Good Afternoon,
Welcome to summer! Today the Kansas Hospital Association submitted a response to the Department of Health and Human Services (HHS) request for information for on how to measure interoperability. In summary, insuring the appropriate infrastructure exists to support such exchange should be included in the scope of measurement and standardization is needed to successfully share across different platforms. The Office of the National Coordinator should consider that hospitals and clinics are utilizing their existing shared data systems to exchange patient information. This is more effective and efficient than through an HIE and should count. Above all, please do not consider additional reporting requirements as a means to measure interoperability, providers report enough. And finally, widespread interoperability is when we have achieved the ability to share meaningful information that meets clinical and patient needs.

Below are other HIT related items and some news of note.

**OCR Launches Phase 2 of HIPAA Audit Program**
As a part of its continued efforts to assess compliance with the HIPAA Privacy, Security and Breach Notification Rules, the Health and Human Services Office for Civil Rights (OCR) has begun its next phase of audits of covered entities and their business associates. In its 2016 Phase 2 HIPAA Audit Program, OCR will review the policies and procedures adopted and employed by covered entities and their business associates to meet selected standards and implementation specifications of the Privacy, Security, and Breach Notification Rules. These audits will primarily be desk audits, although some on-site audits will be conducted.

The 2016 audit process begins with verification of an entity’s address and contact information. In March, some Kansas hospitals received emails from OCR requesting that contact information be provided. OCR will then transmit a pre-audit questionnaire to gather data about the size, type, and operations of potential auditees; this data will be used with other information to create potential audit subject pools.

If an entity does not respond to OCR’s request to verify its contact information or pre-audit questionnaire, OCR will use publically available information about the entity to create its audit subject pool. Therefore, an entity that does not respond to OCR may still be selected for an audit or subject to a compliance review. Communications from OCR will be sent via email and may be incorrectly classified...
as spam. The OCR encourages all entities to check their junk or spam email folder for emails from OCR. If your facility receives a notice from OCR, please respond. Additional information is available at HHS.gov.

Regional Extension Center Closeout
The 5-year project with the Regional Extension Center ended in April. This also ended our financial support for Mary Matzke, our consultant for this project. KHA staff will continue to field questions and provide education relative to HIT and Meaningful Use. Thanks to Mary, our network administrators and hospital staff for their great work on this project. A final summary of the project is available here.

Transparency Information for Certified Health IT
The Office of the National Coordinator for Health Information Technology (ONC) now lists more detailed and easier-to-understand information about certified health information technology (health IT). Via an upgraded website, purchasers of health IT can access information about costs and limitations they may encounter when implementing and using certified health IT products. The disclosure of this information is required by ONC’s recent 2015 Edition final rule, which includes several provisions to increase transparency and accountability to help purchasers better compare and select products that meet their needs.

CMS Amends Stage 3 Health Information Exchange Measure for Hospitals
The Centers for Medicare & Medicaid Services today issued a notice correcting a Stage 3 health information exchange measure for hospitals. Under the correction, Stage 3 health information exchange measure 2 will require eligible hospitals and critical access hospitals to incorporate into the patient’s record an electronic summary of care document for more than 40% of transitions and referrals received and patient encounters with new patients. The final rule originally included a requirement that the summary of care document come from a source other than the provider’s EHR system. The notice includes technical corrections to the final rule modifying meaningful use for the Medicare and Medicaid Electronic Health Records Incentive Programs in 2015 through 2017.

ONC Issues Patient Portal Engagement Tool
The ONC has released a “Patient Engagement Playbook” tool intended to help health care practices, hospital administrators and others use patient portals to engage patients in their health and care. Per the website, “Patient engagement can have big benefits for your practice and your patients: better communication, better care, and better outcomes. Health information technology (health IT) is a powerful tool to help you get there — so learn how to make it work for you.”

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