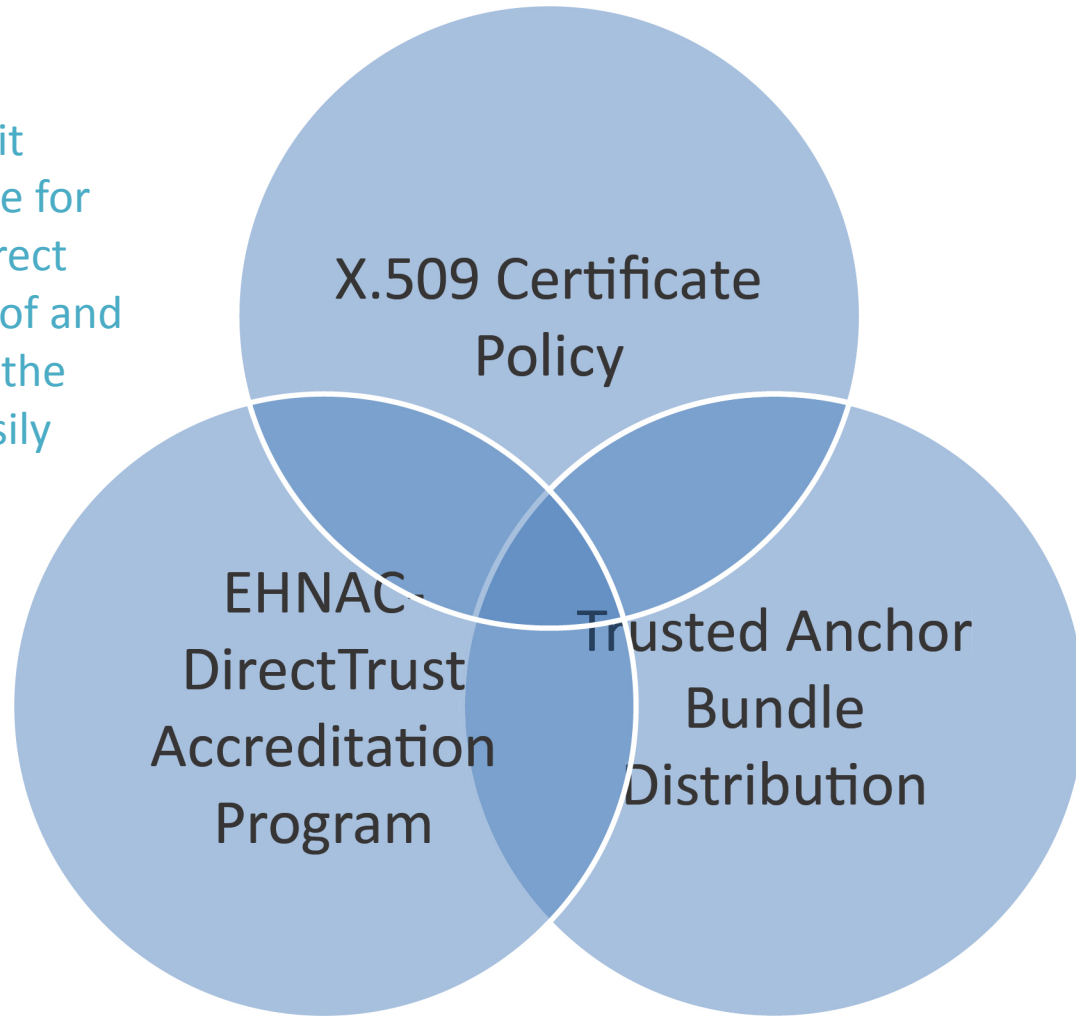
Key

- Trust relationship based on accreditation
- Trust relationship based on bi-directional contract
- Trust relationship based on participation agreement



DirectTrust Framework

The goal is to make it easy and inexpensive for trusted agents in Direct to voluntarily know of and follow the “rules of the road” while also easily and inexpensively knowing who else is following them.



DirectTrust Summary

- Non-profit, competitively neutral, self-regulatory entity created by and for Direct community participants.
- Establishing and maintaining a national Security and Trust Framework (“DirectTrust Framework”) in support of Directed exchange.
 - A set of technical, legal, and business standards for Directed exchange
 - Expressed as policies and best practices recommendations, which members of DirectTrust agree to follow, uphold, and enforce.
 - Setting the “rules of the road” for scalable trust.
- Leveraging the DirectTrust Framework for a Direct Trusted Agent Accreditation Program, DTAAP, with EHNAC, for HISPs, CAs, and RAs.
- Distributing trusted anchor bundles to accredited HISPs, CAs, and RAs for federation within the “circle of trust.”
- Complementary and subject to, as well as supportive of, the governance rules, regulations, and best practices for the Direct Project and the NwHIN, promulgated by HHS and ONC, and the mandates of the HITECH act.

DirectTrust Charter

- Mission and Goals
 - DirectTrust.org, Inc. (DirectTrust) is a voluntary, self-governing, non-profit trade alliance dedicated to the support of Directed exchange of health information, and to the growth of Directed exchange at national scale, through the establishment of policies, interoperability requirements, and business practice requirements that will enhance public confidence in privacy, security, and trust in identity. The latter, taken together, will create a Security and Trust Framework for the purpose of bridging multiple communities of trust.

DirectTrust Members

- American Academy of Family Physicians*
- Cerner Corporation*
- Covisint
- DigiCert*
- eClinical Works
- EHNAC
- Florida AHCA
- Gemalto
- Gorge Health Connect*
- HealthcareXchange
- HealthShare Montana
- Healthwise*
- HealthyCircles
- Illinois HIE
- Informatics Corp of America
- IonIT
- Lexis Nexis
- MaxMD
- McKesson Corporation
- MedAllies*
- Medicity
- Morrell Taggard, Inc.
- Ohio Health Info Partnership
- Orion
- Nitor Group
- Redwood Mednet
- Rhode Island Quality Institute*
- State of Tennessee
- Surescripts*
- Techsant Technologies
- Walgreens*

* Individuals from these organizations are on the DirectTrust Board of Directors

DirectTrust Evolution

Evolution

"A Security and Trust Framework is a set of technical, business, and legal standards, expressed as policies and best practice recommendations, that members of a trust community agree to follow, uphold, and enforce."

**Direct Project
Rules of the Road
workgroup formed
April 2011**



**DirectTrust.org
wiki established
December 2012**



**DirectTrust.org
incorporated
April 2012**



**DirectTrust
awarded ONC HIE
Coop Agreement
March, 2013**

- A “do-ocracy” inherited from Direct Project
- Openness, consensus, transparency, and choice key principles
- Strong belief in public-private sector collaboration
- Problems usually not technological, so more than technological solutions are needed

DirectTrust Assets

- **Assets**

X.509 Certificate
Policy Established
Dec. 2011

Testing and
Recognition Program
Sept. 2012

Accreditation
Program
Feb. 2013

**Trusted Anchor
Bundle
Distribution
Service**
April 2013

- An experienced Board of Directors motivated to bring DirectTrust into service
- Substantial industry expertise and experience around user requirements, technology, interoperability, and ICAM
- Funded by dues from a very diverse, growing membership

eHealth Exchange™

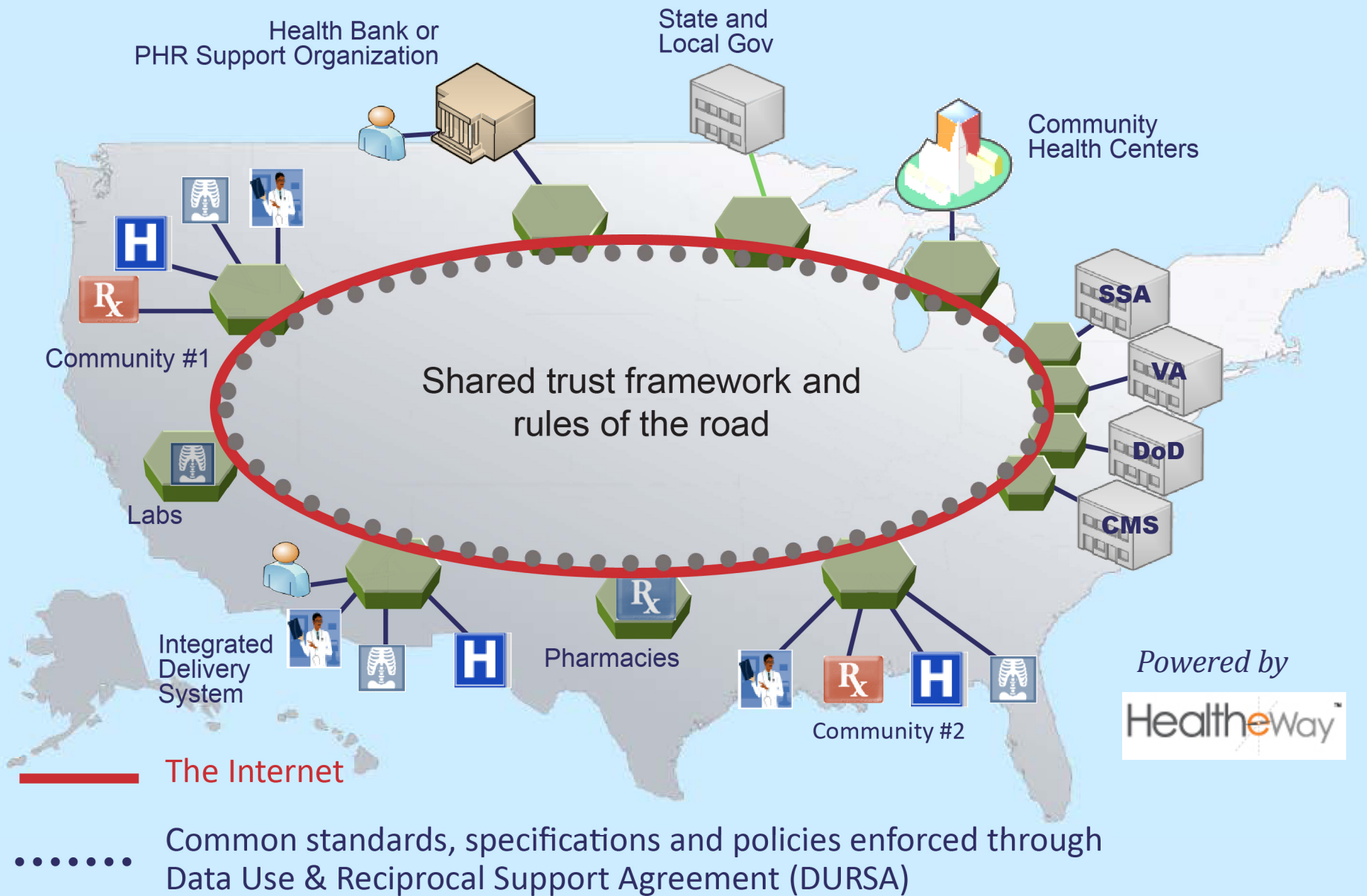
Policy Assumptions

May 3, 2013

Mariann Yeager
Executive Director
Healthway, Inc.

myeager@healthwayinc.org

eHealth Exchange



Policy Assumptions – Governance

- **Shared Rules of the Road and Shared Governance.** Common framework that binds all Participants to a set of technical requirements, testing requirements, policies, governance structure and accountability measures, including a process for adding or changing requirements.
- **Representative Governance:** Participants are governed by a representative group of Participants who share data in production. Additional methods for obtaining broad community input and engagement (e.g. task groups, outreach, industry collaboration, etc.) shall be supported to assure support and alignment with national policy.
- **Participants in Production.** Assumes that participants are in production and leverages a participant's existing end user trust agreements, policies and vendor agreements.
- **Multiple Exchange Methods and Profiles.** Enables Participants to declare which profiles or use cases they wish to support in production. Supports multiple exchange methods, or “Transaction Patterns”, such as: push, query / retrieve and publish/subscribe.

Policy Assumptions - Trust

- **Privacy and Security Obligations.** Defers to Applicable Law and establishes HIPAA as contractual standard of performance
 - Identification and authentication
 - Local autonomy (System Access Policies)
 - Enterprise security, malicious software, auditing and monitoring access.
- **Permitted Purposes.** Permits sharing of information among Participants for limited purposes: treatment, limited payment and health care operations, public health activities and reporting, to demonstrate meaningful use, and disclosures based upon an individual's authorization.
- **Future Use of Data Received Through the eHealth Exchange.** Data are received and integrated into end-user's system and may be reused or disclosed, in accordance with Applicable Law and local record retention policies.

Policy Assumptions – Trust, cont'd

- **Participant Breach Notification.** Participants are required to promptly notify the eHealth Exchange Coordinating Committee and other impacted Participants of breaches related to the eHealth Exchange (i.e. unauthorized acquisition, access, disclosure or use of the data transmitted among participants, which occur while transmitting the data).
- **Chain of Trust.** A participant's obligations to comply with the DURSA must "flow down" to users or other participating organizations that connect through a Participant's system, as well as the technology partner.
- **Authorizations.** When a request is based on an authorization (e.g. for SSA benefits determination), the requesting Participant must send a copy of the authorization with the request for data.

Policy Assumptions - Responsibilities

- **Reciprocal Duty to Respond.** Participants who query data for treatment purposes also have a duty to respond to requests for data for treatment purposes, either with a copy of the data or with a standardized response that data are not available. Participants may respond to requests for other purposes.
- **Responsibilities of Party Submitting Data.** Participants who submit data are responsible for submitting the information in compliance with applicable law and representing that the message is:
 - for a Permitted Purpose;
 - sent by the Participant who has requisite authority to do so;
 - supported by appropriate legal authority, such as consent or authorization, if required by Applicable Law; and
 - sent to the intended recipient.
- **Mandatory Non-Binding Dispute Resolution.** Participants will agree to participate in a mandatory, non-binding dispute resolution process that preserves the Participants' rights to seek redress in the courts if not resolved through the dispute resolution process.

For More Information

Web Site: www.healthewayinc.org

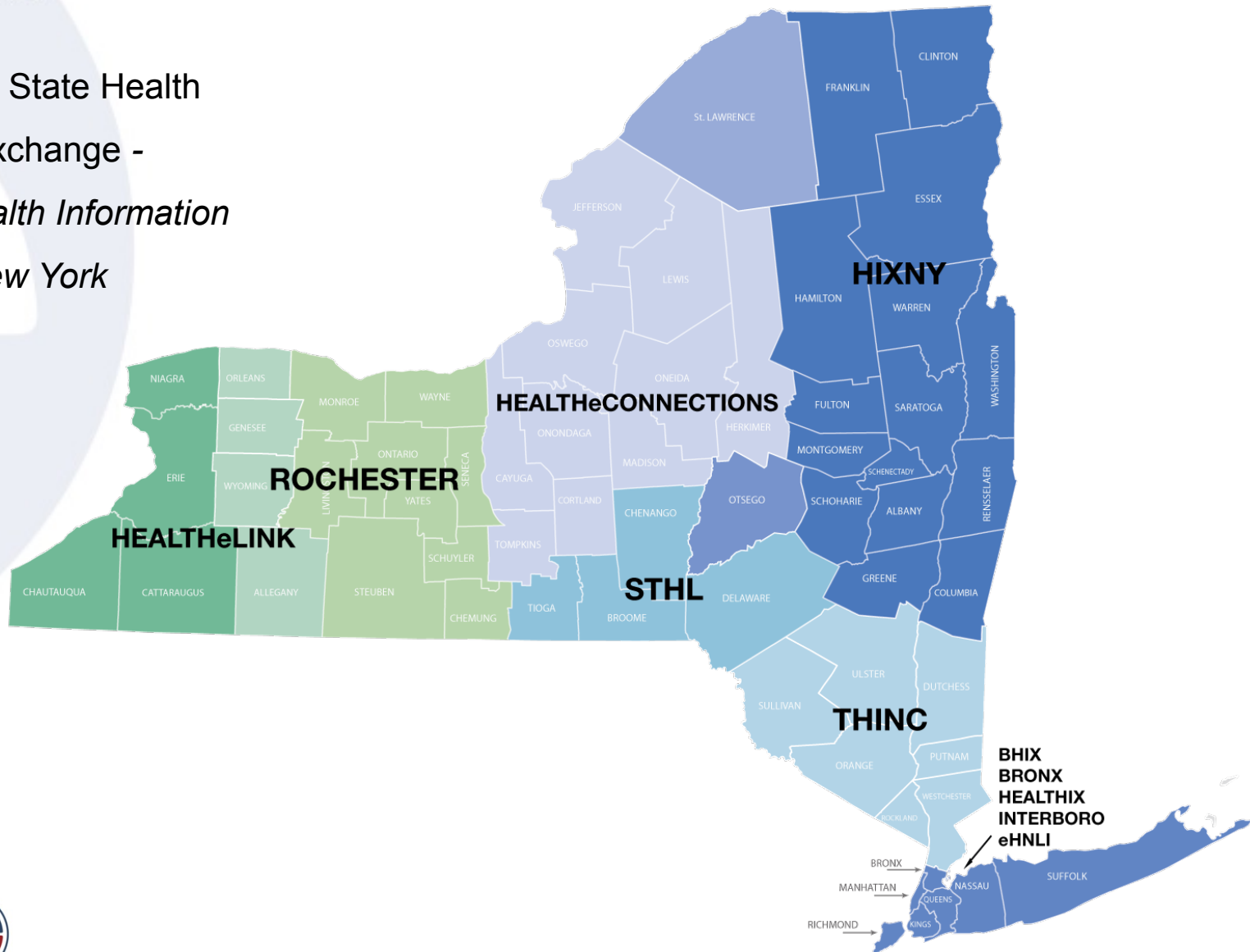
Other Resources: <http://ehealthexchange.wikispaces.com/>

The Statewide Health Information Network for New York

David Whitlinger
May 3rd 2013

New York State RHIOs

The New York State Health
Information Exchange -
*Statewide Health Information
Network of New York
(SHIN-NY)*



SHIN-NY Governance

The SHIN-NY is a public-private partnership with strong community engagement and robust multi-stakeholder participation.*

The SHIN-NY governance structure:

- **State Department of Health:** DoH oversees the functions of the SHIN-NY through contracts and funding for NYeC and the RHIOs, as an ex officio member of the NYeC board, and as co-chair of all SHIN-NY committees. It will be issuing a SHIN-NY regulation in 2013, which will codify additional regulatory oversight authority.
- **NYeC:** The NYeC Board consists of 20 people from different sectors of the healthcare industry, representing the interests of both upstate and downstate New York.
- **RHIOs:** Each of the 11 RHIOs is governed by a board of up to 20 people, reflecting broad participation by local stakeholders, including providers, employers, and community advocates. Each RHIO also has its own policy committee that determines how to implement individual policies for its membership.

Framework for Going Forward

DoH's Principles for Advancing the SHIN-NY

- **Public-Private Partnership.** Committed to pursuing the planning, development, operation, and oversight of SHIN-NY as a public-private partnership.
- **Statewide Framework.** Fostering broad public benefit and stakeholder confidence, the SHIN-NY operates on a foundation of common policies, services, and operational parameters that are consistently applied, followed, and implemented.
- **Public Health Objectives.** The SHIN-NY should meet the State's objectives with respect to public health, health oversight, and emergency preparedness and response.
- **Public/Private Financing.** To date, significant public funding has built the SHIN-NY infrastructure and stimulated private investments. Any future public funding should be directed to support public goods and achieve public policy objectives.
- **Full Participation.** In order to meet state public policy goals, the State is prepared to use regulatory levers to ensure participation, including:
 - Qualifications to be a Health Home
 - Certificate of Need requirements
 - Medicaid Health Plans

Framework for Going Forward

Roles and Responsibilities

Qualified Entity = Certified RHIO/HIE

DoH

- Exercise overall authority for the SHIN-NY through regulation of the SHIN-NY and administration of future funding
- Serve as a partner with the private sector in its ex-officio role on the NYeC Board
- Review and approve statewide policy guidance
- Certify QEs
- Support usage of the SHIN-NY for public health and emergency preparedness

NYeC

Facilitator of Policy Development

- Facilitate the development of SHIN-NY policy, technical standards and business operations
- Foster innovative usage of the SHIN-NY to evolve with healthcare delivery transformation
- Advancing interoperability through statewide presence and involvement in national efforts

Provider of Technical Services

- Serve as a technology vendor to QEs that wish to use NYeC's HIE services
- Serve as gateway to NwHIN
- Provide centralized technical services to support statewide SHIN-NY capabilities.

QEs

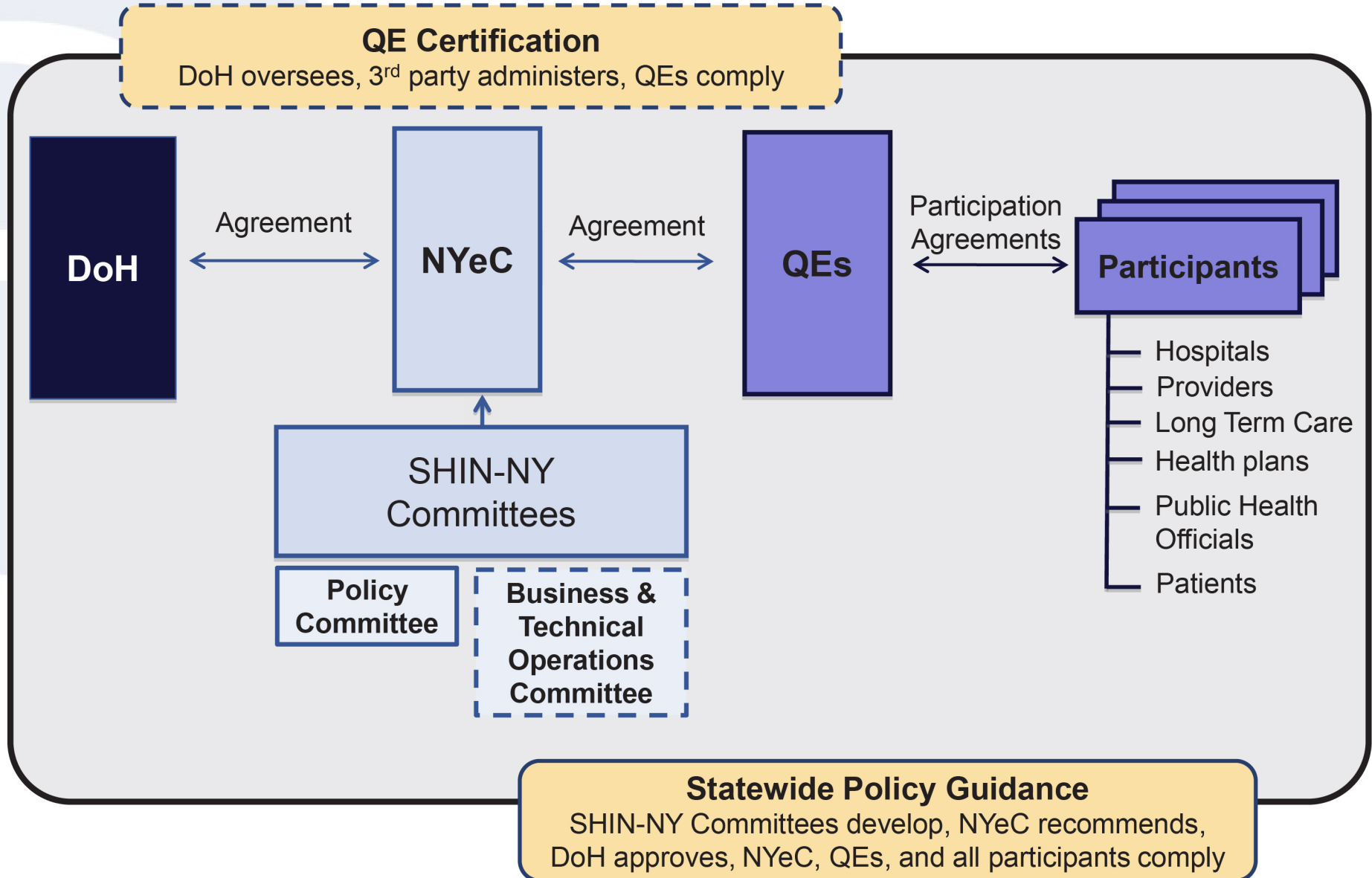
- Provide a consistent set of technical "dial tone" services statewide (*see slide 26*).
- Oversee and contractually enforce adherence by participants to statewide policy
- Meet annual adoption goals
- Support community-based care models
- Support emergency preparedness
- Facilitate public health goals

PROPOSED Dial Tone Services

Included as reference examples

- **Patient Record Lookup:** Provides users with the ability to search for existing patient records within the local RHIOs, across all other RHIOs statewide and eventually, across a broader nationwide network when available and connected to the SHIN-NY. This service will enable the matching of patient records at a local level using patient specific demographic information in addition to local facility medical record numbers (MRNs)
- **Secure messaging (Direct):** Provides users with the ability to send peer-to-peer messages between two trusted providers.
- **Notifications (Alerts):** Allow users to establish subscriptions to pre-defined events and receive notifications when those events occur. (e.g. patient admit or discharge).
- **Consent management:** Provides the ability to track patient consent according to New York State law and other requirements defined by the Statewide Collaboration Process for the SHIN-NY.
- **Identity management and security services:** Provides secure access and ensure patient privacy through the authentication of all requests by individuals and organizations to view protected health information accessible through the RHIO.
- **Public Health Clinical Viewer:** Enables the secure access individual patient records by Public Health Officials from all available local, statewide and other data sources accessible by the RHIO
- **Public Health Integration:** Enables public health reporting information to be routed from primary sources to state aggregation points.
- **Lab Results Delivery:** Deliver diagnostic results and reports back to ordering providers and others designated to receive results.

Framework for Going Forward Relationships



APPENDIX

The Vision

The healthcare system needs information technology tools to enable broad collaboration between patients, providers, public health officials and payers to improve the quality of care, provide the necessary system efficiencies and improve individual satisfaction

No single entity can delivery this set of tools

It will take an ecosystem that works together

The SHIN-NY Eco-System

CUSTOMERS & USERS

Providers
Payers
Public Health officials
Patients

INNOVATORS & BUILDERS

Entrepreneurs & VCs
Software Developers
EHR Vendors

MARKET PLACE of TOOLS

Full integration with EHR
Internet browser apps
iPhone / iPad / Android apps
Facebook apps (?!?!?)

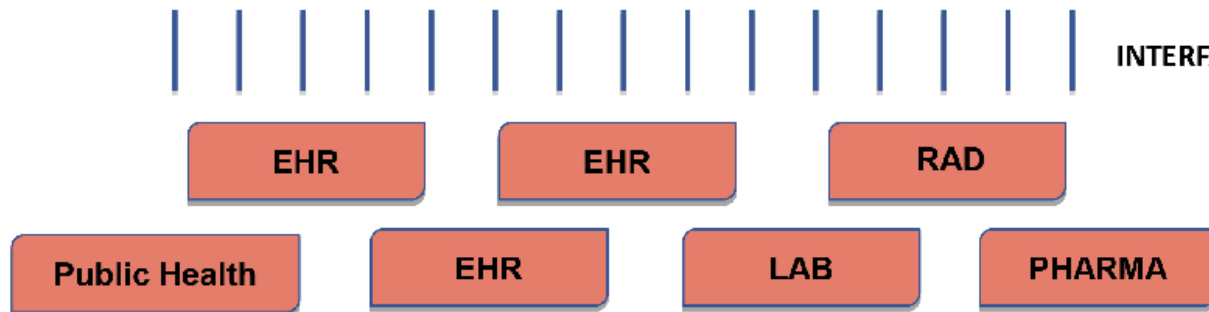
STANDARDIZED PROGRAMATIC INTERFACES (APIs)

THE SHIN-NY
"THE PLATFORM"

HIE CAPABILITIES

Identity Management
Data Access Control
Patient Records
Secure Messaging & Alerts

INTERFACES



What is the SHIN-NY?

- *Broad access to patient information by all of the healthcare providers contributing to a patient's care*
- *Secure methods for sending health information between healthcare organizations*
- *Notification, alerting and monitoring - the ability to proactively manage patient care via real time patient events*
- *Cross community care plan management tools for teams of providers and family care givers*
- *Patient access to their own health information and engaging consumer-level health tools*
- *Analytics to help manage and measure the healthcare system - you can't improve what you can't measure*

What is the SHIN-NY?

- **For healthcare providers:**

- Patient Record Lookup: The ability to request all of the records for a given patient. The record list is returned to the healthcare provider and they can select which records they would like to view.
- Direct Exchange: The ability to package up the record for a given patient and directly send that record to another healthcare organization. Similar to secure email. This might be used on hospital discharge to send records to the receiving community physician, between primary care and specialty care for referrals, for sending lab results between practices, etc. – many uses, just like regular email it can be used in many ways.
- Notifications: The ability for a healthcare provider or care coordinator to receive email or mobile text notifications when a specific patient is admitted or discharged from a healthcare facility.
- Future capabilities: automated public health reporting (UPHN), look up public health information on specific patients (immunizations), improved computer based decision support, care plan management, panel analytics, secure email with patients...the SHIN-NY App Store

- **Targeted Users Statewide (approximate):** **300K – 400K**

What is the SHIN-NY?

- **For health plans:**

- Patient Record Lookup: The ability to request all of the records for a given patient. The record list is returned to the requester and they can select which records they would like to view. For both clinical care as delivered by the health plan employed care managers and for the adjudication of claims.
- Direct Exchange: The ability to package up the record for a given patient and directly send that record to another healthcare organization. Similar to secure email. This might be used to help facilitate care coordination or the adjudication of claims. – many uses, just like regular email is used in many ways.
- Notifications: The ability for a care coordinator at a health plan to receive email or mobile text notifications when a specific patient is admitted or discharged from a healthcare facility.

- **Targeted Users Statewide: ~100 health plans with both; care coordinators and claims analysts**

What is the SHIN-NY?

- **For individual New Yorkers:**

- Healthcare Record Lookup: The ability for an individual to request all of their health records. The record list is returned to the patient and they can select which records they would like to view.
- Audit Logs: The ability for the individual to see who has accessed their health records through the SHIN-NY and when they viewed them.
- Consent management: The ability for an individual to control who has an ability to access their health records by authorizing consent.
- Potential future capabilities: provide access to other family members records to support care giving, storage of End-Of-Life Directives, secure email with provider community, access to view personal public health information (immunizations), public health related PSAs (“time for your flu shot”), quality indicators, stay tuned...[The SHIN-NY App Store](#)

- **Targeted Users Statewide (approximate):**

20M

May 29, 2013

Trust Principle Presentation

– Gloria Hitchcock, Rochester RHIO



Rochester RHIO

Gloria Hitchcock

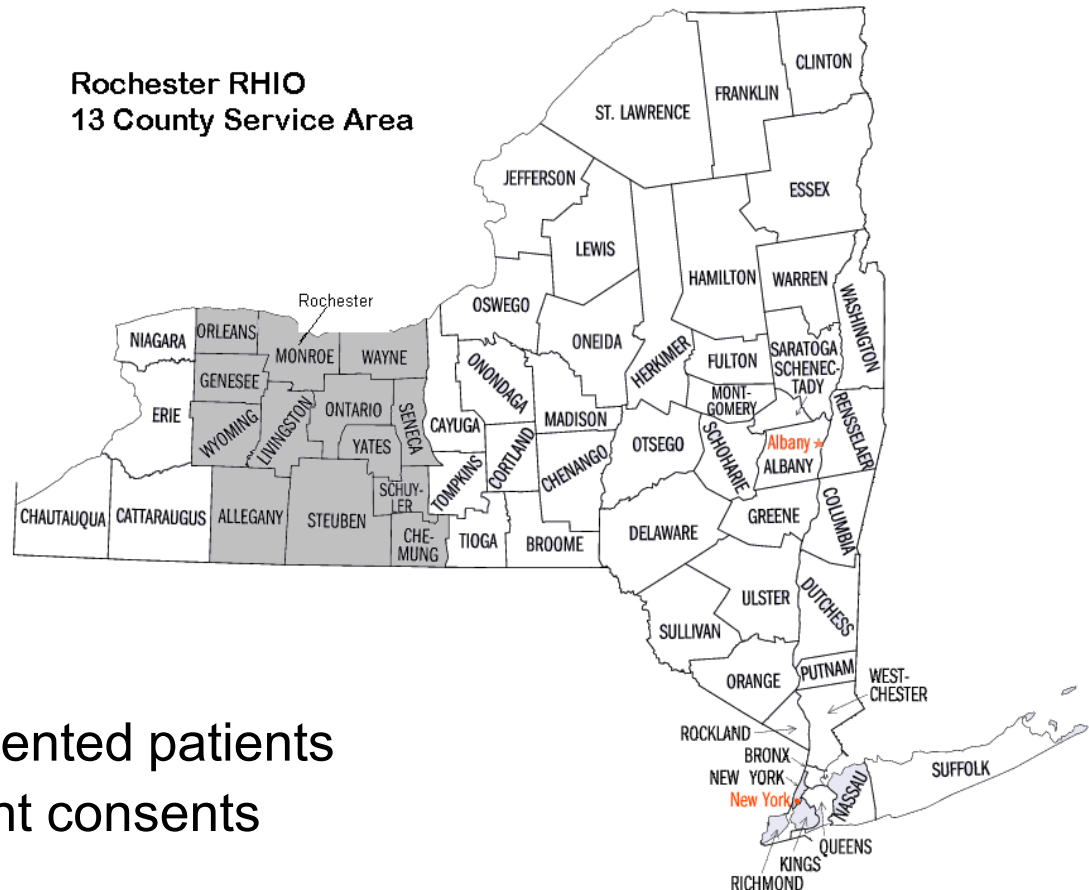
Project Management Office

Program Manager, Rochester RHIO

- 13 counties
- 19 hospitals
- VHR :
 - 2,800+ total users
 - 800+ physicians
 - 21+ million results

- Consent:
 - 968,000+ unique consented patients
 - 2,114,800+ total patient consents

- eResults
 - 230 practices
 - Approximately 450,000 eResults delivered/month



Patient Consent

- Patients must provide written consent to allow viewing of their VHR data
- Patients can revoke consent at any time
- Patients can request an audit of who has accessed information

Patient Survey Results & Engagement in Rochester

- Currently 97% of our patients provide consent to their providers when asked
- Over 2M consent forms have been signed in our service area
- More than 968,000 unique patients

“Break the Glass”

- Emergency access to patient information without patient consent
- Only used “when an emergency exists and the person is in immediate need of medical attention and an attempt to secure consent would result in delay of treatment which would increase the risk to the person's life or health”.



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PATIENT LOG-IN [New Account](#)
[Forgot login?](#)

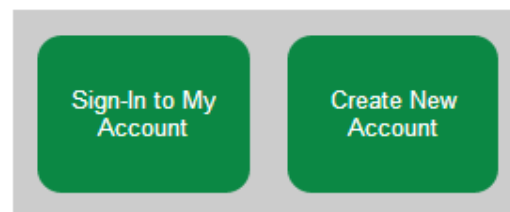
- HOME
- ABOUT
- MY ACCOUNT
 - New Account
 - FAQ
- FOR PATIENTS
- NEWS
- PARTICIPATING PROVIDERS
- PRIVACY
- INFORMATION FOR DOCTORS
- CONTACT

Welcome to the Rochester RHIO Patient Portal

Our portal is a secure section of our website for consumers. You will be asked to create a personal profile and to verify your identity, and then you will be able to:

- **Consent:** Give a doctor permission to view your medical records electronically. Also, if you enrolled in a care management program through your insurer, you can provide consent to your health plan electronically.
- **Audit:** Request a report on which medical providers have viewed your records. Rochester RHIO provides one free audit per patient every 12 months.
- **Search:** Use our address book to see which doctors and practices are using Rochester RHIO.
- **Review:** See a list of the doctors who have your permission to view your records electronically. You can choose to withdraw permission at any time by using this list or contacting Rochester RHIO.
- **Advance Directives:** Attach your Living Will or Health Care Proxy to your medical record.
- **Share my Health Readings (pilot only):** Connect your Lifeclinic Kiosk or Diasend account.

This website does not link you to your medical information. Please contact your healthcare provider to access your personal health information.



- HOME
- ABOUT
- MY ACCOUNT
 - New Account
 - FAQ
- FOR PATIENTS
- NEWS
- PARTICIPATING PROVIDERS
- PRIVACY
- INFORMATION FOR DOCTORS
- CONTACT

Sign Up for Your New Account

Create an account to access the secure section of our website. You'll be able to set your consent, scan and attach an advance directive, manage your consent choices, and more. For more information, visit our [FAQ](#).

Please use your full legal name and permanent home address, to ensure that your health record can be found.

First Name:

Middle Initial: (optional)

Last Name:

E-mail:

Address:

Apt, Floor, Suite, etc.: (optional)

City:

State:

Zip:

Telephone:

Gender:

Date of Birth:

User Name:

Password: ⓘ

Confirm Password:

By clicking below, I acknowledge and understand that third parties are providing information or services to the Rochester RHIO in order for Rochester RHIO to authenticate my identity. I agree to hold harmless said third parties and indemnify said third parties from any and all liability resulting from my use of the authentication services.

I further acknowledge that Equifax will place a soft inquiry on the User's consumer report indicating that such report was access in connection with a request by the Rochester RHIO at my request (including the date of delivery).

Setting up an account requires similar information used to set up an on-line banking account (Identify proofing/ IDP).

Patient Connectivity – TFA (2 Factor Authentication)

After registering, when a consumer logs into the portal, they are challenged to re-authenticate to assure security.

Consumers can choose to receive this pass code by email, SMS message or phone.

They can register a specific IP address for up to 6 months to skip this screen.



- HOME
- ABOUT
- MY ACCOUNT**
 - Create An Account
 - FAQ
- FOR PATIENTS
- NEWS
- PARTICIPATING DOCTORS
- PRIVACY
- INFORMATION FOR DOCTORS
- CONTACT

change type size A- | A | +A

PATIENT LOG-IN [New Account](#) [Forgot login?](#)

Authentication Challenge

You have attempted to access a secure site from an unregistered computer. To complete the login process, please enter the security information below.

All fields are required. Fields are not case sensitive. [Help](#)

The one-time pass code has been sent to your email (g'000@gmail.com). Please retrieve the pass code and enter it below.

Pass Code: [Having trouble receiving the Pass code?](#)

Check this box if you trust this computer and want to register the computer for future account access. [What does this mean?](#)

Patients can request and audit of the providers who have viewed their health care data through the RHIO and attach an advance directive to the VHR.



- HOME
- ABOUT
- MY ACCOUNT
 - Set My Consent
 - Advance Directives
 - Request An Audit
 - Share My Health Readings
 - Update My Profile
 - Change My Password
 - FAQ
- FOR PATIENTS
- NEWS
- PARTICIPATING PROVIDERS
- PRIVACY
- INFORMATION FOR DOCTORS
- CONTACT

WELCOME, GLORIA

Scan and Attach Advance Directives

You may scan your paper Advance Directives and attach them your doctors and emergency service providers to view at the tir

Advance Care Planning is a process of planning for future medical care in case you are unable to make your own decisions. It is a continual process and not merely a document or isolated event.

There are two types of Advance Directives that protect your right to request treatments you want and to refuse medical treatments you do not want in case you lose the ability to make decisions yourself.

Advance Directive	Details	Scan & Attach Status
Health Care Proxy	What does it look like? More information	Attached to the RHIO 11/27/2012 View Attach Another
Living Will	What does it look like? More information	Attached to the RHIO 4/18/2011 View Attach Another

Please contact the Rochester RHIO with any questions about attaching your Advance Directives: info@grhio.org, or call 1-877-865-RHIO (7446).

For additional information about Advance Directives, visit CompassionAndSupport.org.



- HOME
- ABOUT
- MY ACCOUNT
 - Set My Consent
 - Advance Directives
 - Request An Audit
 - Share My Health Readings
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 - FAQ
- FOR PATIENTS
- NEWS
- PARTICIPATING PROVIDERS
- PRIVACY
- INFORMATION FOR DOCTORS
- CONTACT

WELCOME, GLORIA [Logout](#)

Request an Audit

Click below to request a list of health care providers who have viewed your medical records. The audit report will include the healthcare provider who has seen your information, which information was viewed, and the dates of access.

The audit report will be mailed to the address in your personal profile within 7-10 business days. If you would like your report to be sent to a different address, call Rochester RHIO at 1-877-865-7446.

At your request, Rochester RHIO will provide one free audit every 12 months. You will be charged \$10.00 for additional audit requests.

Patients can share vitals signs taken at health kiosks with providers using the RHIO Virtual Health Record (VHR) by creating an account through the kiosk AND linking it with their RHIO patient portal account.

- HOME
- ABOUT
- MY ACCOUNT
 - Set My Consent
 - Advance Directives
 - Request An Audit
 - Share My Health Readings
 - Update My Profile
 - Change My Password
 - FAQ
- FOR PATIENTS
- NEWS
- PARTICIPATING PROVIDERS
- PRIVACY
- INFORMATION FOR DOCTORS
- CONTACT

Share My Health Readings

Before you begin, **PLEASE NOTE:** by posting your health data on the RHIO, your doctor will **NOT** be automatically notified of your updated information. Your doctor may or may not refer to the information you submit via the RHIO. The information contained/shared should not be considered as complete or as a substitute for a call, visit, consultation or advice from a physician.

Share My Health Readings from Lifeclinic kiosks

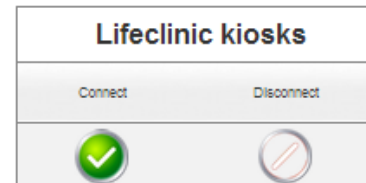
If you check your blood pressure or other biometrics like weight and BMI using the Lifeclinic kiosks at various community locations, you can now share your self-conducted health readings with your doctor through the Rochester RHIO.

First, start tracking your progress by setting up an account at any internet connected Lifeclinic kiosk at your place of employment or a retail location like Wegmans. You can link your Lifeclinic account with Rochester RHIO by selecting 'Connect' below. Your blood pressure and other vital information will then flow to the RHIO's Virtual Health Record, allowing your doctors to stay up to date on your condition.

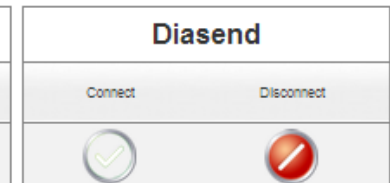
Share My Health Readings from Blood Glucose Monitors

Measuring your blood glucose level is critical for managing diabetes. Now you can easily let your doctor know about your progress. If you are a patient at the Unity Health System's Community Diabetes Collaborative, you can now share your self-conducted health readings with your doctor through the Rochester RHIO.

First, please contact your Diabetes Educator at the Unity Diabetes Center to set up or validate your existing your account in Diasend. You can link your Diasend account with Rochester RHIO by selecting 'Connect' below. Your blood glucose information will then flow to the RHIO's Virtual Health Record, allowing your doctors to stay up to date on your condition.



[Click here](#) for a list of locations with connected health stations.



[Click here](#) for contact information for the Unity Community Diabetes Collaborative.



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WELCOME, GLORIA

[Logout](#)

- HOME
- ABOUT
- MY ACCOUNT
 - [Set My Consent](#)
 - [Advance Directives](#)
 - [Request An Audit](#)
 - [Share My Health Readings](#)
 - [Update My Profile](#)
 - [Change My Password](#)
 - [FAQ](#)
- FOR PATIENTS
- NEWS
- PARTICIPATING PROVIDERS
- PRIVACY
- INFORMATION FOR DOCTORS
- CONTACT

Set My Consent

Use the search and browse features below to see the doctors who use the Rochester RHIO.

When you give consent to an individual physician to view your information electronically, you are also granting permission to the other physicians and authorized staff members who work at the indicated medical group, or hospital.

You must be at least 18 years old to provide consent here. Younger patients sign consent forms at their doctor's office.

Other consent options (click on any option below):

- [Care Zone Consent](#)
- [Health Plan Consent](#)

There are three ways to search or browse for physicians:

1. **Search for physicians:**

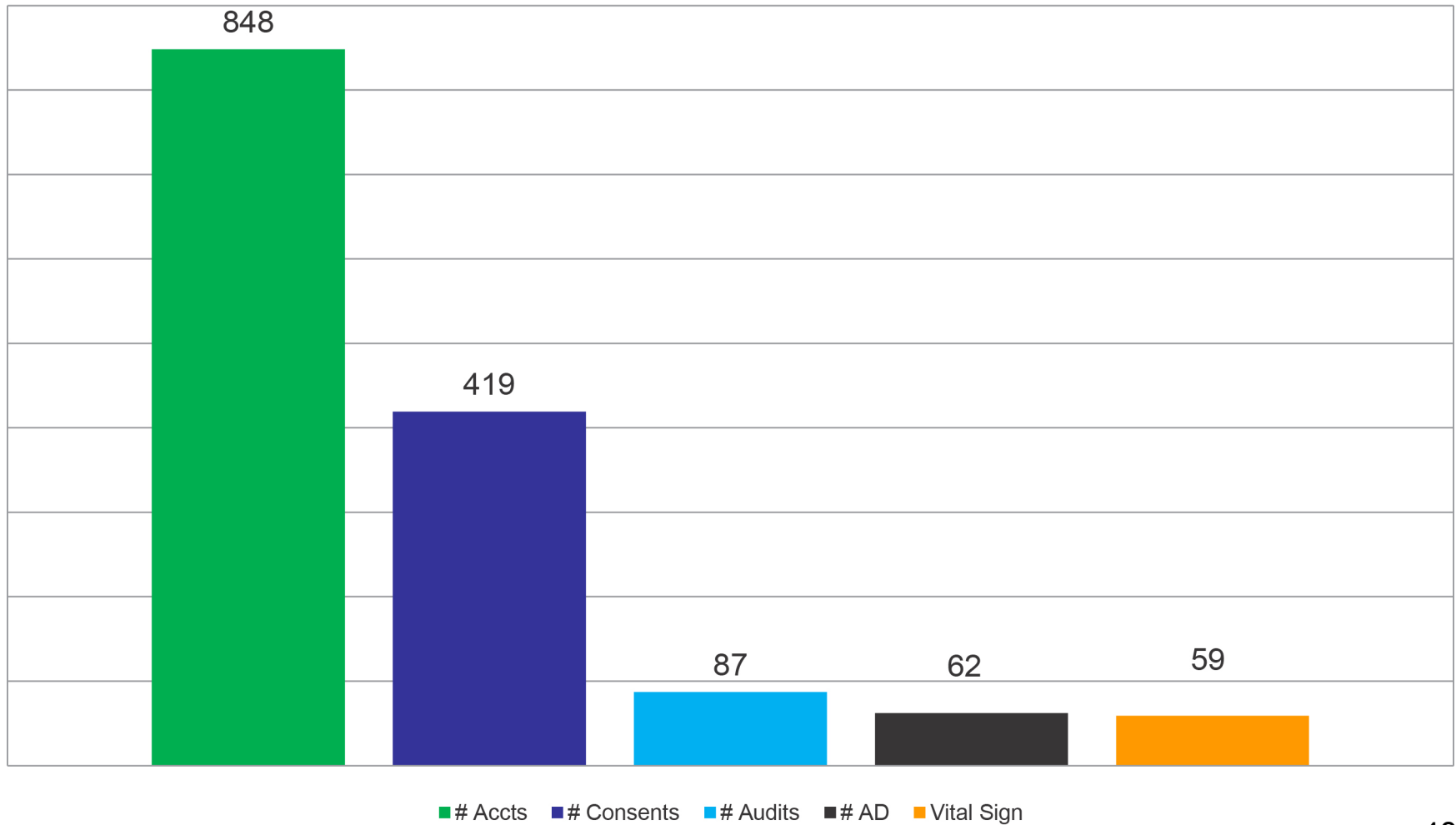
Basic Search | **Advanced Search**

Type in the **first name, last name, or practice name** you wish to find:

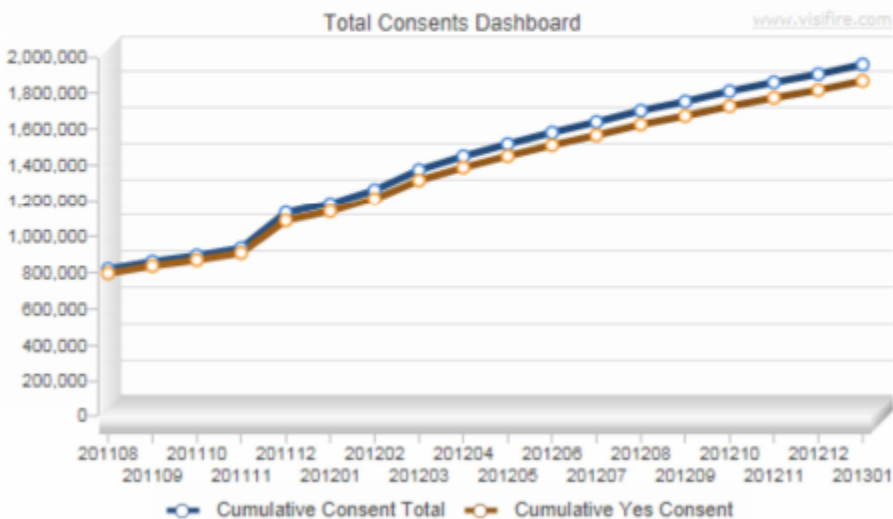
2. **Browse physicians by last name:**

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

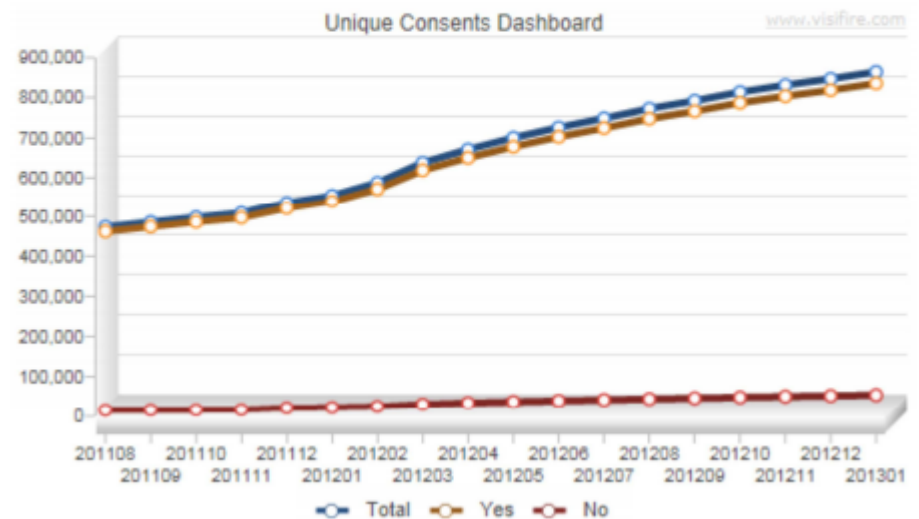
Patient Portal Usage 2011-2013



Total Consents as of 02/04/2013



Unique Consents as of 02/04/2013



Total Consents as of 2/4/13:

- Cumulative Consent Total: 1,962,051
- Cumulative Yes Consent: 1,870,896

Unique Consents as of 2/4/13:

- Unique Patient Total: 864,597
- Unique Yes Patients: 835,699

- Slow online adoption
 - IDP/TFA process is a lot of work with low perceived value to patients (unless they have access to their clinical data)
- Original vision included patient access to HIE regional data to add value for consumers.
 - Barriers included CLIA regulation interpretation
 - Variation in community hospital data release practices
 - Physician resistance
 - MU Drive for creation of patient portals that included additional transactional functionality

July 25, 2013

Chain of Trust Presentation

- Steve Gravely, Troutman Sanders
- Eric Heflin, Healtheway



Promoting Trust in a Federated National Network

July 25, 2013

Troutman Sanders

Steve Gravely, Healthcare Practice Group Leader

Healthway

Eric Heflin, CTO

eHealth Exchange Trust Framework

- The Data Use and Reciprocal Support Agreement (DURSA), a comprehensive multi-party trust agreement, is one of several components of the eHealth Exchange trust framework
- Other components include:
 - Specific and tangible requirements for participating in eHealth Exchange
 - Operating Policies and Procedures
 - Duties and obligations of participants
 - Technical specifications
 - Testing requirements
 - Testing program to verify compliance with technical requirements
 - Digital credentials issued to trusted eHealth Exchange Participants, enabling exchange with other Participants
 - Coordinating Committee oversight

Implementing Trust in a Federated Model

- eHealth Exchange Participants want assurance that the trust components are consistently implemented by other Participants and their Participant Users (i.e. any organization / user who connects through the eHealth Exchange Participant)
- DURSA assumes that each Participant is in production and requires that the Participant have existing legal agreements / policies in place with Participant Users
- DURSA requires Participants to “flow down” specific requirements and extends requirements to Participant Users
- Participants attest compliance and provide a brief explanation to demonstrate they understand and how they have implemented the flow-down provisions
- Practical, cost-effective and efficient to leverage existing mechanisms and add DURSA flow-down obligations
- There is no independent verification or accreditation that these measures were implemented by the Participant

Examples: Specific Flow Down Obligations

- Participant must have enforceable agreements or policies and procedures that require participating organizations and users to:
 - Comply with all applicable law
 - Reasonably cooperate with Participant regarding any issues related to the DURSA
 - Only transmit data for permitted purposes defined in the DURSA, which are more narrow than purposes permitted in HIPAA
 - Only use data received from Participant or other Exchange Participants in accordance with the terms and conditions of the DURSA
 - Appropriately report DURSA Breaches (as defined in the DURSA) within the 1 hour / 24 hour timeframes as specified in the DURSA.
 - NOTE: The reportable breaches in the DURSA are different than those that must be reported for HIPAA. Breaches are defined very narrowly to apply to inappropriate access/use/disclosure as it relates to the transmission of data with other eHealth Exchange participants.
 - Refrain from disclosing to anyone, any passwords or other security measures issued to that user/partner by your Organization.

Federated Trust: Technical Approach

- Flow down provisions can significantly impact internal operations within a Participant
- The Participant architecture also drives internal flow down:
 - Centralized HIE
 - Federated HIE (“network of networks”)
 - Hybrid
 - EMR
 - Other
- Duty to respond should be considered
- Are internal policies consistent behind a gateway (opt in, supported transactions, etc.)
- Will the Participant send the SAML attributes to internal participating organizations for them to make local policy decisions?
- And more...

Discussion

For more information:

Troutman Sanders

[Steve.gravely "at" troutmansanders.com](mailto:Steve.gravely@troutmansanders.com)

Healthway

Web Site: www.healthwayinc.org

E-mail: [admin "at" healthwayinc.org](mailto:admin@healthwayinc.org)

August 21, 2013

Duty to Exchange/Duty to Respond Presentations

- Cheryl Stephens, Community Health Information Collaborative (CHIC)
- Mariann Yeager, Healtheway

What is Duty to Respond?

All participants that request information on a patient for treatment shall have a corresponding reciprocal duty to respond to messages that request same.

What is Duty to Exchange?

All participants that are technically capable of extracting and sending a Continuity of Care document or other acceptable standards based formats are required to do so. This shall, in no way, require responder to violate applicable law, or business practice as defined in the Data Exchange and Support Agreement trust agreement and HIE-Bridge policies.

Under what circumstances do these apply?

Duty to respond and duty to exchange apply to all participating organizations and their users that are capable of providing patient information via a standard format and in accordance with HIE-Bridge trust agreement and policies.

What are the potential responses?

If the patient has opted out, the response indicates that the query has been received and there is no information available. The individual submitting the query must attest to having written patient consent or it is a medical emergency before responder is required to answer.

How and by whom are these enforced?

Enforcement is carried out by HIE-Bridge Governing Committee and the staff, as delegated. Participating organizations are required to submit to an audit by HIE-Bridge staff no less than annually. A statistically accurate number of queries must be verified for written consent or a medical emergency is documented in the record.

eHealth Exchange Policy

Minimum Requirement for Participants that request Data for Treatment Purposes

August 21, 2013

Two Minimum Requirements if Requesting Data for Treatment Purposes

- Duty to respond to requests for treatment purposes
- Duty to exchange without discrimination

Duty to Respond for Treatment

- Participants that allow their respective end users to request data for treatment purposes have a duty to respond to requests for data for treatment purposes by either:
 - Responding with the data requested; or
 - Responding with a standardized response to the requesting Participant (e.g. information not available, etc.)
- Responses must comply with the technical specifications
- Participants are permitted, but not required, to respond to all other (non-treatment) requests.
- Participants do not have to disclose data when such a disclosure would conflict with Applicable Law or the Participant's access policies.

Duty to Exchange with Other Participants

- Participants shall exchange data with other participants for treatment purposes in accordance with:
 - Applicable law
 - System access policies
 - Duty to respond with either a copy of the data requested or a standardized response; and
 - Participant privacy, security and breach notification requirements
- Participants may not cease exchanging data for other purposes
- Participants may temporarily stop exchanging data with another participant if concerned regarding compliance with DURSA, by:
 - Changing its access policies to address the participant's concerns;
 - Notifying the Coordinating committee regarding the cessation and the reasons that the participant stopped the exchange; and
 - Engaging in the eHealth Exchange dispute resolution process, and, if applicable, resolving any security concerns to reestablish trust and resolve security concerns resulting from a breach

October 18, 2013

Accreditation & Certification Case Study

– Lee Barrett, EHNAC

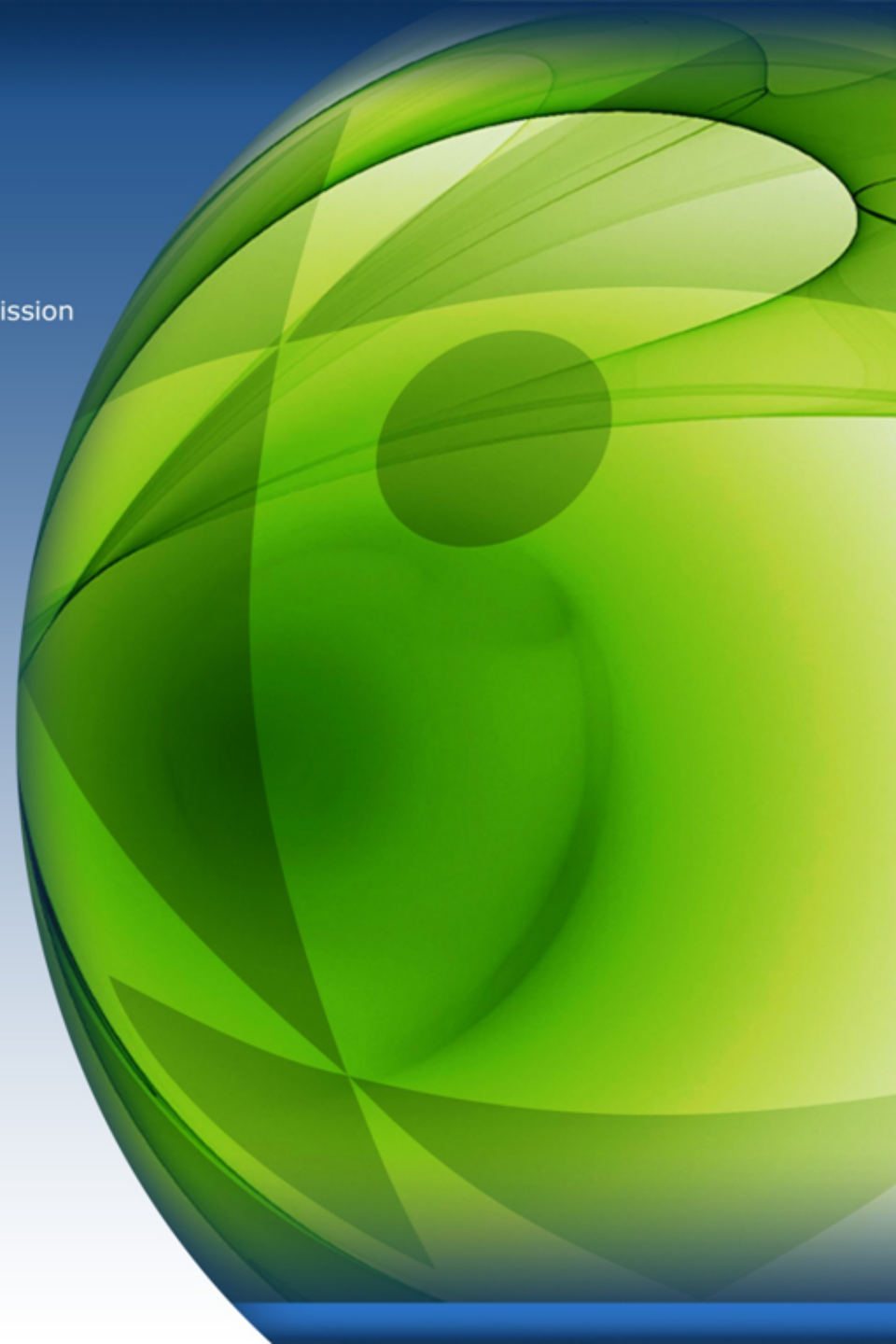


EHNAC

Electronic Healthcare Network Accreditation Commission

EHNAC HIE & Direct Overview

Lee Barrett, Executive Director





Purpose

- Develop standard criteria and accredit organizations that electronically exchange healthcare data.
- Provide accreditation services for:
 - Electronic Health Networks
 - Financial Services Organizations
 - E-prescribing Networks
 - Medical Billers
 - Health Information Exchanges
 - HISP's, CA's & RA's
 - Managed Service Organizations
 - Third Party Administrators
 - Payers
 - Other healthcare industry organizations



EHNAC

Electronic Healthcare Network Accreditation Commission

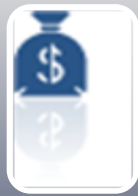
EHNAC Accreditation Programs



ASPAP-EHR
Application Service Provider Accreditation Program for Electronic Health Records



ePAP
ePrescribing Accreditation Program



FSAP
Financial Services Accreditation Program



HIEAP
Health Information Exchange Accreditation Program



HNAP
Healthcare Network Accreditation Program



DTAAP (HISP, CA, RA)
Direct Trust Agent Accreditation Program



OSAP
Outsourced Services Accreditation Program

Serving Organizations Across the Healthcare Spectrum



Health Information Exchange Accreditation Program (HIEAP)

- For Target Audience:
 - Health Information Exchanges (HIEs)(HIX's)
 - Health Information Organizations (HIOs)
 - Regional Health Information Organizations (RHIOs)
- ...that Focuses on:
 - enable the dissemination of administrative/clinical healthcare information including medical records electronically across organizations within a region or community;
 - communicate with disparate healthcare information systems; and
 - maintain the “meaningful use” of the information being exchanged;
 - Establishes Trust between the stakeholders
- Voluntary Accreditation Program



EHNAC

Electronic Healthcare Network Accreditation Commission

Direct Trust Agent Accreditation Program (DTAAP) Relevance & Target Audience

- ✓ Increase interoperability, decrease cost and complexity, and facilitate trust among participants using Direct for health information exchange of personal health information for health care improvements.
- ✓ Advance industry engagement in the Electronic Healthcare Network Accreditation Commission (EHNAC)-DirectTrust program for voluntary accreditation of HISPs, CAs, and RAs, who act as trusted agents on behalf of Direct exchange participants (DTAAP).
- ✓ Design, build out, and operate at scale a Trust Anchor Bundle Distribution Service, TABs, that transparently identifies attributes of anchor certificates from accredited HISPs, and distributes these anchors to the public



Security and Trust Framework

HCO Direct Addressees

Healthcare Organization (HCO)

The HCO relies on HISP, CA, and RA as accredited trusted agents, and bears ultimate responsibility for HIPAA privacy and security.

Basic services for user: DNS discovery; encryption; certificate signing and validation; send/receive MDNs; provide HISP-side of edge protocol connection compliance with Direct standard,

Health Information Service Provider (HISP)

The HISP enforces the policies specified in the DirectTrust HISP Policy (HP), and MUST use accredited RA and CA.

Registration Authority (RA)

Compile/Validate Identity and Trust Documentation

The CA and RA enforce the policies specified in the DirectTrust and FBCA Certificate Policy (CP).

Certificate Authority (CA)

IX.509 Certificate Issuance Service

Certificate Validation Service

Certificate Signing Services

Revocation Services

Identity vetting at a specific level of Assurance, LoA.



Registration Authority

Credential issued on the basis of RA's Identity vetting at specific LoA..



Certificate Authority

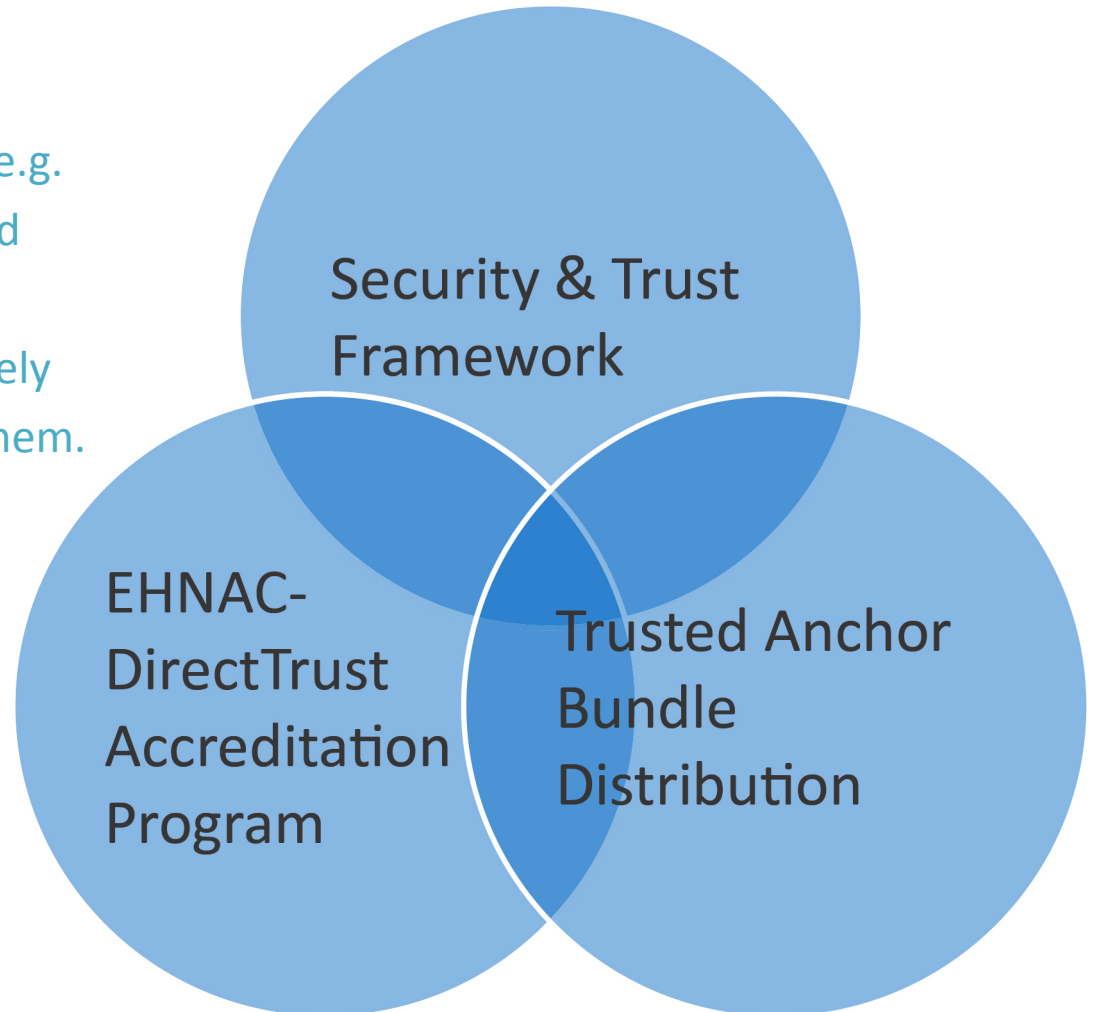


EHNAC

Electronic Healthcare Network Accreditation Commission

DirectTrust Approach

The goal is to make it easy and inexpensive for trusted agents, e.g. HISPs, to voluntarily know of and follow the “rules of the Road,” while also easily and inexpensively knowing who else is following them.





HIEAP & DTAAP– Scope of Review

- Assesses policies, procedures and practices in the areas of:
 - Privacy and confidentiality
 - Security
 - Technical performance
 - Business practices
 - Organizational and technical resources
- Includes HIPAA, ARRA/HITECH/Omnibus Rules, ACA and CORE Operating Rules requirements as applicable



Source of Authority – Stakeholders Represented

- Commission: Comprised of a minimum of 9 healthcare public and private sector stakeholders
- Industry sectors represented may include
 - Electronic health networks
 - Regulatory agencies
 - Payers
 - Healthcare security organizations
 - Hospital and physicians providers
 - Consumer organizations
 - Financial services
 - Vendors



Committees

Executive Committee

- Executive Director
- 4 Commissioners (*chairs of the other committees*)

Finance Committee

- 3 Commissioners (*minimum 3*)

Criteria Committee

- 10 Commissioners (*minimum 3*)
- 34 Public Members

Nominating Committee

- 3 Commissioners (*minimum 3*)

Marketing Committee

- 13 Commissioners (*minimum 3*)
- 27 Public Members



Criteria Development

Development

- Criteria Committee recommends new and modified criteria to Commission
- Commission Approves, Rejects, or sends back to Criteria Committee

Criteria released for public comment, with press release

Comment period of at least 60 calendar days

Final modifications per comment period

Executive Committee recommends final revision to Commission



EHNAC

Electronic Healthcare Network Accreditation Commission

EHNAC Accreditation Process



Pre-application

- Ensures qualification based on type of business



Application

- Collects additional information and annual fees



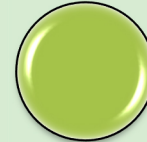
Self-Assessment

- Demonstrates evidence of compliance with criteria



Site Review

- Tests Self-Assessment claims via on-site review.



Award

- Awards level of accreditation achieved (Full, Provisional, Interim, Failed).

Timeline

Candidate is approved and has 1 year to complete. Maximum 8 mos. to submit the self-assessment allowing up to 4 mos. for site review(s), final report and approval process



EHNAC

Electronic Healthcare Network Accreditation Commission

Site Reviewers/Auditors

- Seasoned healthcare IT industry subject matter experts
- Comprehensive knowledge of the EHNAC criteria
- Independent, not employees of accredited organizations
- Bound by policies protecting candidate information
- Bound by conflict of interest and confidentiality policies



Assurances Received thru EHNAC Accreditation

- Industry recognition and acceptance
- Comprehensive criteria with ongoing enhancements
- Quality of process
- Value of site audit including recommendations/outcomes
- Authoritative and consultative model and industry feedback
 - Third party recommendations
- State requirements serving as a model for other states to adopt
 - Maryland Healthcare Access Commission (MHCC), NJ, TX
 - Other states considering adoption: UT, MN



Risks Mitigated/Assurances Gained

- Compliance: Federal requirements incorporated in Programs i.e.
 - HIPAA, ARRA, HITECH/Omnibus Rule & ACA
 - CORE Operating Rules
- General Benefits
 - Provides a competitive advantage and differentiation
 - Demonstrates compliance with EHNAC criteria
- Framework
 - Provides a framework for reusable policies and procedures
 - Promotes industry best practices in healthcare information exchange
 - Identifies areas for improving business processes
 - Facilitates business discipline, organization and planning



Risks Mitigated/Assurances Gained

- METRICS

- Enhances performance through requirements for quality metrics and measurements
- Improves customer satisfaction through the capture of call metrics

- QUALITY

- Encourages quality improvements in products and services
- Ensures sufficient employee training programs
- Fosters operating cost reductions through efficiencies
- Provides regular, comprehensive and objective evaluation



EHNAC

Electronic Healthcare Network Accreditation Commission

The Accreditation of Choice



November 14, 2013

Exemplar HIE Governance Cooperative Agreement Program

– Kory Mertz, Office of the National Coordinator

The Office of the National Coordinator for
Health Information Technology



Exemplar HIE Governance Cooperative Agreement Program

Kory Mertz, Challenge Grant Director, ONC
November 14, 2013

Putting the **I** in **HealthIT**
www.HealthIT.gov

Exemplar HIE Governance Program

- In late March ONC awarded two cooperative agreements to existing HIE governance entities to
 - develop and adopt policies, interoperability requirements and business practices that align with national priorities
 - overcome interoperability challenges
 - reduce implementation costs and
 - assure the privacy and security of health information

Recipient	Award
DirectTrust.org, Inc.	\$280,205
New York eHealth Collaborative, Inc.	\$200,000

- Launch accreditation programs and have 50 HISPs, CAs and RAs accredited (full or candidate) by the end of Q1 2014
- Exchange and Distribution of Certificate Trust Anchor Bundles
- Policy Alignment and Implementation
- Federation Agreement among Accredited HISPs

Implementation Metrics

DirectTrust has self-reported the following implementation metrics

	January – July, 2013:	January – September, 2013:
Number of Organizations that are fully accredited	5	8
Number of Organizations that are have reached candidate accreditation	10	19
Number of Organization with anchors in the trust bundle	8	12
Organizations enabled for directed exchange	667	1,460
Individual users enabled for directed exchange	8,724	45,300
Number of Directed Transaction	122,842	2,195,433
Number of accredited HISPs reporting implementation metrics	9	16

Accredited Organizations

Full Accreditation

- CareAccord
- Cerner Corporation*
- Informatics Corporation of America*
- MaxMD*
- Surescripts *
- Inpriva, Inc.*
- digicert
- Informedtrix*

Candidate Accreditation

- Covisint
- Data Motion Inc.*
- EMR Direct*
- Healthcare Information Exchange of New York Inc. *
- GMO GlobalSign
- iMedicor
- IOD Incorporated
- MedAllies *
- Medicity
- MRO Corporation*
- NYeC
- Relay Health
- Rochester RHIO
- Secure Exchange Solutions
- Simplicity Health Systems
- Truven Health Analytics
- Updax
- Utah Health Information Network
- Vitalz

**Organizations anchor certificate is in the trust bundle*

- Continuing focus on outreach and engagement
- Developing HISP operating policy document to guide HISP operations and future accreditation
- Reviewing ONC guidance to ensure alignment
- Federation agreement
- Trust bundle

- Test various models for querying provider directories to support EHR-HISP and HISP-to-HISP exchange of Direct messages.
- Test HPD+ directory standards and data model developed by the S&I Framework.
 - Currently 22 pilot participants (states, RHIOs and vendors)
 - Pilots to test the HPD+ directory standards and data model developed by the S&I framework and incorporated into the IWG Direct Exchange specifications
 - Collaborate with ONC Modular Specifications Project to test new models
 - Results of pilots will be incorporated into IWG's Direct Implementation Guide by February 2014 and into HIE Certified testing program

State/HIE	Vendor Partners
<p>University of California, Davis Health System Santa Cruz Health Information Exchange Orange County Partnership RHIO RAIN Live Oak HIE / Telemedicine Network North Coast Health Information Exchange Sujansky & Associates LLC</p>	<p>Mirth Epic (will demonstrate EHR integration) RAIN's developed solution GSI CHeQ</p>
<p>New York eHealth Collaborative, Western New York RHIO (HEALTHeLINK)</p>	<p>MedAllies, Mirth</p>
<p>Michigan Health Information Network, Florida Health Information Exchange, Surescripts</p>	<p>MIHIN directory platform, Harris, Surescripts</p>
<p>National Association of Trusted Exchange (NATE) States: first Utah Health Information Network and California HISPs through statewide hub, more may be on-boarded during pilot timeframe</p>	<p>Mirth, Secure Exchange Solutions</p>

- Pilot learning's in December
- Incorporate results of pilots into IWG's Direct Implementation Guide & Share with broader community
- IHE USA and ONC team have agreed to work towards updated IHE HPD profile publication as quickly as possible
- Special focus and testing support opportunity targeted for North America Connectathon in January 2014

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