

# Multiple Chronic Conditions (MCC) eCare Plan Federal Partners Meeting

June 29, 2023

Jenna Norton  
Arlene Bierman  
EMI Advisors  
RTI International  
Oregon Health & Science University

Welcome! Please say  
hello **in the chat** by  
sending everyone your  
**name** and **affiliation**.



# Agenda

Topic	Time	Presenter(s)
Welcome and Introductions	5 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
MCC eCare Plan Project Overview and Progress Update	15 min	Savanah Mueller, EMI
Pilot Progress Update	20 min	RTI International
Federal Projects Round Robin Update	45 min	Federal Partners
Next Steps for the Comprehensive Shared Care Plan: Agency Partner Feedback	30 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
Concluding Thoughts & Next Steps	5 min	Savanah Mueller, EMI



# Contractor Introductions



**Evelyn Gallego, MBA,  
MPH, CPHIMS**

Program Director



**Karen Bertodatti, MPH,  
PMP**

Project Manager



**Savanah Mueller, MPH**

Project Analyst



**Himali Saitwal, MS**

Terminology SME



**Gay Dolin, MSN, RN\***

IG Developer/Clinical  
SME



**Bret Heale, PhD\***

Biomedical Informaticist-  
SME



**Dave Carlson, PhD,  
MBA\***

Solutions Architect



**Sean Muir\***

App Developer

Please say hello in the chat by stating your name and affiliation.

\*subcontractor to EMI



# Contractor Introductions



**Laura Marcial, PhD**  
Project Director



**David Dorr, MD, MS**  
Principal Investigator



**Jacqueline Bagwell, MS,  
MMCi**  
Associate Project  
Director



**Joel Montavon, PharmD**  
Technical Integration  
Lead



Please say hello in the chat by stating your name and affiliation.

# Housekeeping



Live transcription is available.



Use the hand raising feature when you want to comment and kindly wait for a facilitator to call on you before speaking.



Use the chat to share feedback at any time.



We are recording for note-taking purposes.

# Agenda

Topic	Time	Presenter(s)
Welcome and Introductions	5 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
MCC eCare Plan Project Overview and Progress Update	15 min	Savanah Mueller, EMI
Pilot Progress Update	20 min	RTI International
Federal Projects Round Robin Update	45 min	Federal Partners
Next Steps for the Comprehensive Shared Care Plan: Agency Partner Feedback	30 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
Concluding Thoughts & Next Steps	5 min	Savanah Mueller, EMI



# Comprehensive Shared Care Plan Definition

1. Gives the person **direct access to health data**.
2. Puts the **person's goals at the center** of decision-making.
3. Is holistic, including **clinical and nonclinical data** (e.g., home- and community-based and social determinants needs and services).
4. **Follows the person** through both high-need episodes (i.e., acute illness) and periods of health improvement and maintenance.
5. Allows **care team coordination**. The Care Team is able to 1) view information relevant to their role, 2) identify which clinician is doing what, and 3) update other members of an interdisciplinary team.

Source: U.S. Department of Health and Human Services 2015 Stakeholder Panel | Baker, et al. Making the Comprehensive Shared Care Plan a Reality. *NEJM Catalyst*. 2016: <https://catalyst.nejm.org/making-the-comprehensive-shared-care-plan-a-reality/>

Norton JM, Ip A, Ruggiano N, Abidogun T, Camara DS, Fu H, Hose BZ, Miran S, Hsiao CJ, Wang J, Bierman AS. *Assessing Progress Toward the Vision of a Comprehensive, Shared Electronic Care Plan: Scoping Review*. *J Med Internet Res*. 2022 Jun 10;24(6):e36569. doi: 10.2196/36569. PMID: 35687382.



# NIDDK/AHRQ eCare Plan for Multiple Chronic Conditions (MCC) Project

Build capacity for pragmatic, patient-centered outcomes research (PCOR) by developing an **interoperable electronic care plan** to facilitate **aggregation and sharing of critical patient-centered data** across **home-, community-, clinic-, and research-based settings** for people with **multiple chronic conditions (MCC)**.

<https://ecareplan.ahrq.gov/collaborate/>



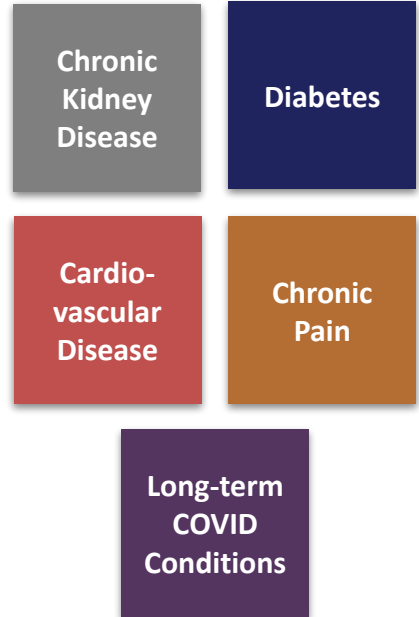


# MCC eCare Project Deliverables\*

**1** **Data elements, value sets, and FHIR mappings** to enable standardized transfer of data across health and research settings for kidney disease, diabetes, cardiovascular disease, chronic pain, and long-term COVID.

**2** **HL7<sup>®</sup> Fast Health Interoperability Resource (FHIR<sup>®</sup>) Implementation Guide** based on defined use cases and standardized MCC data elements, balloted for trial use.




**3** **Pilot tested provider-facing and patient/caregiver-facing e-care plan applications** that integrate with the EHR to pull, share, and display key patient data.




















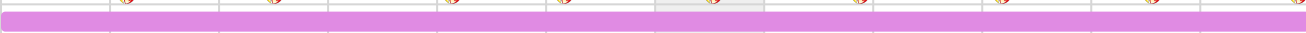













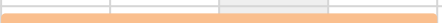






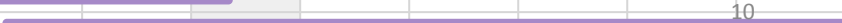


\*All deliverables will be open-source and freely available.



# Three Year Roadmap

- Legend**
-  HL7 Connectathon
  -  Federal Partner Meeting
  -  Contract Monitoring Board

		2021			2022				2023				2024		
Activity		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3		
		EMI Base Year (9/30/21 - 9/29/22)					EMI Option Year 1 (9/30/22 - 9/29/23)				EMI Option Year 2 (9/30/23 - 9/29/24)				
Stakeholder Engagement	Events		 	 			 	 	 		 	 	 		
	PCWG and TEP meetings														
Data elements/ Value Sets	Review and QA of existing MCC value sets														
	PASC data element identification with TEP														
	Build PASC value sets in VSAC														
MCC IG	FHIR profile domain mapping														
	Restructure and expand MCC eCare IG														
	Prepare MCC IG for Comment Ballot														
	Review MCC IG Comment Ballots														
	Prepare MCC IG for STU Ballot														
	Reconcile STU Ballots														
	Prepare and publish MCC IG as STU														
eCare Apps	Evaluate/design interoperability architecture														
	Provider app v1.1 revisions														
	Patient/Caregiver app v2.0 development														
	Build and iterate common data services														
	Update Provider app v1.3 backend														
	Update Patient/Caregiver app v2.1 backend														
	Revise/release Provider app v2.0														
	Revise/release Patient/Caregiver app v3.0														
Pilot site testing	Conduct v1.0 app pilot														
	Build research store														
	Conduct v2.0 app pilot														

# MCC eCare Plan Project

Questions on any of the following?

- Project background and high-level update
- HL7® FHIR® Implementation Guide development and balloting
- HL7® Connectathon 33
- eCare Plan SMART on FHIR applications

# Connectathon 33: Notable Achievements

- Presented an overview of the project and application architecture leading to a fruitful discussion regarding limitations on write-back, supplemental data storage, and data restriction based on patient preference.
- Attended a breakout room session with BSeR and Gravity; the conversation focused on CBO authorization to access data and the need for a centralized "hub" to assist with referrals and care coordination in the future, as well as temporary alternatives.
- The MyCarePlanner app demonstrated its ability to write a health concern to a shared FHIR repository during testing with NACHC.
  - The Health Flow app was able to successfully read and display the information.
- Developed a plan for value set updates and maintenance.
- Gained insights on and confirmed compliance testing plans with ONC certification.

# Agenda

Topic	Time	Presenter(s)
Welcome and Introductions	5 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
MCC eCare Plan Project Overview and Progress Update	15 min	Savanah Mueller, EMI
Pilot Progress Update	20 min	RTI International
Federal Projects Round Robin Update	45 min	Federal Partners
Next Steps for the Comprehensive Shared Care Plan: Agency Partner Feedback	30 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
Concluding Thoughts & Next Steps	5 min	Savanah Mueller, EMI



RTI International

# Pilot Progress Update



# Key Questions to Explore

- What **factors affect implementing** the eCP apps from an organizational and technical perspective?
- What **factors affect using** the eCP apps within and across organizations?
- How does use of the eCP apps **influence data collection and sharing** across settings?
- What are the **intra- and interorganizational socio-technical factors to consider when implementing and using** the eCP apps?



CONFIDENTIAL



15

# Implementation & Usability Testing

- Round 1: Clinician and patient apps implemented at OHSU
  - Focus groups with clinicians using implemented version of apps
  - Controlled testing in clinician-patient dyads
- Round 2: recruiting primary and specialty ambulatory care practices
  - Multiple EHR systems: Epic, VA Vista, NextGen
  - Multiple Epic system environments: OHSU, Providence, Legacy and OCHIN
  - >100 patients and >10 providers across sites
  - Sharing of data across various EHR implementations
- “Sandbox” testing at MedStar using Cerner to establish a read-only connection for both applications



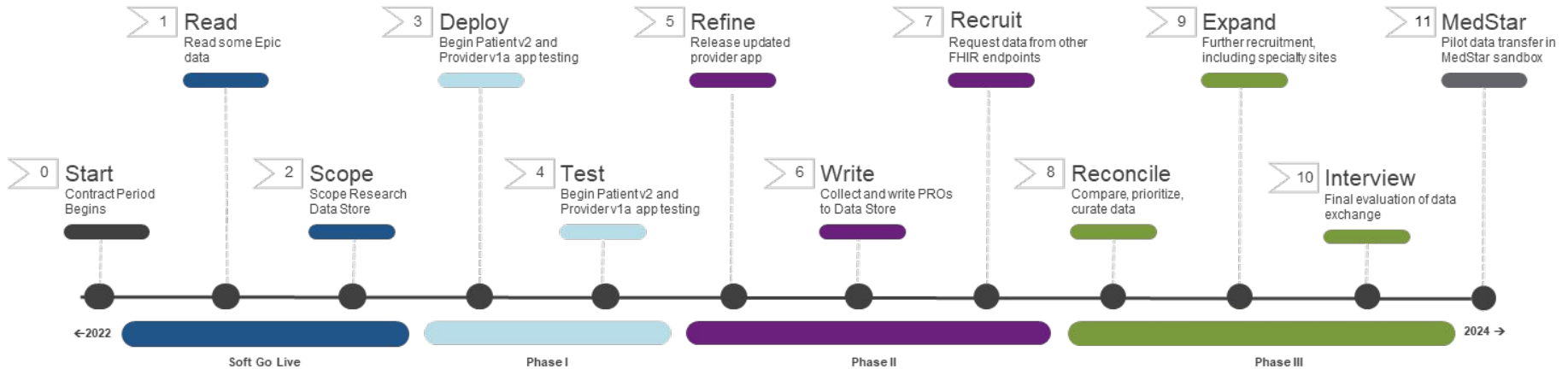


# Real World Evaluation Components

- Round 1: Single Site Implementation & Usability Testing (2020-2021)
  - Formative user testing
  - Implementation feasibility
  - Single site aggregation of data from the EHR
- Round 2: Multi-site testing; interoperability of data (2022-present)
  - Implementation enhancements – expanded to multiple sites
  - Multi-site, multi-EHR aggregation of data



# eCare Plan V2 Testing Timeline Projection



# Technical Challenges in Implementation

## Data Exchange

- The MCC IG relies on the FHIR RESTful API and, potentially, bulk data to exchange data
- However, the bulk data specification currently includes operations for only export, not import of data.

## Data Access

- Refresh tokens enable sessions to last longer than a single visit to an app; however, for security reasons, these refresh tokens often expire in fewer than 30 days.
- App access to a patient's healthcare data is often limited to a single point in time (for a single patient). This means that if a patient chooses to share their data with a provider through a SMART-on-FHIR app, the data available to the provider will reflect the state of the patient's data only at that time

## Data Aggregation

- The MCC IG addresses the aggregation of data across multiple FHIR endpoints through the application of value sets and clinical logic expressed using Clinical Quality Language (CQL) to group conditions, laboratory results, goals, and so on in a way that is meaningful for patients and their care providers. This approach requires further validation through testing with real-world data.

19

# Standards Considerations

There is a gap between what standards support and what support really looks like

- Although USCDI v1 requires support for patient goals, there is no specificity as to the data elements within the Goal resource that are required, and vendor implementation of these data elements is limited and inconsistent.



**My Care Planner**  
FOR PATIENTS & CAREGIVERS

Home Care Plan Health Status Team

Goals Concerns Medications Activities

### Health Goals

**Diet - Limit carbohydrates/sugar**

MyChart Admin Start: Oct 24, 2018

Addresses: Type 2 diabetes mellitus without complication, without long-term current use of insulin

Note: Limit carbs and sugar

Source: Oregon Health & Science University MyChart Admin



# Goals

Data Element in IG but Not in USCDI	Also Not yet Supported by Native FHIR API
Goal.measure (Required) Bound to its relevant goal target value set	X
Goal.expressedBy (Must Support)	
Goal.addresses (Must Support)	
Goal.outcomeReference (Must Support)	X
Goal.extension:goal-acceptance (Must Support)	X
Goal.extension:reasonRejected (Must Support)	X
Goal.extension:goal-relationship (Must Support)	X



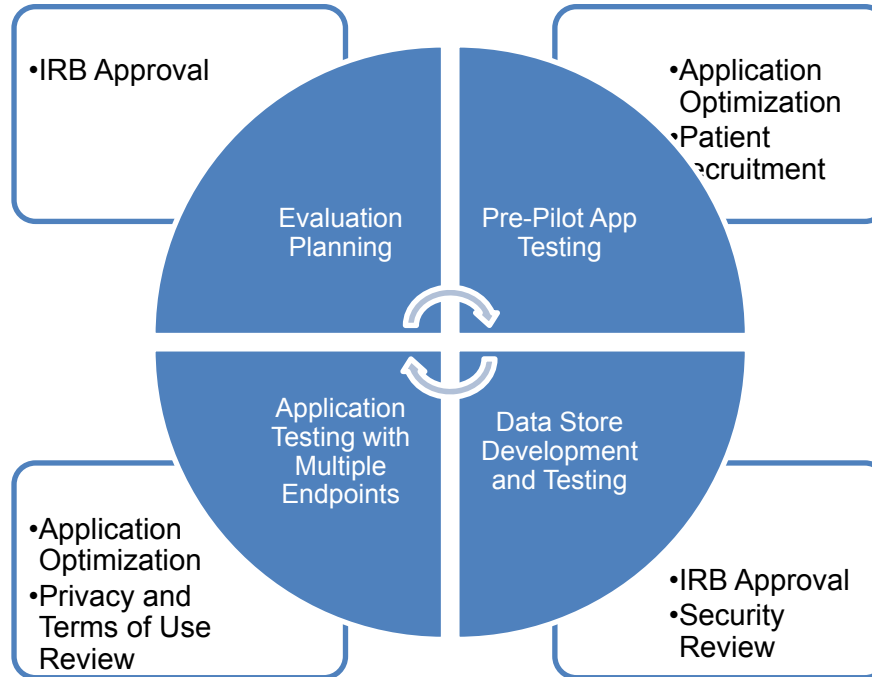
National Institute of  
Diabetes and Digestive  
and Kidney Diseases

# Additional Information for IG

- Accommodate the ability and the need to hit more than one endpoint
- Address concurrent need of security review, releases, etc.
- Need for development of site-specific resources that support administration of the tools
  - Documentation trail
  - Container readme file
    - Using containerized solutions facilitates local installations yet without complete documentation can obscure the functions of the system. It is important that the IG contain good documentation on initial setup of the system and environment. There remains a need to facilitate FHIR requests and responses (typically through localized middleware).



# Concurrent Activities and Barriers



# Pre-Pilot Activities

- Activities and Barriers
  - Application testing beyond Soft Go Live (SGL) requires complex patient data to test all aspects of functionality
  - Initial testing with a complex patient in SGL failed because of long load times, performance issues are being addressed
  - Test data either not available or hard to develop to represent complex patients
  - Patient participation not guaranteed through course of project (consent withdrawal, death, etc.)



# Technical Development

- Supplemental Data Store (SDS)
  - Consent process required
  - Need to work out the details of partitioning
  - Security review required when system is complete
- Application Testing
  - Performance optimization required to move toward pilot
  - Multiple endpoint functionality development requires close coordination with SDS build



# Socio-technical Factors

- IRB approval needed to establish consent to access other FHIR endpoints – **approved on June 12, 2023**
- Application registration needed to access other FHIR endpoints
  - Stewardship by OHSU necessitated development of relevant Privacy Policy and Terms of Use
  - No clear precedent for drafting these or for legal review
  - Registration process still to follow final approval
- Security review happening concurrently with development but must be complete prior to pilot launch

# Agenda

Topic	Time	Presenter(s)
Welcome and Introductions	5 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
MCC eCare Plan Project Overview and Progress Update	15 min	Savanah Mueller, EMI
Pilot Progress Update	20 min	RTI International
Federal Projects Round Robin Update	45 min	Federal Partners
Next Steps for the Comprehensive Shared Care Plan: Agency Partner Feedback	30 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
Concluding Thoughts & Next Steps	5 min	Savanah Mueller, EMI





The Office of the National Coordinator for  
Health Information Technology

Office of the National Coordinator for Health Information Technology

## ONC Projects





Office of the National Coordinator  
for Health Information Technology

## *ONC Updates for MCC eCare Federal Partners Meeting*

**JaWanna Henry, Interoperability Systems Branch Chief**

**Wanda Govan-Jenkins, Nurse Informaticists**

**June 29, 2023**



# Agenda

- ONC LEAP Projects
- SDOH Learning Forum
- SDOH Technical Integration Framework/ ONC eLTSS FHIR IG and implementation
- TEFCA
- USCDI v4 Care Plan Data Class Proposal
- HTI-1 Clinical Decision Support



# Leading Edge Acceleration Project (LEAP)

## Leading Edge Acceleration Projects (LEAP)

LEAP in Health IT advances the development and use of interoperable health IT by addressing emerging and future challenges.

2021

- *Use Referral Management to Address Social Determinants of Health (SDOH) Aligned With Clinical Care (University of Texas at Austin)*
- *Develop Health It Tools to Make EHR Data Research- and AI-ready (DARTNet Institute)*

2022

- *Address Health Equity and Social Determinants of Health (SDOH) Through Innovative, Open-Source Technology Tools, and Electronic Health Records (EHRs)*
- *Demonstrate the Use of Equity-Enhancing Patient-Generated Health Data (PGHD) for Clinical Care and Research*



# Current ONC SDOH Interoperability Pilots Overview

Organization	SDOH Domain	Gravity Terminology	Exchange Standards
OCHIN	<p>Food Insecurity</p> <hr/> <p>Housing Instability</p> <hr/> <p>Transportation Insecurity</p>	<ul style="list-style-type: none"> <li>Protocol for Responding to and Assessing Patients' Assets, Risks &amp; Experiences (PRAPARE)</li> <li>Diagnoses-Assessed Needs (ICD-10-CMZ codes)</li> </ul>	FHIR IG Task and Service Request Profiles (Direct Referral Light workflow)
AllianceChicago	Housing Instability	<ul style="list-style-type: none"> <li>Protocol for Responding to and Assessing Patients' Assets, Risks &amp; Experiences (PRAPARE)</li> <li>Diagnosis (ICD-10-CM)</li> <li>Interventions (CPT, HCPCS) *Future</li> </ul>	FHIR Observation IG
University of Texas-Austin Dell School of Medicine	Food Insecurity	<ul style="list-style-type: none"> <li>Screening (LOINC)</li> <li>Diagnosis (SNOMED-CT, ICD-10-CM)</li> <li>Goals (SNOMED CT)</li> <li>Interventions (SNOMED-CT, CPT/ HCPCS)</li> </ul>	FHIR Core IG, FHIR SDOH Clinical Care IG, REST APIs, JSON, OAuth2, Web Sockets, SMTP and S/MIME, X.509



# SDOH Learning Forum

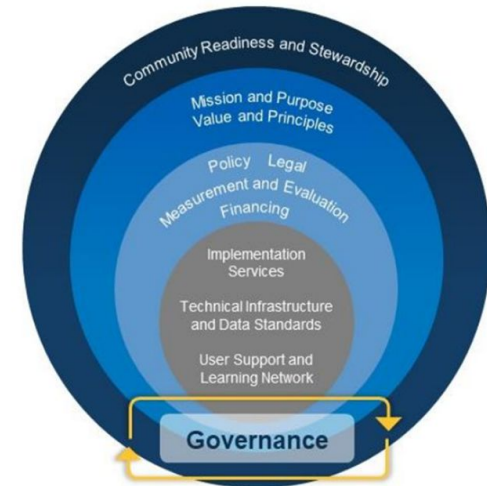
# Social Determinants of Health Information Exchange

**Toolkit:** A practical guide that enables implementers of SDOH information exchange to learn more about the current landscape and identify key considerations and approaches to advance SDOH information exchange goals through the consideration of some Foundational Elements.

**The Learning Forum:** brings together a wide range of partners to share lessons learned, promising practices, and challenges related to exchanging SDOH data.

- 2022 ONC convened a Technical Expert Panel in 2021 on SDOH information exchange to develop a set of SDOH information exchange foundational elements (see figure).
- 2023 Learning Forum sessions
  - Community Level Governance (February)
  - Values, Principles, and Privacy (March)
  - Implementation, Measurement, and Evaluation (May)
  - SDOH Information Exchange Learning Forum Summary (June)

## Social Determinants of Health Information Exchange Foundational Elements





# **SDOH Technical Integration Framework**

# SDOH Clinical Care Implementation Guide Integration Technical Framework and Crosswalk

- Establish an integration framework as a tool for advancing SDOH data use and interoperability
- Cross analysis of the SDOH CC IG and the Electronic Long-Term Services and Supports (eLTSS) IG



## **Trusted Exchange Framework and Common Agreement (TEFCA)**

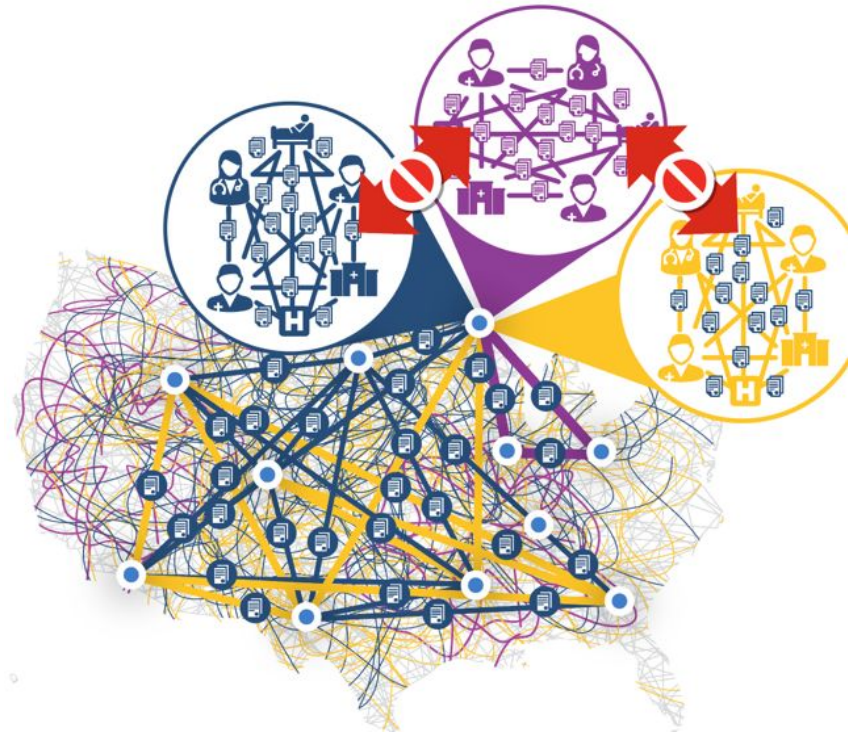
# TEFCA Enables the Next Level of Nationwide Network Interoperability

While there has been tremendous growth in network interoperability, there is much unfinished business

- Less well-resourced providers
- Certain settings like behavioral health & LTPAC
- Public health

Public/Private partnership is required to overcome barriers that the private sector cannot tackle on its own

TEFCA helps to establish an approach to information exchange to help ensure everyone has access to essential data no matter what network they use.





# **Proposed New Data Elements and Classes Draft USCDI v4**



## Allergies and Intolerances

- Substance (Medication)
- Substance (Drug Class)
- Substance (Non-Medication) +
- Reaction

## Care Team Member(s)

- Care Team Member Name
- Care Team Member Identifier
- Care Team Member Role
- Care Team Member Location
- Care Team Member Telecom

## Clinical Notes

- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

## Clinical Tests

- Clinical Test
- Clinical Test Result/Report

## Diagnostic Imaging

- Diagnostic Imaging Test
- Diagnostic Imaging Report

## Encounter Information

- Encounter Type
- Encounter Identifier +
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

## Facility Information +

- Facility Identifier +
- Facility Type +
- Facility Name +

## Goals △

- Patient Goals
- SDOH Goals
- Treatment Intervention Preference +
- Care Experience Preference +

## Health Insurance Information

- Coverage Status
- Coverage Type
- Relationship to Subscriber
- Member Identifier
- Subscriber Identifier
- Group Number
- Payer Identifier

## Health Status Assessments

- Health Concerns
- Functional Status
- Disability Status
- Mental/Cognitive Status
- Pregnancy Status
- Alcohol Use +
- Substance Use +
- Physical Activity +
- SDOH Assessment x
- Smoking Status

## Immunizations

- Immunizations

## Laboratory

- Tests
- Values/Results
- Specimen Type
- Result Status
- Result Unit of Measure +
- Result Reference Range +
- Result Interpretation +
- Specimen Source Site +
- Specimen Identifier +
- Specimen Condition and Disposition +

## Medical Devices △

- Unique Device Identifier - Implantable △

## Medications

- Medications
- Dose
- Dose Unit of Measure
- Indication
- Fill Status
- Medication Instructions +
- Medication Adherence +

## Patient Demographics/ Information

- First Name
- Last Name
- Middle Name (Including middle initial)
- Name Suffix
- Previous Name
- Date of Birth
- Date of Death
- Race
- Ethnicity
- Tribal Affiliation
- Sex
- Sexual Orientation
- Gender Identity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address
- Related Person's Name
- Relationship Type
- Occupation
- Occupation Industry

## Patient Summary and Plan △

- Assessment and Plan of Treatment

## Problems

- Problems
- SDOH Problems/Health Concerns
- Date of Diagnosis
- Date of Resolution

## Procedures

- Procedures
- Time of Procedure +
- SDOH Interventions
- Reason for Referral

## Provenance

- Author Organization
- Author Time Stamp

## Vital Signs

- Systolic Blood Pressure
- Diastolic Blood Pressure
- Average Blood Pressure +
- Heart Rate
- Respiratory Rate
- Body Temperature
- Body Height
- Body Weight
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2 - 20 years)
- Weight-for-length Percentile (Birth - 24 Months)
- Head Occipital-frontal Circumference Percentile (Birth - 36 Months)

## USCDI Timeline

- July 2023
  - USCDI v4 publication
  - Standards Bulletin publication
  - USCDI v5 submission cycle opening
- September 2023
  - USCDI v5 submission cycle ends



***HTI-1 Predictive Decision Support  
Interventions***

# Proposal Objective and Intended Benefits

**Objective:** Enable improved information transparency on the trustworthiness of predictive DSIs to support their widespread use in health care.

## Improve Transparency



Regarding how a predictive DSI is designed, developed, trained, evaluated, and should be used

## Enhance Trustworthiness



Through transparency on how certified health IT developers manage potential risks and govern predictive DSIs that their certified Health IT Modules enable or interface with

## Support Consistency



In the availability of predictive DSI information to users, so that users may determine the DSI's quality and whether its recommendations are fair, appropriate, valid, effective, and safe (FAVES)

## Advance Health Equity by Design



By addressing bias and health disparities, potentially propagated by predictive DSIs, to expand the use of these technologies in safer, more appropriate, and more equitable ways

# Benefits for Patients, Providers, and Industry

## Patients

- Enables patients to benefit from the use of FAVES predictive models related to their care
- Avoids preventable harms, such as errors in decision making, health inequities, bias, and discrimination
- Clarifies patient access to underlying information



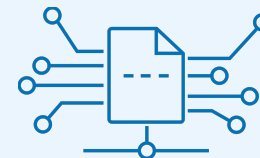
## Providers

- Enables access to information necessary to trust predictive DSIs for patient care
- Provides better assurances that PDSIs work as intended and anticipated
- Enables clinicians to use PDSIs in more appropriate, equitable, and safer ways for patients and populations



## Developers / Industry

- Drive consensus on how to communicate the “ingredients” of predictive DSIs consistently
- Promote developers with high quality models
- Establish an information ecosystem that enables an actionable and widely accepted approach for transparency and trustworthiness of algorithms in health care



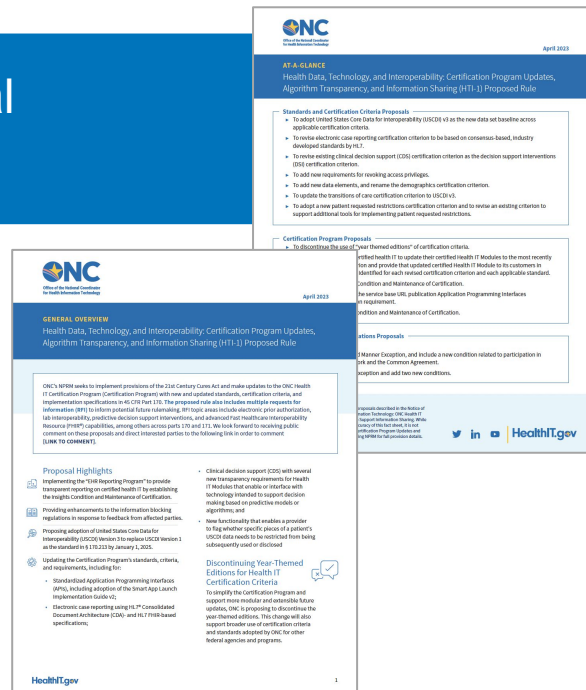
## Next Steps

- ONC received more than 230 public comments
- Final Rule expected late Q3 or early Q4 CY 2023

Visit <https://healthit.gov/proposedrule> for additional information. More updates will be added over time.

## Fact Sheets

- General Overview
- At-a-Glance
- Decision Support Interventions
- Information Blocking
- Insights Condition



**ONC**  
Office of the National Coordinator  
for Health Information Technology

April 2023

**AT-A-GLANCE**  
Health Data, Technology, and Interoperability Certification Program Updates,  
Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule

**Standards and Certification Criteria Proposals**

- To adopt United States Core Data for Interoperability (USCDI v3) as the new data set baseline across applicable certification criteria
- To revise electronic case-reporting certification criterion to be based on consensus-based, industry-developed standards by FY23
- To remove existing clinical decision support (CDS) certification criterion as the decision support Interventions (DSI) certification criterion
- To add new requirements for resolving access challenges
- To add new data elements, and revise the demographic certification criterion
- To update the parameters of case certification criterion to USCDI v3
- To adopt a new patient requested restrictions certification criterion and to review an existing criterion to support additional tools for implementing patient requested restrictions.

**Certification Program Proposals**

- To discontinue the use of "year-themed editions" of certification criteria

Health IT to update their certified health IT Modules to the most recently listed and provide that updated certified health IT Modules to the commenters identified for each revised certification criterion and each applicable standard, condition and maintenance of certification.

The version base URL, publication Application Programming Interfaces (APIs) and the Maintenance of Certification.

**Other Proposals**

- Waiver Exception, and include a new condition related to participation in the Health Information Exchange (HIE) and the Consent Agreement
- Waiver Exception, and include a new condition related to participation in the HIE and the Consent Agreement
- Waiver Exception, and include a new condition related to participation in the HIE and the Consent Agreement

Publics disclosed in the Notice of Proposed Rulemaking, who commented on the proposed rule and were identified as being interested in participating in the public comment process.

HealthIT.gov

1

**GENERAL OVERVIEW**  
Health Data, Technology, and Interoperability Certification Program Updates,  
Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule

ONC HHS seeks to implement provisions of the 21st Century Cures Act and make updates to the ONC Health IT Certification Program (Certification Program) with new and updated standards, certification criteria, and implementation specifications as 45 CFR Part 117. The proposed rule also includes multiple requests for information (RFI) to inform proposed future rulemaking. RFIs include electronic prior authorization, lab interoperability, predictive decision support interventions, and Advanced First Health Interoperability Research (FHIR) capabilities, among others across parts 117 and 118. We look forward to receiving public comment on these proposals and direct interested parties to the following link in order to comment.  
([LINK TO COMMENT](#))

**Proposal Highlights**

- Implementing the "Data Reporting Program" to provide transparent reporting on certified health IT by establishing the Targets Condition and Maintenance of Certification.
- Providing enhancements to the Information Blocking regulations to respond to feedback from affected parties.
- Proposing adoption of United States Core Data for Interoperability (USCDI) version 3 to replace USCDI version 1 as the standard in 117.021 by January 1, 2025.
- Updating the Certification Program's standards, criteria, and requirements, including for:
  - Standardized Application Programming Interfaces (APIs), including adoption of the SmartApp Launch Interoperability Toolkit (v2)
  - Electronic case reporting using the Consolidated Document Architecture (CDA) and the FHIR-based specifications;
  - Clinical decision support (CDS) with several new transparency requirements for health IT modules that enable or replace with technology intended to support decision making based on or modify their results or algorithms; and
  - New functionality that enables a provider to flag whether specific pieces of a provider's USCDI v3 data needs to be restricted from being subsequently used or disclosed.
- Discontinuing Year-Themed Editions for Health IT Certification Criteria
- To simplify the Certification Program and support more modular and extensible future updates, ONC is proposing to discontinue the year-themed editions. This change will also support broader use of certification criteria and standards adopted by ONC for other agencies and programs.

HealthIT.gov

**Thank You**





Centers for Medicare and Medicaid Services

# CMMI Health Equity Commitments







Health Resources and Services Administration

# Geriatrics Workforce Enhancement Program

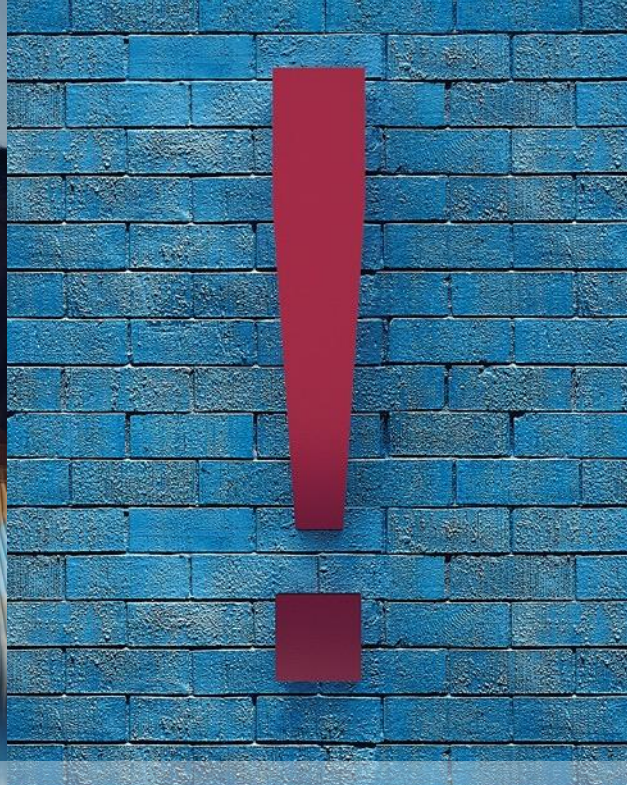




Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation

## Social Determinants of Health related Notice of Funding Opportunities





# *MCC eCare Plan Federal Partners Meeting*

## *DDT SDOH NOFO Updates*

June 29, 2023 | Dr. Gia E. Rutledge, DPPD, MPH | Associate Director for Health Equity

**Centers for Disease Control and Prevention**  
National Center for Chronic Disease Prevention and Health Promotion  
Division of Diabetes Translation





# Centers for Disease Control and Prevention Division of Diabetes Translation

- **Vision:** A world free of the devastation of diabetes.
- **Mission:** To reduce the preventable burden of diabetes through public health leadership, partnership, research, programs, and policies that translate science into practice.



## DIVISION OF DIABETES TRANSLATION (DDT) 2022-2027 STRATEGIC GOALS



### POPULATION-LEVEL PREVENTION

Mitigate the impact of structural and social determinants of health that contribute to the onset of diabetes.



### INDIVIDUAL-LEVEL PREVENTION

Prevent or delay the development of type 2 diabetes among at risk individuals, including people with prediabetes.



### MANAGEMENT & CARE

Promote optimal quality of life for individuals affected by diabetes through prevention and management of complications and disabling conditions.

### HEALTH EQUITY

Advance and enable equity in diabetes prevention, management, and care.

### DIVISION MANAGEMENT AND OPERATIONS

Optimize infrastructure, resources, and equitable practices to position DDT to effectively accomplish its goals.

# DP23-0020 A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

- Seeks to decrease risk for type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes.
- Includes strategies that address SDOH at a clinical and/or population level to support successful implementation and reduction.
- Component A includes a recommendation to allocate 10-20% of total funding in Component A to address population/system level factors related to the SDOH that support the priority population(s) engaged in the selected program strategies.

# Components A and B: Policy & Systems-Level Support Strategies for Diabetes Management and/or Type 2 Diabetes Prevention

Strategy	Description
9	Increase and sustain DSMES and National DPP delivery sites within pharmacy networks and chain pharmacies to improve reach to priority populations
10	Support the development of multi-directional e-referral systems that enable electronic exchange of information between health care and community-based organizations (CBOs), including: <ul style="list-style-type: none"><li>a) CDC-recognized organizations offering the National DPP lifestyle intervention <u>and/or</u></li><li>b) ADA-recognized/ADCES-accredited DSMES services and/or diabetes support programs or services in the community <u>and</u></li><li>c) Community programs/services that address social determinants of health (SDOH) or meet social needs</li></ul>
11	Design and test innovative payment models that bundle the National DPP lifestyle intervention and/or DSMES with other programs and services that address relevant health or social needs of priority populations
12	Improve the sustainability of Community Health Workers by building or strengthening a supportive infrastructure to expand their involvement in evidence-based diabetes prevention and management programs and services
13	Improve the capacity of the diabetes workforce to address factors related to SDOH that impact health outcomes for priority populations with and at risk for diabetes

# DP23-001: Assessing the Effectiveness of Programs, Policies, or Practices that Affect Social Determinants of Health to Promote Health Equity and Reduce Health Disparities in Chronic Diseases

- This NOFO has three (3) components to achieve the purpose of the program:
  - Component A: Research Studies to Assess Inequities in Addressing Chronic Diseases
  - Component B: Studies to Assess Health and Economic Outcomes and Disparities of Chronic Diseases
  - Component C: Coordinating Center







AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



# AHRQ Clinical Decision Support

Edwin Lomotan, MD  
Senior Advisor for Clinical Informatics

NIDDK/AHRQ MCC eCare Plan Federal Partner Meeting  
June 29, 2023

Visit!  
<https://cds.ahrq.gov>



- ▶ Repository of publicly-available, shared standards-based CDS resources ('artifacts')
- ▶ CDS Authoring Tool



- ▶ CEPI Evidence Discovery And Retrieval
- ▶ Center for Evidence and Practice Improvement (CEPI)
- ▶ FHIR-based API for search and retrieval of USPSTF recommendations, CDS Connect resources, EPC reviews, and more



- ▶ Advancing patient-centered CDS
- ▶ Steering committee, innovation center, outreach center, multiple work groups
- ▶ Annual meeting
- ▶ 12 'products' by September (environmental scan, measurement frameworks, publications, toolkits)

# What is Patient-Centered Clinical Decision Support?

- ▶ Patient-centered clinical decision support (PC CDS) is CDS that supports care for individual patients (or specific patient populations) and significantly incorporates the following patient-centered factors:



## Knowledge

Evidence-based research findings (CER and PCOR)



## Data

Patient-generated health data, patient-reported outcomes and preferences, patient-specific data; and/or SDOH data that affect individual patient health



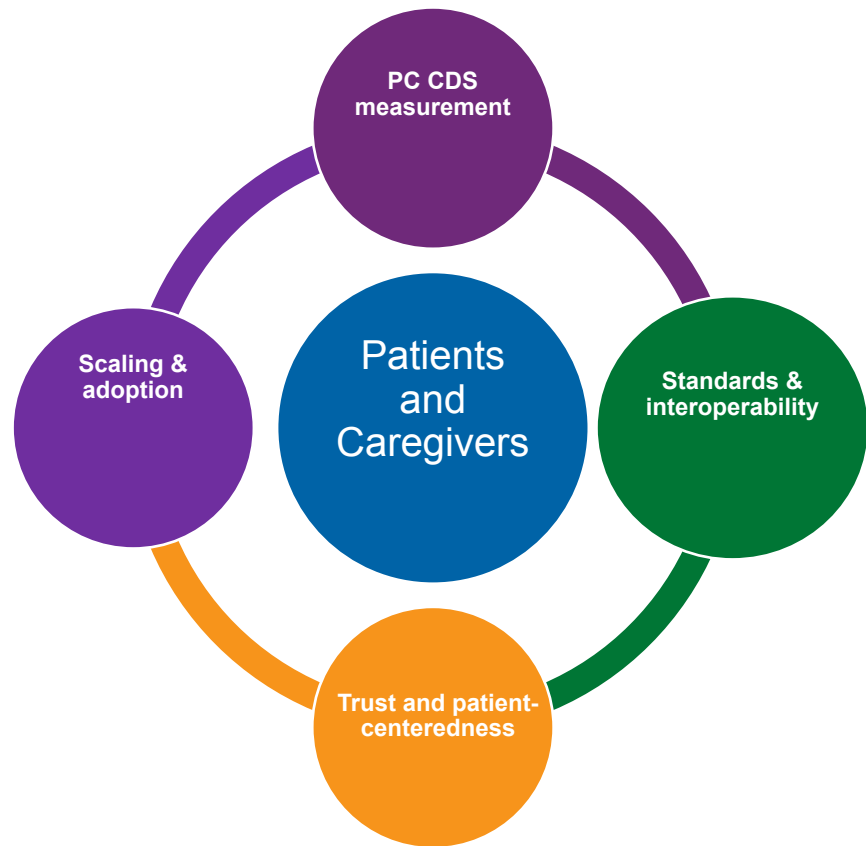
## Delivery

Directly engages patients or caregivers (patient-facing) via apps or patient portals in different settings (e.g., at home, community, or doctor's office)



## Use

Patient and/or caregiver involvement in understanding and applying the decision support provided





Centers for Disease Control and Prevention

# MedMorph



# Making Electronic Data More Available for Research and Public Health (MedMorph)

- The [MedMorph Reference Architecture \(RA\) Implementation Guide \(IG\)](#) was published as an STU1 (Standard for Trial Use) on 6/8/2023
  - The MedMorph RA primarily brings together FHIR standards relevant for data exchange and puts them together in a reference architecture that helps programs and partners understand how to use them to achieve automated data exchange from a data source to a data receiver (with or without an intermediary)
- Multiple content IGs based on the MedMorph RA are in the final approval reviews before publication as well (i.e., Health Care Surveys, Central Cancer Registry Reporting, Research Data Exchange)
- An additional use case (RESP-NET – for hospital surveillance of respiratory diseases) is developing a content IG based on the MedMorph RA
- MedMorph plans to have a track in the September HL7 Connectathon to continue testing more functionality (also tested in the May 2023 Connectathon)
- **Maria Michaels (CDC) will be co-presenting with Bridget Calvert (CMS) at the CMS Connectathon on July 19, 2023 on “Minimizing Burden in Federal Quality Measurement and Public Health Reporting”** – it includes showing the similarities in the CMS approach and MedMorph (previously gave a similar talk with others from CMS at HIMSS as well).



# Agenda

Topic	Time	Presenter(s)
Welcome and Introductions	5 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
MCC eCare Plan Project Overview and Progress Update	15 min	Savanah Mueller, EMI
Pilot Progress Update	20 min	RTI International
Federal Projects Round Robin Update	45 min	Federal Partners
Next Steps for the Comprehensive Shared Care Plan: Agency Partner Feedback	30 min	Jenna Norton, NIDDK Arlene Bierman, AHRQ
Concluding Thoughts & Next Steps	5 min	Savanah Mueller, EMI



Agency Partner Feedback

# Next Steps for the Comprehensive Shared Care Plan





# Next Steps for the Comprehensive Shared Care Plan

We would like your feedback on how this project can continue to grow as this phase approaches its final year.

- Opportunities to freely license the application (tech transfer)
- Incorporation into existing Federal programs
- Expansion through funding opportunities (e.g., NIA RFA)
- PCOR-TF funding opportunities
- Others?



Thank You



# MCC eCare Team Project Contacts

Name	Role	Contact Info
Evelyn Gallego	EMI Advisors, Program Director	evelyn.gallego@emiadvisors.net
Karen Bertodatti	EMI Advisors, Project Manager	karen.bertodatti@emiadvisors.net
Savanah Mueller	EMI Advisors, Project Analyst	savanah.mueller@emiadvisors.net
Himali Saitwal	EMI Advisors, Terminology SME	himali.saitwal@emiadvisors.net
Gay Dolin	Namaste Informatics, SME	gdolin@namasteinformatics.com
Bret Heale	Elimu Informatics, SME	bheale@elimu.io
Dave Carlson	Clinical Cloud Solutions, Solutions Architect	dcarlson@clinicalcloud.solutions
Sean Muir	JKM Software, App Developer	sean.muir@emiadvisors.net
Laura Marcial	RTI International, Project Director	lmarcial@rti.org
Jacqueline Bagwell	RTI International, Associate Project Director	jbagwell@rti.org
Joel Montavon	RTI International, Technical Integration Lead	jmontavon@rti.org
David Dorr	OHSU, Pilot Site Lead	dorrd@ohsu.edu
Kevin Abbott	NIDDK, COR for EMI and SME	kevin.abbott@nih.gov
Jenna Norton	NIDDK, Program Lead	jenna.norton@nih.gov
Neha Shah	NIDDK, Scientific Program Analyst	neha.shah2@nih.gov
Arlene Bierman	AHRQ, Program Lead	arlene.bierman@ahrq.hhs.gov
Rachael Boicourt	AHRQ, Digital Healthcare Research and Quality, COR for RTI	Rachael.Boicourt@ahrq.hhs.gov
Jaime Zimmerman	AHRQ, Digital Healthcare Research and Quality, COR for RTI	jaime.zimmerman@ahrq.hhs.gov

# Additional MCC eCare Plan Project Links

- AHRQ and NIDDK Confluence Page for MCC eCare:  
<https://cmext.ahrq.gov/confluence/display/EC//>
- HL7 Patient Care Work Group – MCC eCare Project Page:  
<https://confluence.hl7.org/display/PC/Multiple+Chronic+Conditions+%28MCC%29+eCare+Plan>

