

One Utah Health Collaborative Digital Health Interoperability Pilot

Overview & Vision

Passage of the 21st Century Cures Act, the Office of the National Coordinator for Health Information Technology (ONC) Cures Act Final Rule, and the Centers for Medicare & Medicaid Services (CMS) Interoperability and Patient Access rule have accelerated the ability for provider, payers, and applications to access health information using HL7® FHIR® Application Programming Interfaces (APIs). Similar to the most recent ONC and CMS interoperability regulations that spanned both Democratic and Republican administrations, we envision a future where providers, payers, and individuals using an application of their choice can aggregate all of their clinical and claims information in one place using modern internet technologies without the need to create separate portal accounts or provide any unnecessary burden on providers or patients. When we are successful, this ecosystem will for the first time ignite the innovation economy in the state of Utah.

To advance digital health interoperability and ignite the application economy in health care, the One Utah Health Collaborative has partnered with Governor Cox and his office to initiate a statewide public/private sector FHIR-API pilot to advance the use of modern internet technology standards for providers, payers, and individuals to aggregate clinical and claims information from anywhere in the Utah health care ecosystem and share that information. Recent proposed [legislation](#) in the state of Utah was supportive of this type of an approach. The Collaborative has engaged Leavitt Partners to facilitate and provide technical support for the pilot.

The pilot will focus its efforts on FHIR-API implementation that has been or will be required at the federal level. Our goal is to work faster, better, and more efficiently to implement a statewide FHIR-based ecosystem in the state of Utah to ensure the health system works better for the providers, payers, public health authorities, state Medicaid agency, and citizens who live and work in the state.

Proposed Pilot Objectives

Modernize our statewide Health Care Technology Ecosystem

Recent federal legislation requires CMS payers and providers to upgrade to modern technology standards (e.g., HL7® FHIR® APIs, modern identity and authentication standards). Through this pilot, Utah seeks to lead the nation in upgrading Utah's health care ecosystem to these modern standards to increase innovation, efficiency and reduce provider/patient burden. This includes not only the CMS payers and providers required to implement FHIR, but also the commercial payers and public health authorities.

Create a Statewide "Digital Address Book"

In the new digital economy, data holders and innovators need to be "found." There needs to be a publicly accessible "digital address book" that includes detailed developer and API endpoint information on how data holders and applications can connect to each other.

[CMS released an RFI](#) regarding building a national provider directory that would include a list of digital endpoints. Unfortunately, a solution (if it's ever built) is likely 7-9 years away from being production ready. The pilot seeks to develop a solution at the state level to advance the application economy in Utah and allow developers and data holders to better locate each other.

Develop a Single Sign-on Framework for Health Care

One of the barriers Utah residents and providers have when trying to access health care data is they must memorize multiple usernames and passwords and navigate a myriad of different portals. The health care

ecosystem needs the ability to identify a user once and allow that user to reuse that same identity proofed credential multiple times across multiple systems (e.g., a single sign on for health care).

The pilot will promote the creation of a federated digital identity ecosystem that aligns with national efforts (e.g., TEFCA, HL7® FAST and CARIN/HHS) so every provider and Utah resident can access their health care data across multiple environments.

Advance B2B, B2C, and B2C2B Data Exchange

The pilot seeks to advance three main forms of exchange: Business to Business (B2B) which includes payer to provider, provider to provider, and payer to provider HIPAA-related use cases, Business to Consumer which includes patient access to health information, and Business to Consumer to Business (B2C2B) which includes online patient registration via an application of the patient's choosing. This will be done through the implementation of FHIR® Implementation Guides (IGs) and other national guidance based on the following regulatory and federal guidance reference sources:

- [ONC 21st Century Cures Interoperability and Information Blocking Final Rule](#)
- [CMS Interoperability and Patient Access Final Rule](#)
- [CMS Advancing Interoperability and Improving Prior Authorization Processes Proposed Rule](#)
- [ONC RCE's TEFCA Facilitated FHIR Implementation Guide](#)
- [CARIN Alliance and Department of Health and Human Services Digital Identity Federation Proof of Concept Report](#)
- [Helios Public Health FHIR accelerator IG work](#)

Streamline the Business Processes for How Applications Access Data Today

Recent information blocking regulations *require* health care actors to share data with each other with very few exceptions. With this new requirement to share data, the health care industry must reduce the time it takes for data holders and applications to connect with each other by eliminating the non-technical barriers that have historically existed. We are proposing to do this by standardizing the agreements and assessments for how we share data inside of HIPAA. We want to look for ways to develop standard legal agreements (BAAs) (e.g., leveraging a statewide 'Common Agreement' similar to [California](#) or the [ONC's Common Agreement](#)) and a [standardized application security assessment](#).

Current Pilot Projects

Clinical Data Exchange

The workgroup is developing guidance for a semantics layer that will normalize data across provider systems in Utah. The workgroup will test clinical data exchange using FHIR for provider to provider, provider to payer, and provider to consumer data exchanges.

Prior Authorization

The workgroup is testing prior authorization to reduce provider and payer burden and patient wait times through potential piloting of the three prior authorization APIs required by federal regulation.

API Endpoint Directory

The workgroup is creating an API endpoint directory for payers and providers operating in Utah using a set of Utah-recommended and CMS SMA FHIR API endpoints.

Digital Identity

The workgroup will pilot digital identity federation that aligns with national efforts (e.g., TEFCA, HL7® FAST and CARIN/HHS) so every provider and Utah resident can access their health care data across multiple environments. The pilot will consider leveraging either the HHS XMS identity broker service or UDAP™ Tiered OAuth.

Digital Insurance Card

The workgroup will test the Digital ID and SMART Health Cards to verify insurance card information across organizations. STU 1.0.0 was published in July 2022. The new SMART Health Card/Link use case was tested during the July 2023 CMS HL7® FHIR Connectathon.

Public Health Data Exchange

The workgroup is working with Local Health Departments to assess their priorities. This may include the potential testing of the Helios and CDC DMI FHIR implementation guides in Utah.

How to Get Involved

To learn more about the pilot or become involved, contact Ryan Howells with the Leavitt Partners team at ryan.howells@leavittpartners.com.