**CARIN Community Meeting**

November 12, 2021 **|** Virtual

## Objectives

The CARIN community, made up of the CARIN Board, Affiliate Members, and Special Guests, met virtually to discuss CARIN Alliance Workgroup accomplishments in 2021 and to review proposed new or upcoming work in 2022.

## Key Discussion

### *Leadership Perspective – Aneesh Chopra, Care Journey*

- Aneesh celebrated the payer-to-payer work going live and noted more than one-third of the plans are fully compliant and many others will be compliant soon.
- He explained there are opportunities to leverage direct-to-consumer approaches.
- Looking towards the future, investments made by the American Recovery and Reinvestment Act (such as $80 million to Login.gov) ties into CARIN's digital identity work and Members have an opportunity to become involved in the HHS XMS proof-of-concept, discussed below.

### *Federal Trade Commission Update (NOTE: This portion of the meeting was off-the-record)*

### *HHS/CARIN Digital Identity Proof of Concept – Ryan Howells, Leavitt Partners; Adam McBride, HHS; Gaurav Mehta and Badri Nemani, Deloitte; Kyle Neuman, DirectTrust*

- CARIN is pursuing a person-centric approach to health data, which would allow a consumer to prove their identity once, and have this credential accepted across systems. Trust is necessary for this to occur, and organizations that federate trust across multiple parties and have the ability to scale this approach.
  - In the current system, it is the responsibility of the two parties involved to make federation happen. This is not scalable. In a point-to-point approach, if a payer wants to exchange data with a provider/relying party, they would need to talk directly with one another.
  - With a trust framework, the liability is shared among all participants in a way that is consistent with the responsibilities they take on as a participant in the trust framework.
- CARIN is partnering with HHS for a proof of concept. The proof of concept's ultimate objective is to implement and scale a voluntary, open framework for federating digital identities across relying health care stakeholders using Identity Assurance Level 2 (IAL2) certified credentials and using a person-centric approach across health care organizations.
  - The proof of concept will:
    - Partner with HHS' External User Management System (XMS). HHS XMS is an identity federation broker tool that enables individuals to voluntarily choose to log in by selecting from multiple credential service providers (CSPs) that have been certified by a trust framework organization.
    - Use NIST-800-63-3, Open ID Connect (OIDC), SMART on FHIR/OAuth 2.0, UDAP, and other open standards.
    - Use the credential policy CARIN is drafting that outlines the technical, policy, legal and certification guidelines necessary to create trust so digital identity credentials can be used and accepted even when they are issued and certified by different credentialing providers and trust framework organizations.
- XMS Background:
  - HHS realized there was a need for users among several agencies to be able to authenticate their identity across networks and, in response to this need, developed a system to allow users access across networks. In doing this, HHS also saw a need for the same access for external users and

developed XMS. Through XMS, HHS can allow external users to authenticate themselves and gain access to HHS applications that they are permitted into.
- o XMS is partnering with Login.gov, ID.me, and will be partnering with other CSPs to establish identity using IAL1 and IAL2. CSPs interested in partnering with XMS for this proof of concept should reach out to CARIN/Leavitt Partners.
- o XMS has been live for two years. HHS will launch the proof of concept next year, which will be a public/private undertaking.
- o XMS capabilities and benefits include:

**Capabilities & Benefits**

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|---|---|---|
| 🗔 | **Secure Access:** | *Enables external users to access protected applications using credentials issued by the General Services Administration's (GSA's) Login.gov or other agency's PIV/CAC* |
| 🗄 | **NIST 800-63-3 Compliance:** | *IAL1, IAL2, and IAL3, and AAL2 and AAL3* |
| ✓ | **Identity Proofing/Delegated Proofing:** | *Remote ID proofing using Login.gov; and delegated proofing for users that affiliate with an organization that's managed within NextGen XMS.* |
| 🗄 | **Organization Affiliation:** | *Ability to create and manage organization affiliations within NextGen XMS* |
| ↔ | **Access Requests/Approvals:** | *Configurable access request framework for an application* |
| ⤹ | **Organization Relationship Management:** | *Ability to create organizations and manage affiliations to those organizations* |
| ⤓ | **Accredited Platform and Helpdesk:** | *NextGen ATO in place which includes Login.gov; no impact to integrated application's ATO, only ISA/MOU required* |

- o For the proof of concept, the XMS team will identify qualified CSPs and work with relying party applications to integrate with XMS. To be considered a qualified CSP, a CSP must be certified by DirectTrust or Kantara Initiative. XMS will rely on CARIN to identify qualified CSPs.
- CARIN is seeking interested participants for the proof of concept. Interested participants should email Ryan Howells at ryan.howells@leavittpartners.com. The preference is to localize an app, payer, and provider by region.
- Next steps:
  - o Hold a proof of concept kickoff call in December to discuss the requirements for participating.
  - o Finalize the CARIN Digital Federated Credential Policy which provides policy equivalency across credential service providers.
  - o Document the time and resource commitment, use cases, workflows, and success criteria for each proof of concept participant and gain commitments from those who have resources to participate.
  - o Develop a feedback loop with policy makers and other interested parties and publicly document the proof of concept findings to engage the health care ecosystem at large.

*Overview of Smart Health Cards – Ryan Howells, Leavitt Partners; Josh Mandel, Microsoft; JP Pollak, Commons Project*
- CARIN has been participating in VCI.org. The primary aim of VCI is to enable individuals to access a trustworthy and verifiable copy of their vaccination records in digital or paper form. To achieve this purpose, participating organizations commit to implementing, testing, and refining the SMART Health Cards Framework within their sphere of influence and commit to providing vaccination records directly to citizens if such records are in their stewardship.
- SMART Health Cards are paper or digital versions of a person's health/vaccination information.
  - o smarthealth.cards provides more information describing what SMART Health Cards are. spec.smarthealth.cards provides further details on the specifications.
- More than 150 million people currently have access to SMART Health Cards, there have been 300,000 SMART Health Card Verifier app downloads, the VCI has more than 800 members, and there are 8 states which have gone live (and 20 others are expected to go live within the next few months).

- Individuals can access their SMART Health Cards through state immunization registries, pharmacies and other places where individuals have received vaccinations, some insurance companies, and various health systems, such as EPIC and Cerner.
- SMART Health Cards are verified using the Verifier app, various government supported apps (such as those in New York, Louisiana, and provinces of Canada), and a variety of other apps and services from airlines, cruise lines, etc.
  - o The SMART Health Cards Verifier app verifies and displays the contents of SMART Health Cards and confirms issuers against a trusted registry. Personal data does not leave the device.
- SMART Health Cards are an open framework, which means anyone can issue one. A Trust framework can help verifiers decide who to trust. There is a VCI directory with a list of trusted issuers meeting VCI criteria. The directory includes clinical health systems, national and regional pharmacy chains, laboratory diagnostic providers, health insurance payers, and government and governmental entities.

*Patient and Caregiver Perspectives – Anil Sethi, Ciitizen*
- Anil shared his experience with his sister, who died of cancer. He shared the story of her death to underscore what motivates so many in this work, and specifically, the work of Ciitizen.
- After his sister Tania's death, Anil learned there is a lot of patient information in the health records, as well as clinical information in the unstructured notes. He identified the need to create a machine capable of reading the clinical narrative (which is where a lot of the patient information can be found), understand the unstructured text within that data (recognizing the many different ways the same thing might be referenced), and to make this information easily accessible to patients.
- To help address this need, Ciitizen provides patients longitudinal health profiles that give patients a snapshot of their health history.
- Anil also demonstrated some of Ciitizen's digital capabilities for patients:
  - o The demo showed how a cancer patient can log into Ciitizen and see available clinical trials and their criteria (with the ability to narrow the options). The patient can then send this information to their doctor.

*Opportunities to Collaborate – GROUP*
- Aneesh Chopra discussed three potential opportunities:
  - o <u>Payer-to-Payer API work:</u> Some payers are leveraging the patient access API infrastructure and retooling these to enable payer-to-payer data exchange. Each payer is creating an application capable of registering with other payers and will use SMART on FHIR from their previous payer to authenticate the user. The Workgroup plans to continue testing this in December.
    - ▪ The group discussed the idea of a form a consumer can sign to unlock the ability to access a FHIR server for data sharing and mentioned the Beneficiary Claims Data API (BCDA) program, which enables Accountable Care Organizations (ACOs) to retrieve Medicare Part A, Part B, and Part D claims data for their assigned beneficiaries.
  - o <u>CMS Call:</u> There is a phone call scheduled with Alex Mugge at CMS for November 22 at 2:00 p.m. ET to discuss the 'form' option listed above. CARIN Members who expressed interest in joining this call during the Community Day call were added to the invite, and any Members who have not received the invite but would like to join should reach out to Ryan Howells.
  - o <u>Portal Experience:</u> The group discussed potentially working on a best practice guide for managing consents from apps within a network.
  - o <u>App & Health Information Exchange (HIE):</u> Members discussed bridging work between payer specific apps that are consumer facing and HIE work. Humana, Cambia, and Ciitizen expressed interest in working together in this space.
    - ▪ Members noted that consumers are looking for applications that add value to their lives (such as reminders to fill medications or to go to a doctor), but that if the tokens continually

break, consumers are likely to stop using the apps. Consideration should be given to approaches for how apps can communicate and manage authorizations.