NATE Blue Button for Consumers (NBB4C) Trust Bundle
Phase 2

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Agenda

• Background
  • About NATE
  • About NATE’s PHR Related Projects to Date
  • About Our Call for Public Comment

• Next Steps

• Questions and Answers
Who is NATE?

The National Association for Trusted Exchange (NATE) is a collaboration of state and federal government entities, health information organizations (HIOs), and associations focused on enabling trusted exchange among organizations and individuals with differing regulatory environments and exchange preferences.
Who is NATE?  
...early history

- In the Spring of 2011, State HIE Grantees from the West Coast began to loosely interact as an affinity group.

- This affinity group came to be known as the Western States Consortium when awarded its first grant by the ONC later that year. They focused on:
  - Resolving policy issues, especially those related to privacy, security and data use.
  - Developing standards and requirements for trusted services, beginning with Direct Secure Messaging across different state jurisdictions.

- Over the ensuing year, the consortium that included more than a dozen states had established one of the first trust communities for Direct based exchange.

- On November 1, 2012, the nation’s first trust bundle enabled exchange of PHI between two unaffiliated entities - a provider in OR and another in CA.
Who is NATE? …incorporation

By the end of the first grant, the founding members of NATE did not want to see the collaboration and success of the association end, so NATE was incorporated

- Independent non-profit organization established in Washington DC, May 1st, 2013
  - Bylaws, governance body, and organizational structure developed
  - Vision: Broad adoption and continuous improvement in the use of HIE
  - Mission: Eliminate the barriers to health information exchange by addressing policy, legal and technical barriers that inhibit trust

- Membership
  - When initially incorporated, NATE was a states only association
  - In October of 2014, NATE’s Board approved an expansion of member types
  - New member types include non-government organizations, including corporations, associations and individuals, as well as federal government entities, beginning in 2015
Phase 1 of PHR Initiative

Shortly after incorporating as NATE…

- NATE’s Board prioritized PHRs as a focus area for our efforts and following a competitive grant process NATE was awarded a second Grant by the Office of the National Coordinator.
- Funding from this second grant was combined with funding from member to provide sufficient resources to execute a meaningful pilot of discovery.
- Phase 1 of NATE’s PHR Initiative began in March of 2013
- The PHR pilot was designed to discover as much as possible about enabling patients and providers to securely exchange protected health information bi-directionally using Direct
- With over $700,000 in combined funding, we were able to put together a great team that included numerous PHRs, HIEs and others working in three different states around the country
PHR Initiative Phase 1
...participating actors
PHR Initiative Phase 1

...examining desired capabilities to inform Phase 2 recommendations
Script 1: Easing the administrative burden on providers

<table>
<thead>
<tr>
<th>SCHIE Affiliated Provider</th>
<th>While visiting Santa Cruz patient Olive Trekker receives care from Dr. Earl Grey at Santa Cruz Hospital.</th>
<th>Dr. Grey pushes encounter data to Olive’s NMC account.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient (NMC)</td>
<td>Olive accesses her data via the NMC patient portal. Olive then pushes data to her San Diego provider, Nurse Chris Care, via SD Health Connect.</td>
<td>Direct Message</td>
</tr>
<tr>
<td>SD Health Connect Affiliated Provider</td>
<td>Direct Message</td>
<td>Nurse Chris Care receives Olive’s encounter data.</td>
</tr>
</tbody>
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### Script 2: Wireless science leveraging micro and macro environmental data

UCSD Health System, CitiSense, Propeller Health, HealthVault, SD Health Connect, Delphi

<table>
<thead>
<tr>
<th>NATE Members</th>
<th>UCSD Health System, CitiSense, Propeller Health, HealthVault, SD Health Connect, Delphi</th>
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</thead>
<tbody>
<tr>
<td><strong>SD Health Connect</strong></td>
<td>Asthmatic patient Gloria Gilliam receives care from Dr. James Killeen at UCSD Medical Center. Dr. Killeen provides her with two asthma sensors.</td>
</tr>
<tr>
<td><strong>HealthVault</strong></td>
<td>Gloria’s HealthVault account is updated. Gloria pushes data to Dr. Killeen.</td>
</tr>
<tr>
<td><strong>San Diego Health Connect</strong></td>
<td>Azure Cloud integrates Gloria’s device data and macro environmental data from the Delphi Project. Aggregate data sent to Gloria’s HealthVault account.</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>Direct Message</td>
</tr>
<tr>
<td><strong>Gloria sends sensor data from her mobile phone to SD Health Connect in Microsoft Azure Cloud.</strong></td>
<td></td>
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**Gloria’s HealthVault account is updated following final visit.**
Script 3: Ensuring patient safety with mobile anytime/anywhere access to health records

<table>
<thead>
<tr>
<th>San Diego Health Connect and Humetrix iBlueButton</th>
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</thead>
<tbody>
<tr>
<td><strong>SD Health Connect Affiliated Provider</strong></td>
</tr>
<tr>
<td>Vet receives care from Dr. Killeen at UCSD Medical Center.</td>
</tr>
<tr>
<td>Dr. Killeen transmits UCSD Epic C-CDA to Vet's Humetrix iBlueButton app.</td>
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<tr>
<td><strong>Humetrix iBlueButton Smartphone App</strong></td>
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<tr>
<td>MyHealtheVet CCD</td>
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<tr>
<td>TriCare Online CCD</td>
</tr>
<tr>
<td>Medicare BB Record</td>
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<tr>
<td>The iBlueButton app provides an aggregated view of all data and enables the patient to annotate his records.</td>
</tr>
<tr>
<td>iBlueButton App is updated by receiving C-CDA from Dr. Smith.</td>
</tr>
<tr>
<td><strong>SCHIE Affiliated Provider</strong></td>
</tr>
<tr>
<td>Dr. Smith has access to Vet's current medical history when Vet receives care from Dr. Smith in SC.</td>
</tr>
<tr>
<td>Dr. Smith transmits C-CDA to Vet's Humetrix iBlueButton app.</td>
</tr>
</tbody>
</table>
• Phase 1 pilot outcomes were reported to the ONC and presented to NATE’s Board

• NATE’s Board directed the Team to:
  • Establish a Phase 2 Scoping Work Group to develop a set of artifacts informed by what was learned in Phase 1
  • Make a public call for comment
  • Reconvene the scoping workgroup to assess public comment
  • Make a final recommendation to the Board by December 2014 on policies for NATE’s Blue Button for Consumers (NBB4C) Trust Bundle
## PHR Initiative Phase 2
### ...scoping workgroup

<table>
<thead>
<tr>
<th>Role</th>
<th>Workgroup Member</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Chair</td>
<td>Adam Greene</td>
<td>Davis Wright Tremaine</td>
</tr>
<tr>
<td>Co-Chair</td>
<td>Jeff Livesay</td>
<td>MiHIN</td>
</tr>
<tr>
<td>WG Member</td>
<td>Bettina Experton</td>
<td>Humetrix</td>
</tr>
<tr>
<td>WG Member</td>
<td>Jeff Donnell</td>
<td>NoMoreClipboard</td>
</tr>
<tr>
<td>WG Member</td>
<td>Nathan Reno</td>
<td>Microsoft HealthVault</td>
</tr>
<tr>
<td>WG Member</td>
<td>Christina Caraballo</td>
<td>Get Real Health</td>
</tr>
<tr>
<td>WG Member</td>
<td>Johnny Allen</td>
<td>Pennsylvania eHealth Partnership Authority</td>
</tr>
<tr>
<td>WG Member</td>
<td>Josh Mandel</td>
<td>Children’s Hospital, Boston</td>
</tr>
<tr>
<td>Consumer Representative</td>
<td>MaryAnne Sterling</td>
<td>Sterling HIT Consulting</td>
</tr>
<tr>
<td>Behavioral Health Representative</td>
<td>Michael Lardieri</td>
<td>North Shore-LIJ Health System</td>
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The function of this workgroup is to review NATE’s PHR Ignite Phase 1 pilot work and existing trust bundles (P2P4Tx, P2PHR, PHR2P and BB+), evaluate the current landscape and make a recommendation on next steps.

The end goal of the project being scoped by this workgroup is to establish the materials that define a practical trust community, which relying parties will adopt and PHR vendors will participate in, that satisfies applicable law while minimizing the burden of being determined eligible.

This is where we are today!

Following a public comment period, reconvene and evaluate inputs garnered to determine if changes to proposed materials are warranted or if the recommendation better fits into a future extension of the trust community.

Make final recommendations to NATE’s Board of Directors for approval by mid-December 2014 so that NBB4C can begin operations in early 2015.
How can you help?

What you know is important!

• The Phase 2 workgroup was made up of A-list experts in consumer-facing health applications and patient engagement. We all agree:

  The more input the better.

  • What is missing that has to be in place to ease the burden on sharing data between providers and patients in meaningful ways?
  • What do we have to address now to take the first step in that direction?
  • What should be on our roadmap for Phase 3?
  • What are the unknowns that we need to be aware of but have not started to address?
THE NBB4C POLICIES & PROCEDURES FOR REVIEW:

- NATE Policy 3c3_NBB4C – Draft
- NATE Procedure 3d1_NBB4C – Draft
- NATE NBB4C Onboarding Application – Draft

CROWDSOURCING FROM:

- Invited comment from 23,830 via email;
- Press releases; and
- Numerous webinars like this one

Has generated a great deal of support for what we have produced and valuable comments on many of the specific elements in our documents.
Wisdom of the crowd distilled so far:

• Keep it simple – focus on getting data from creators of PHI to patient controlled PHRs;
• Data Provenance - Standards adoption important for inclusion in Phase 3 of NBB4C;
• Expect rapid expansion as innovators get more input from more and more consumers who have access to their data.
• Never forget this is about patient safety and improving outcomes and it is the consumers choice who they will trust.
• Consumer facing applications are very different than provider facing applications and the work flows of the two end user types are vastly different.
Next Steps

What is the timeline and next steps?

• Following a public comment period [ends November 14], reconvene the scoping workgroup to evaluate inputs garnered and determine if changes to proposed materials are warranted or if the recommendation better fits into a future extension of the trust community
• Make final recommendations to NATE’s Board of Directors for approval by mid-December 2014
• Begin NBB4C operations in early 2015
You still have time to contribute!

• Go to:  
http://nate-trust.org/comment-on-nbb4c-policies-and-procedures/

• Read the materials we have published and upload your comments, suggestions, criticisms and recommendations for future iterations

• The call for public comment ends 11/14
Questions?

Comments?