HURON

COVID-19: ACCELERATING INTEROPERABILITY

In March 2020, The Centers for Medicare & Medicaid Services (CMS) issued the Interoperability and Patient Access final rule, removing barriers to accessing and sharing data for consumers, providers and payors.

At the same time, attempts to navigate the chaos of COVID-19 have only served to underscore the need for enhanced interoperability. All stakeholders are seeing in real time the benefits of sharing data and the problems that arise when information is not shared between providers, payors and patients.

As the battle against COVID-19 stretches healthcare organizations' resources on multiple fronts, leaders cannot afford to lose focus on the fast-approaching CMS interoperability deadlines.

Establishing a Framework to Move Forward

The latest CMS regulations offer significant interoperability advancements that put patients in control of their data. Through application programming interfaces (APIs), the healthcare industry will allow patients to easily transfer data from place to place, providing patients and physicians with deeper insights into a patient's health.

Providers, electronic health record (EHR) vendors and software developers will be working hard to prepare for this new wave of requirements. Standards like fast healthcare interoperability resources (FHIR) are evolving, creating inconsistencies around how they are adopted by the EHR vendors and developers utilizing the API standards.

It is imperative that organizations develop a comprehensive view of the implications of the new CMS regulations, including governance, technology infrastructure, security, processes and data quality. Chief information officers must be educated on the marketplace, regulations and implementation guidance to determine how the new policies can be embraced and integrated into their information technology (IT) strategy.

Once a framework has been established, organizations can proceed with specific plans to address each of the new policies.

Below are several areas of the recent CMS ruling that organizations should act on immediately:

Patient Access API

The patient access API policy requires that patients can access their data whenever and wherever, creating a more holistic understanding of their health and guiding better health decisions.

Starting January 1, 2021, Medicare Advantage, Medicaid, the Children's Health Insurance Program (CHIP) and plans on the federal exchanges (that

begin in 2021) will be required to support a standardized API (HL7 FHIR version 4.0.1) that allows patients to access claims and various information related to their medical encounter, such as cost or clinical information, through a third-party app of their choice. The API could also be used to integrate a health plan's information to a patient's EHR.

Organizations should complete a current-state assessment that identifies the ways patients enroll into health information portals, the ways they review and use information, and barriers to access. Planning and implementing new technology will include identification of actionable steps to improve processes associated with patient access and their health decision making.

Provider Directory API

Another rule applicable by January 2021 states that provider directory information must be made publicly available.

Inaccurate provider information has consequences for patients, payors and providers. Wrong telephone numbers and location information limit access to care. The provider directory API rule is meant to enable patients and providers to find other providers to coordinate care for patients, leading to improved accuracy, timeliness and overall quality of care. As CMS-regulated payors are required to make provider directory information publicly available for care coordination purposes via an open access API, a review of the organization's ability to maintain provider information and update digital contact information will help determine organizational readiness.

Processes to obtain, update and share provider information should be assessed and documented. Keep in mind that provider information will be available to consumers, and updated processes will direct consumers toward appropriate provider services, increasing the importance of frequently updated and accurate information.

Payor-To-Payor Data Exchange

Beginning on or after January 1, 2022, this rule is designed to enable payors to exchange relevant clinical data at the patient's request, allowing patients to transfer their data from payor to payor as they change jobs or qualify for other types of medical insurance.

This will enable more efficient care, help eliminate gaps in care and support better decision making about care. Payors may also use the data to help inform their own business models and reimbursement structures.

Understanding how patients interact with their available health information is the first step toward patient-centered data exchange and toward a dynamic electronic patient record. An assessment of current technology capabilities and its use by the organization and patients should be conducted. Readiness and actionable steps can then be identified as part of the organization's framework to assist in the transfer of patient data from payor to payor.

For more information, contact us or visit our COVID-19 resources page.

HURON

huronconsultinggroup.com

20-0680