

The CARIN Alliance has accomplished a significant amount of work in that later half of 2020 and we are excited to share with you the details of our progress in providing consumers and their caregivers more data with less friction.

CARIN IG for Blue Button®

On November 18 and 19, the CARIN Alliance held a Connectathon with over 95 participants who engaged in real world testing of the CARIN IG for Blue Button®. A list of the organizations who participated is below. Over a dozen applications and payer client servers joined the Connectathon. All of the client apps that attended and participated, were able to successfully connect with a server and pull synthetically generated health care data. Many of the participants also tested the Aegis test scripts which are able to provide peer to peer validation for payers and apps for things like request and response and profile validation.

Participants

Cognizant	CareEvolution	Trusty.care
Centene	GDIT-NCMedicaid	InterSystems
b.Well	1upHealth	Martin's Point Health Care
UPMC	CNSI	Health Wizz
Edifecs	OneRecord	Azuba
Apple	HDA Institute	Cedars-Sinai
Humetrix	Microsoft	Xyram Software Solutions
BCBSA	The Commons Project	Medica
Aetna	MaxMD	Kaiser Permanente
Google	BCBS MN	NEHI
Cambia	myElth	Indiana FSSA
MITRE	Centene	Independent Health
Humana	Ready Computing	Capgemini
Optum	MyMeds	Pacific Source
Cigna	Amida	

The STU1 version of the CARIN IG for Blue Button® was published in November and can be found here: <http://hl7.org/fhir/us/carin-bb/STU1>

Digital Identity and Federation

The 21st Century Cures Act, the ONC Cures Act Final Rule, and the CMS Interoperability and Patient Access rule have accelerated the ability for an individual to access their personal health information via an application of their choice leveraging HL7® FHIR® Application Programming Interfaces or APIs. To support consumer access, we must ensure that people are who they claim to be so the right information can be shared with the right person at the right time. CARIN supports “person-centric” digital identity credentials to facilitate this ecosystem; an individual has a portable, high-assurance digital identity credential they can use to control when and how their personal information is shared across systems.

The CARIN Alliance is working on development of a federated trust agreement to foster and federate trust in digital identity credentials. The federated trust agreement will address standardization and best practices related to security, data protection, authentication, identity proofing, privacy, user experience, interoperability and the conformance regime to ensure these specifications and policy obligations are certified and can be enforced. This would allow an individual to use a single digital identity credential when they authenticate themselves across multiple systems which allows for any health care organizations they interact with virtually to ensure their digital identity credential is valid, and helps



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streamline access to personal health information from multiple organizations, including health plans, providers, and applications.

This digital federated trust agreement would be signed by trust framework organizations (e.g., Kantara, SAFE Identity, DirectTrust, etc.) who can independently certify that an identity provider (IdP) will conform to the policies and technical conformance standards agreed upon by the health care community, policy makers, and NIST 800-63-3 standards. As IdP's get certified by these trust framework organizations who are connect via the digital federated trust agreement, we will begin to establish trust across relying parties to enable individuals to have more access to their data with less friction.

Today, the [OpenID Foundation](#) and CARIN Alliance announce a partnering to develop a technology approach for how to federate digital identities in health care using OpenID connect in 2021. More details about how you can get involved in this effort will be made available early next year.

Our call to action for the industry is simple:

- **Step One**, Implement the [SMART Application Launch Framework](#) that is required under the ONC and CMS rules today which allows an individual to access their health information today from an application of their choice using their portal user name and password,
- **Step Two**, Engage an identity provider (IdP) that can create or receive a NIST 800-63-3 identity assurance level 2 (IAL2) digital credential that includes support for strong authentication credentials which meets the requirements of an authenticator assurance level 2 (AAL2) or higher and then ensure the IdP meets the appropriate conformance requirements of one on the trust framework organizations, and
- **Step Three**, Engage with us and the OpenID Connect Foundation in 2021 to participate in identity federation pilots with multiple relying parties so we can develop an approach as an industry and as individuals for how an identity federation approach could work in health care that allows for an individual to be in control over their own personal identity credentials across systems

CARIN Code of Conduct

We are excited to announce that additional payer organizations including Cambia Health Solutions, CVS Health, BCBS of Florida, Centene, UPMC, Cigna, and the Veteran's Health Administration are using or plan to use the CARIN code of conduct in production. The code of conduct represents a set of industry best practices for protecting the privacy, security, and consent preferences of the individual when the data is use by a consumer-facing application or platform. As the code of conduct becomes the industry standard in the exchange of health information across systems, we look forward to finding ways to make data exchange much more person-centric in the future.

We are also pleased to post the signed attestations of the applications who are listed on the MyHealthApplication.com website for any individual or data holder to view these consumer-facing applications commitment to protecting the security, privacy, and consent preferences of the individuals who are using their application. Many of these applications are voluntarily working with third-party certification organizations we have worked with, such as EHNAC, to become accredited on the principles found in the CARIN code of conduct and other industry best practices such as UDAP. We anticipate more accreditation programs will emerge in the future built off the principles in the CARIN code of conduct and other industry best practices.



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Notes on FHIR

Despite a compliance date of December 2022, many provider organizations are choosing to 'go early' and provide clinical notes to their patients in advance of the deadline. Recently, bWell Connected Health who is one of the CARIN applications who are part of MyHealthApplication.com, was able to connect to an Epic provider end point in production and display clinical notes to the patient in an application of their choice. This is an exciting development on what will be coming over the next two years.

OpenNotes will be asking provider organizations two additional questions in the provider readiness survey to assess who has decided to 'go early' and will be making the information available on their OpenNotes map that illustrates the organizations who are leading the way in making clinical notes available to the patient.

We look forward to continuing our work together with you in 2021 to make more data available with less friction. Please reach out to us on Twitter (@carinalliance), LinkedIn (The CARIN Alliance), and on our website (www.carinalliance.com) for more information and how you can get involved.



bwell
Health Timeline

Visit with Dr. Lalima A Hoq
Friday, November 25, 2020 at 2:30 PM



Dr. Lalima A Hoq, MD

Dell Medical School
1501 Red River St.
Austin, TX 78712

Diagnoses:

- Acute non-recurrent sinusitis, unspecified location
- Elevated BP without diagnosis of hypertension
- Family history of diabetes mellitus
- On angiotensin-converting enzyme (ACE) inhibitors

Treatment Plan:

- Discussed sinusitis.
- Discussed treatment options.
- Discussed use of decongestants, analgesics (acetaminophen ibuprofen), reserving use of antibiotics for prolonged or severe cases.
- Discussed use of humidifier.
- Of note, his cough may be related to the use of lisinopril. If cough does not resolve with his sinus symptoms, her primary care physician may consider switching to an ARB.
- He will follow up if symptoms persist or worsen.

Services:

- Vitals taken
- Random blood sugar

Current Medications:

- zolpidem (Ambien) 5mg tablet
- lisinopril (ZESTRIL) 10 mg tablet
- amitriptyline (ELAVIL) 25 mg oral tablet
- propranolol (INDERAL) 10 mg oral tablet

Allergies:

- Latex

Notes:

RanddTest is a 54 year old male who presents with a headache and dry cough.

He has a history of migraines, but this is different from his migraine headache.

It is dull, persistent, facial discomfort distinct from the unilateral throbbing migraines. This headache worsens when he bends over to put on his shoes.

His symptoms began 7 days ago with a runny nose. He had clear then white nasal discharge.

His cough is dry. His throat is "scratchy".

He denies fever.

He had no known sick contacts. He did get a flu shot this season.

He has never smoked.

He states he is compliant with his medical regime using propranolol and amitriptyline for migraine prophylaxis.

He has been on lisinopril for three months. This was started after two readings of borderline elevated blood pressure and his elevated fasting blood sugar of 119. He does have a family history significant for diabetes mellitus in both parents and two siblings.

[View Notes PDF](#)



Clinical Summary Connected Health Health Timeline Labs