Let’s Stop Doing Stupid Stuff!

Ryan Howells, M.H.A.
Principal, Leavitt Partners

eHealth Exchange™

Think different.

Stupid Thing!
Clipboards!!!

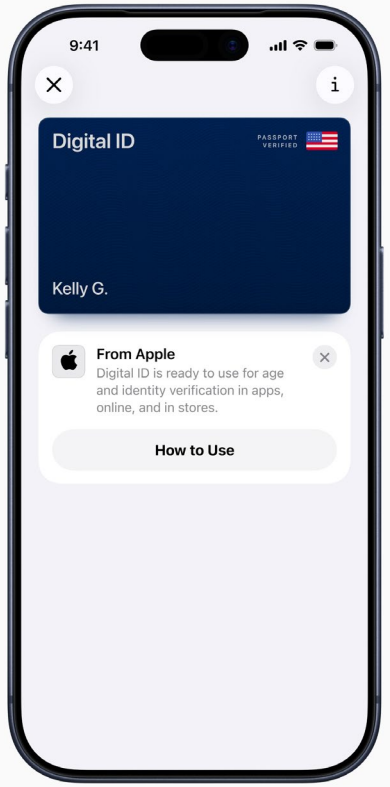
Smart Thing!
Kill the Clipboard!!!

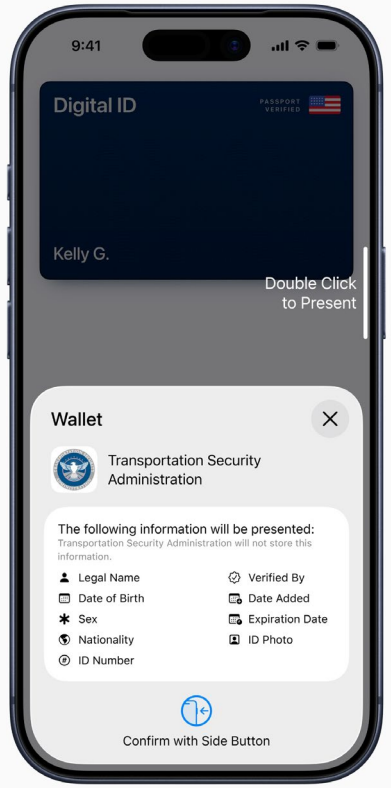
Stupid Thing!
Multiple Provider Directories

Smart Thing!
CMS Provider and FHIR Endpoint Directory

Stupid Thing!
Password Rules

Smart Thing!
Digital Identity





Stupid Thing!
Information Blocking

Smart Thing!
Information Blocking enforcement that works

The Block Stops Here!

Policy Proposals for Cracking Down on Information Blocking

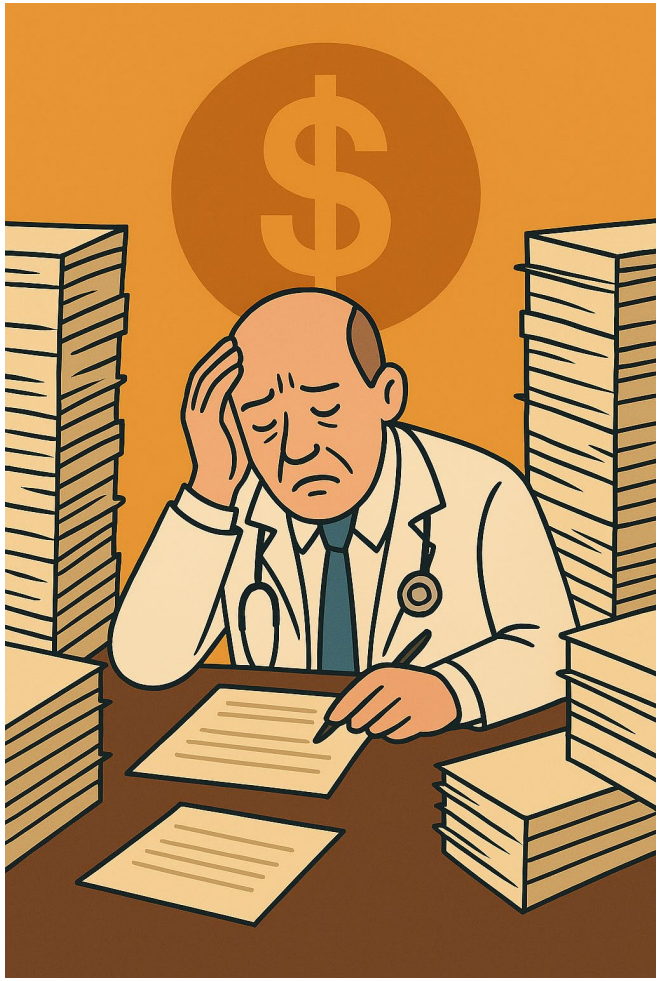
EXECUTIVE SUMMARY

Information blocking continues to hinder timely access to electronic health data for patients, providers, payers, and the federal government. While regulations required by the 21st Century Cures Act and promulgated by the US Department of Health and Human Services (HHS) prohibit interference with data exchange, in practice information blocking remains largely unchecked. Inadequate enforcement resources have delayed investigations and ambiguous statutory provisions have made it difficult for HHS to establish specific information blocking disincentives for all healthcare providers.[1] To address these issues, sector-specific reforms are necessary, including:

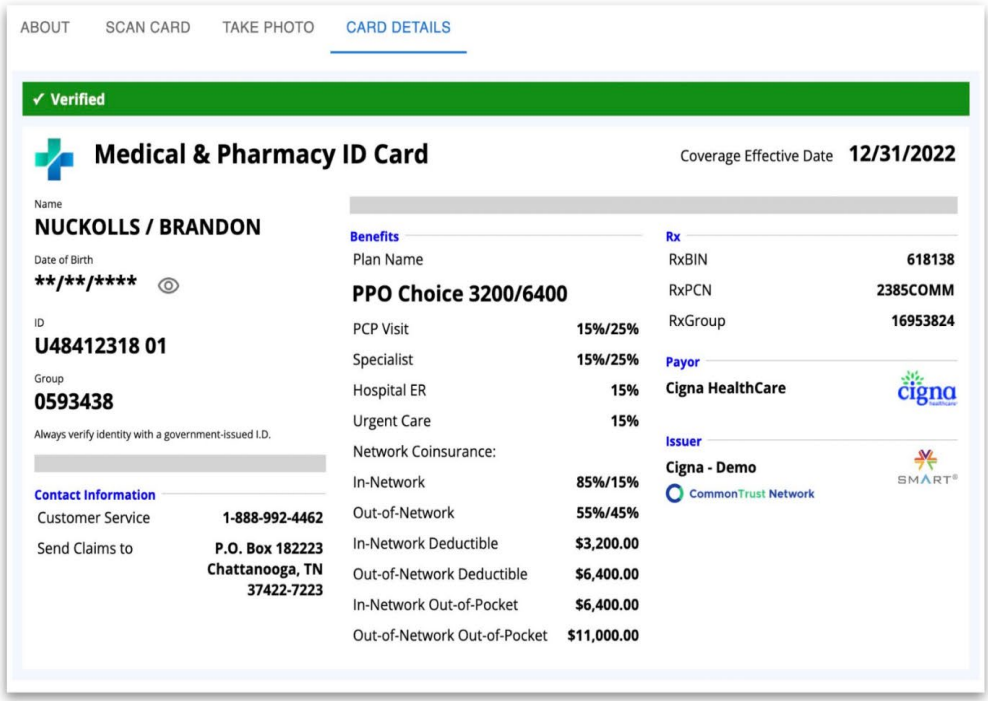
- Congressional action to create a unified and simpler penalty structure and fund enforcement
- Assistant Secretary for Technology and Policy/Office of the National Coordinator (ASTP/ONC) authority to issue binding guidance (e.g., advisory opinion authority) and strengthen certification requirements
- Office of Inspector General (OIG) resourcing to investigate and act

https://leavittpartners.com/the-block-stops-here/

Stupid Thing!
Revenue Cycle Management



Smart Thing!
Digital Insurance Cards and ePrior Authorizations



Stupid Thing!
Current ASTP/ONC functional CEHRT regulations
(§170.315 ONC certification criteria for Health IT)

(ii) *Validate and display* —

(A) ***Validate C-CDA conformance—system performance.*** Demonstrate the ability to detect valid and invalid transition of care/referral summaries received and formatted in accordance with the standards specified in § 170.205(a)(3), (4), and (5) for the Continuity of Care Document, Referral Note, and (inpatient setting only) Discharge Summary document templates. This includes the ability to:

(*1*) Parse each of the document types.

(*2*) Detect errors in corresponding "document-templates," "section-templates," and "entry-templates," including invalid vocabulary standards and codes not specified in the standards adopted in § 170.205(a)(3), (4), and (5).

(*3*) Identify valid document-templates and process the data elements required in the corresponding section-templates and entry-templates from the standards adopted in § 170.205(a)(3), (4), and (5).

(*4*) Correctly interpret empty sections and null combinations.

(*5*) Record errors encountered and allow a user through at least one of the following ways to:

(*i*) Be notified of the errors produced.

(*ii*) Review the errors produced.

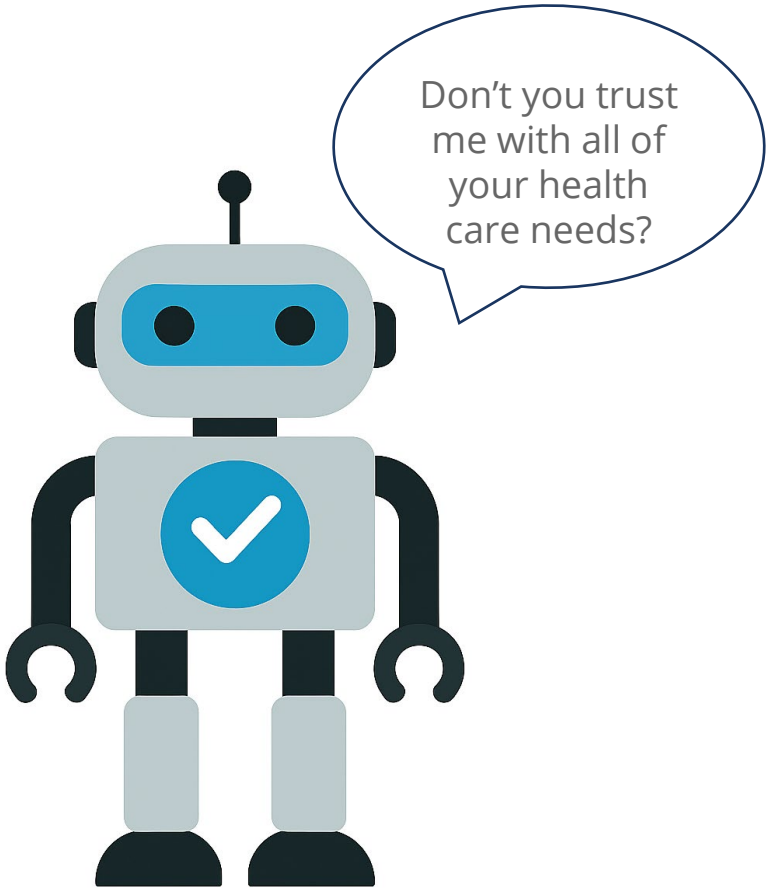
(B) ***Display.*** Display in human readable format the data included in transition of care/referral summaries received and formatted according to the standards specified in § 170.205(a)(3), (4), and (5).

(C) ***Display section views.*** Allow for the individual display of each section (and the accompanying document header information) that is included in a transition of care/referral summary received and formatted in accordance with the standards adopted in § 170.205(a)(3), (4), and (5) in a manner that enables the user to:

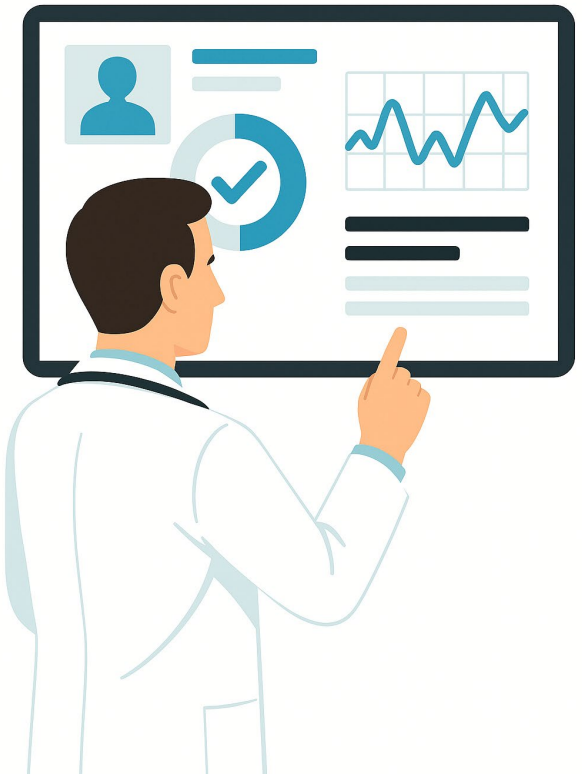
Smart Thing!
CMS and ASTP/ONC Modular API & Interface Certification

INFERNO

Stupid Thing!
Moving to AI before APIs



Smart Thing!
API-enabled Clinical Decision Support powered by AI for doctors and patients



AI Regulation and Oversight

Stupid Thing?

Smart Thing?

EXCLUSIVE

Trump officials move to kill plan for industry-led regulation of AI

The Coalition for Health AI has enlisted big names in health and tech to evaluate artificial intelligence tools that are now mostly unregulated.

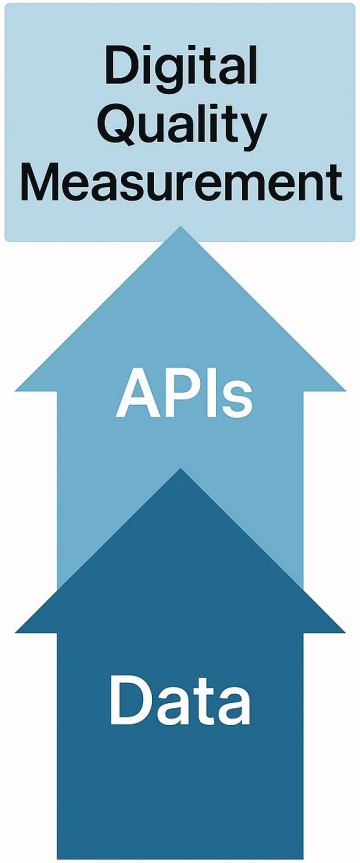
HHS Deputy Secretary Jim O'Neill isn't a fan of CHAI. | AP

By **RUTH READER**

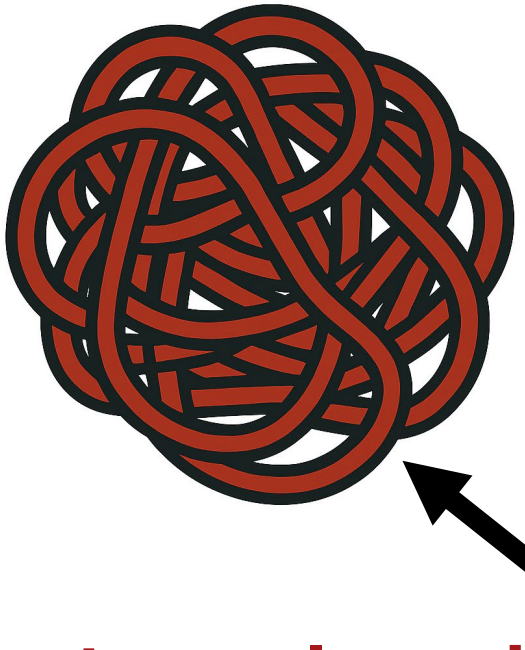
10/01/2025 05:20 PM EDT

Stupid Thing!
Manual Quality Measurement Reporting

Smart Thing!
CQL, FHIR APIs, and the PIQI Framework = dQM



Stupid Thing!
Payment & Operations on National TEFCA



Don’t you love data use agreements?

Smart Thing!
Payment and Operations on a state-based, TEFCA-like model

One Utah Health Collaborative

eHealth Exchange™

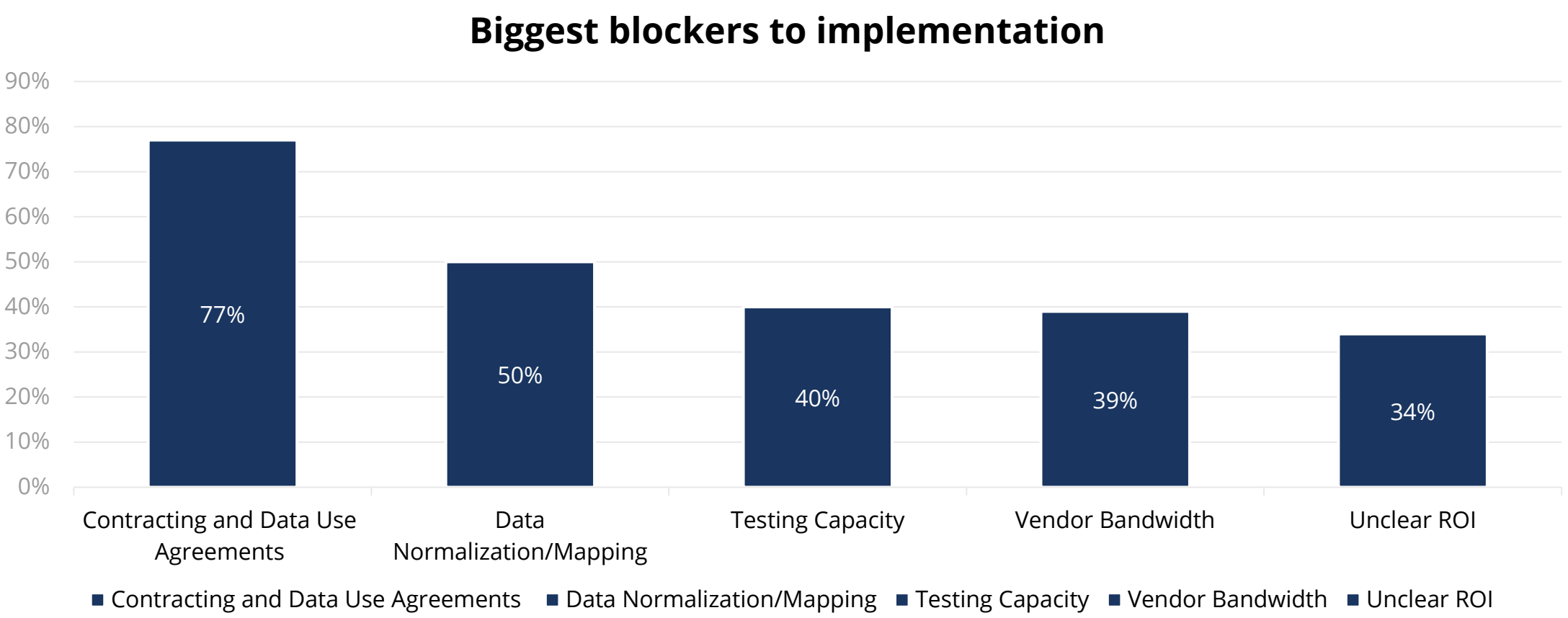
A Simple Analogy

21st Century Cures

HIPAA

Payer API Flash Survey

A BLACK BOOK RESEARCH FLASH SURVEY OF 118 PAYER IT LEADERS REPRESENTING 45 HEALTH PLANS ACROSS 39 STATES

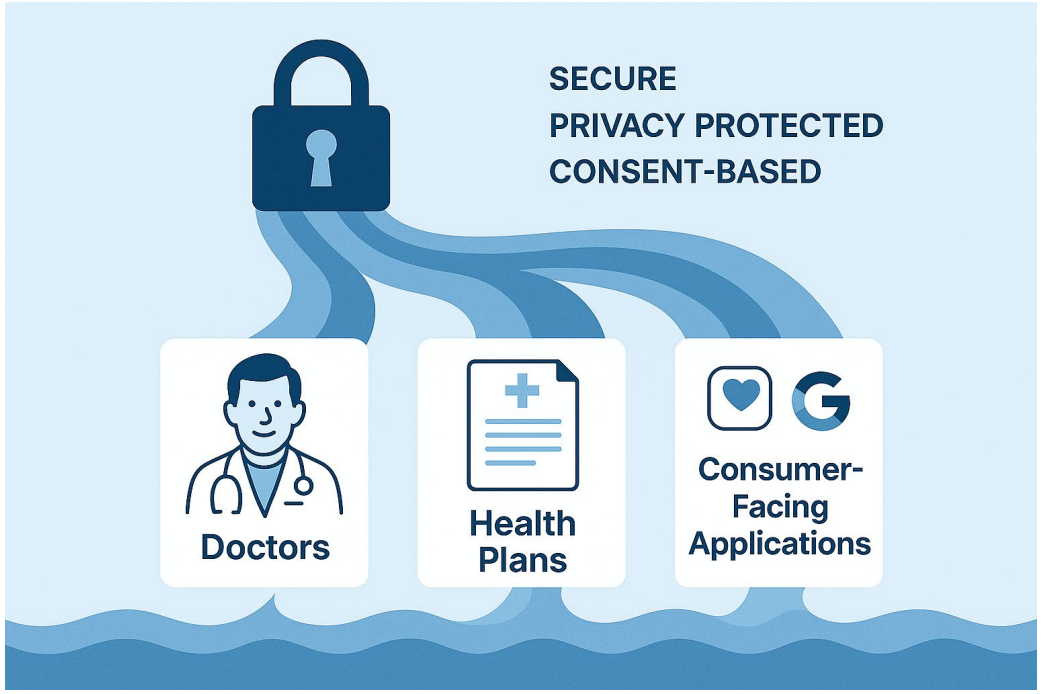


Stupid Thing!
HIPAA

How can I get the best HIPAA-compliant eFax services?

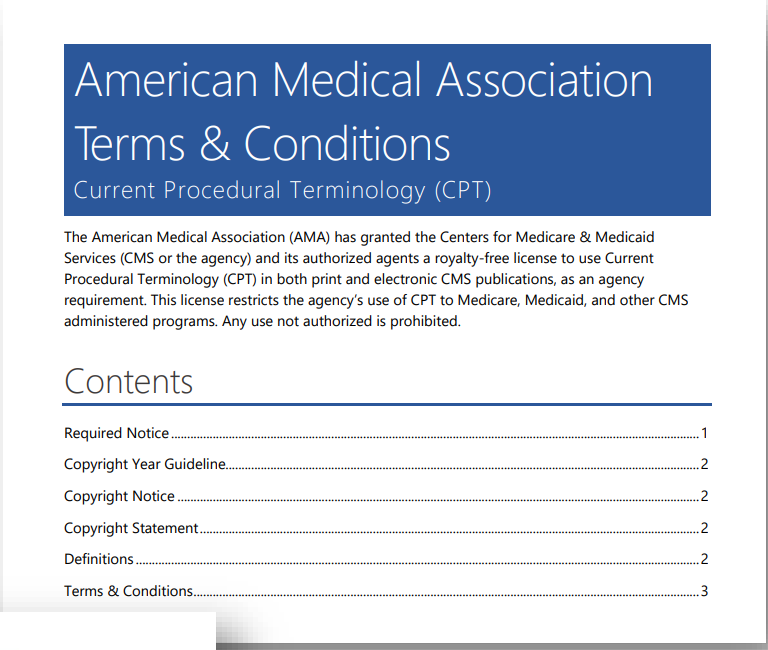
By **Nina Smith** - October 27, 2022

Smart Thing!
21st Century Cures and federal policy that protects health data everywhere



Stupid Thing!
Proprietary Code Sets and Standards

Smart Thing!
Open Standards, open code sets, and national, royalty free licenses



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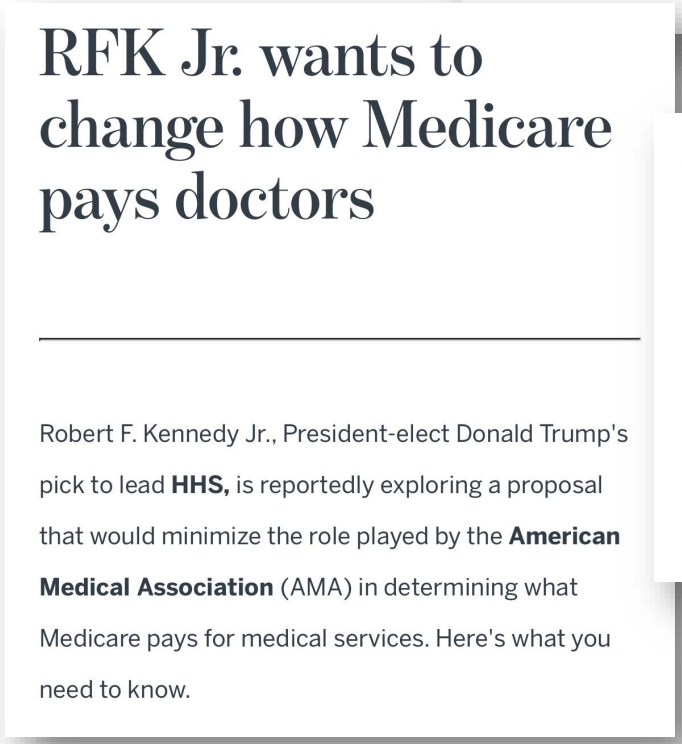

RFK Jr. wants to change how Medicare pays doctors

Robert F. Kennedy Jr., President-elect Donald Trump's pick to lead **HHS,** is reportedly exploring a proposal that would minimize the role played by the **American Medical Association** (AMA) in determining what Medicare pays for medical services. Here's what you need to know.

Currently, control of medical billing codes is a significant source of revenue for AMA, as the group charges royalties for the use of its CPT codes. According to AMA's most recent annual report, more than half of its revenue in 2023, or $266 million, came from the budget category that includes CPT books, workshops, and data files, though that category also includes revenue from products unrelated to CPT codes.

Stupid Thing!

Using Federal Matching Funds to Pay States & Vendors Multiple Times For Technology That Does Not Work

October 10, 2025

Jason Girzadas
Chief Executive Officer
Deloitte US
30 Rockefeller Plaza, 41st Floor
New York, NY 10112

Dear Mr. Girzadas:

We write out of concern that thousands of eligible Medicaid beneficiaries are erroneously denied coverage each year due to eligibility systems plagued by errors. As you know, states will now be required to set up Medicaid work reporting requirements by December 31, 2026, due to the passage of *H.R. 1*. The addition of paperwork hurdles, layered onto problematic eligibility systems, will cause Americans to lose Medicaid coverage to this bureaucratic maze. We believe it is Deloitte's responsibility to build systems that allow people to access the health care benefits they need to be healthy and be able to participate in the workforce, rather than to prioritize their bottom line.

Smart Thing!

Paying for technology that works & yields successful outcomes for individuals

Sincerely,

Ron Wyden
United States Senator
Ranking Member, Committee on Finance

Elizabeth Warren
United States Senator

Bernard Sanders
United States Senator

Raphael Warnock
United States Senator

Let the debate begin! (at the reception :)

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Navigating HIPAA and 21st Century Cures

Example: "Minimum Necessary" vs. "Full Dataset"

- **Scenario:** A health information network (HIN) receives a query from another provider requesting the patient's entire EHR.
- **HIPAA rule:** The minimum necessary standard (45 CFR § 164.502(b)) requires entities to limit PHI disclosures to the minimum amount needed to accomplish the purpose — except for treatment purposes. For operations or payment, entities must evaluate and limit what is disclosed.
- **Cures Act rule:** The ONC rule defines EHI broadly (essentially everything in the designated record set). Blocking access to portions of that information — for example, refusing to send certain lab data or notes — can constitute "information blocking."
- **Tension point:** HIPAA may counsel limiting disclosures; Cures may penalize withholding. Covered entities must navigate when "minimum necessary" applies and when it doesn't (e.g., treatment is exempt, but other uses are not).

Questions that need to be answered because of both statutes

- Requestor identity and relationship to patient (patient, provider, researcher, app).
- Legal basis relied on for disclosure (HIPAA right-of-access, treatment, payment, operations, public health, authorized patient consent, etc.) — cite regulation.
- Any exclusions or protected categories identified (psychotherapy notes, 42 C.F.R. Part 2, state law).
- Exception invoked under ONC (privacy, preventing harm, infeasibility, content/manner, security). Cite 45 C.F.R. § 171.xxx.
- Technical actions taken (segmentation performed? date of remediation plan).
- Notifications/warnings given to patient (e.g., sending to non-HIPAA app).
- Time/date of response and copies provided (or reason for withholding).