To further promote data sharing, ONC and CMS released their final interoperability rules on March 9 and 25 respectively. Their goal is to ensure that every American can, without special effort or advanced technical skills, see, obtain, and use all electronically available information that is relevant to his or her health and care. The rules cover data sharing to advance care continuity, patient access to information, and prevention of information blocking.

Which providers and hospitals are impacted by these rules?
The CMS rule applies to Medicare- and Medicaid-participating short-term acute care hospitals, long-term care hospitals, rehabilitation hospitals, psychiatric hospitals, children’s hospitals, cancer hospitals, and critical access hospitals (CAHs).

The ONC rule applies more generally to healthcare providers that are participating in CMS funded health IT programs, such as Promoting Interoperability, as well as to a broader definition of providers listed in the Public Health Service Act.

What are hospitals required to do under these proposed rules?
The CMS rule CMS-9115-F requires covered hospitals and providers to enhance their use of interoperability beyond what they are already doing under the CMS Promoting Interoperability Program. For hospitals, CMS has proposed a number of new requirements that will continue to advance an interoperable health IT system.

- The most significant change has modified the Conditions of Participation for hospitals, CAHs, and Psychiatric Hospitals to require them to send electronic patient event notifications upon a patient’s registration or admission to an ED or inpatient facility or upon discharge or transition to another provider or care setting. The notification would include the patient’s name, treating physician’s name and sending institution name, to the extent not prohibited by other applicable law. This needs to be implemented within 12 months of the rule finalization.

- CMS finalized two means of discouraging health care providers and hospitals from engaging in the practice of information blocking. One requires the public naming of clinicians, through an indicator on the Physician Compare or CMS public website, who fail to attest as part of the CMS Promoting Interoperability Program. The other involves penalties. More information on the Information Blocking provisions are contained in the ONC proposed rule.

- To promote better Provider Directory information, CMS will require that all providers update their electronic digital contact information (i.e. Direct Address) in the National Plan and Provider Enumeration System (NPPES).
  - Providers will be required to communicate any changed information to the NPPES within 30 days of the change.
  - CMS will publicly report the names and NPIs of those providers who do not have digital contact information included in the NPPES system by the second half of 2020.

What standards need to be supported under this rule?
It is important to note that as with past rules, CMS defines what the impacted entity needs to do, and ONC defines how to do it through technology requirements. As part of the ONC-proposed rule, a number of standards were outlined in support of the CMS proposals.

- FHIR 4.0.1
- United States Core Data for Interoperability (USCDI)
- HL7 2.5 functionality in an EHR or Administrative System to be subject to the Conditions of Participation.

LEARN MORE ABOUT FHIR AT INTERSYSTEMS.COM/FHIR
InterSystems Can Help You Succeed

<table>
<thead>
<tr>
<th>CMS Final Rule Requirement for Hospitals</th>
<th>InterSystems Capability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide patients access to their data through “open” APIs using FHIR</td>
<td>InterSystems HealthShare® and InterSystems IRIS for Health™ support FHIR 4.0.1 as well as the US Core Implementation Guide, providing the standards and capabilities required by the finalized rule.</td>
</tr>
<tr>
<td>Send patient event notifications to another healthcare facility or to another community provider</td>
<td>InterSystems has long delivered both simple and advanced alerting capabilities for our customers. Through our technology, simple event notifications, as well as those with complex rules, provide near real-time actionable information to PCPs, post-acute care organizations, and others with the need to know.</td>
</tr>
<tr>
<td>Support for a Provider Directory that can include NPPES data</td>
<td>Our single-source-of-truth Provider Directory product can expose provider information using APIs. We can import and export from multiple sources, including NPPES data. Exporting NPPES data will make it easy for providers to comply.</td>
</tr>
<tr>
<td>Enable access to patient information along the care continuum</td>
<td>Through InterSystems HealthShare, our unified care record can be accessed and viewed by any caregiver — both traditional and non-traditional — enabling seamless care coordination.</td>
</tr>
</tbody>
</table>

Beyond Promoting Interoperability

Moving to the next phase of interoperability is a strategic imperative that hospitals need to embrace if they want to maintain a leading edge. It will give providers across the care continuum access to the information they need for better care coordination and delivery, at a lower cost. And that is at the heart of the ONC and CMS rules.

No data management vendor has a greater commitment to healthcare or more relevant experience than InterSystems. Globally, more than a billion health records are managed by solutions built on our technology. The most sophisticated private and government providers depend upon devices, records, and IT powered by InterSystems.