

Health Information Exchange for Eligible Clinicians 2019

Interoperability has been a long-standing goal of the Centers for Medicare and Medicaid Services (CMS) to support care coordination in healthcare. To further this goal, CMS has implemented programs, such as the Electronic Health Record (EHR) Incentive Program or Meaningful Use, and now the Promoting Interoperability performance category of the Merit-based Incentive Payment System. For a Health Information Technology (HIT) to successfully achieve interoperability, various EHR systems, interface engines, and other vendors must connect and speak to each other.

Under the MIPS Program Year 3 priorities CMS has placed a heavy focus on HIT interoperability that enables the secure exchange of electronic health information with, and use of electronic health information from, other HIT without special effort on the part of the user; allows for complete access, exchange, and use of all electronically accessible health information, under applicable state laws.

Merit-based Incentive Payment System Year 3: Health Information Exchange Measures

Under the Health Information Exchange (HIE) objective in the Promoting Interoperability performance category, eligible clinicians and groups are required to report on two measures:

Support Electronic Referral Loops by Sending Health Information

- For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider creates a summary of care record using certified electronic health record technology (CEHRT); and electronically exchanges the summary of care record
- This measure is worth 20 points maximum

Support Electronic Referral Loops by Receiving and Incorporating Health Information

- For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list
- This measure is worth 20 points maximum

Using the Consolidated Clinical Document Architecture (C-CDA) Document

Clinical Document Architecture (CDA) is a standard that provides a base architecture, semantic framework, and markup language that specifies how to create electronic clinical documents. Here are the generic components of a CDA document:

- **Header:** Includes structured data with patient Information, provider details, author, creation date, document type, etc.
- **Body:** Includes unstructured details, presented as text in sections, including: problem list, diagnoses, medication list, allergies, follow-ups, immunizations, etc. There may also be free text discharge summary notes.

The Quality Payment Program (QPP) Year 3 Final Rule states that CMS' policy allows healthcare providers to constrain the information in the summary of care record to support transitions of care. CMS encourages health care providers to send a list of items that the provider believes to be pertinent and relevant to the patient's care. In the QPP Year 3 Final Rule, CMS has finalized that MIPS eligible clinicians may use any document template within the Consolidated CDA (C-CDA) standard for the purposes of the measures under the Health Information Exchange objective.

A list of approved C-CDA templates can be found here - <http://cdasearch.hl7.org/>

Options available for Eligible Clinicians to meet the Health Information Exchange Measures

In the QPP Year 3 Final Rule, CMS states that 2015 edition of CEHRT should be utilized to support the ability for eligible clinicians and groups to send and receive the C-CDA documents to further interoperability and data exchange. To enable the interoperability and exchange of data below is an exhaustive but not complete list of health data sharing network options available to meet the HIE measures.

1

The Sequoia Project

The Sequoia Project is a national convener of industry and government stakeholders solving health IT interoperability. This project is focused on implementation of interoperability solutions, i.e. the **eHealth Exchange** network and **Care quality** framework.

The **eHealth Exchange** is a query-based, health information network. This network connects both federal and non-federal agencies for exchange of health information.

Care quality is a health data network-to-network framework that connects and allows existing and any future health data sharing networks. This allows providers to securely exchange data with providers who are part of a different data sharing network.

To be part of this project, the user needs to complete an online application and submit it to the project admin.

Website: <https://sequoiaproject.org/>

2

DirectTrust

DirectTrust is a collaborative, non-profit association of 121 health IT and healthcare provider organizations framework that supports secure, interoperable health information exchange via the Direct message protocols. This trust framework supports both provider-to-provider direct exchange and bi-directional exchange between consumers/patients and their providers. To become a member of DirectTrust the user needs to fill out the membership application and pay corresponding membership dues.

Website: <https://www.directtrust.org/>

3

CommonWell Health Alliance

CommonWell Health Alliance is a not-for-profit trade association that works with various vendors in orders to achieve interoperability. The Health Information Exchange CommonWell Services include: Person Enrollment, Record Location, Patient Identification and Linking, and Data Query and Retrieval. To become a member of this network the user needs to fill out the membership Application and pay corresponding membership dues.

Website: <https://www.commonwellalliance.org/>

The CommonWell Health Alliance has also collaborated with the Carequality framework enabling sharing data with other networks

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Mass Hlway (For MA licensed providers only)

The Massachusetts Hlway is a secure health information exchange statewide network that facilitates the transmission of healthcare data and health information among providers, hospitals, and other healthcare entities as allowed by applicable state and federal laws. The Mass Hlway aims to support the analysis of protected health information (PHI) to better manage the quality and cost of care delivered; and query and retrieval of information across the healthcare community to achieve the best possible care coordination for Massachusetts residents. To join this network providers must review and sign the documentation listed on the website and email it to the state.

Website: <http://www.masshiway.net/HPP/HowtoJoin/StepstoEnroll/index.htm>