

CARIN Community Meeting

October 11, 2022 | In-Person & Virtual

Objectives

The CARIN community, made up of the CARIN Board, Affiliate Members, and Special Guests, met in-person and virtually to discuss CARIN Alliance Workgroup accomplishments in 2022 and to review proposed new or upcoming work for 2023.

Key Discussion

Leadership Perspective – Aneesh Chopra

- Aneesh discussed how convergence has been an overall theme in the CARIN work, particularly through the public and private collaboration that helped to evolve patient access to claims data.
- Aneesh explained that the CARIN community stepped up to respond to a call to action at HIMSS in March 2018 and that over the next 12 to 24 months, through this collaboration, industry consensus was reached on a rule that approximately [95 percent of health plans](#) have voluntarily adopted the CARIN IG for Blue Button®. The alliance will continue to advance additional work across all workstreams over the next several years.

Patient and Caregiver Perspective – Lisa Winstel, Caregiver Action Network

- Lisa presented work the Patient Workgroup has advanced on the issue of “surprise authorization.” She explained that surprise authorization is when a patient or caregiver is blind-sided with the alert that a prior authorization for a clinical solution is required, after or at the time that the clinical solution needs to be used by the patient, without an appropriate (digital) warning.
 - She noted that providers have called surprise prior authorization the number one administrative burden for healthcare providers, that medical practices spend nearly 2 days completing approximately 29 pre-authorizations per week per physician, and that more than nine in 10 physicians (93%) reported care delays while waiting for insurers to authorize necessary care.
- The Patient Workgroup determined that patients would benefit from some type of communication highlighting an upcoming medication fill will require a prior authorization ahead of time.
- The Patient Workgroup presented to the CARIN Board prior to the Community meeting on the issue of surprise prior authorization. The Board agreed this is a gap no one is working on and that CARIN will form a workgroup to address this issue.
 - The Workgroup will hold a kick-off call within the next 30 days.
 - The Workgroup will coordinate with the HL7 Da Vinci project which has been working to address this problem through FHIR standards.
 - The Workgroup will also consider the related efforts contemplated in the CMS-9123-P Rule §457.730 “Beneficiary access to and exchange of data,” which, while not finalized, included language to simplify prior authorization for payers and providers.

Updates from Government Partners – Steven Posnack, ONC and Alexandra Mugge, CMS

- Steven Posnack discussed the differences between USCDI, USCDI+, EHI, and the Designated Records Set.
 - USCDI: This is information that should be in Certified Health Record Technology as part of the certification program the ONC operates.
 - USCDI+: The USCDI+ initiative is federal agency to federal agency engagement where the federal agencies are the ones stewarding the data sets to their interests. Through this initiative, the ONC is contemplating how to ensure a true interoperable health care ecosystem. The ONC may one day

choose to take a subset of the data adopted by multiple agencies and incorporate it into USCDI. Once the data is required by certification, it will be on a regulatory trajectory.

- **EHI:** This relates to the information blocking definitions ONC put out in their interoperability rule which is the electronic protected health information based on the designated record set. https://www.healthit.gov/sites/default/files/page2/2021-12/Understanding_EHI.pdf
- **Designated Records Set:** This is a HIPAA construct and HIPAA defined, and there should be no functional difference between the EHI and the designated records set. Mr. Posnack further explained that the electronic protected health information (EPHI) part of the designated records set is the same information as the information that individual has under a right to access (and that the first law to be followed is the HIPAA right of access and information blocking should not change this).
 - The CARIN Community suggested there should be mutual education efforts for patients, providers, and health systems related to patient information access and Mr. Posnack agreed there is a need for industry wide outreach and education.
- Mr. Posnack also discussed other ONC efforts underway:
 - December 31 is the Cures Act certification deadline for health IT developers.
 - The ONC will begin working on FHIR related TEFCA pilots.
 - The ONC will also be making updates to the Common Agreement and there will be an opportunity for stakeholder engagement over the next year.
- Alex Mugge discussed a Request for Information (RFI) CMS has issued related to directory availability and maintenance.
 - CMS is considering whether to create a single directory that would be made available to others to save nearly \$1.6 billion annually and to help with directory accuracy. CMS would gather and verify the data and then publish it with a FHIR API so other organizations could pull the directory data into its own directories.
 - CMS has issued the RFI on this concept and is seeking feedback on the overall concept, potential benefits of a data hub, the types of providers or data that should be included, the technical framework, digital endpoints, a phased approach, prerequisites needed, and potential risks.
 - Whether CMS moves forward with this effort will depend on the RFI feedback.
 - The CARIN Policy Workgroup will lead efforts to develop the Alliance's response.

CARIN Workgroup Updates – Ryan Howells, Leavitt Partners

- Identity and Authentication Workgroup:
 - Through public and private partnerships, CARIN worked on the topic of digital identity with the RCE and ONC and in September the final IAS Exchange Purpose Implementation SOP incorporated the changes CARIN recommended in July and mandated a response from TEFCA network participants when an IAS provider follows the IAS SOP.
 - The Workgroup is also engaged in the [Digital Identity Proof of Concept \(PoC\) with HHS](#). The PoC is contemplating how to move to an environment where a consumer can identity proof themselves once and use their identity proofed credential in its digital format to authenticate themselves with multiple data holders (or relying parties). The PoC is currently testing four workflows for how this can operate:
 - **CSP Standalone:** An individual user can authenticate and access data from one or two relying parties (does not federate/scale).
 - **HIE Workflow:** Involves agreeing to the policies associated with the specific HIE and passing the validated demographic information to query the HIE.
 - **HHS XMS:** A single individual can use one or more CSP credentials to access integrated relying parties. This interface is similar to a Single Sign On interface.

- [CSP with UDAP](#): A data holder releases data to a "User Client App" as directed and authorized by a User (authenticated user data directly from CSP to RP). This is a [HL7 UDAP Security & HL7 FAST ID flow](#).
- Health Plan Workgroup:
 - [CARIN IG for Blue Button](#): This implementation guide describes the CARIN for Blue Button Framework and Common Payer Consumer Data Set (CPCDS), providing a set of resources that payers can display to consumers via a FHIR API to meet part of the CMS requirements related to the Patient Access API.
 - STU2 will be live this month and there is an HL7 Connectathon in January 2023.
 - [CARIN IG for Digital Insurance Card](#): This guide develops artifacts (FHIR implementation guides, code mappings, reference implementations, etc.) to enable the digital exchange and digital rendering of the elements found on a person's physical insurance card.
 - The Workgroup is talking to the app community regarding interest in participating and is seeking feedback on how this would work in an app and use cases for a digital insurance card.
 - We have had enough interest from payers, providers, EHR vendors, and applications that we are restarting these meetings beginning 11/11. Please reach out to Mark Roberts for more information.
- [CARIN Trust Framework and Code of Conduct](#): The framework has three phases: Phase I – Self-Attestation; Phase II – Questionnaire Disclosure; and Phase III – Validation.
 - EHNAC and CARIN [announced](#) earlier this month that EHNAC will be the first certification body to validate attestations. CARIN expects additional certifiers in the future.
 - Beta-testers are being sought for initial review of the certification and program refinement with EHNAC and there is an opportunity to expand the trust environment.

Opportunities to Engage – GROUP

- Aneesh Chopra led a discussion of opportunities to collaborate FHIR-TEFCA pilots in the B2C2B space.
 - The ONC has signaled interest in a FHIR pilot. The CARIN team planned to meet with Micky Tripathi to discuss the ONC's interest and the CARIN Community discussed what types of pilot work should be pursued. CARIN members suggested considering:
 - Evaluating what individual access could mean for facilitated FHIR exchange.
 - Providing more accountability and transparency to consumers.
 - Focusing on the identity and matching piece to extend trust within networks.
 - Scoping something on consumer mediated exchange.
 - Developing something within the C2B category, such as information sharing with providers via view only access to data; patient generated data; or, tracing consumer data.
 - If you are interested in learning more about getting involved in the FHIR pilots, please let a member of the LP team know.