Health Information Compliance Alert

Toolkit: Feds Offer New Pilot Program to Encourage Data Sharing

CMS announces pilot program that harnesses claims data.

Patients' histories are sometimes incomplete for a variety of reasons from lost files to forgetfulness. The **Centers for Medicare & Medicaid Services** (CMS) want to use health IT to bring all those missing pieces of the puzzle together to ensure patients receive the best care.

Context: Last year, CMS announced a patient-centered program called MyHealthEData initiative, in coordination with a revamp of a past program rebranded as Blue Button 2.0. (see Health Information Compliance Alert, Vol. 18, No. 3).

Fast track to February 2019, and the twin proposals by CMS and the **Office of the National Coordinator for Health Information Technology** (ONC) to improve interoperability in healthcare by improving application programming interfaces (APIs) and EHRs (see Health Information Compliance Alert, Vol. 19, No. 3).

Now: Last month, CMS administrator **Seema Verma** announced the release of a pilot program, Data at the Point of Care (DPC), at the BlueButton Developers' Conference. The new program aims to use a "developer-friendly, industry-standard API using Health Level 7's Fast Healthcare Interoperability Resource (FHIR®) standard" to improve the coordination of care.

Check Out the Details

The DPC program is intended to bridge the communication gaps in technology used by clinicians and other healthcare practitioners by using claims data to populate information for beneficiaries, right into the health record workflow.

"The DPC pilot program will transform healthcare delivery by leveraging Medicare's Blue Button data to provide clinicians with access to claims data. The claims data will fill in information gaps for clinicians, giving them a more structured and complete patient history with information like previous diagnoses, past procedures, and medication lists," CMS says in a press release.

The program, which providers may opt into but beneficiaries must opt-out of, will be tied to payment.

"One of our key focuses is on innovative payments that align financial incentives for providers to deliver efficient, high quality care," Verma said at the conference. "When providers have a responsibility for managing care and their reimbursement is tied to results instead of volume of services, they will find innovative ways to keep people healthy, prevent disease, lower costs, and improve health outcomes."

She continued, "Changing the way we pay providers will also allow patients to seek high value care."

Verma added that this move will force resourcefulness on the part of providers while avoiding costing the government more money or costing citizens more money in taxes.

Reasoning: The program is tied to prior pushes for more ease of use via EHRs. Verma lamented that even though the Trump Administration spent $36 billion in encouraging the adoption of EHR, the U.S. healthcare system still uses fax machines.

"The sharing of data and interoperability underpin this entire move to value in healthcare and innovation. Without access to their own data, patients lack the information - and therefore the power and ability - to shop around for services," Verma said.

Caveat: Verma did not mention who else may be privy to the release of data - and whether anyone could pay for access. "But we know that with access to data comes threats to security and privacy, and we're looking at ways to enhance Blue Button 2.0 to ensure patient confidentiality," Verma said, adding that the current health privacy regulations do not extend to most applications (apps), which could become increasingly problematic as patient data is stored and shared there.

"Clinicians who are interested in participating in the DPC pilot program can sign up by visiting: dpc.cms.gov. Beneficiaries who wish to opt out of data sharing can do so by calling 1-800-Medicare," CMS says.