

The Sequoia Project & Interoperability Matters

THSA Mini Interoperability Symposium
February 13, 2025



Didi Davis
VP, Informatics, Conformance and Interoperability

Chantal Worzala
VP, Strategy and Engagement

Discussion Topics

- The Sequoia Project Overview
- Interoperability Matters Initiative
 - Data Usability Workgroup
 - Data Usability Taking Root Movement
 - Information Sharing Workgroup
 - Privacy and Consent Workgroup

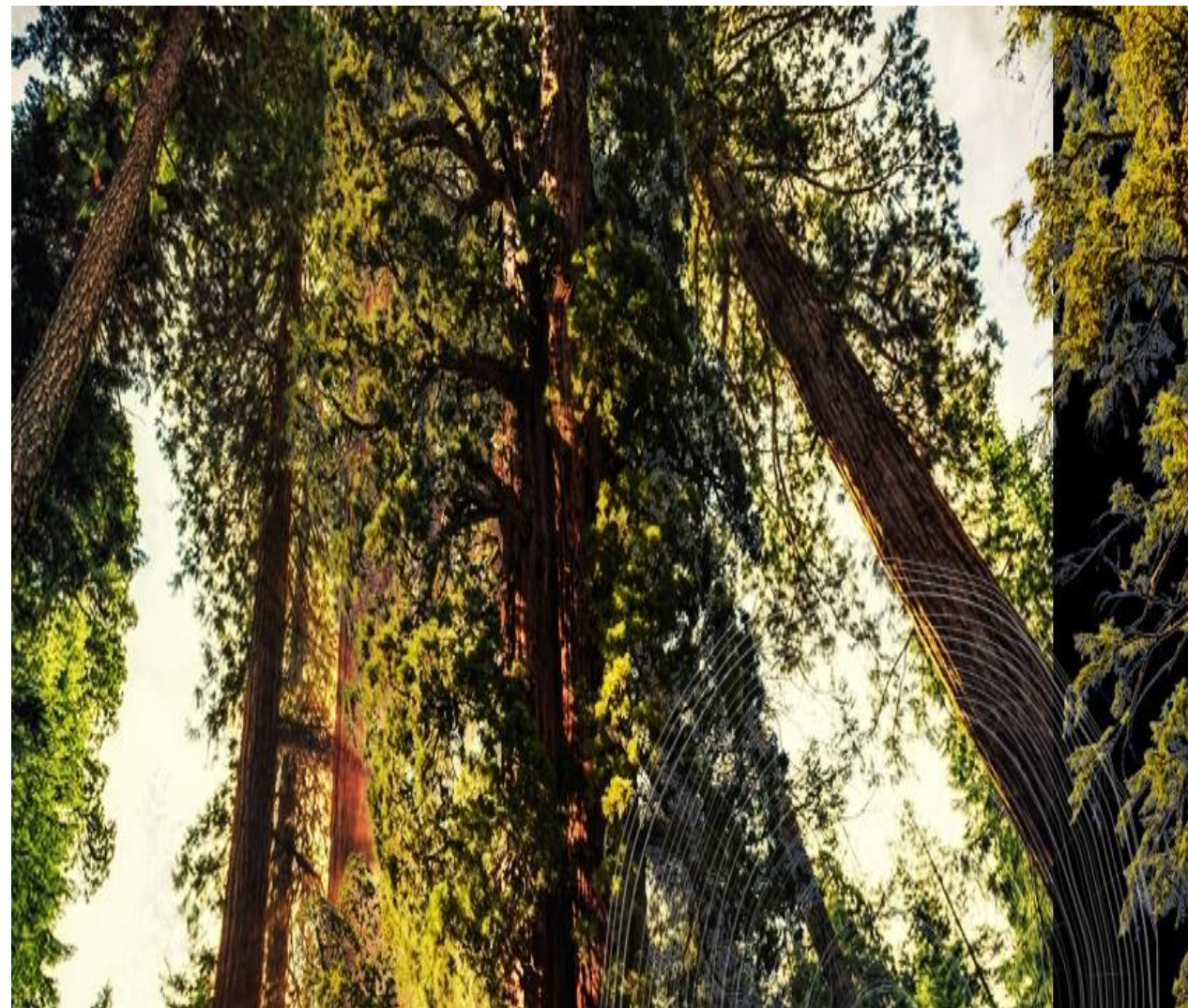
The Sequoia Project

Our Vision

To make the right health information accessible at the right place and time to improve the health and welfare of all

Connected We Stand

Sequoias are among the oldest, tallest trees on earth. Individually, they cannot reach the great heights of giant sequoias. Together, their complex, interconnected root system helps them withstand nature's forces and flourish. Only connected can they reach great heights.



Our Role

The Sequoia Project is an independent, trusted advocate for nationwide health information exchange. In the public interest we steward current programs, incubate new initiatives and educate the community.



Together, we're solving the challenges of secure, interoperable nationwide health information exchange (HIE).

Sequoia Members Shape Interoperability for the Public Good



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Interoperability Matters

*A public-private cooperative that solves
high-impact challenges to enable nationwide
health information exchange*

Your needs are our focus

We bring together diverse stakeholders in health IT and healthcare to create a community of practice.



National-level
issues



Maximum
stakeholder
engagement



Real-world
implementation

WORKGROUPS



Information Sharing



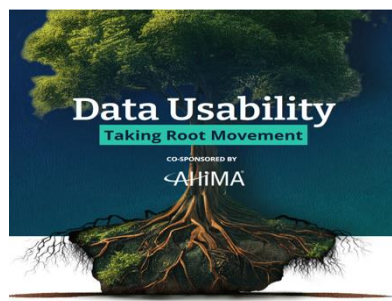
Privacy & Consent



Payer-to-Payer FHIR API Implementation



Data Usability



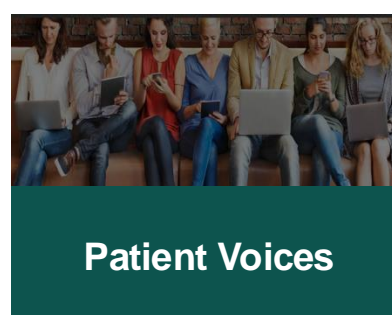
Data Usability
Taking Root Movement
CO-SPONSORED BY
AHIMA



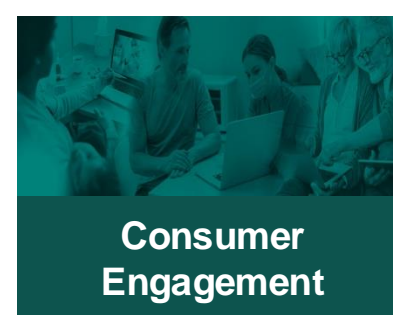
Pharmacy



Public Health



Patient Voices



Consumer Engagement

Exploration Phase

TBD

Clinical Research

TBD

TEFCA
Community of Practice

Contact Us To Learn More: InteropMatters@SequoiaProject.org

Your priorities drive our process

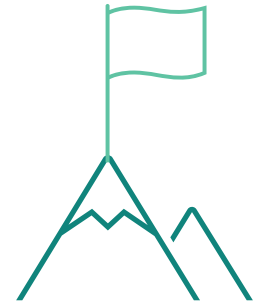
We set our course based on our members' challenges, barriers, gaps, and opportunities.



Identify



Prioritize



Solve

Interoperability Matters:

Data Usability Workgroup

Data Usability Workgroup Leadership



Adam Davis, MD, Co-chair
Sutter Health



Bill Gregg, MD, Co-chair
HCA Healthcare



Didi Davis, VP
The Sequoia Project

Data Usability Workgroup Charter

- [Data Usability Workgroup Charter](#)
- Key Deliverable:
 - Development of iterative implementation guidance focusing on Data Quality and Usability that addresses each of the following high-level use cases:
 - Provider-to-provider health information exchange
 - Provider-to-Public Health Agency information exchange
 - Healthcare entity-to-consumer information exchange
 - Must be implementable **in 18 months**

A graphic of a document page titled "Table of Contents" is shown at an angle in the bottom right corner. The page lists various sections and their corresponding page numbers.

Section	Page Number
Purpose	3
Governance and Antitrust Compliance	3
Key Deliverables	3
Life Cycle	4
Process and Timeframes	4
Phase 1: Administration and Prioritization	4
Phase 2: Developing Initial Draft	5
Phase 3: Public Comment Period/Recommended Next Steps	5
Phase 4: Finalizing Implementation Guide	5
Operating Principles	7
Workgroup Composition and Responsibilities	8
Responsibilities	8
Decision-Making and Relationship to Interoperability Matters and The Sequoia Project	8

Charter Purpose

- Develop specific and pragmatic implementation guides on clinical content for healthcare stakeholders to facilitate health information exchange.
- Cover identified priority use cases, that are readily adoptable by health information exchange vendors, implementers, networks, governance frameworks, and testing programs.
- Target improvements necessary to enable semantic interoperability of health information to improve the quality & usability of data received by end users within their workflows.
- Build on existing work (e.g. AHIMA, HL7 C-CDA, LOINC, SNOMED, ONC, USCDI V1 and USCDI V3, joint Carequality-CommonWell Document Content Workgroup, etc.) and coordinate with related SDOs and industry initiatives

Workgroup Members

392 Organizations

490 Participants



Healthcare Providers



Public Health



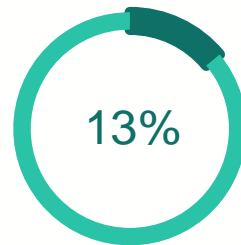
Consumer/Patient



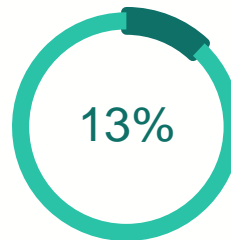
Standards Developer



HIN/HIEs



Federal, State, Local Government



Health Plan/Payer



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2%

5%

4%

13%

13%

10%

Health IT Developers



Other

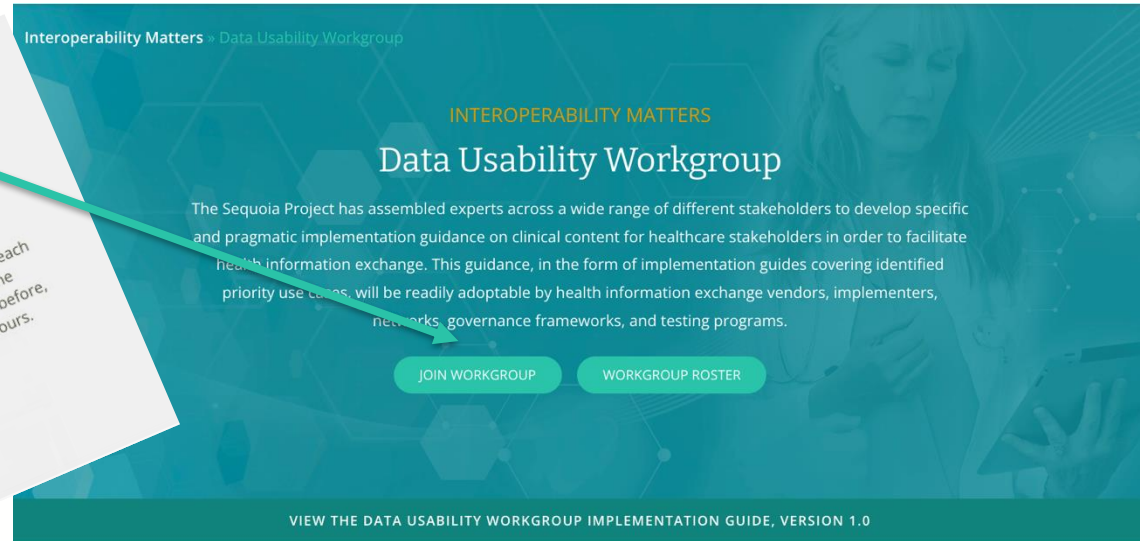
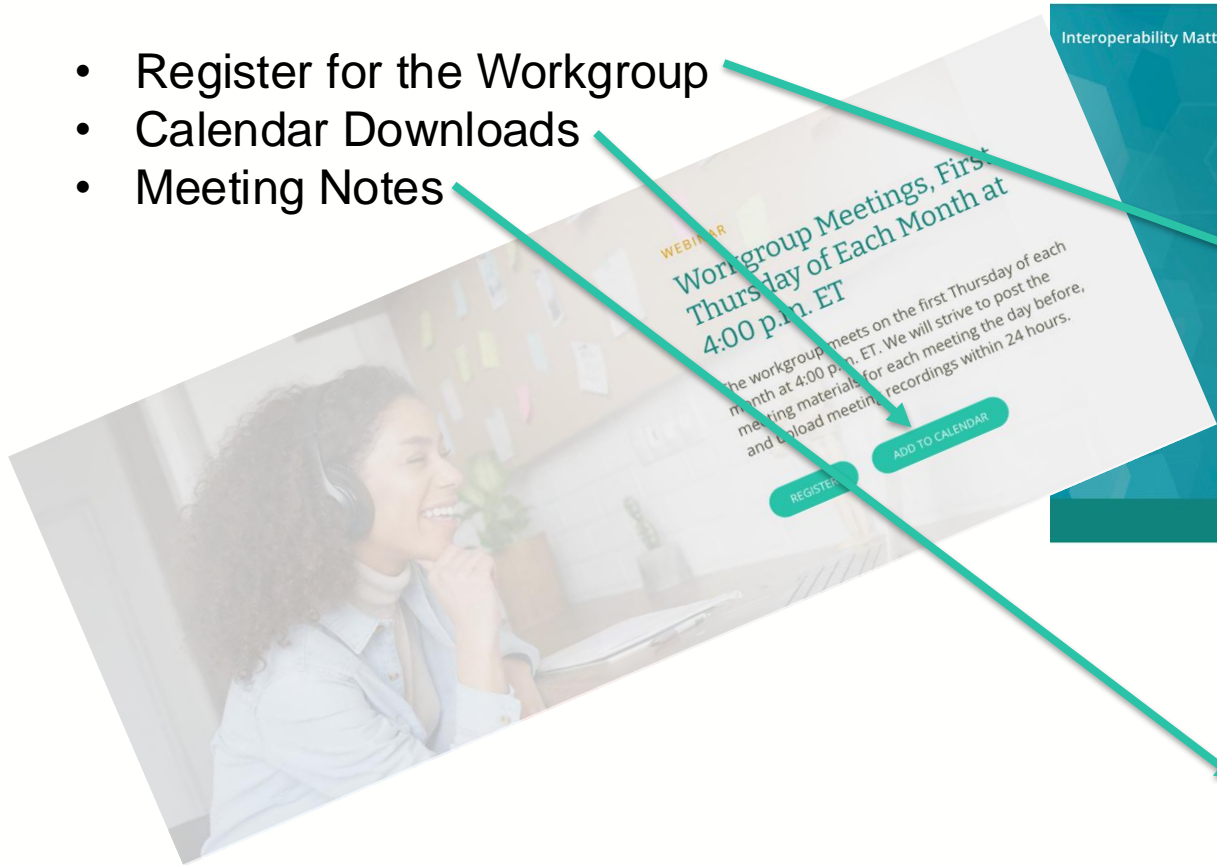


18%

15%

Website, Meeting and Workgroup Logistics

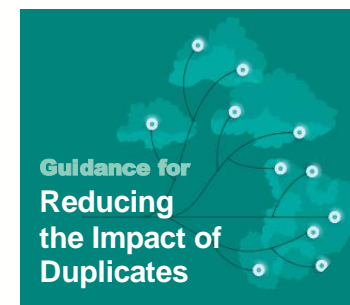
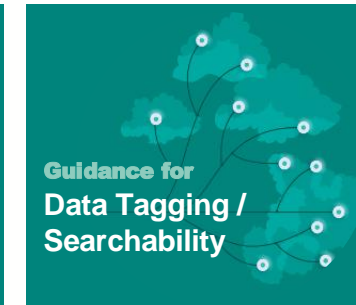
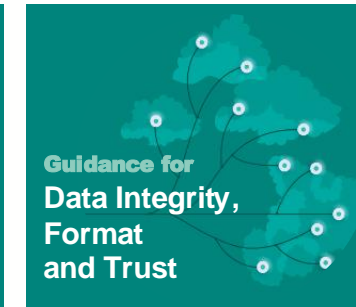
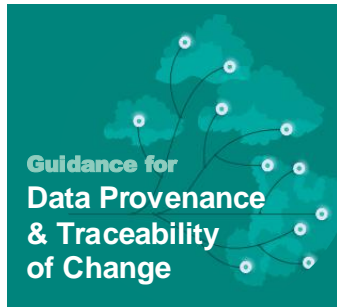
- Register for the Workgroup
- Calendar Downloads
- Meeting Notes



<https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/>
Interopmatters@sequoiaproject.org

Table of Contents

- Executive Summary & Phases Timeline
 - Phase 1 - Administration & Prioritization
 - Phase 2 - IG Development
 - Phase 3 - IG Public Comment
 - Phase 4 - IG Publication
- Statement of Intent
- Sections/Chapters
 - Seven Topic Categories
 - Guidance with SHALL, SHOULD, MAY
- References
- Appendix A – High Priority Lab Results
- Appendix B – A Priority list of documents for information sharing



Use Cases

- Provider-to-provider health information exchange
- Provider-to-public health agency information exchange
- Healthcare entity-to-consumer information exchange

Section / Chapter Structure

- Problem statement
- Use Cases
- Existing Published Work
- Guidance
- Future Efforts



DUWG Implementation Guide Version 2.0

The implementation guide covers the identified priority use cases that can be readily adopted within health information exchange vendors, implementers, networks, governance frameworks, and testing programs with 18 months. Some key changes in this version include:

- Added guidance for receiving systems in addition to sending systems
- Advancing the baseline requirements from USCDI V1 (Problem, Allergy, Medications, Immunizations ONLY) to all data classes within USCDI V3
- Expanded guidance to be technology agnostic with added requirements for HL7® FHIR®, HL7 v2.x and HL7 C-CDA across the topic categories
- Added an additional topic category for laboratory

Data Usability Taking Root Movement
Thank you to our Co-Sponsor

The logo for AHIMA (American Health Information Management Association) features the letters 'AHIMA' in a bold, white, sans-serif font. A stylized white swoosh or arc curves around the 'A' and 'H', starting from the bottom left and ending at the top right, passing behind the 'H'. A registered trademark symbol (®) is located to the upper right of the 'A'.

What is the difference between the **Data Usability Taking Root Movement** and the **Data Usability Workgroup**?



Data Usability Workgroup
Develops Guidance



Taking Root Movement
Implements Guidance

An initiative co-sponsored by **AHIMA**



Community of Practice



Roundtables



Technical Assistance

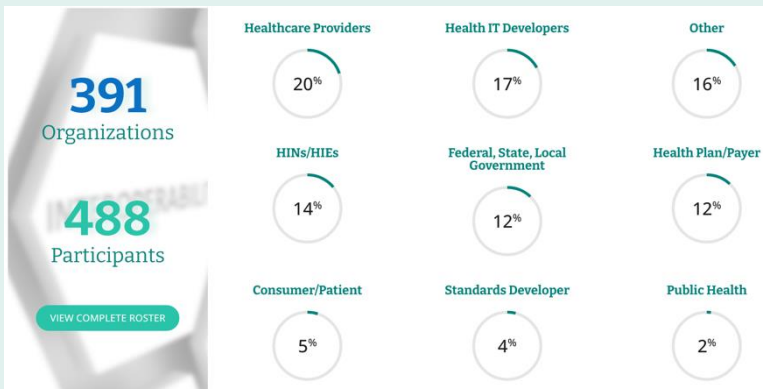


Testing Platform

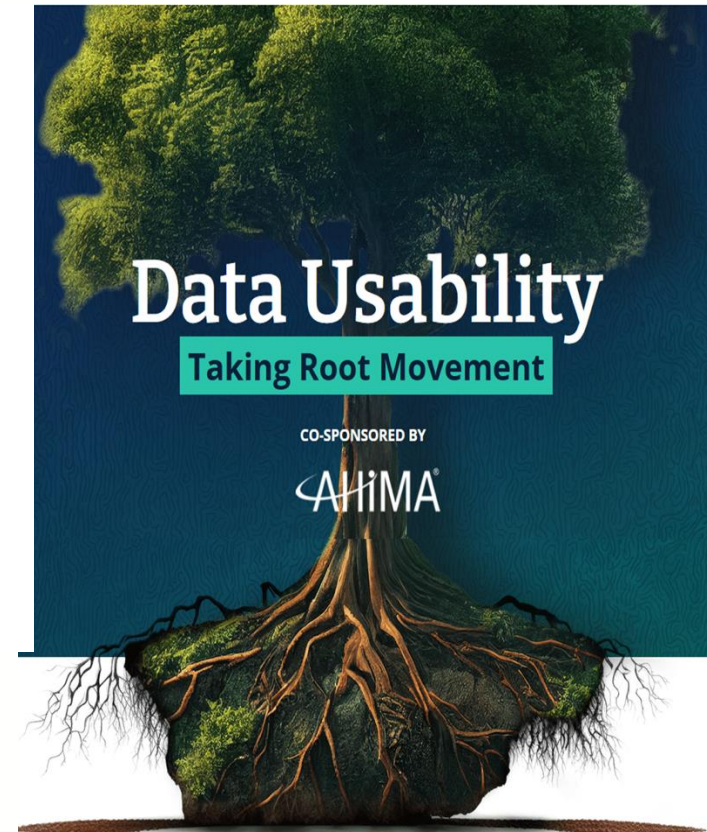


In-person Convenings

Participation Levels



Data Usability Taking Root Program



Pledges Secured from Implementers & Supporters

Performance Scorecards, Technical Assistance Office Hours, Monthly Roundtables

Putting Guidance Into Practice

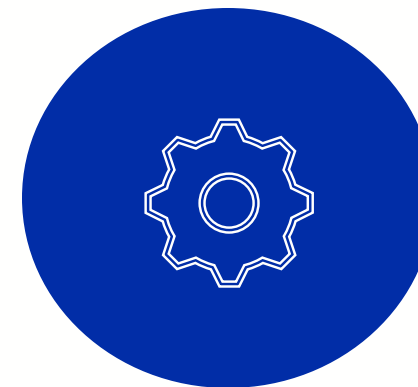
- **Identify where to start**
 - Which V1.0 sections are priorities?
 - Which can be done quickly?
 - What is the timeframe?
- **Track progress**
 - Potential self-reported score card promotes transparency and healthy competition
 - # elements supported
 - % of customers supporting
- **Incremental approach**
 - Enables rollout in conjunction with other IT projects
 - Elevates data usability for all IT projects - UAP
- **Other Considerations**
 - Leverage for governmental programs (e.g., EHR certification, USCDI, TEFCA, etc)
 - Address as part of Data Usability Round Table



Participants
choose their own
implementation
pathway and
pace...



Implementation Enablers



Technical Assistance

Community of Practice

Testing Platform Services

Technical Assistance Needs – 2024 Focus



Current State Evaluation Tool

COMPLETE



Business Case & Contracting Toolkit

1



Testing/Conformance Tools & Services

COMPLETE



Training Resources

2



Implementation Scorecard

COMPLETE



Communications Toolkit

3

It's time for data
usability guidance
to take root.

Data Usability

Taking Root Movement

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AIIMA[®]

Information Sharing Workgroup

Information Sharing Workgroup Toolkit



Information Sharing Toolkit

Provided by the Information Sharing Workgroup

- Although the Information Blocking rule was introduced in 2020, the enforcement rules were not effective until September 2023 and July 2024, respectively, and in 2025 we expect to see enforcement and action through the Office of the Inspector General (OIG) and other federal agencies
- The Information Sharing Workgroup identified a need for educational resources to support smaller organizations, as well as the broader healthcare community, that may not yet be ready for the compliance with the Information Blocking Rule
- To address this, the Workgroup developed an educational and informational toolkit
- This toolkit is free for the community and can be accessed on The Sequoia Project's webpage by any organization that wishes to utilize it

<https://sequoiaproject.org/information-sharing-toolkit/>

Implementation Guidance Task Group: Purpose, Structure, Process

In 2024, the Information Sharing Workgroup maintained its role in convening and educating stakeholders. The group refined its strategic direction and formed a Task Group to focus on identifying and producing concrete, actionable deliverables that add meaningful value to the stakeholder community and reflect diverse perspectives and needs.

Purpose:

- The Task Group focused on the completion of defined, time-bound deliverables to form a toolkit that provided specific, targeted guidance (e.g., templates, tip sheets, standardized language, etc.) for compliance with the Information Blocking Rules.

Structure:

- The Task Group had two Co-Chairs, Melissa (Mel) Soliz (Velatura HIE Corporation) and Matt Becker (Kno2). Subgroups were formed and met on an as-needed basis.

Process:

- The Task Group provided progress reports to the full Information Sharing Workgroup and final approval of deliverables was sought through Interoperability Matters

Information Sharing Work Group Members

Associations and Organizations - Health IT Community

- Jeff Coughlin, AMA
- Lauren Riplinger, AHIMA
- Matt Reid, AMA
- Andrew Tomlinson, AHIMA

Consumers/Data Requesters

- Jennifer Blumenthal, OneRecord
- Deven McGraw, Ciitizen

Developers

- Matt Becker, Kno2
- Leigh Burchell, Altera Health
- Alex Desilets, eClinicalWorks
- **Josh Mast, Oracle Health (Co-chair)**
- Elizabeth McElhiney, Verisma
- Anthony Murray, MRO Corporation
- Rosh Singh, Cozeva
- Ladd Wiley, Epic
- Moliehi Weitnauer, MRO Corp

Health Information Networks & Service Providers

- Elizabeth Delahoussaye, Datavant
- Darlene Carr, New Jersey Innovation Institute
- Daniel Kim, SureScripts
- Lacey Millsap, OCHIN
- Dan Paoletti, The Ohio Health Information Partnership
- Sam Roods, New York eHealth Collaborative
- Pat Russell, eHealth Exchange
- Melissa Soliz, Velatura HIE Corporation
- Alan Swenson, Carequality

Healthcare Providers / Physicians

- Roberta Baranda, Valley Children's Healthcare
- Matthew Eisenberg, Stanford Health Care
- **Ammon Fillmore, AdventHealth (Co-chair)**
- Hilary Greer, HCA
- Steven Lane, Health Gorilla
- Lori Richter, CommonSpirit
- Matthew Shafiroff, White Plains Hospital
- Sid Thornton, Intermountain Healthcare
- Virginia Lorenzi, New York Presbyterian Hospital
- Vicki Giatzikis, New York Presbyterian Hospital

Payers

- Nancy Beavin, Medica
- Kellie Greer, Evernorth
- Brian Malachowski, CVS Health

Legal Disclaimer

This Toolkit is not legal advice.

Please consult with your legal counsel on whether IBR applies to you or your organization and what compliance might mean for you or your organization.

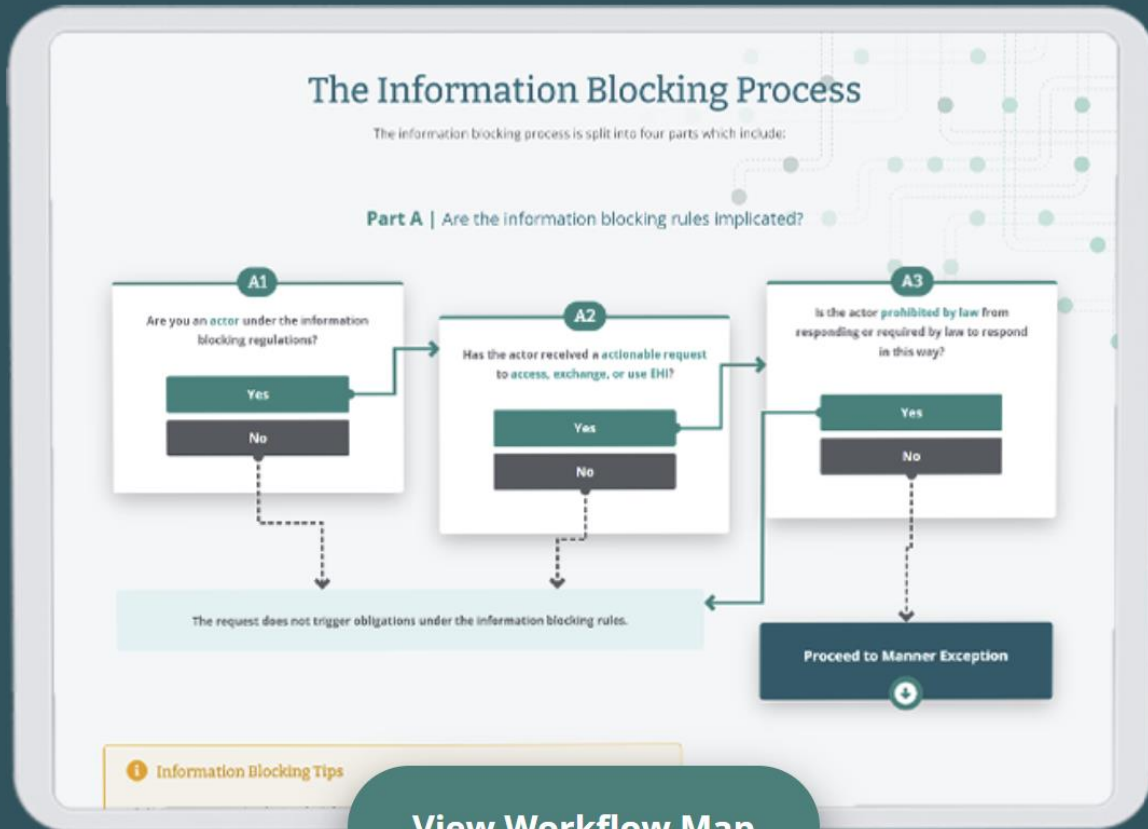
Please also note that this Information Sharing Toolkit has not been updated with the changes to IBR found in Health Data, Technology, and Interoperability: Trusted Exchange Framework and Common Agreement (HTI-2) Final Rule, and the Health Data, Technology, and Interoperability: Protecting Care Access (HTI-3) Final Rule

Information Sharing Toolkit

This Information Sharing Toolkit consists of the following informational material about compliance with the Information Blocking Rule (IBR)

IBR Exception Workflow Map

for Manner, Fees, and Licensing



Downloadable Resources



Information Sharing Toolkit Summary



Sample Information Sharing Compliance Project Tool



Sample Information Sharing Compliance Project Tool



Sample Information Sharing Policy
(for HIPAA-regulated entities)

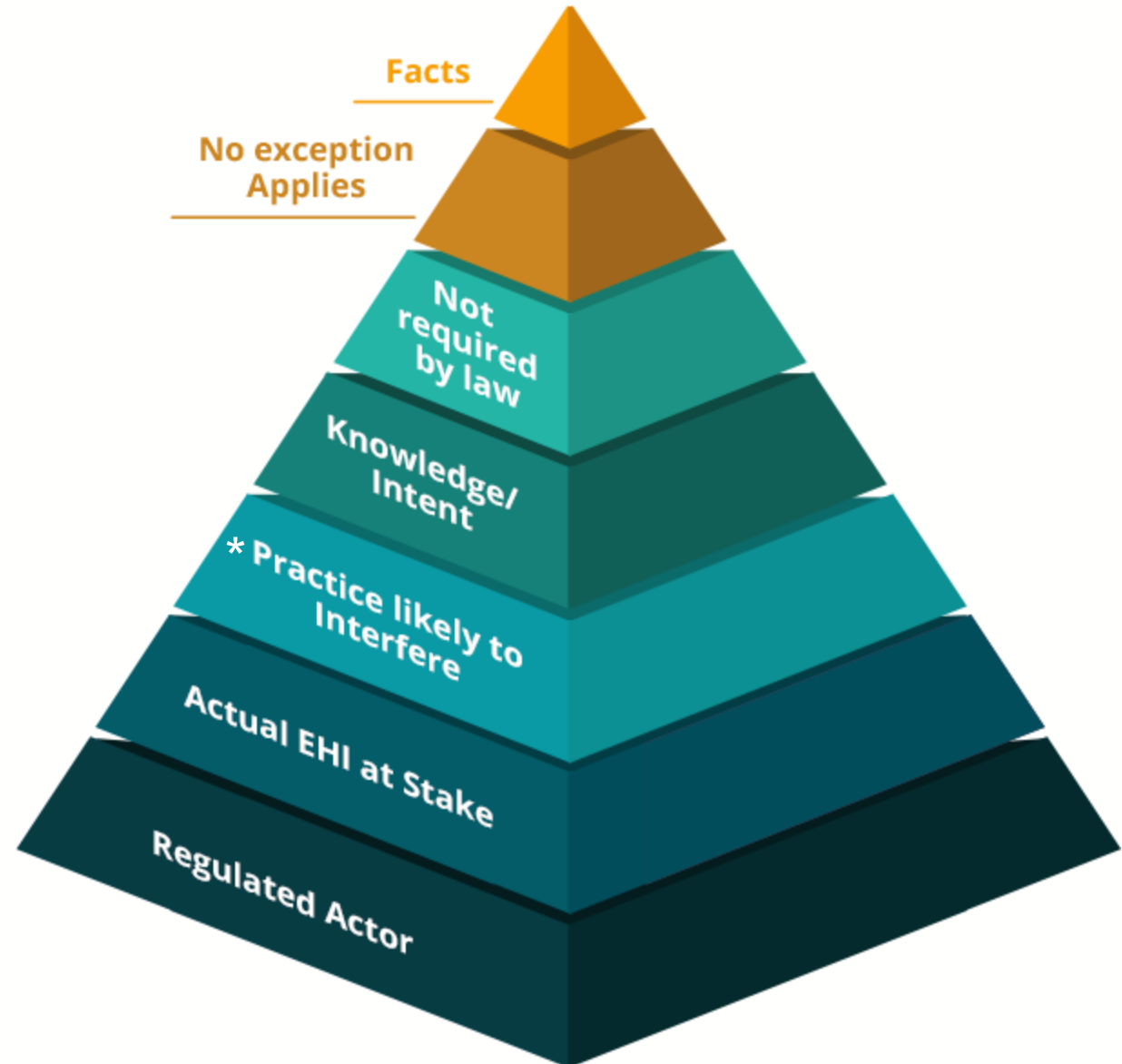


Information Blocking Rule (IBR) Workflow for IBR Exceptions

What Is Information Blocking?

- Information blocking is a (1) **practice** conducted by an (2) **actor** that is (3) not required by law or (4) covered by an applicable exception that is (5) **likely to interfere** with (6) **access, exchange, or use** of (7) **EHI** and that
 - (i) for health IT developer of certified health IT (“developer”), health information network, or health information exchange, the actor (8) **knows, or should know**, is likely to interfere with access, exchange, or use of EHI; or
 - (ii) for actors acting as a health care provider, the actor (9) **knows** is unreasonable and is likely to interfere with access, exchange, or use.
- **Assessing whether a practice is information blocking turns on the individual facts and circumstances, including intent and whether the practice satisfies an exception. Not meeting an exception does not mean the actor is information blocking.**

Factors in Assessing Whether a Practice is Information Blocking



**ASTP/ONC has emphasized that Information Blocking can occur even without a request, such as through a practice related to contract terms or a failure to meet reporting requirements. [See this FAQ](#)*

The Building Blocks of Information Blocking

(1) Practice

A practice is an act or omission by an actor, including responding or failing to respond to a request.

(2) Actor

An actor is a health care provider, health IT developer of certified health IT, health information network or health information exchange.

(3) Not Required by Law

Federal and state law may, in certain instances, require an actor to interfere with access, exchange, or use. Practices required by law do not constitute information blocking, nor does refusing to engage in practices prohibited by law.

(4) Covered by an Applicable Exception

If a practice satisfies an exception, it is not information blocking. Note, however, that the fact that a practice that does not satisfy an exception does not mean that the practice constitutes information blocking.

(5) Likely to Interfere

A practice is "likely to interfere" if it is likely to prevent, materially discourage, or otherwise inhibit access, exchange, or use of EHI. Determining whether a practice is likely to interfere requires a case-by-case assessment of the specific facts and circumstances.

(6) Access, Exchange, or Use

For the information blocking rules to be implicated, there must be a relationship between the practice and the need to access, exchange, or use EHI.

(7) EHI

The information blocking rules only apply when the information to be accessed, exchanged, or used constitutes EHI.

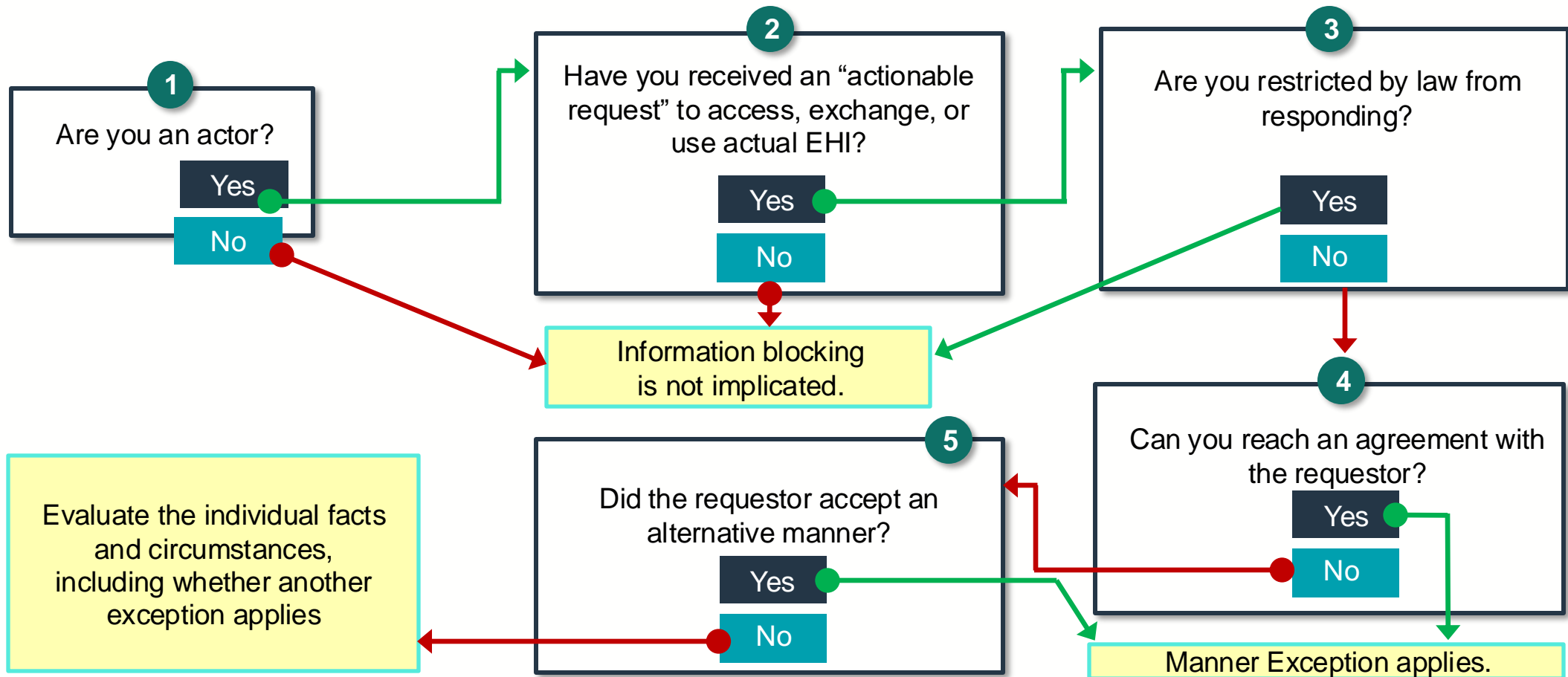
(8) Knows, or Should Know

A developer, HIN or HIE is engaging in information blocking only if the actor knows, or should know, that a practice is likely to interfere with access, exchange, or use of EHI. The actor must be acting with actual knowledge, reckless disregard or deliberate ignorance.

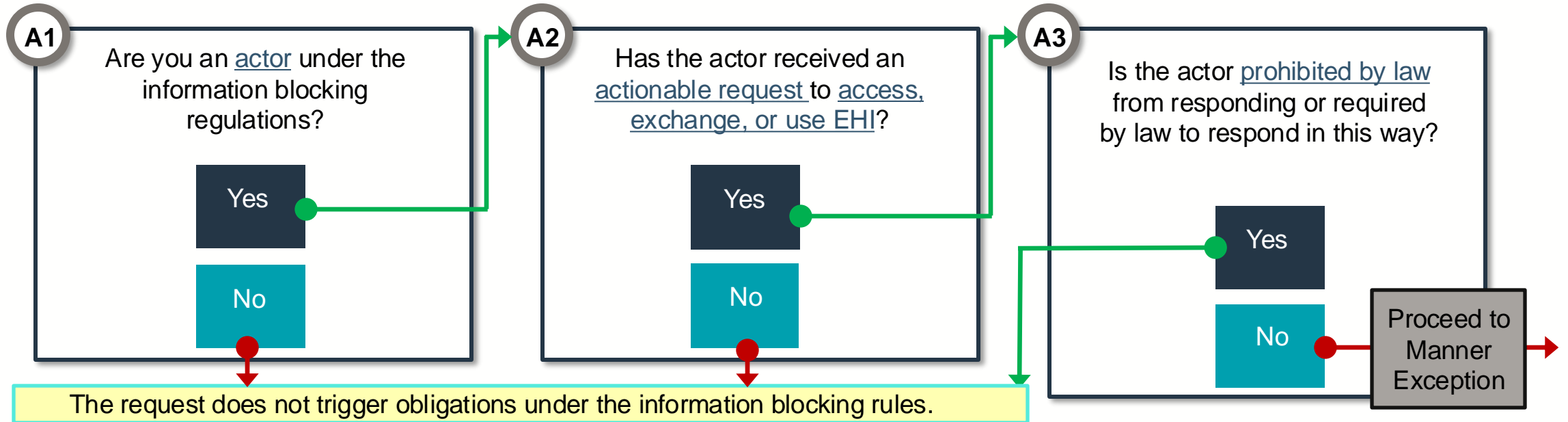
(9) Knows

A provider is engaging in information blocking only if the actor knows that a practice is unreasonable and likely to interfere with access, exchange, or use of EHI. The actor must be acting with actual knowledge.

Overall Process Workflow for Evaluating Requests



A. Are the Information Blocking Rules Implicated?



TIP Not every request implicates the information blocking rules; only requests that could be necessary to access, exchange, or use existing EHI (“[actionable requests](#)”). For example, a request to develop new [software features or interpretive tools](#), or a request for non-EHI data like audit logs don’t implicate information blocking.

TIP Consider using and publicizing a standard pathway to receive requests (e.g., an intake form, web portals, dedicated email account). Train your organization to route all requests to that process. A request shouldn’t be deemed actionable unless the requestor has given you enough information to evaluate the request and take action on it.

ORGANIZATION'S INFORMATION SHARING COMPLIANCE PROJECT TOOL

This is a tool intended to assist Organization with its compliance with the Information Blocking Rule (42 U.S.C. § 300jj-52 and 45 C.F.R. Part 171) (collectively, "IBR"). It provides a step-by-step approach for identifying, assessing and addressing practices that may implicate the IBR. IBR compliance is ongoing. **Organization must continue to monitor, investigate and remediate IBR compliance concerns after completion of the items listed on this action plan.**

RESPONSIBILITIES AND EDUCATION

- Step 1:** Create an IRB Compliance Action Plan
- Step 2:** Establish an Information Blocking Workgroup
- Step 3:** Education for the IBW and its Subgroups

IDENTIFY AND ASSESS SOURCES OF EHI

- Step 4:** EHI Sources
- Step 5:** EHI Systems
- Step 6:** EHI Vendors and Partners

IDENTIFY AND ASSESS EHI PRACTICES-CLOSE COMPLIANCE GAPS/ALIGN WITH EXCEPTIONS

- Step 7:** EHI Practices
- Step 8:** EHI Policies
- Step 9:** EHI Contracts

TRAINING, MONITORING, AND ENFORCEMENT

- Step 10:** Marketing/External Communications
- Step 11:** Workforce Member Training
- Step 12:** Compliance Program and Reporting

ORGANIZATION'S INFORMATION SHARING COMPLIANCE PROJECT TOOL

Action Item	Primary Owner(s)	Supporting Personnel	Notes	Review ETA	Final ETA	Completed	
RESPONSIBILITY AND EDUCATION							
Step #1	<p><u>Create an IBR Compliance Action Plan</u></p> <ul style="list-style-type: none"> Responsibility for IBR compliance and delegation of responsibilities (with deadlines) Education Identify/assess Organizations IBR actor status (more than one might apply) Identify/assess sources of EHI Identify/assess EHI practices; review for compliance gaps and alignment with IBR exceptions Implement compliance action items, including training for workforce members and a complaint process 						
Step #2	<p><u>Establish an Information Blocking Workgroup (IBW)</u></p> <p>Establish or designate Organization's IBW and define scope of IBW's purpose and subgroups:</p> <ul style="list-style-type: none"> Take a multi-disciplinary approach on staffing the IBW (e.g., compliance, legal, clinical, business, health IT, etc.) Identify an executive to take ownership of compliance and coordinate activities among IBW subgroups Create subgroups or delegate to individuals the task of investigating and addressing specific IBR action items Delineate a project management process for IBW compliance (e.g., policy revision, contract revision, training, and implementation) 						
Step #3	<p><u>Education for the IBW and its Subgroups</u></p> <ul style="list-style-type: none"> Provide and document training on IBR compliance for IBW and any subgroups (multiple training session may be needed) Schedule routine standing meetings and/or forums for IBR discussions 						

Privacy and Consent Workgroup

Moving Toward Computable Consent: A Landscape Review

INTEROPERABILITY MATTERS

Privacy & Consent Workgroup

Established by the Interoperability Matters Leadership Council, the Privacy & Consent Workgroup will identify initial steps to further propel the healthcare community towards supporting proper information exchange that appropriately protects privacy.

Moving Toward Computable Consent: A Landscape Review

In January 2025, the Workgroup published a white paper public feedback

This landscape review explains the importance of managing privacy and consent when sharing personal health information, scans the current landscape of challenges facing those entrusted with personal health information, enumerates existing solutions, and 5 explores the strengths and deficiencies of these approaches.

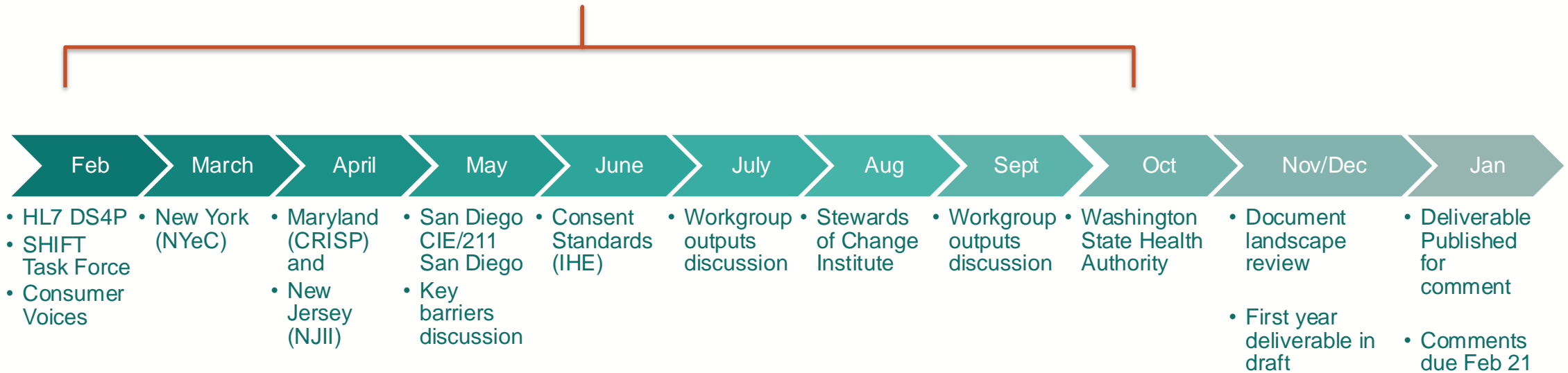
Table of Contents

1. Introduction
2. Individual Perspectives on Privacy and Consent
3. Policy Challenges
4. Operational Challenges to Consent Management
5. Technology Challenges to Consent Management
6. Exploring Existing Consent Models and Frameworks
7. Conclusion
 - Call to Action

Timeline

January 2024: Workgroup Kickoff

Landscape Review / Key Pain Points Discussions



Moving Toward Computable Consent: A Landscape Review

Privacy & Consent Workgroup Whitepaper

The Privacy & Consent Workgroup is seeking public feedback on version 1 of the workgroup's whitepaper through **Friday, February 21**. The workgroup will review all feedback to be incorporated into an updated whitepaper for the community to implement.

DOWNLOAD WHITEPAPER

SUBMIT FEEDBACK

The Privacy and Consent Workgroup recently released a white paper for public feedback.

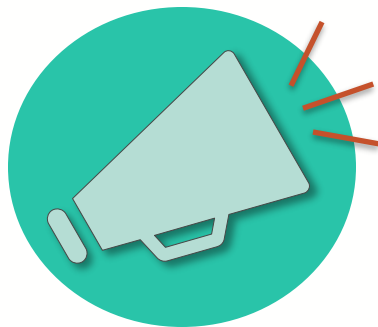
This landscape review is a first step and reflects lessons learned from a series of presentations from those working to implement privacy and consent approaches at state, regional, and local levels.

We invite your feedback to help shape the next steps!

<https://sequoiaproject.org/interoperability-matters/privacy-consent-workgroup-whitepaper-feedback/>

Call For Action

The Privacy and Consent Workgroup calls on interested organizations in a call for action to tackle specific implementation issues that will advance the use of standards-based consent management and data segmentation for privacy so that information exchange can occur in ways that are both compliant with privacy rules and respect individuals' privacy preferences.



Topics to be addressed could include:

- Guidance on organizational-level policies and workflows to improve consent management, including consideration of break the glass functionality.
- Community engagement for standardizing consent approaches (opt-in/out, granular consent, etc.).
- Community engagement on technical standards for data segmentation and consent.
- Accessing and exchanging and using standardized consent across organizations
- Consideration of how best to deploy and utilize data segmentation capability in health IT.
- Other outstanding issues to be noted.

Workgroup Members

Lauren Riplinger, **American Health Information Association**
Andrew Tomlinson, **American Health Information Association**
Jeff Coughlin, **American Medical Association**
Britt Bohannon, **Atlas Health Hub**
Bart Carlson, **Azuba**
Devi Mehta, **Blue Cross Blue Shield Association**
Hannah Galvin, **Cambridge Health Alliance**
Deven McGraw, **Citizen Health (Co-Chair)**
Tatum Sihina, **Contra Costa Health**
Mohammad Jafari, **Senior Privacy and Integration Specialist**
Rosh Singh, **Cozeva**
Caitlin Riccobono, **CRISP Shared Services**
Elizabeth Delahoussaye, **Datavant**
Susan Clark, **DirectTrust**
Aaron Tait, **Epic**
Matt Molisani, **Epic**
Jaffer Traish, **findhelp**
Hilary Greer, **HCA Healthcare**
Steven Lane, **Health Gorilla (Co-Chair)**
Julie Lowry, **Henry Ford Health**
Alisa Kuehn, **Indiana Health Information Exchange**
Matt Becker, **Kno2**
Dennis Giokas, **Marble**
Mo Weitnauer, **MRO Corp**
Tucker Bair, **MRO Corp**
AJ Peterson, **Netsmart**

Helen Oscislawski, **New Jersey Innovation Institute**
Jennifer D'Angelo, **New Jersey Innovation Institute**
Samuel Roods, **New York eHealth Collaborative**
Daniel Werlin, **NextGen**
Lacey Millsap, **OCHIN**
Tim Noonan, **Office for Civil Rights (liaison)**
Kathryn Marchesini, **Assistant Secretary for Technology Policy (liaison)**
Hans Buitendijk, **Oracle Health**
Laurie Peters, **Orion Health**
Daniel Chavez, **Serving Communities Health Information Organization**
Lynne Nowak, **Surescripts**
Melany Ginnick-Frio, **Social Security Administration**
Martin Prah, **Social Security Administration**
Peggy Pugh, **US Department of Veterans Affairs**
Lynne Harbin, **US Department of Veterans Affairs**
Elizabeth McElhiney, **Verisma**
Barbara Carr, **Verisma**
George Bessenyei, **YoCierge, Inc.**
Melissa (Mel) Soliz, **Velatura HIE Corporation**

Sequoia Staff and SMEs

Chantal Worzala
Kathryn Lucia
Didi Davis, *Liaison to the Data Usability Workgroup*
Anna McColister, *Liaison to the Consumer Engagement Strategy Workgroup*

THSA Mini Interoperability Symposium

Questions & Discussion

- <https://sequoiaproject.org/>
- <https://sequoiaproject.org/interoperability-matters/>