



# Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap version 1.0

## Calls to Action and Commitments for Organizations that Pay for Care

**Stakeholders include:** Private payers, employers and public payers that pay for programs like Medicare, Medicaid and TRICARE.

People who receive care or support the care of others		People and organizations that deliver care and services	
<b>Organizations that pay for care</b>		People and organizations that support the public good	
People and organizations that generate new knowledge, whether research or quality improvement		People and organizations that provide health IT capabilities	
People and organizations that govern, certify, and/or have oversight		People and organizations that develop and maintain standards	

**Goal for 2015-2017**  
*Send, receive, find and use priority data domains to improve health care quality and outcomes*

**Calls to Action** are opportunities where stakeholders can take the lead in and commit to as participants. Calls to action are prioritized actions that support achievement of the milestones.

### A. A supportive payment and regulatory environment

- A2. 2 States should propose and/or implement strategies to leverage Medicaid financial support for interoperability.
- A2. 4 States with managed care contracts should routinely require provider networks to report performance on measures of standards-based exchange of information in required quality strategies, performance measurement reporting, etc.
- A2. 5 A growing number of private payers should implement provisions supporting interoperability within value-based payment arrangements covering commercial populations.
- A2. 6 Purchasers should consider health plans' commitment to the use of interoperable health IT and health information exchange among network and non-network providers in their purchasing decisions.
- A2. 7 ONC should work with CMS to evaluate the use of health IT by providers participating in advanced payment models.



## **B. Shared-decision making, rules of engagement and accountability**

B2.1 Public and private sector health IT stakeholders should establish shared-decision making process to address operational issues related to standards, services, policies and practices that enable interoperability, including agreement on a nationwide learning health system technical architecture, and establishing clear, consistent feedback between SDOs and implementers about implementation successes and limitations, as well as supporting non-certification related testing of technical standards.

B2.2 Participants in the shared decision making process should agree on a nationwide technical architecture for an interoperable learning health system.

B2.3 Federal agencies that provide or pay for health services should align their policies for interoperability with ONC's policy guidance.

B2.6 Participants in the shared decision making process should prioritize use cases based on a balance of national priorities and local needs.

B2.7 Participants in the shared decision-making process should work with ONC to establish metrics for monitoring and assessing nationwide interoperability and methods for data collection.

B2.8 The shared decision-making process should select standards for specific use cases/functions from ONC's most recent finalized Interoperability Standards Advisory (ISA) when the ISA contains relevant standards.

## **C. Ubiquitous, secure network infrastructure**

C2. 5 Health care providers, business associates, technology developers, and other industry stakeholders should begin adopting existing encryption standards to ensure that all electronic IHI is encrypted "at rest" and "in transit," taking advantage of the most robust commercially available algorithms such as AES-256 as identified by NIST.<sup>1</sup> Encryption solutions should be able to be upgraded to address emerging standards without requiring a complete replacement of existing hardware.

## **D. Verifiable identity and authentication of all participants**

D2. 3. Health care industry stakeholders should begin leveraging the Federal Identity, Credential, and Access Management (FICAM) Roadmap and Implementation Guide for identity management standards and best practices.

## **E. Consistent representation of authorization to access electronic health information**

E2.1 Health care organizations and other organizations with access to electronic IHI should ensure that their access control rules and organizational policies are aligned to leverage permitted uses and disclosure under HIPAA to advance interoperable exchange of information and the learning health system.

E2.2 Health care organizations and other organizations with access to IHI should ensure that their access controls enable individuals or third parties designated by individuals to electronically access and transport electronic health information about that individual where the individual directs, consistent with HIPAA's patient access rules.

---

<sup>1</sup> <http://csrc.nist.gov/publications/fips/fips140-2/fips1402annexa.pdf>



## L. Accurate individual data matching

L2.1 Public and private stakeholders should work with SDOs to ensure that data elements for individual data matching are standardized, and can be consistently captured and shared in all health information queries and record linking transactions.

L2.2 The industry should work together to document evidence-based best practices for individual data matching processes, data quality and matching technology.

## M. Health care directories and resource location

M2.1 Provider directory operators should align existing directories to the extent possible with best available standards for provider directories as identified in ONC's most recent finalized Interoperability Standards Advisory or with emerging RESTful approaches if implementation timelines are not near-term.

M2.3. Through public, transparent processes, stakeholders should prioritize the participants and services that are to be discoverable using resource location and identify a near-term goal for the first small set of resources to be included in initial implementations, such as Direct addresses, electronic service information, web addresses, and multiple practice locations.

## N. Individuals have access to longitudinal electronic health information, can contribute to that information, and can direct it to any electronic location

N2. 3. Consumer groups in collaboration with government agencies, associations and payers should develop and disseminate resources, such as the Blue Button campaign materials,<sup>2</sup> to assist individuals with accessing and using their electronic health information.

**Commitments** are prioritized actions that stakeholders have publicly committed to fulfilling. Commitments support achievement of the milestones. The following is a list of commitments where federal agencies have committed to working with your stakeholder group. We look forward to working with you to achieve them.

## A. A supportive payment and regulatory environment

A3.1 CMS will take advantage of opportunities, when possible, to build interoperability requirements into relevant payment rules and programs where appropriate.

A3.2 CMS will encourage states with Medicaid managed care programs to include references to health IT or health information exchange in any relevant sections of their state quality strategies.<sup>3</sup>

## C. Ubiquitous, secure network infrastructure

C3. 2. ONC will work with payers to explore the availability of private sector financial incentives to increase the rate of encrypting, starting with discussions with casualty insurance carriers who offer cybersecurity insurance.

<sup>2</sup> <http://www.healthit.gov/patients-families/blue-button-psa-campaign>

<sup>3</sup> For more information, see Sec 101(e) of the 2015 Medicare and CHIP Reauthorization Act.



### **E. Consistent representation of authorization to access electronic health information**

E3. 3. ONC will convene workshops or listening sessions on the types of electronic health information sharing that may be required, by role, to support value-based purchasing. A major goal of the workshops will be to evaluate how close the nation can come to achieving its interoperability goals through existing privacy rules.

### **F. Consistent understanding and technical representation of permission to collect, share and use identifiable electronic health information**

F3. 8. ONC will convene a group of industry stakeholders to determine if it is possible to create an open source mapping of the codes that capture clinical care to sensitive health conditions such as mental health. These mappings can serve as the foundation for common rules to be used by rules engines for determining what data may be shared based on individual permission.

### **L. Accurate individual data matching**

L3.1 ONC will work with public and private stakeholders to identify and test a core set of metrics that can be used across the health IT ecosystem to consistently assess matching algorithm performance across different data sets and settings.

### **N. Individuals have access to longitudinal electronic health information, can contribute to that information, and can direct it to any electronic location**

N3.1 ONC will work with the health IT community to support the Blue Button Initiative to spur consumer demand for their health information and encourage testing and implementation of a portfolio of existing and emerging standards that support consistent methods for sharing health information with individuals.

N3.2 ONC will continue to work with the health IT community to remove barriers and support consumers' ability to access and electronically share their health information with whomever they trust.

N3.3 ONC will promote consistent, easy, and efficient methods for sharing health information with individuals by supporting existing and emerging standards for exchange, including APIs, and continuous iteration and development of those standards in partnership with the health IT community.