

Healthier Communities Through Interoperability

David Camitta, MD, MS



The Patient at the Center



Where Are We?

- 1 in 3 patients



- Average Medicare patient sees 7 providers annually



Where Are We...PCPs and Specialists

- 229
- 117



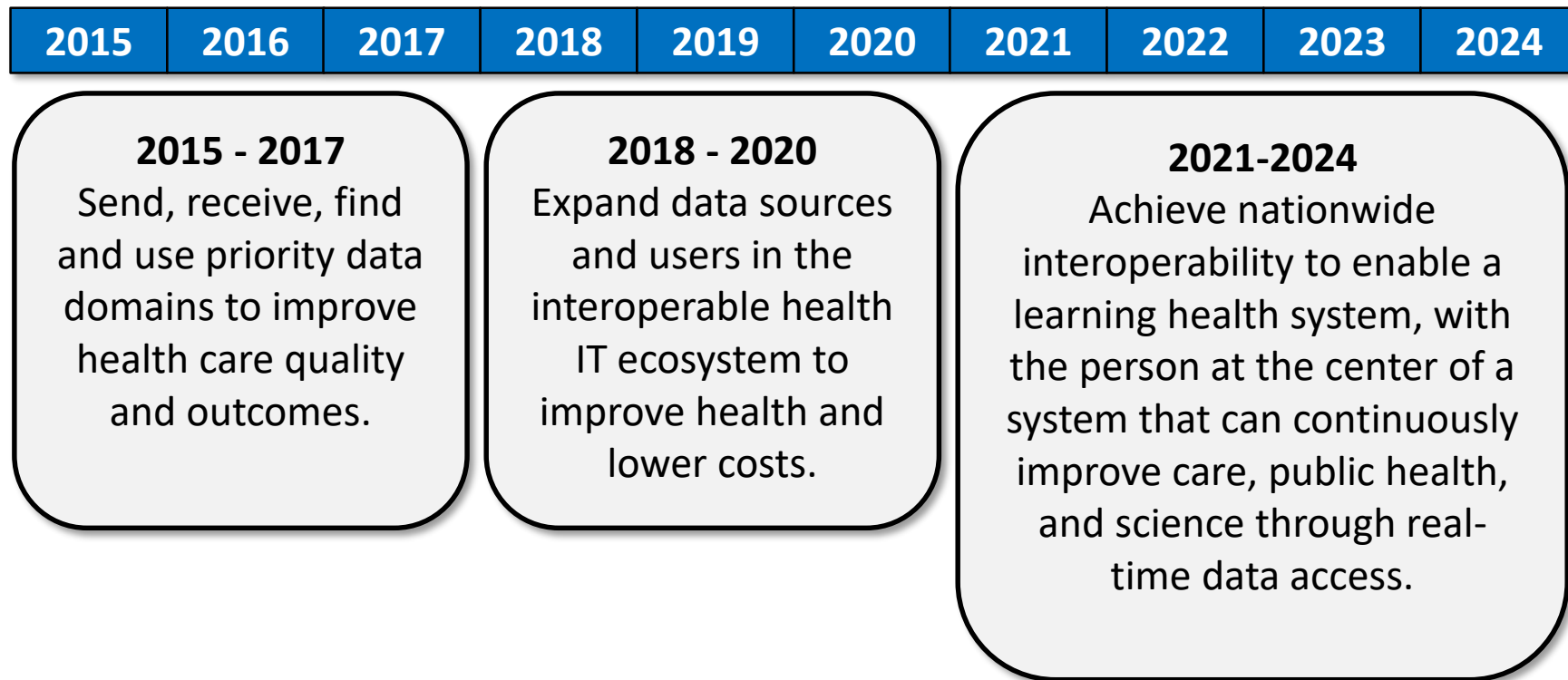
Interoperability

- The ability of a system to exchange electronic health information with and use electronic health information from other systems without special effort on the part of the user.
- The ability for health systems to electronically send, receive, find, and use health information with other electronic systems outside their organization.

Key Types and Methods of HIE

- Directed – send and receive electronically between care providers. Generally push.
 - HISP
- Query Based – find and/or request. Pull.
 - Local/Regional HIO/National Network
- Consumer Mediated - patients aggregate and control use of information.
 - Portals, Apple Health Records

ONC Interoperability Roadmap



Nationwide HIE

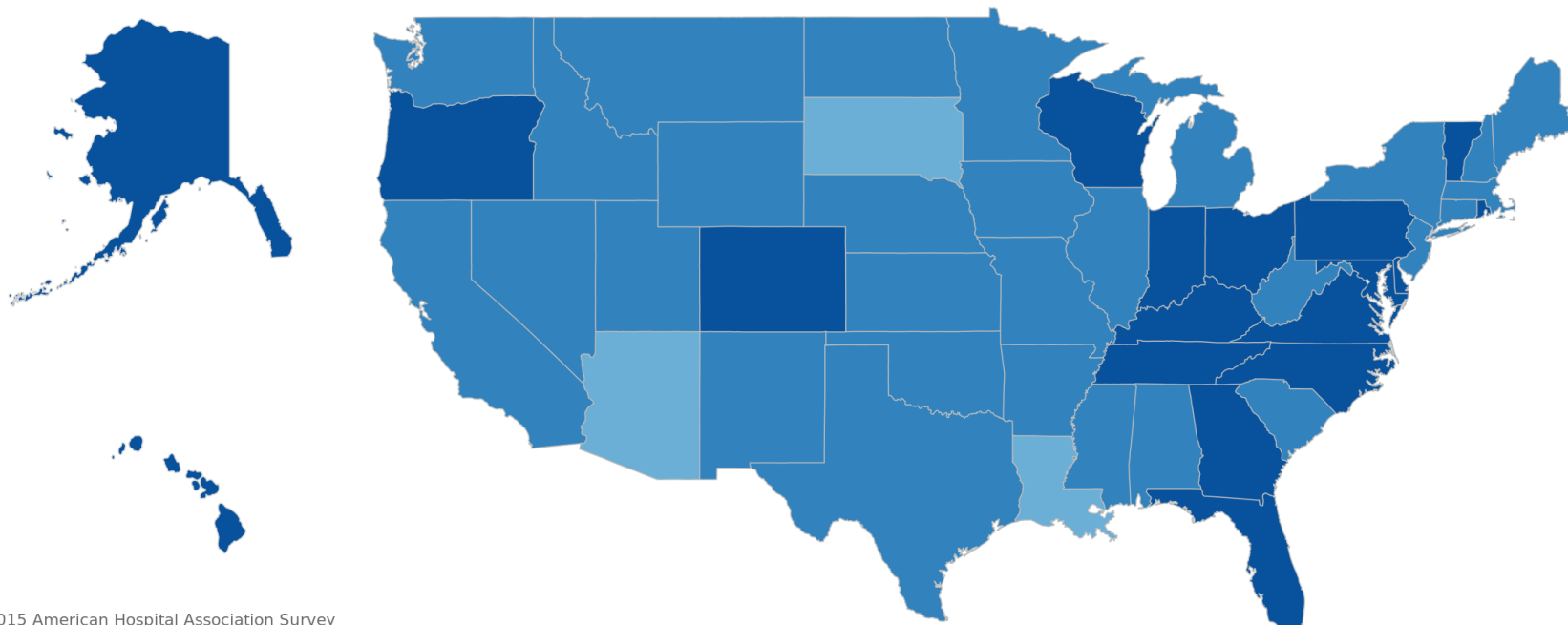
2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
------	------	------	------	------	------	------	------	------	------	------	------	------



Current HIE Capability

% of Hospitals with Capability to Exchange Summary of Care Record with Any Outside Providers | National Avg = 76%

□ 0 - 20 % □ 21 - 40 % □ 41 - 60 % □ 61 - 80 % ■ 81 - 100 %

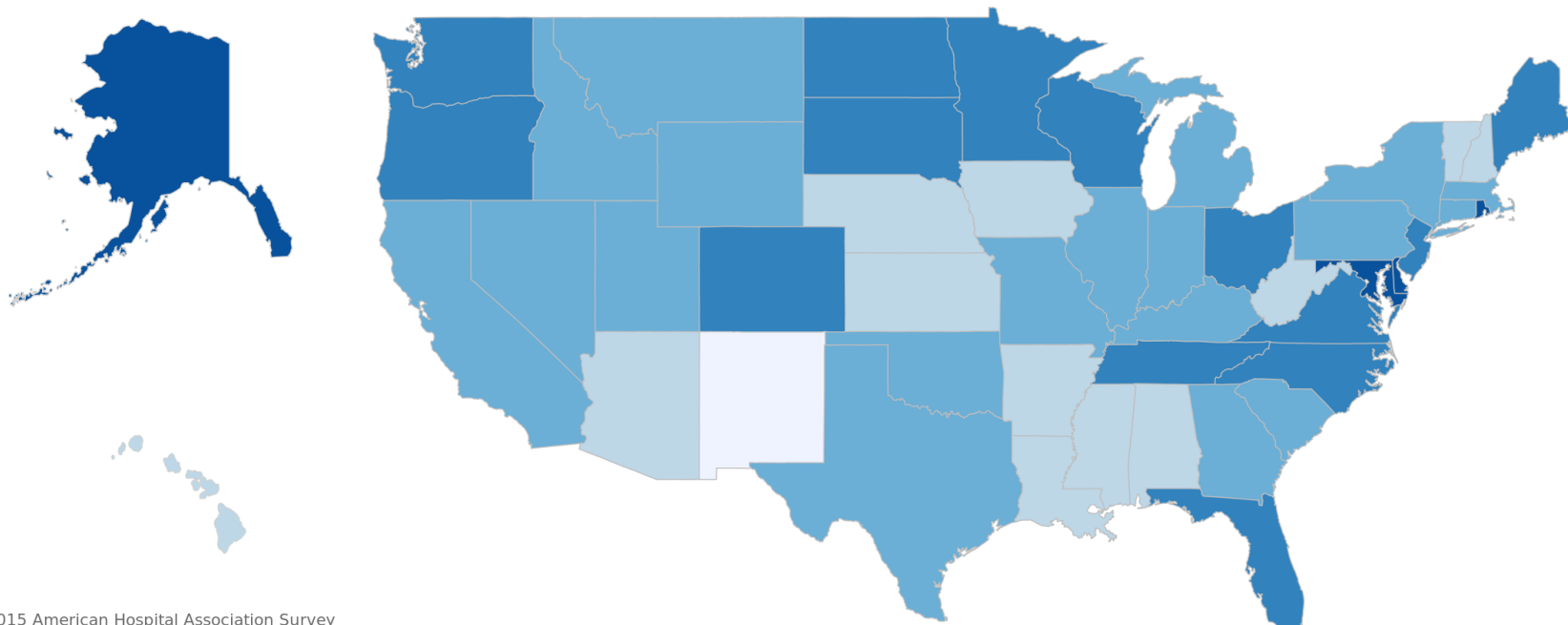


2015 American Hospital Association Survey

Finding data

% of Hospitals that Electronically Find Patient Health Information from Outside Providers | National Avg = 52%

0 - 20 % 21 - 40 % 41 - 60 % 61 - 80 % 81 - 100 %

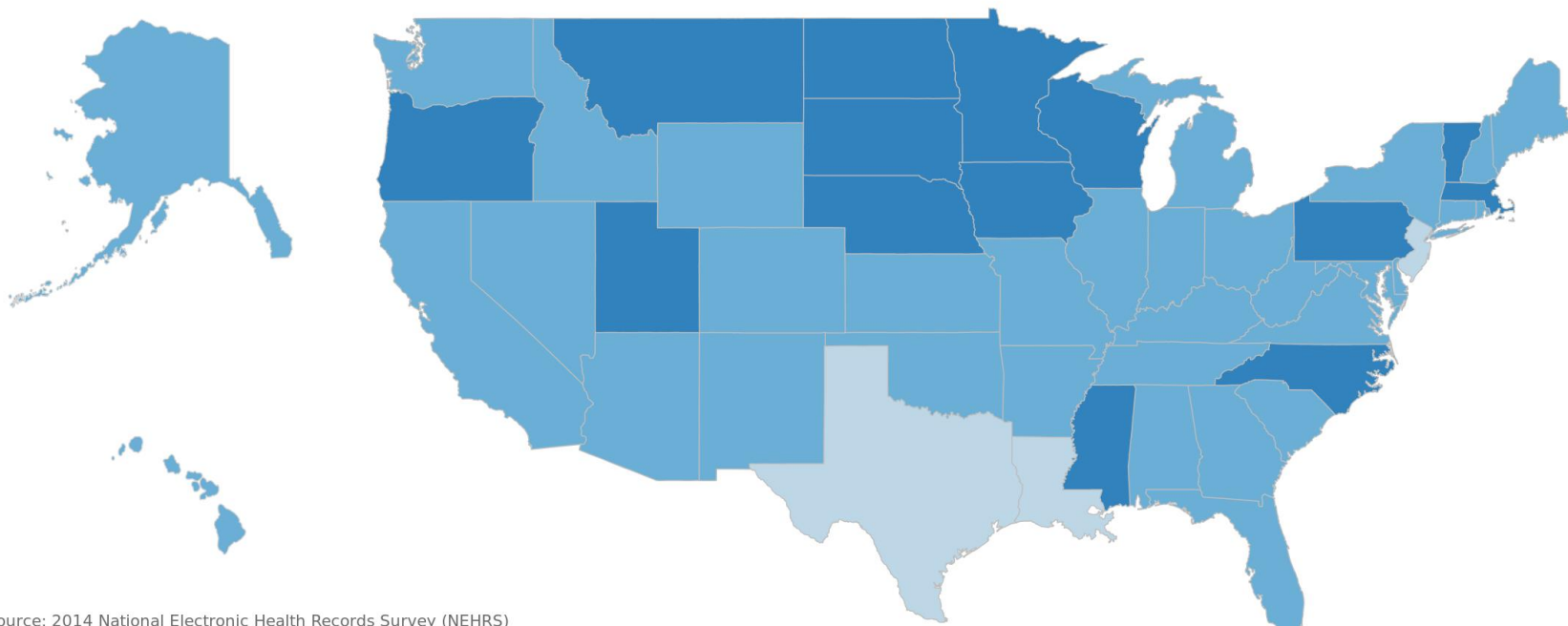


2015 American Hospital Association Survey

Sharing

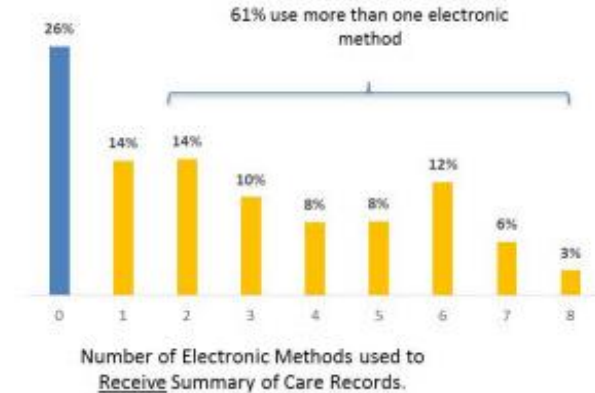
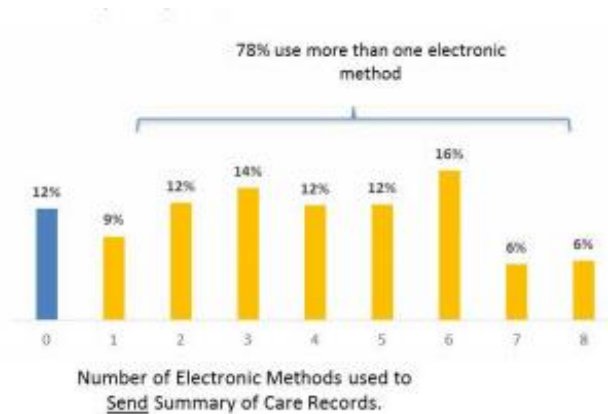
% of Physicians that Share Patient Health Information with Any Other Providers | National Avg = 42%

■ 0 - 25 % ■ 26 - 50 % ■ 51 - 75 % ■ 76 - 100 %

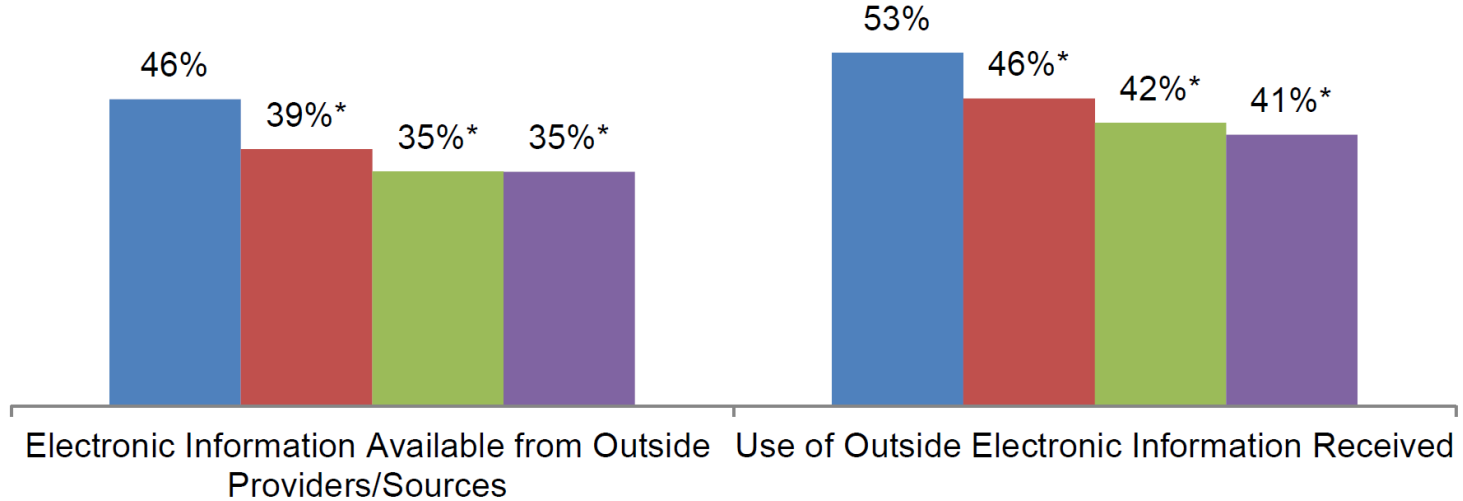


Source: 2014 National Electronic Health Records Survey (NEHRS)

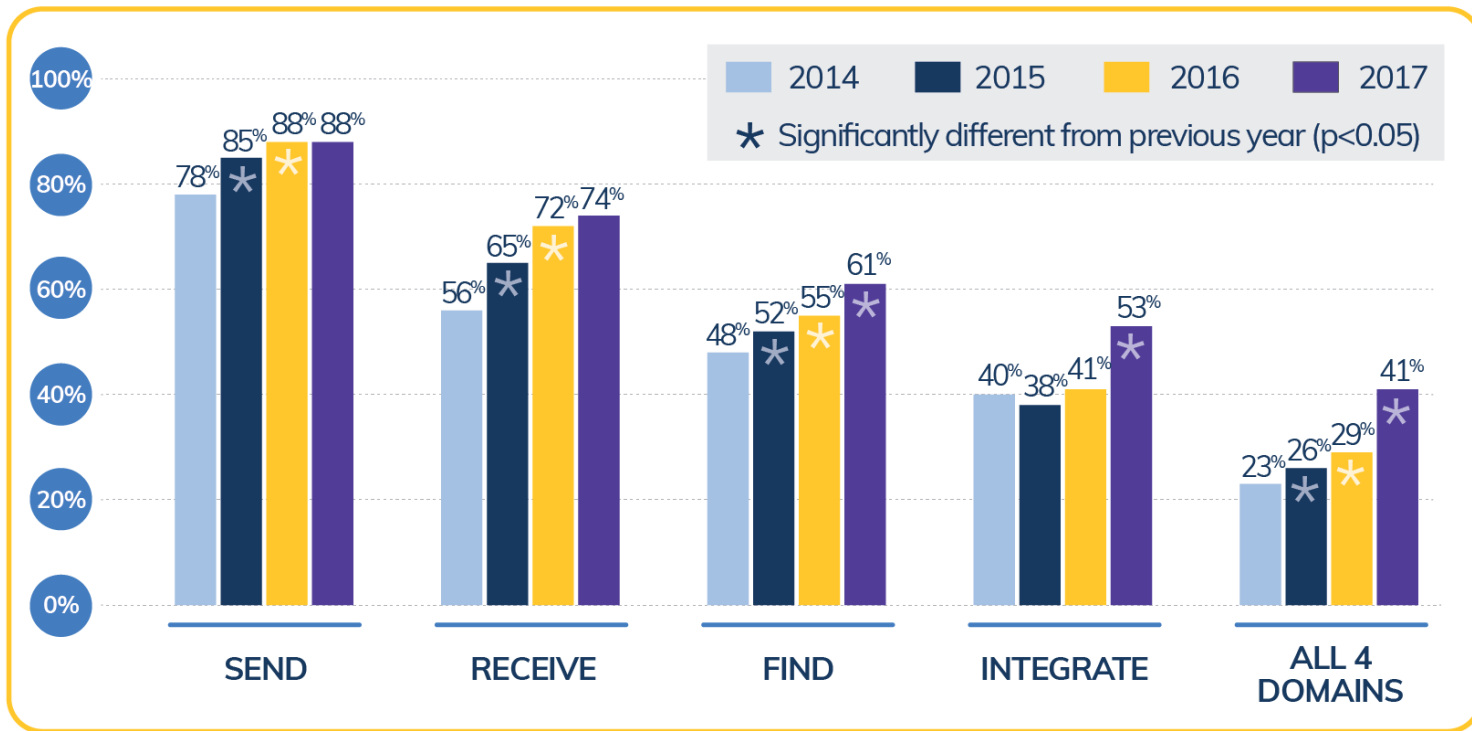
Progress - Send and Receive Multiple Methods



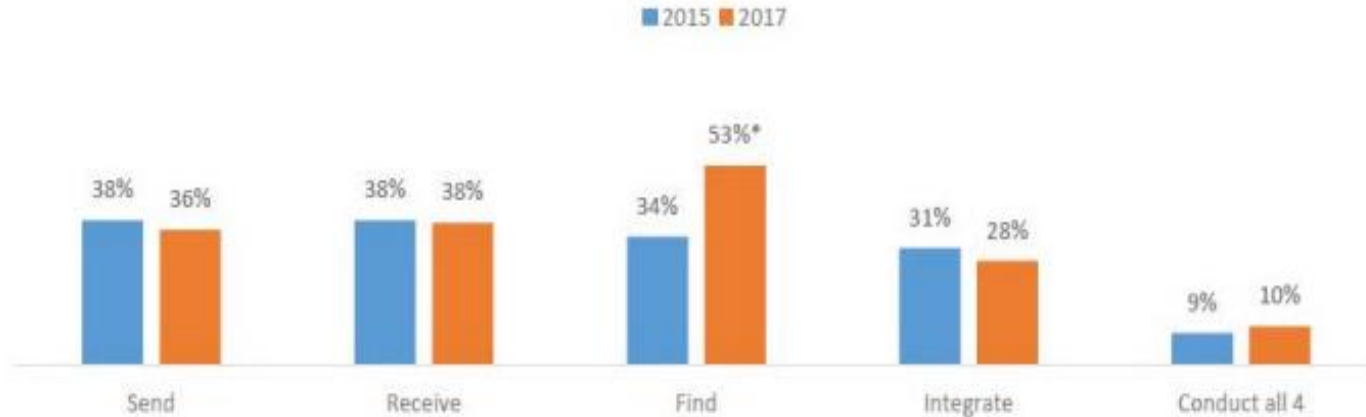
■ All non-Federal acute care hospitals ■ Small hospitals ■ Critical access hospitals ■ Rural hospitals



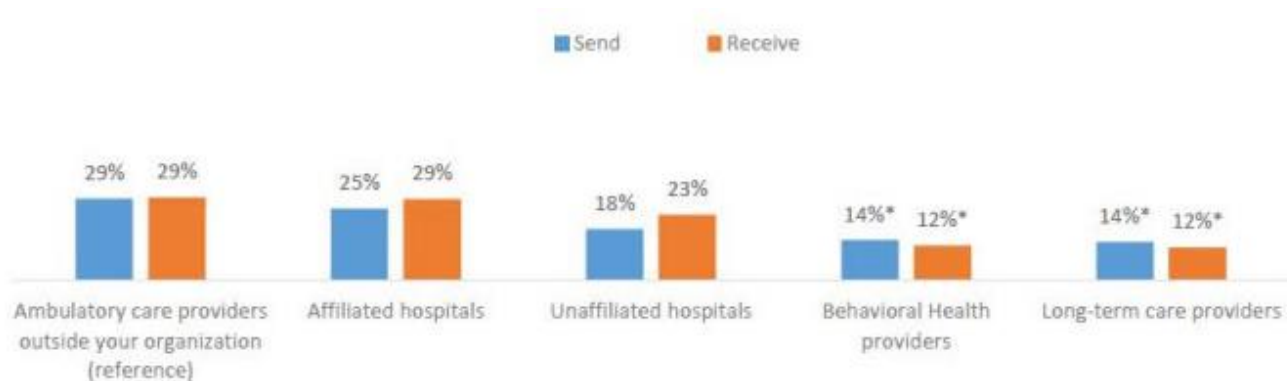
Hospital Usage



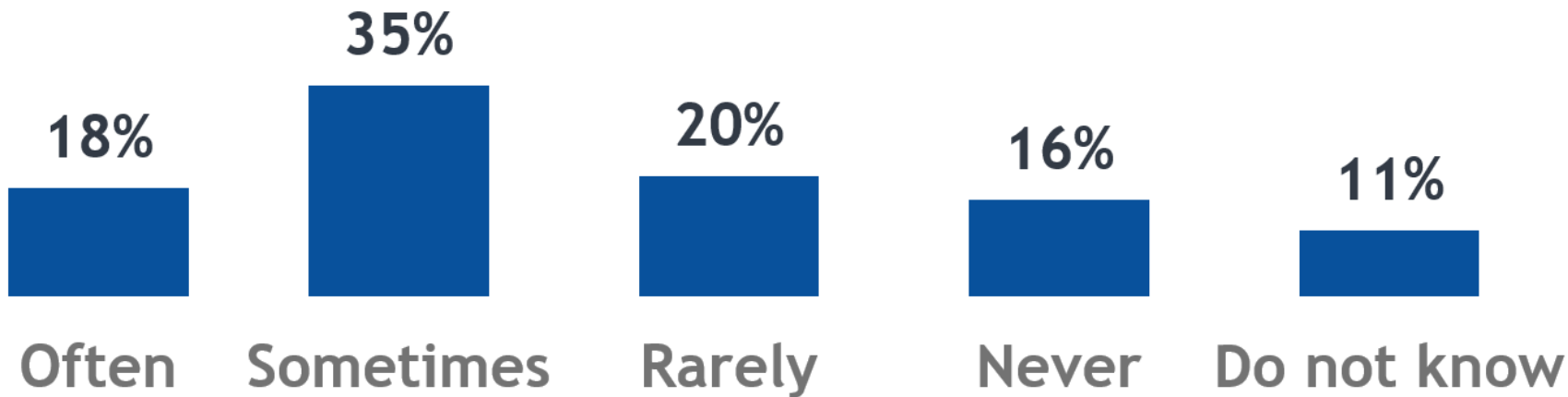
Office Based Usage



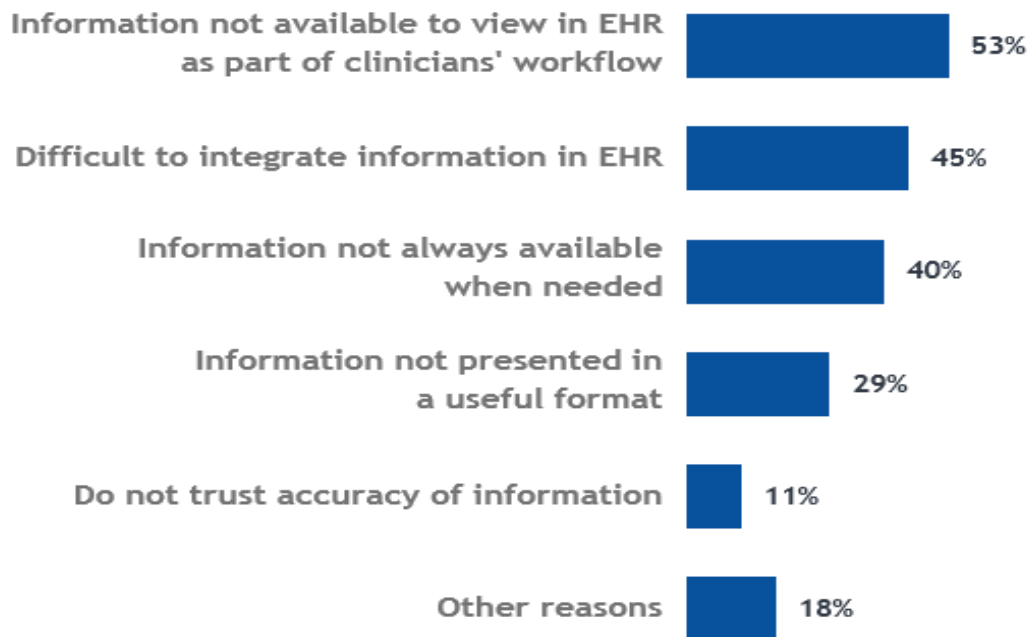
Office Based Exchange



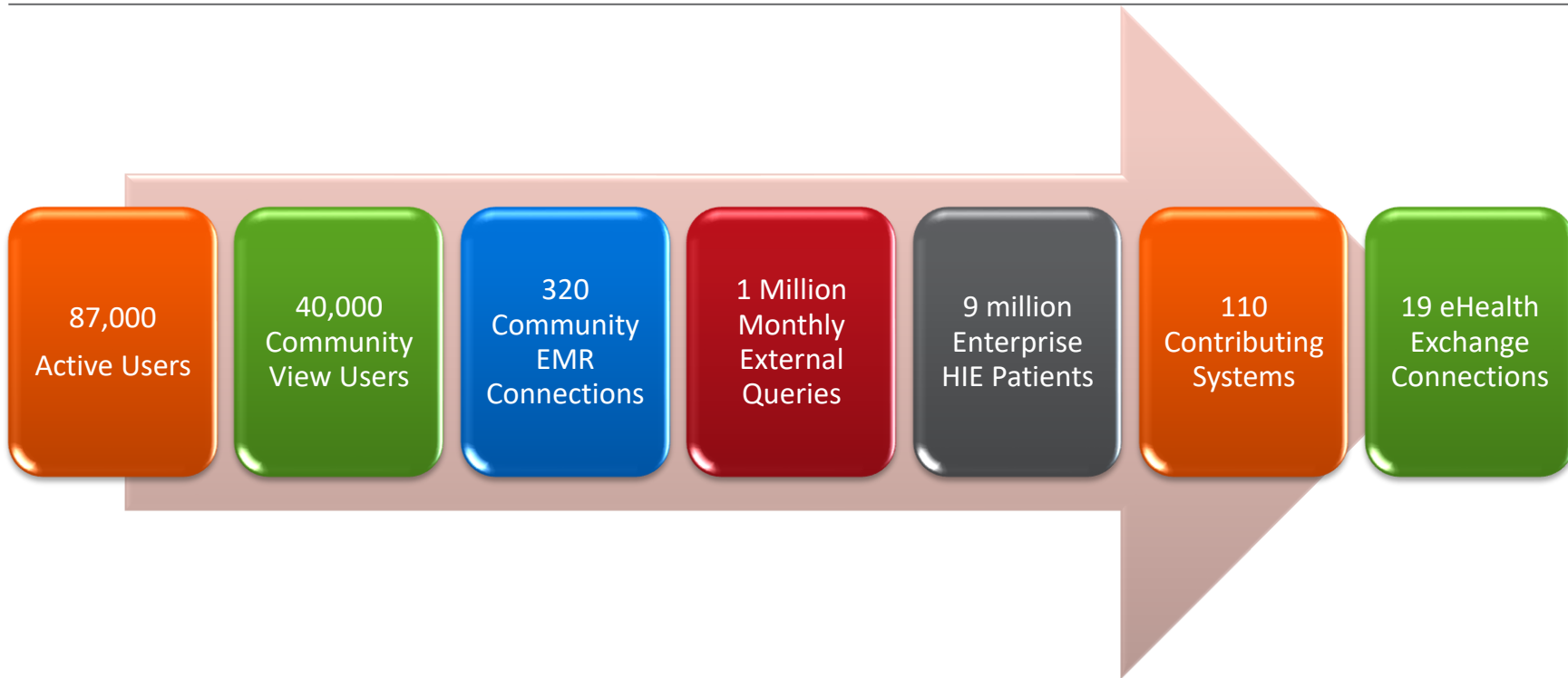
How Often?



Adoption



Interoperability Landscape at Dignity Health



Community View



ZZTEST, FONZI
123 HAPPY DAYS ROAD, SACRAMENTO, 95817, CA

Born 02/12/1950 (68y) Gender M Source MRNs (65) HIE ID 0000132069 Phone (916) 111-1111
Loading partner: 100% More Options Page Search

Documents (79) Summary

Report Name	Performed by	Date Completed	Source
Discharge Summary	Amberline HIO, FarmDmanning@fulcrum	08/01/2018	Providence
Process Note	Amberline HIO, FarmDmanning@fulcrum	05/01/2018	Providence
Process Note		04/25/2018	CHS
Process Note		04/23/2018	CHS
Process Note		04/23/2018	CHS
Process Note		04/23/2018	CHS
Process Note		04/16/2018	J.P. 688879
Encounter Summary		03/12/2018	Go Health
Discharge Summary/Log		03/07/2018	SEQ
Anesthesia/Thrombo		08/29/2017	SPHS

Vital Signs (47) Table view

Value	Most recent	Previous	Previous	Previous	Previous
Systolic (mm Hg)	120.0	100.0	120.0	140.0	112.0
	04/16/2018	08/01/2017	06/16/2017	06/05/2017	06/01/2017
	11:22:00	12:37:00	06:57:00	14:01:00	10:14:00
	POT	POT	POT	POT	POT
	-7.2,688879	UBCHDO	CVS	HPMG	Providence
Diastolic (mm Hg)	70.0	50.0	88.0	90.0	68.0
	04/16/2018	08/01/2017	06/16/2017	06/05/2017	06/01/2017
	11:22:00	12:37:00	06:57:00	14:01:00	10:14:00
	POT	POT	POT	POT	POT
	-7.2,688879	UBCHDO	CVS	HPMG	Providence
Heart Rate (bpm)	68.0	92.0	23.0 L		
	06/16/2017	05/15/2017	09/01/2016		
	06:57:00	10:23:00	22:00:00		
	POT	POT	POT		
	CVS	HPMG	SNHG		
Weight (lb)	68.04	82.101	72.576	54.432	54.432
	04/16/2018	06/16/2017	04/05/2017	08/01/2017	08/01/2017
	11:22:00	06:57:00	14:56:00	14:51:00	10:14:00
	POT	POT	POT	POT	POT
	-7.2,688879	CVS	HPMG	Providence	Providence

Problems (20) Diagnosis (49)

Summary

Problem	Date	Source
(Induced) termination of pregnancy with other complications		Go Health
A-Fib		Go Health
Acute pain of left shoulder		HPMG
Adverse effect of angiotensin-converting enzyme inhibitor		CVS
Alligator skin		UBCHDO
Cardiovascular accident (CVA) due to embolism of carotid artery (I1CC)		Providence
Chest pain		-7.2,688879
Cytomegalovirus infection		CVS
Dementia(Confirmed)		SNHG
Depression		CVS

Active Medications (27) Inactive Medications (6)

Summary

Medication	Ordered Date	Source
Allergy 24-Hr 180 Mg Pn Tabl	04/01/2017	PHV
ALPRAZOLAM 1 mg/mL conc	08/08/2016	CVS
amoxicillin (AMOXIL) 875 mg tablet		PHV
aspirin 325 MG EC tablet	07/04/2017	PHV
aspirin 75 MG chewable tablet		CVS
atorvastatin (ATORVASTIN) 20 MG tablet	08/23/2015	CVS
atorvastatin (ATORVASTIN) 80 MG tablet	08/20/2017	CVS
atorvastatin (ATORVASTIN) 20 MG tablet	09/12/2016	CVS
carbamazepine (VICTAMIN B-12) 1,000 mg/mL injection	04/01/2017	PHV
Fak Oil 300 MG CAPS		DMHG-AZ

Lab Results (133) Result Sets/Orders

Order Name Date Resulted Source

ROCT Hemoglobin_A1c	08/29/2017 05:33:00	POT	CVS
Folate	04/05/2017	External	
Vitamin B12	04/05/2017	External	
ROCT Glucose	06/01/2017 08:33:00	POT	Providence
A1c_Hb_A1c	05/04/2017 08:36:36	POT	-112883.3,7197
CBC_With_Diff_Indexes_With_PLT	04/26/2017 17:59:00	POT	SACTO
Hemoglobin_A1c_With_HbA1c	04/26/2017 17:59:00	POT	SACTO

Procedures (6) Summary

Name	Date	Source
No known procedures		Go Health
Tonilactomy		DHHS-AZ
-ELECTROCARDIOGRAM, COMPLETE	03/13/2018	Go Health
X-RAY EXAM OF ABDOMEN	02/21/2018	Go Health
POCT GLYCATED HEMOGLOBIN (HGB A1C)	08/29/2017	CVS
Celan operation	08/28/2016	BMH

Allergies (18) Summary

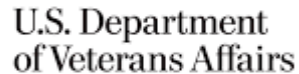
Allergy	Severity	Reaction	Category	Source
Tomatoes	Severe	ash		SNHG
Chocolate	Moderate	Wheezing		SNHG
Sterile Talc Powder	Moderate	rash/itching		SNHG
Tylenol Allergy Complete NightTime	Moderate		Assertion	SNHG
Bananas	Mild			SNHG
codiene	Mild	n/v		SNHG
iodine topical	Mild	burning sensation		SNHG
morphine	Mild	phlebitis		SNHG
Leampril	High	Shortness Of Breath		DMHG-AZ
				SNHG

Microbiology (15) Summary

Report Name	Performed by	Date Collected	Source
Spec3		09/13/2017	-1180.L.3
Auto-Diff		05/04/2017	SACTO
Culture Urine		02/10/2017	MMRC
Culture Urine		02/01/2017	MMRC
Culture Urine		02/01/2017	-1080.L.1
Antimicrobial Susceptibili		02/13/2016	-1080.L.1
Spec3		08/13/2016	-1080.L.1
CULTURE URINE ROUTINE	FINGAL, MARY M	08/26/2016	Quest
CULTURE URINE ROUTINE	FINGAL, MARY M	08/25/2016	Quest
CULTURE URINE ROUTINE	FINGAL, MARY M	08/24/2016	Quest

Immunizations (21) Summary

Immunizations	Date Given	Status	Source
DTPa		completed	DHHS-AZ



More continuum....



EMS HIE



**EMS
ePCR**

ALERT



*NEMSIS format CDA
to ED dashboard*



**Emergency
Department**



**EMS
ePCR**

FILE



*NEMSIS 3 XML to HL7
Structured data, not PDF*



**Hospital
EHR**

PULSE



+DHV

*Access to web portal with CCD information
on patients being treated in an alternate care
site, shelter or field hospital*



+EHR-link

*Access to EHRs on relocated patients from
within existing hospital EHR system*

Statewide
Intended for use during disaster response

Addressing opioid crisis

TESTPATIENT, BOB - 00002474 Opened by Sansale (Cerner) - Case

Task Edit View Patient Chart Links Notifications Navigation Help

Home Inbox Tracking Tasks Report Request uCern New Stick

TESTPATIENT, BOB 116y M DOB:01/01/1900 PCP -
Allergies: Allergies Not Recorded Visit: 5/2/2016 5:01 PM | QA Clinic E | Filt-<No

Workflow

MPages View

Prescription Drug Monitoring (PMP)

Home Medications (0)

Recommended Review State Law requ

Disclaimer: PMP Gateway and NARxCHECK rely upon d

[View Drug Report](#)

Home Medications (0) +

No results found

https://gateway-prep.pmp.appriss.com/ - PMP Gateway Data Report - Internet Explorer

TESTPATIENT, BOB

Age: 117 demographics Data as of: 9/28/2017

Per CDC guidance, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain.

Prescriptions Total Prescriptions: 10 Private Pay: 10 Active Daily MME: 0.00

Fill Date	PT	Drug	Qty	Days	Prescriber	Pharmacy	Refill	MgEq	MgEq/Day	Pymt Type	PMP
02/14/2017	1	ZOLPIDEM TART ER 12.5 MG TAB	30	30	AL TES	Alice'	0	18.75	-	Private Pay	OH
02/14/2017	1	ENDOCET 10-325 MG TABLET	8	30	CA TES	Bob's	1	120.00	4.00	Private Pay	OH
01/28/2017	1	ENDOCET 10-325 MG TABLET	8	30	BO TES	Alice'	1	120.00	4.00	Private Pay	OH
01/03/2017	1	ZOLPIDEM TART ER 12.5 MG TAB	30	30	AL TES	Alice'	1	18.75	-	Private Pay	OH
12/28/2016	1	ACETAMINOPHEN-COD #3 TABLET	120	30	AL TES	Alice'	0	540.00	18.00	Private Pay	OH
06/16/2016	1	ZOLPIDEM TART ER 12.5 MG TAB	30	30	AL TES	Alice'	0	18.75	-	Private Pay	KS
06/16/2016	1	ENDOCET 10-325 MG TABLET	8	30	CA TES	Bob's	1	120.00	4.00	Private Pay	KS
05/30/2016	1	ENDOCET 10-325 MG TABLET	8	30	BO TES	Alice'	1	120.00	4.00	Private Pay	KS
05/05/2016	1	ZOLPIDEM TART ER 12.5 MG TAB	30	30	AL TES	Alice'	1	18.75	-	Private Pay	KS
04/30/2016	1	ACETAMINOPHEN-COD #3 TABLET	120	30	AL TES	Alice'	0	540.00	18.00	Private Pay	KS

Providers Total Providers: 3

Name	Address	City	State	Zipcode	DEA
TESTPRESCRIBER, ALICE	1111 FAKE ST	WICHITA	KS	67203	BR1111111
TESTPRESCRIBER, BOB	8888 NOWHERE ST	WICHITA	KS	67203	XR1111111
TESTPRESCRIBER, CAROL	2910 HIGH ST	WICHITA	KS	67203	XC5555555

Pharmacies Total Pharmacies: 2

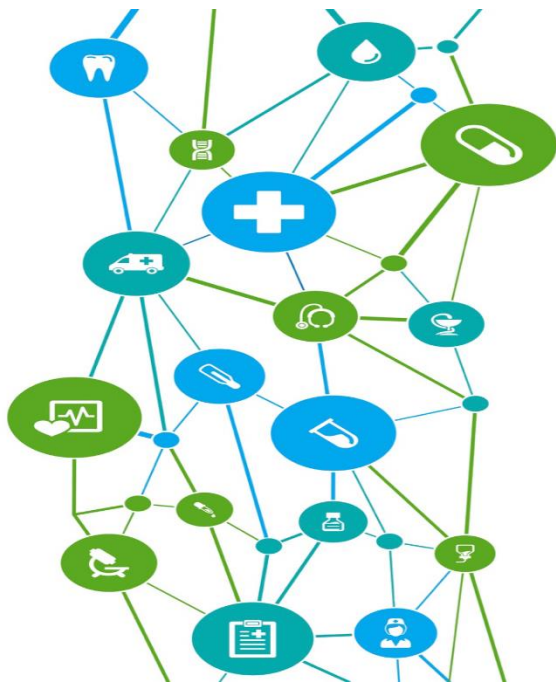
Name	Address	City	State	Zipcode	DEA
Alice's PHARMACY	1111 FAKE ST SEC A	WICHITA	KS	67202	ZZ1234567
Bob's PHARMACY	1234 NOT-A-REAL-PLACE DR	WICHITA	KS	67202	ZB1111111

But Wait - How Do We Get to...

2021-2024

Achieve nationwide interoperability to enable a learning health system, with the person at the center of a system that can continuously improve care, public health, and science through real-time data access.

Framework of Networks



- How do you get nationwide connectivity?
- Data sharing networks increase connections exponentially.
- If you connect six clinics, you might reach a few dozen physicians.
- If you connect six networks, you can reach thousands of physicians.

California HIE Coverage



- 📍 Mercy Medical Center Mt. Shasta
- 📍 Mercy Medical Center Redding
- 📍 St. Elizabeth Community Hospital
- 📍 Sierra Nevada Memorial Hospital
- 📍 Mercy Hospital of Folsom
- 📍 Mercy San Juan Medical Center
- 📍 Methodist Hospital of Sacramento
- 📍 Mercy General Hospital
- 📍 Woodland Healthcare

- 📍 St Joseph's Behavioral Health Center
- 📍 St Joseph's Medical Center
- 📍 Mark Twain Medical Center
- 📍 Mercy Medical Center
- 📍 Bakersfield Memorial Hospital
- 📍 Mercy Hospital Downtown
- 📍 Mercy Hospital Southwest
- 📍 St. Francis Memorial Hospital
- 📍 St. Mary's Memorial Hospital

- 📍 Sequoia Hospital
- 📍 Dominican Hospital
- 📍 French Hospital Medical Center
- 📍 Arroyo Grande Community Hospital
- 📍 Marian Regional Medical Center
- 📍 St. John's Pleasant Valley Hospital
- 📍 St. John's Regional Medical Center
- 📍 Northridge Hospital Medical Center
- 📍 Glendale Memorial Hospital

- 📍 California Hospital Medical Center
- 📍 St. Mary's Medical Center
- 📍 Community Hospital of San Bernardino
- 📍 St. Bernadine Medical Center



External Federated Sources

- 📍 Cedars-Sinai
- 📍 CVS Minute Clinic
- 📍 DaVita Kidney Care
- 📍 Department of Defense
- 📍 Hill Physicians Medical Group
- 📍 California Immunization Registry
- 📍 Kaiser Permanente

- 📍 Manifest MedEx
- 📍 MemorialCare
- 📍 Premise Health
- 📍 Providence (SoCal)
- 📍 SacValley MedShare
- 📍 SCHIE OCPRHIO
- 📍 Stanford

- 📍 Sutter
- 📍 UC Davis
- 📍 UCSF Benioff Children's
- 📍 UCSF
- 📍 Veterans Affairs



WHO Community Health

- “Environmental, social, and economic resources to sustain emotional and physical well being among people in ways that advance their aspirations and satisfy their needs in their unique environment.”
- Focus on a defined geographical community.
- The health characteristics of a community are often examined using geographic information system (GIS) software and public health datasets.

The Real Continuum....



It's All About Information...

EVOLUTION OF PUBLIC HEALTH DATA AND INFORMATICS NEEDS IN THE PUBLIC 1.0, 2.0, AND 3.0 ERAS

Public Health 1.0	Public Health 2.0	Public Health 3.0
Characteristics of Essential Data and Informatics Infrastructure		
▫ Counts and trends	▫ Exposure-outcome cohort studies and causal inferences	▫ Geospatial inferences and trend
▫ Vital statistics and registration	▫ Relative risks and attributable risk estimates	▫ Layering of data and multilevel-systems thinking
▫ Registry systems of tracking mortality and diseases	▫ Methods to control for confounding and sampling bias	▫ Nontraditional data sources
▫ Identify pathogens and mode of transmission	▫ Continuous outcomes and exposure	▫ Digital bridges that interface with other sources
▫ Binary exposure and binary outcomes	▫ Longer time frame	▫ Community-level indicators
▫ Population statistics based on sum of individuals	▫ Measures of disparities, quality of life, and well-being	▫ Capacity to leverage big data
	▫ Health services research	
Public Health Actions Driven by Data Insight		
▫ Developing diagnostic and therapeutic means to identify and remove pathogens	▫ Managing chronic disease risks through screening and behavioural change	▫ Coordinated multisectoral monitoring and action plan
▫ Coordinating actions to disrupt disease transmission such as quarantine, vaccination, and treatment	▫ Consistent surveillance and survey infrastructure	▫ Prediction modeling based on complex set of risk drivers
	▫ Professionalized functions and performance standards of governmental public health agencies	▫ Data and evidence as communication and policy tools rather than as the endpoint
		▫ Wellness promotion through changing the environmental, social, and economical contexts

Whole Person Care



Whole Person Care Overview

Overarching goal for Whole Person Care (WPC)

- Coordination of health, behavioral health, and social services
- Comprehensive coordinated care for the beneficiary resulting in better health outcomes

WPC Pilot entities collaboratively to:

- Identify target populations
- Share data between systems
- Coordinate care real time
- Evaluate individual and population progress



3



Goals and Strategies



Increase, improve, and achieve:

- Integration among county agencies, health plans, providers, and other participating entities
- Coordination and appropriate access to care
- Access to housing and supportive services
- Health outcomes for the WPC population
- Data collection and sharing among local entities
- Targeted quality and administrative improvement benchmarks
- Infrastructure that will ensure local collaboration over the long term

Reduce:

- Inappropriate emergency department and inpatient utilization

4

Bloomberg Healthy Cities

PREVENTING NCDs AND INJURIES FOR A HEALTHIER SAN FRANCISCO

In USA, 94%* of deaths are caused by noncommunicable diseases (NCDs) and injuries. Most of these are preventable. Cities are the key to reversing this epidemic through progressive policies to change people's behaviors, create healthy environments, and strengthen data for health.



*Proportional mortality (% of all deaths, all ages, both sexes)

How can we build health and opportunity?



PEOPLE

Risky behaviors can drive disease and injury. City policies make healthy choices the easy choice.



PLACES

Smart planning and development turn city streets into healthy streets.



DATA

Quality data informs smart policies and spending.

©2016 NCD Alliance. All rights reserved. For more information, visit ncdalliance.org

Support cities to implement 1 of 10 proven interventions to prevent NCDs and injuries:

Create a smoke-free city

Tobacco use is the leading risk factor for cancer. Protect people from second-hand smoke through the introduction, passage, and enforcement of legislation that makes all public places 100% smoke-free.

Reduce drink driving

Increase enforcement of drink driving laws. For cities in the Bloomberg Initiative for Global Road Safety (BIGRS), expand current activities.

Ban tobacco advertising

Introduce or implement laws establishing comprehensive bans on tobacco advertising, promotion, and sponsorship.

Cleaner fuels for cleaner indoor air

Smoke from burning wood, dung, or charcoal for cooking and heating is an important contributor to lung and heart disease. Create access to cleaner fuels, such as liquid petroleum gas (LPG).

Reduce sugary drink consumption

Sugary drink consumption is a leading cause of obesity. Establish taxes on the production or sale of sugary drinks, or establish and implement policies to reduce sugary drink consumption in schools.

Reduce speeding

Establish lower speed limits or increase enforcement of existing speed limits. For cities in the Bloomberg Philanthropies Initiative for Global Road Safety, expand current activities.

Healthy food for all

High salt intake is a leading cause of raised blood pressure. Implement key components of the evidence-based WHO SHAKE package for salt reduction.

Increase seat-belt and helmet use

Increase enforcement of seat-belt and 2-wheeler helmet use. For cities in the Bloomberg Philanthropies Initiative for Global Road Safety, expand current activities.

Create walkable, bikeable, livable streets

City streets should be safe for all road users. Implement street designs that protect pedestrians and bicyclists, and promote walking and cycling.

Monitor NCD risk factors

Conduct a population-based survey of behavioral risk factors for noncommunicable diseases, such as smoking, alcohol consumption, eating habits, and physical activity.

Partnership in Our Communities

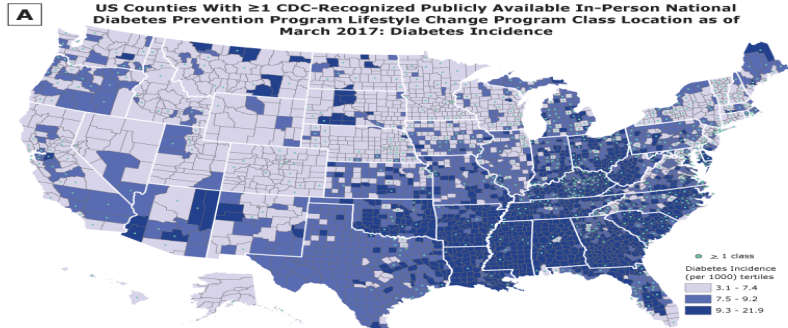
- **San Francisco Department of Public Health Partnership for Healthy Cities EHR Chronic Disease Initiative:** Bridging the Divide Between Clinical Health System Data and Public Health
- San Francisco Department of Public Health (SFDPH) initiative for all major health systems across San Francisco to share electronic health record (EHR) data to better characterize, monitor, and respond to chronic diseases in San Francisco.

Use Case - Diabetes

- **Diabetes**

- Data to be collected: HbA1C, age, ethnicity, gender, zip code, address (if possible), etc.
- Application of data: SFDPH currently funds healthy produce vouchers to encourage healthy eating.
- Mechanisms can be devised to promote food voucher distribution to a specified registry of patients at health systems. In addition, SFDPH is advising a city-wide roll out of a MediCal benefit that provides medically tailored home delivered meals to patients with diet

Geomapping

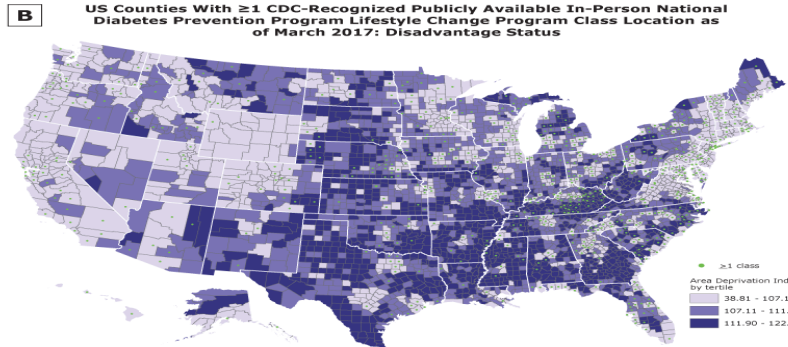


Source:
Diabetes Prevention Recognition Program - Registry of Recognized Organizations, Centers for Disease Control and Prevention, Division of Diabetes Translation, <https://www.cdc.gov/diabetes/prevention/recognized-organizations>, Translation, 2017.

County-level diabetes incidence: CDC, Division of Diabetes Translation, 2017.

<https://www.cdc.gov/diabetes/data-countydata/countydiabetes.htm>.

Suggested Citation: Jayakumar-Phillips B, Dai S, Kollman K, Heston A, Nimon K. Availability of the National Diabetes Prevention Program in United States Counties, March 2017. *Prev Chronic Dis* 2018;15(16):E22. DOI: <https://doi.org/10.5888/pcd15.180002>



Source:
Diabetes Prevention Recognition Program - Registry of Recognized Organizations, Centers for Disease Control and Prevention, Division of Diabetes Translation, <https://www.cdc.gov/diabetes/prevention/recognized-organizations>, Translation, 2017.

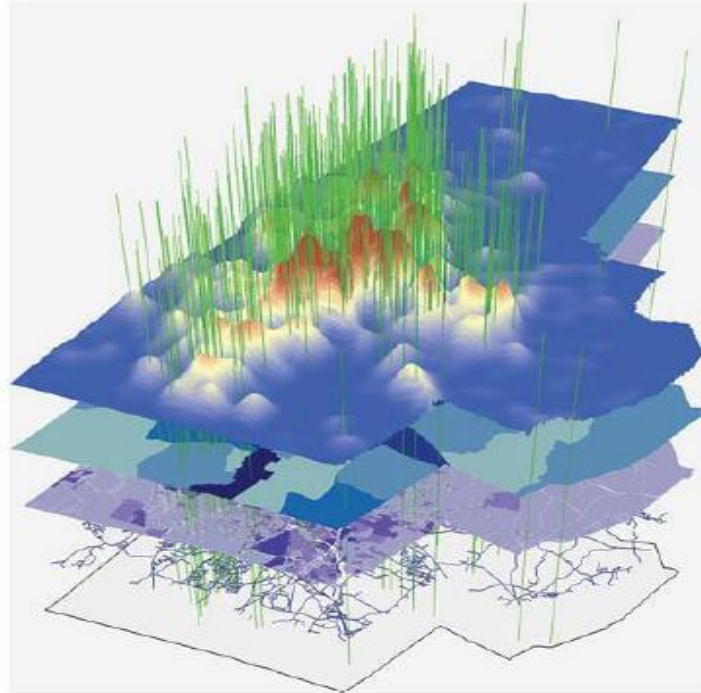
County-level Area Deprivation Index: University of Wisconsin, National University of Health Care, Wisconsin Health Improvement Program, 2014.

<https://www.healthcare.org/ADI/>.

Suggested Citation:
Jayakumar-Phillips B, Dai S, Kollman K, Heston A, Nimon K. Availability of the National Diabetes Prevention Program in United States Counties, March 2017. *Prev Chronic Dis* 2018;15(16):E22. DOI: <https://doi.org/10.5888/pcd15.180002>

Geomapping

Example Of Geographic Health Information Systems (GHIS) For Mapping The Terrain Of Diabetes In Durham County, North Carolina



California HIE Coverage



- 📍 Mercy Medical Center Mt. Shasta
- 📍 Mercy Medical Center Redding
- 📍 St. Elizabeth Community Hospital
- 📍 Sierra Nevada Memorial Hospital
- 📍 Mercy Hospital of Folsom
- 📍 Mercy San Juan Medical Center
- 📍 Methodist Hospital of Sacramento
- 📍 Mercy General Hospital
- 📍 Woodland Healthcare

- 📍 St Joseph's Behavioral Health Center
- 📍 St Joseph's Medical Center
- 📍 Mark Twain Medical Center
- 📍 Mercy Medical Center
- 📍 Bakersfield Memorial Hospital
- 📍 Mercy Hospital Downtown
- 📍 Mercy Hospital Southwest
- 📍 St. Francis Memorial Hospital
- 📍 St. Mary's Memorial Hospital

- 📍 Sequoia Hospital
- 📍 Dominican Hospital
- 📍 French Hospital Medical Center
- 📍 Arroyo Grande Community Hospital
- 📍 Marian Regional Medical Center
- 📍 St. John's Pleasant Valley Hospital
- 📍 St. John's Regional Medical Center
- 📍 Northridge Hospital Medical Center
- 📍 Glendale Memorial Hospital

- 📍 California Hospital Medical Center
- 📍 St. Mary's Medical Center
- 📍 Community Hospital of San Bernardino
- 📍 St. Bernadine Medical Center



External Federated Sources

- 📍 Cedars-Sinai
- 📍 CVS Minute Clinic
- 📍 DaVita Kidney Care
- 📍 Department of Defense
- 📍 Hill Physicians Medical Group
- 📍 California Immunization Registry
- 📍 Kaiser Permanente

- 📍 Manifest MedEx
- 📍 MemorialCare
- 📍 Premise Health
- 📍 Providence (SoCal)
- 📍 SacValley MedShare
- 📍 SCHIE OCPRHIO
- 📍 Stanford

- 📍 Sutter
- 📍 UC Davis
- 📍 UCSF Benioff Children's
- 📍 UCSF
- 📍 Veterans Affairs



Driving Data Liquidity for Care Model Transformation

- 21st Century Cures
- TEFCA
- Information Blocking

Considerations for Health Plans

- Value based – quality/outcomes
- Interoperability foundational for data liquidity
- Coordination across continuum
- True population and community based
- Adopting and employing emerging standards
- Consumer/patient engagement

Putting it Together!



Thank You