SYNCRONYS
Webinar Series

April 19, 2022

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AGENDA

- News – April Salisbury, Director of Onboarding and Training

- Featured Presentation:
  "The State of Interoperability and Future Vision"
  – Dr. Thomas East, CEO/CIO

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SIXTH ANNUAL SYNCRONYS HIE USERS' CONFERENCE

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Hold the dates!
Thursday & Friday,
September 22-23, 2022

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DIAGNOSTIC IMAGE SHARING

- Artesia General   *(Completed)*
- CHRISTUS St. Vincent RMC   *(Completed)*
- Holy Cross Medical Center   *(Testing)*
- Lovelace Health System   *(Security Assessment in process)*
- UNMH/SRMC   *(In Progress)*
- NM Cancer Center   *(In Progress)*
- NM Orthopaedics   *(Completed)*
- Presbyterian Healthcare Services
    w/ Presbyterian Medical Group   *(In Progress)*
- Radiology Associates of Albuquerque   *(Completed)*
- Rehoboth McKinley Christian HCH   *(Scheduling Project Kick-off)*
- XRAY Associates of New Mexico *– incl. 8 facilities*   *(Completed)*

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NEW HIE FEATURE COMING SOON

Circle of Care, a component of the optional Coordinate module will soon be available to all clinical users.

- Subscribe to portal notifications for individual patients.
- Alert others that you are involved in a patient's care.

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NEWS – WE'RE GROWING

WWW.INDEED.COM – SEARCH 'SYNCRONYS'

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THE STATE OF INTEROPERABILITY AND FUTURE VISION

TOM EAST, PHD

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National Interoperability Solutions Today

- **eHealth Exchange-** eHealth Exchange is the largest healthcare information network in the country. eHealth Exchange is a network of networks connecting federal agencies and non-federal healthcare organizations so medical data can be exchanged. eHealth Exchange is a federated model supporting query/retrieve for a CCDA and other documents. There is patient matching but no empi or record locator service.

- **CommonWell** – Founded by Cerner and 6 other companies, since then many other companies have joined- CommonWell is a federated model with a record locator service, patient matching and supports query retrieve for a CCDA.

- **Carequality** –It is a framework that includes common rules of the road, based on collaboratively developed principles of trust. Implementation guides for each use case, defining technical, business, and policy requirements specific to that use case and a directory of participants across the data sharing networks. **Carequality is not a data sharing network and provides no infrastructure (technology or software).** Carequality aims to connect data sharing networks throughout the country, forming a nationwide, interconnected web of networks**.** Supports query/retrieve for CCDA. It is a federated model, does not require a record locator service or have an empi.

- **Care Everywhere-** EPIC EHR users only. A federated model with record location, query/retrieve CCDA exchange, patient matching, DIRECT secure messaging and alerts.

- **Civitas Patient Centered Data Home-** A national network of HIEs exchanging ADTs when a patient is seen outside of their home area. The home HIE would receive notifications when the patient is seen outside the area that can then be passed on to the local organization.
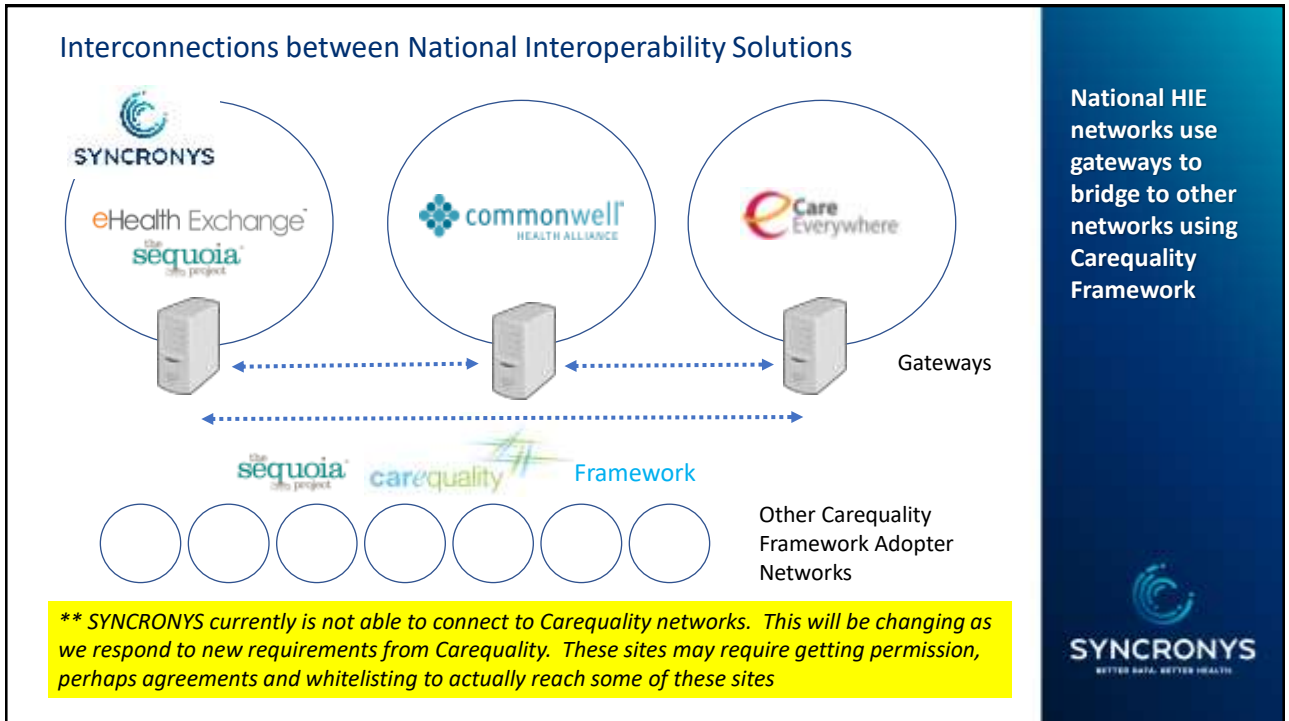
8

Interconnections between National Interoperability Solutions

National HIE networks use gateways to bridge to other networks using Carequality Framework

Gateways

Framework

Other Carequality Framework Adopter Networks

** SYNCRONYS currently is not able to connect to Carequality networks. This will be changing as we respond to new requirements from Carequality. These sites may require getting permission, perhaps agreements and whitelisting to actually reach some of these sites

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Service	SYNCRONYS	eHealth Exchange Commonwell Carequality	EPIC Only Care Everywhere
Query/Retrieve for CCDA/Docs	X	X	X
Nationwide data	eHealth Exch	X	X
Push to HIE	X		X
FHIR APIs	X	*future*	X
Population Queries/Analytics	X		
Integrated Longitudinal Record	X		X
Notifications- Messages	X	*future*	X
Notifications- Report	X		X
Notifications- Push ADT to EHR	X		
Image Sharing	X		
CMT Use Cases- Insights	X		
Hep C Use Case	X		
MOST/Adv Dir Registry	X		
Advanced Analytics	X		
Care Coordination	X		
Push select data based on roster	X		
Direct Secure Messaging	X		X
Integration of Claims and Clinical	X		

Comparison of SYNCRONYS services to Other National Interoperability Solutions

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Epic Cosmos

Epic launched Cosmos, its program that mines data from patient records at various health systems, in 2019. Cosmos now comprises 122 million patient records, which Epic's researchers mine to produce weekly reports on population-level trends across the U.S. healthcare system, according to the report.

TRUVETA

Truveta offers the opportunity for innovative health systems to join together and apply their collective de-identified data to empower every physician to be an expert, advance health equity, and save lives.

Research, Deep Learning, Learning Healthcare System, Probabilistic Modeling, Comparing an individual to a matched population

Large pools of deidentified data

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Delivering On The Promise Of Health Information Technology In 2022

Micky Tripathi, PhD, MPP, the national coordinator for health information technology at the US Department of Health and Human Services   HealthAffairs 2/22/22

Critical factors in 2022 dramatically enhancing clinical interoperability:

1. Continued implementation and enforcement of the information blocking regulations will make information sharing practices (that is, practices that do not interfere with access, exchange, and use of electronic health information [EHI]) a priority across the industry.
2. Application programming interface (API) standardization FHIR r4 will establish a foundation of secure, standardized API capabilities to make information sharing easier with certified EHR systems.
3. Trusted Exchange Framework and Common Agreement (TEFCA) will create a nationwide policy and infrastructure backbone to ease information sharing across networks of EHRs and other health IT systems.

HealthAffairs

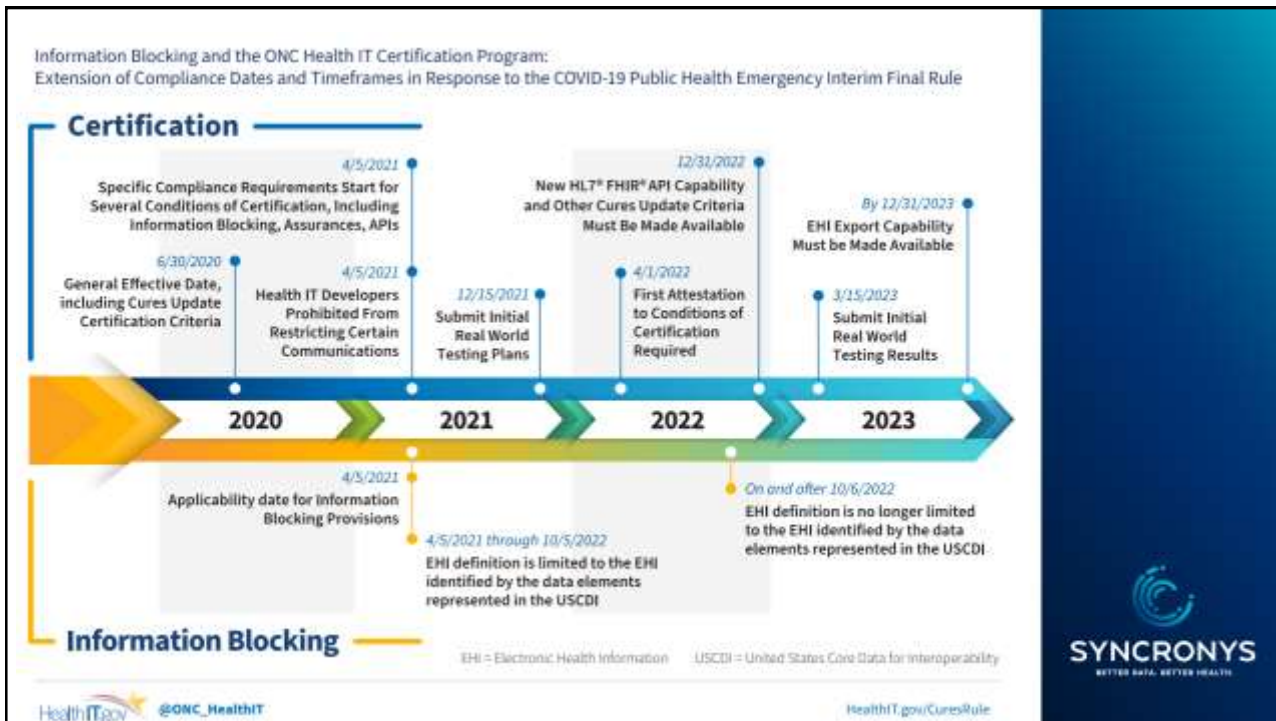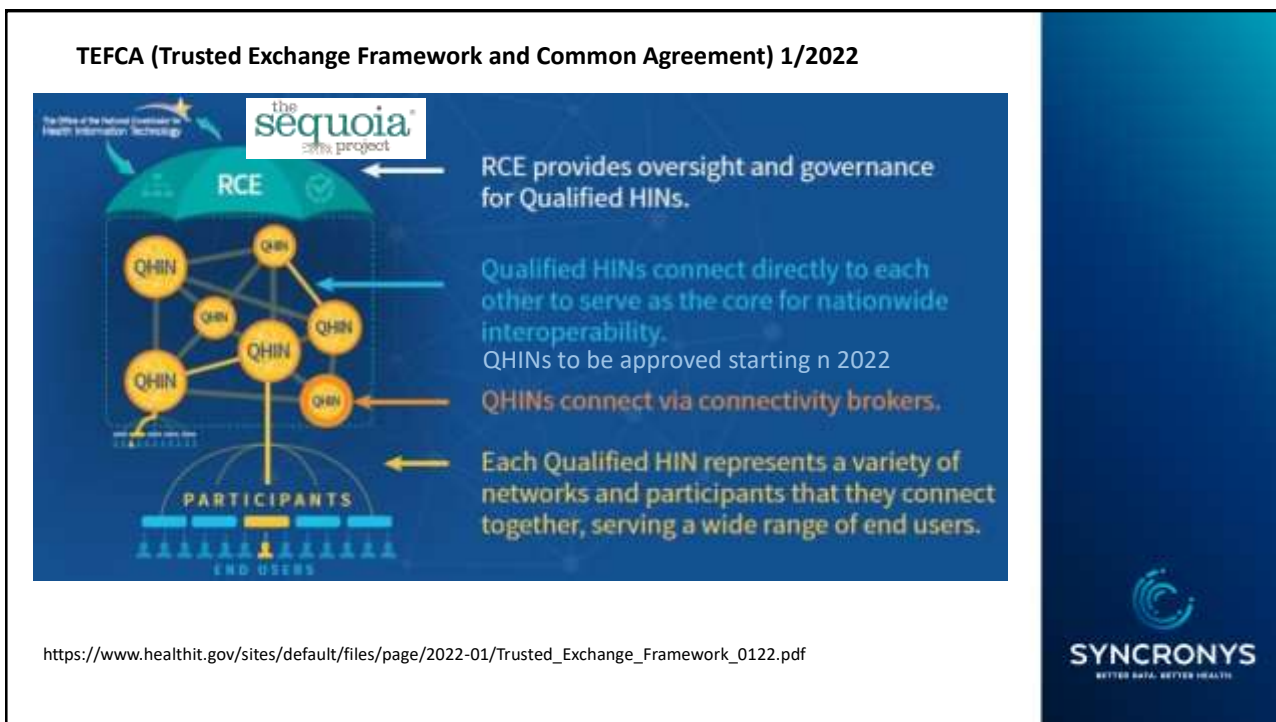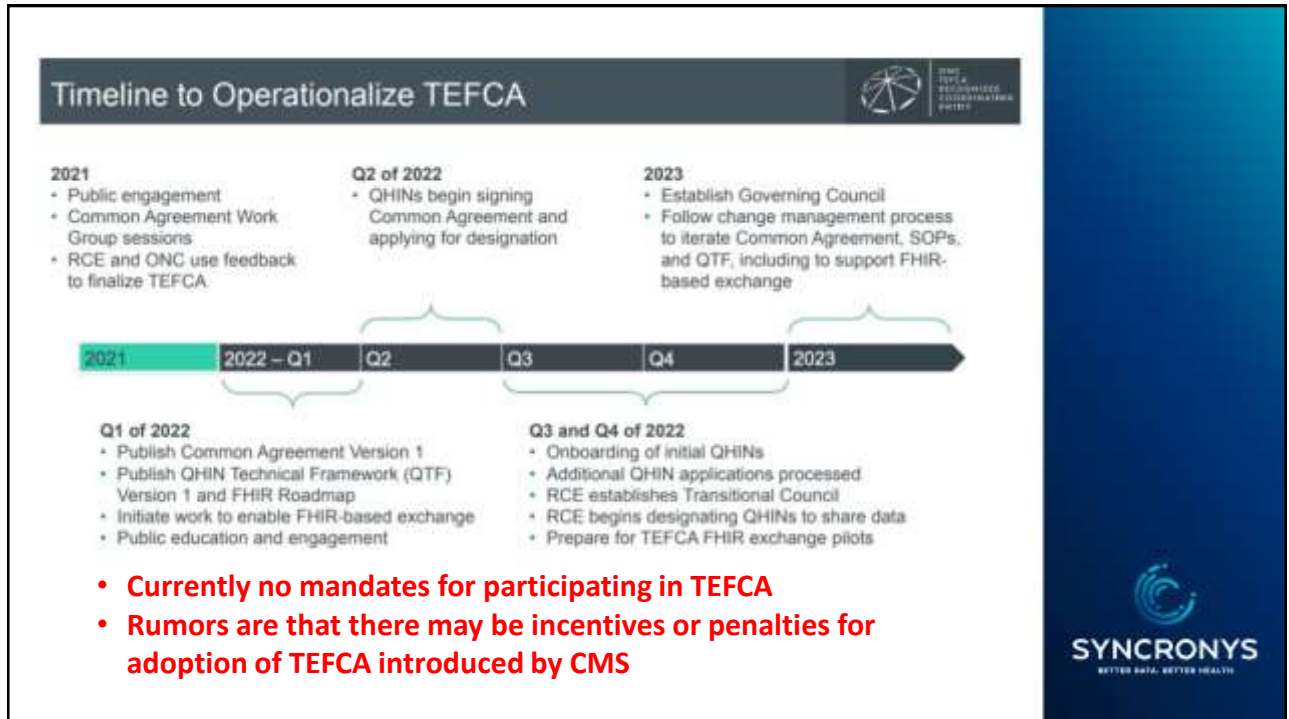The Office of the National Coordinator for Health Information Technology

https://www.healthaffairs.org/do/10.1377/forefront.20220217.71427

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Information Blocking and the ONC Health IT Certification Program:
Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency Interim Final Rule

Certification

6/30/2020 — General Effective Date, including Cures Update Certification Criteria

4/5/2021 — Specific Compliance Requirements Start for Several Conditions of Certification, Including Information Blocking, Assurances, APIs

4/5/2021 — Health IT Developers Prohibited From Restricting Certain Communications

12/15/2021 — Submit Initial Real World Testing Plans

4/1/2022 — First Attestation to Conditions of Certification Required

12/31/2022 — New HL7* FHIR* API Capability and Other Cures Update Criteria Must Be Made Available

3/15/2023 — Submit Initial Real World Testing Results

By 12/31/2023 — EHI Export Capability Must be Made Available

2020 | 2021 | 2022 | 2023

4/5/2021 — Applicability date for Information Blocking Provisions

4/5/2021 through 10/5/2022 — EHI definition is limited to the EHI identified by the data elements represented in the USCDI

On and after 10/6/2022 — EHI definition is no longer limited to the EHI identified by the data elements represented in the USCDI

Information Blocking

EHI = Electronic Health Information   USCDI = United States Core Data for Interoperability

HealthIT.gov @ONC_HealthIT   HealthIT.gov/CuresRule

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TEFCA (Trusted Exchange Framework and Common Agreement) 1/2022

the **sequoia** project

RCE — RCE provides oversight and governance for Qualified HINs.

QHIN — Qualified HINs connect directly to each other to serve as the core for nationwide interoperability.
QHINs to be approved starting n 2022

QHINs connect via connectivity brokers.

PARTICIPANTS — Each Qualified HIN represents a variety of networks and participants that they connect together, serving a wide range of end users.

END USERS

https://www.healthit.gov/sites/default/files/page/2022-01/Trusted_Exchange_Framework_0122.pdf

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Timeline to Operationalize TEFCA

2021
- Public engagement
- Common Agreement Work Group sessions
- RCE and ONC use feedback to finalize TEFCA

Q2 of 2022
- QHINs begin signing Common Agreement and applying for designation

2023
- Establish Governing Council
- Follow change management process to iterate Common Agreement, SOPs, and QTF, including to support FHIR-based exchange

2021	2022 – Q1	Q2	Q3	Q4	2023

Q1 of 2022
- Publish Common Agreement Version 1
- Publish QHIN Technical Framework (QTF) Version 1 and FHIR Roadmap
- Initiate work to enable FHIR-based exchange
- Public education and engagement

Q3 and Q4 of 2022
- Onboarding of initial QHINs
- Additional QHIN applications processed
- RCE establishes Transitional Council
- RCE begins designating QHINs to share data
- Prepare for TEFCA FHIR exchange pilots

- **Currently no mandates for participating in TEFCA**
- **Rumors are that there may be incentives or penalties for adoption of TEFCA introduced by CMS**

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TEFCA- Common Agreement

The Common Agreement establishes the technical infrastructure model and governing approach for different health information networks and their users to securely share clinical information with each other – all under commonly agreed-to rules-of-the-road.

NOTE!
30+ provisions and standard operating procedures must be flowed down to participants and sub participants- If SYNCRONYS participates in the TEFCA ecosystem we will need to change our participation agreements and amend existing ones. Some provisions or procedures may conflict with our existing agreements.

Consent is assumed to be handled by the data source and requester. TEFCA so far has no functionality to exchange consent documents. Various local privacy laws may apply based on state of source or destination of the data.

https://www.healthit.gov/sites/default/files/page/2022-01/Trusted_Exchange_Framework_0122.pdf

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QHIN Technical Framework- Draft 2

Very similar to query/retrieve document exchange used in many settings today

Specified standards for a QHIN Query are included in *Table 1*.

Table 1. Specified Standards for QHIN Query

Query Functions	Specified Standard(s) / Profile(S)
Secure Channel	• IETF TLS 1.2 w/ BCP-195[10] or • IETF TLS 1.3
Mutual Server Authentication	• IETF TLS
User Authentication	• IHE XUA
Authorization & Exchange Purpose	• IHE XUA
QHIN Query for Patients	• IHE XCPD
QHIN Query for Documents	• IHE XCA
Auditing	• IHE ATNA

Bottom Line- No new technology required to exchange with a QHIN

https://rce.sequoiaproject.org/wp-content/uploads/2021/07/QTF-V1-Draft.pdf

IHE Making Healthcare Interoperable
INTERNATIONAL

Integrating the Healthcare Enterprise

XCA
Cross Community Architecture Document Exchange

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SYNCRONYS TEFCA Preparedness

eHealth Exchange

- SYNCRONYS is a member of the eHealth Exchange *(Also managed by The Sequoia Project, the Regional Coordinating Entity (RCE)).*
- eHealth Exchange is already preparing for TEFCA on behalf of its network members. The eHealth Exchange is closely following the work of the RCE and ONC, and implementing anticipated information technology and policies to be in the best position possible to apply to become a Qualified Health Information Network (QHIN) as soon as the process opens. This means eHealth Exchange anticipates a seamless addition of the TEFCA for its members that choose to opt-in when it becomes available.

The bottom line: When we are ready, SYNCRONYS will connect with the eHealth Exchange QHIN and seamlessly become a part of the TEFCA ecosystem

https://ehealthexchange.org/what-we-do/tefca-and-ehealth-exchange/

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Planned Stages of FHIR Availability in TEFCA

The roadmap envisions three stages of FHIR exchange in TEFCA:

- Stage 1: FHIR Content Support
  - QHIN-brokered IHE exchange of FHIR payloads between QHINs available
- Stage 2: Network-Facilitated FHIR Exchange
  - Optional QHIN-facilitated FHIR API exchange between Participants and Subparticipants available
- Stage 3: Network-Brokered FHIR Exchange
  - QHIN-brokered FHIR API exchange between QHINs available
  - QHIN-facilitated FHIR exchange required

Each stage will be supported by a new version of the QTF and managed via the change management process defined by the Common Agreement. QHINs are expected to have six months to adopt the new QTF before the previous version is deprecated.

https://rce.sequoiaproject.org/wp-content/uploads/2022/01/FHIR-Roadmap-v1.0_updated.pdf

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FHIR Roadmap Timeline (preliminary)

Stage 1	Stage 2	Stage 3
CA V1.0	CA V1.1	CA V2.0

QHIN-Brokered IHE exchange of C-CDA and FHIR Payloads

Workgroup and Pilots	QHIN-Facilitated FHIR API Exchange

Workgroup and Pilots	QHIN-Brokered FHIR API Exchange

2022   2023   2024   2025

Key   QHIN: Qualified Health Information Network   CA: Common Agreement

The preliminary timeline provides approximate expectations for key milestones. It is fully expected that this timeline will be adjusted and refined based on implementation experience and stakeholder input.

SYNCRONYS/Orion have FHIR r3 APIs today, FHIR r4 APIs will be available in the next few months so we will be well positioned to participate in QHIN facilitated or brokered FHIR Exchange

https://rce.sequoiaproject.org/wp-content/uploads/2022/01/FHIR-Roadmap-v1.0_updated.pdf

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CIVITAS
Networks for Health

AHITSL
ASSOCIATION FOR HEALTH IT STATE LEADERS

HIE as a Health Data Utility to Advance Clinical and Public Health Use Cases

HIE Roundtable in partnership with the Association for State Health IT Leaders

February 28, 2022

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Health Data
Utilities

Civitas' Emerging Definition

Health Data Utilities (HDUs) are statewide entities that **combine, enhance, and exchange electronic health data** across care and services settings for treatment, care coordination, quality improvement, and public and community health purposes through specific, defined use cases in accordance with applicable state and federal laws protecting patient privacy.

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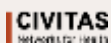
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Health Data Utilities

How are HDUs different?

HDUs emphasize **multi-stakeholder** organizational, use case, and data **governance** and most will be designated non-profit organizations or independent state agencies. In all cases, state and stakeholder governance, oversight, and accountability is paramount. **HDUs are flexible and capable of meeting state-specific health data needs.**

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Networks for Health

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Necessary Conditions for HDUs

- **State policy levers** including incentives and/or mandates

- **Broad stakeholder participation**, connectivity, exchange, and community-level engagement

- Mature use cases in place for **Medicaid and public health**

- **Multistakeholder**, transparent corporate and data/network **governance**

- **High standards for data privacy and security** in line with state and federal laws

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Networks for Health

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HDUs Should Build on Existing Infrastructure

- Most states have **existing infrastructure** in place for clinical data exchange, including regional and statewide HIEs. This **technical and relationship infrastructure should be strengthened**.

- Most states do not yet have interoperable infrastructure in place for collecting and sharing social care data. States should be eligible to apply for funding to **include social care data infrastructure and multi-sector data aggregation.**

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Sample
Use Cases

SYNCRONYS has these use cases and will be expanding them

Access
Query health records based on permitted purposes

Social Care
Referral management, resource directories, social determinants of health referrals

Consumer
Patient education, individual access, patient-generated data

Care Delivery
ADT/event notifications, alerting, lab results, prescription drug monitoring, imaging

Public Health
Reporting to immunization registries and other disease registries, notifiable conditions, heat maps

Quality
Reporting, analytics, benchmarks, provider dashboards

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SYNCRONYS Future Vision

- Infrastructure in place in 2022 to support ONC future vision of TEFCA and QHINs… whenever we decide to adopt it.

- SYNCRONYS is already designed to meet Civitas's future vision. SYNCRONYS is designed as a Health Data Utility and is well-positioned to adopt future use cases.

- SYNCRONYS will continue to expand participation and add more high-value functionality, which will be the true market differentiator.

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QUESTIONS

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YOUR CUSTOMER ENGAGEMENT TEAM

UNMH/SRMC | City, State, and Local Government | Fire/Rescue | Shelters –
April Salisbury, Director Onboarding & Training
asalisbury@syncronys.org; 505-938-9905

Payers | PHS | City, State, and Local Government | Shelters –
Terri Stewart, Chief Administrative Officer
tstewart@syncronys.org; 505-938-9909

Ambulatory Clinic Groups/Systems | Specialty Clinics | Federally Qualified Health Centers –
Renee Sussman, Customer Relationship Manager
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YOUR CUSTOMER ENGAGEMENT TEAM

Hospitals (Western NM) **| Indian Health Service | Tribal Health Systems/Clinics –**
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Hospitals (East of I-25 and Metro) **| Diagnostic Facilities –**
Victor Miramontes, Customer Relationship Manager
vmiramontes@syncronys.org; 505-938-9902

Federal, State, and County Corrections
Skilled Nursing Facilities | Long Term Care | Rehabilitation | Home Care | Hospice –
Jerry Martinez, Customer Relationship Manager
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