



# Application Programming Interfaces in the Regulatory Context

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# Key Ingredients

- **ONC Regulatory Provisions**
  - » Base EHR Definition
  - » Common Clinical Data Set (CCDS)
  - » API certification criteria
  - » Certified Health IT Product List (CHPL)
- **CMS Regulatory Provisions**
  - » CMS Payment programs
    - Meaningful Use “Stage 3” for Eligible Hospitals/Medicaid
    - Merit-based Incentive Payment System (MIPS) for eligible clinicians
  - » Certified EHR Technology Definition

# ONC Regulatory Provisions (1) – Base EHR Definition

- Required by law (HITECH Act refers to it as “Qualified EHR”)
- ONC links specific certification criteria to functionality that is described in HITECH definition
- 2015 Edition Base EHR means an electronic record of health-related information on an individual that:
  - » (1) Includes patient demographic and clinical health information, such as medical history and problem lists;
  - » (2) Has the capacity:
    - (i) To provide clinical decision support;
    - (ii) To support physician order entry;
    - (iii) To capture and query information relevant to health care quality;
    - (iv) To exchange electronic health information with, and integrate such information from other sources; and
  - » (3) Has been certified to the certification criteria adopted by the Secretary in §170.315(a)(1), (2), or (3); (a)(5) through (9); (a)(11); (a)(14); (b)(1) and (6); (c)(1); **(g)(7) through (9)**; and (h)(1) or (2);

# ONC Regulatory Provisions (2) – CCDS

- Replaced the “MU Common Data Set”
- Serves as shorthand (regulatory equivalent of a method/function call in programming)
- Lists 21 data types/categories and (as applicable) terminology/vocabulary bindings

# ONC Regulatory Provisions (3) – API Certification Criteria & CHPL

- 45 CFR 170.315(g)(7) through (g)(9) & referenced in the Base EHR definition
- 3 criteria overall – Why are there three?
  - » (g)(7) – focuses on patient selection/identification/token provision
  - » (g)(8) focuses on individual data requests from within all of the data listed in the CCDS
  - » (g)(9) focuses on response to request for patient data with a C-CDA response containing the CCDS data
- All three criteria require that the technical documentation associated with them be publicly accessible via hyperlinks, which are also available on ONC's CHPL website where the product is listed.
  - » [chpl.healthIT.gov](http://chpl.healthIT.gov)

# CMS Regulatory Provisions

- Set the CEHRT definition = Base EHR criteria + CMS prioritized extras
- So what impact does that have?
  - » All providers participating in a CMS program that references CEHRT will need to have in their possession health IT with certified API functionality.
    - For general use by the provider
    - In specific to address MU/MIPS measures related to patient access
  - » For example, MIPS “Provide Patient Access”
    - For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; **and** (2) The MIPS eligible clinician **ensures the patient's health information is available for the patient** (or patient-authorized representative) **to access using any application of their choice** that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified EHR technology.

# In conclusion

- Investments already made/in the process of to include API functionality in health IT systems
- ONC certification criteria do not mandate FHIR, but are FHIR friendly
- Deployment will pick up pace and be strong in 2017 leading into 2018



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