Hans Buitendijk, M.Sc., FHL7
Director, Interoperability Strategy
Cerner Corporation

As Director of Interoperability Strategy at Cerner, Buitendijk primarily focuses on establishing and promoting industry standards to enable interoperability across the diverse systems prevalent in health IT. In that role he represents Cerner to a variety of organizations in various leadership roles, including the EHR Association, where he is the Chair of the Executive Committee, Chair of the Standards & Interoperability Workgroup, and EHRA’s representative on a number of boards and committees.

Alya Sulaiman, JD
Director of Health Policy & Regulatory Affairs
Epic

Alya Sulaiman is an in-house attorney and the Director of Health Policy & Regulatory Affairs at Epic where she evaluates the impact of legislative and regulatory policy proposals and crafts policy recommendations. Alya is currently a member of the EHR Association’s Executive Committee. She previously served as Legal Counsel & Privacy Director at Cal INDEX, California’s statewide health information exchange, now known as Manifest MedEx. Before that, she was an Associate Counsel and Compliance Officer at Advantia Health, a clinically integrated provider network.

Jeremy Maxwell, PhD
Chief Security Officer
Allscripts Healthcare

Jeremy Maxwell is Chief Security Officer for Allscripts Healthcare, a leading health IT provider. He previously served as a security advisor to the US HHS Office of the National Coordinator for Health IT. Jeremy holds a PhD in Computer Science from North Carolina State University.

Anu Nakkana, JD
Senior Corporate Counsel
Greenway Health

Anushree (“Anu”) Nakkana is Senior Corporate Counsel at Greenway Health overseeing commercial contracts, compliance, healthcare and regulatory legal matters. Previously, she served as corporate counsel to a non-profit health system and represented physicians and physician organizations in private practice. Ms. Nakkana focuses on healthcare regulations and health IT regulations.
David Buccifero, Moderator  
Special Advisor  
Foothold Technology

In his current role, David shares experience and technical expertise in developing compliance and program standards with providers and local governments across the country with Trainings, Technical Assistance, webinars, and numerous presentations at major conferences. David is an active member of the EHRA, where in addition to his role as Vice Chair of the Association, his participation includes co-leading a sub-group of the EHRA Opioid Crisis Task Force. Mr. Buccifero also serves as Vice-Chair of the EHRA Patient Safety Workgroup and is part of the EHRA Membership Committee.

Leigh Burchell, Public Policy Leadership Workgroup Chair  
VP, Health Policy & Industry Affairs  
Allscripts

Leigh Burchell leads the Policy & Industry Affairs function for Allscripts, including legislative advocacy and regulatory response. She is focused on the best way to maximize the volumes of data captured in health IT, including topics such as interoperability, public health surveillance, chronic care management, and patient data ownership. Burchell is active in many collaborative industry organizations, serving in various capacities, including numerous leadership positions within the Electronic Health Record Association (EHRA), a participant in the HIMSS Public Policy Committee, and a member of the eHealth Initiative Leadership Council.

Janet Campbell, Public Policy Leadership Workgroup Vice Chair  
Vice President of R&D Relations  
Epic

Janet Campbell is a software developer and Vice President of R&D Relations at Epic. In her eighteen years at Epic, Janet has led the creation and development of several products in the clinical and patient engagement space. She represents Epic in national conversations on interoperability, usability, meaningful use, and patient engagement. She serves as Vice Chair of the Electronic Health Record Association’s Public Policy Workgroup and has led multiple U.S. government working groups and initiatives.
Welcome

We will begin at 3 minutes past the hour
How to Participate

1. Option to dial-in via phone or computer audio

2. Use the navigation pane at the bottom of the screen to chat, submit a question or raise your hand to be unmuted.

3. By selecting the Q&A function in the navigation pane, you can submit and track questions in the pop-up window.

4. Raise your hand, send a chat, or submit a question to be unmuted. Once you see this popup, unmute to speak.

The host would like you to unmute your microphone.
Will this webinar be recorded?

Yes! The recording will be available on EHRA’s website: ehra.org

You will receive an email with notes, slides, and a link to the recording once it is finalized.
Public Health Modernization, Safeguarding Health Data, and Information Blocking

Virtual Congressional Briefing
June 15, 2021
On behalf of EHRA, Welcome!

Public Health Modernization, Safeguarding Health Data, and Information Blocking

Hans Buitendijk, M.Sc., FHL7, Cerner
Chair, Electronic Health Record Association
**EHRA Makes A Difference**

**Who We Are**
- Nearly 30 EHR developers
- 16 Years Strong and Counting
- HIMSS Corporate Members
- Market products commercially available in US
- Represent the majority of EHR users in the US
- EHR companies of all shapes, sizes, and specialties
- Committed to collaborating on issues that impact collective business and customers

**What We Believe**
- Collaboration with stakeholders is critical
- EHR adoption is essential to improve the quality of patient care
- EHRs are a key enabler of healthcare transformation
- We foster safe healthcare delivery and innovation
- We must operate with high integrity in the market
- We are committed to users, patients, and families
The EHRA's core objectives focus on collaborative efforts

Accelerating health information and technology adoption

Advancing interoperability

Improving the quality and efficiency of care through the use of EHRs

Together We:

- Advance EHR industry as a whole
- Accelerate safe adoption of EHRs
- Provide collaborative forum for EHR developer community
- Increase value to healthcare organizations and patients
- Improve healthcare quality and productivity
Today’s Agenda

1. Public Health Modernization
   - Alya Sulaiman, JD, Director of Health Policy & Regulatory Affairs - Epic

2. Safeguarding Health Data
   - Jeremy Maxwell, PhD, Chief Security Officer - Allscripts

3. Information Blocking
   - Anu Nakkana, JD, Senior Corporate Counsel - Greenway Health

4. Q&A
Public Health Infrastructure

Alya Sulaiman, JD
Epic
Public Health Infrastructure Challenges

Unstable Foundations
- Insufficient resources and staff to maintain programs beyond core public health capabilities
- Understaffed and under-equipped workforce
- Gaps in emergency preparedness

Technology Gaps
- Outdated digital infrastructure
- Lack of standardized reporting and data requirements across jurisdictions
- Fragmented data exchange between public health agencies and health systems

Boom & Bust Funding Cycles
- Chronically underfunded core public health programs
- Categorical funding that limits resources available to train for 21st century skills
- Cuts to emergency preparedness programs
We spend an estimated $3.6 trillion annually on health care, but less than 3% of that is spent on public health and prevention infrastructure.
Telehealth: Rapid Adoption in an Uncertain Landscape

- March 21: 2,400,000
- February 21: 2,300,000
- January 21: 2,450,000
- December 20: 2,500,000
- November 20: 2,000,000
- October 20: 1,950,000
- September 20: 1,900,000
- August 20: 1,900,000
- July 20: 2,100,000
- June 20: 2,100,000
- May 20: 2,400,000
- April 20: 2,400,000
- March 20: 542,000
- February 20: 15,000
- January 20: 18,000

Video Visits Launched from the EHR

EHRA
HIMSS ELECTRONIC HEALTH RECORD ASSOCIATION
How Congress Can Help

1. **Support ongoing investment in public health**
   - Create flexible and sustained funding for public health authorities to hire critical staff, modernize digital infrastructure, and enhance monitoring and data sharing
   - Consider the Public Health Infrastructure Saves Lives Act and Immunization Infrastructure Modernization Act

2. **Expand telehealth access after the pandemic**
   - Remove statutory limitations to expand telehealth access and create stability for telehealth services
   - Consider bills that support structural components necessary to deliver virtual care, such as access to technology and affordable broadband

3. **Help explore a national strategy for patient identification**
   - Remove the ban prohibiting the use of federal funds to investigate a strategy for a national patient identifier
   - Leverage public and private sector resources to help address patient privacy issues
Safeguarding Health Data

Jeremy Maxwell, PhD
Allscripts
Healthcare Increasingly a Target

Attacks vs. healthcare targets increased 9851% in 2020, including at least 560 organizations ransomed
(source: Health Sector Coordinating Council Report #: 202002181030)

State of Cyber in Healthcare

Not all bleak

Many healthcare organizations are implementing modern defenses such as endpoint detection & response (EDR), multifactor authentication (MFA), and encryption

Allscripts data points:

• 1.4 billion attempts turned away at the firewall daily
• 40% sourced from non-US IP addresses

Challenges remain

Severe shortage of qualified, affordable cyber workforce, especially for small or medium-sized organizations, and critical access care settings
How to Decompose 1.4 Billion Daily Events

1.4B Events (e.g., network scan, failed login, phishing attempt)

Incidents (alert that requires manual analysis)

Escalations (forensic engagement)

CSIRT (legal)

Correlation Rules (SIEM, AI/ML automation)

Security Operation Center Analysis (24/7 monitored SOC)

Incident Response & Forensics (IR team + outside experts as needed)

Legal/Compliance Engagement
How Congress Can Help

1. **Simplify regulatory landscape to free up focus on cyber threats**
   - Example: 50 state data breach notification laws create a patchwork of confusing rules

2. **Encourage data sharing…without victim blaming**
   - Need “safe space” to share data with law enforcement
   - Do all small/medium/critical access organizations know how to engage law enforcement?
   - Avoid victim blaming

3. **Help build the cyber workforce. Examples:**
   - Programs for returning vets to learn cyber skills
   - Programs to increase diversity in cybersecurity
Information Blocking

Anu Nakkana, JD
Greenway Health
Information Blocking Overview

- 21st Century Cures Act Intent vs Regulation
  - Final rule is expansive and broad in scope
  - Final Rule has two parts - certification updates to 2015 CEHRT & Information Blocking

- Definition: A practice that is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information (EHI), except as required by law, or covered by an exception, and ... actors must have the required knowledge and intent.

- Actors = Health IT Developers, HIE/HIN and Health Care Providers

- Penalties = $1M per violation for developers and HIE/HIN, disincentives for healthcare providers (*awaiting final rules from OIG & HHS)

- Timeline for compliance varies based on certification updates vs information blocking, and both are already in effect...
Timeline for Information Blocking

- **Final Rule Effective Date**: June 30, 2020
- **EHI definition limited to USCDI v1**: Apr. 5, 2021 – Oct. 5, 2022
- **21C Updates to USCDI v1 for CEHRT required**: Dec. 31, 2022

What's required now? And then that changes within a year...What's required then? What's the difference?
What does “Information Blocking” apply to, and when?

CURRENT STATE

FUTURE STATE

USCDI v1

2015 CEHRT - CCDS

CEHRT: Certified Electronic Health Record Technology
CCDS: Common Clinical Data Set
USCDI: US Core Data for Interoperability
EHI: Electronic Health Information (ePHI in DRS)
ePHI: Electronic Personal Health Information
DRS: Designated Record Set
IB Current State – What’s Going Well

- ONC engagement with EHRA and commitment to education and accessibility
- EHRA members have devoted extensive resources to compliance
- EHRA Task Force
- Education & Collaboration industry-wide
- Industry commitment to compliance
Current Challenges

Confusion

- ONC FAQs
- What is a request for EHI?
- Unanswered questions from ONC

Patient safety

- Automation of data sharing
- Lab results

Lack of specifications and standards

- ePHI standards and specifications
- Data exports (b)(10)

Transparency from federal agencies

- What is the process for investigation and enforcement?
- Penalties / disincentives?
IB Future State - Challenges

- Defining the DRS / varying definitions of DRS by organization
- Aggressive timeline without standards to define what is and is not EHI when the definition expands in 2022
- What information should be released to patient portals / technical challenges

As of Oct 6, 2022, the definition of EHI expands to ePHI to the extent included in a designated record set.
How Congress Can Help

1. 2 year non-punitive period for enforcement

2. Publish standards and specifications relevant to the definitions of EHI

3. Transparency from OIG / ONC on process for investigation & enforcement of IB complaints

4. Clarity on penalties from OIG & HHS (i.e. rules related to disincentives), as applicable

5. Provide oversight: hearing to evaluate how information blocking is really going
Panelist Discussion

Alya Sulaiman, JD
Epic

Jeremy Maxwell, PhD
Allscripts

Anu Nakkana, JD
Greenway Health

David Bucciferro, Moderator
Foothold Technology
Thank you!

Please reach out to knicholoff@ehra.org with questions following today’s call.