

The ONC Cures Act Final Rule

Delivering on the Patient's Right to Their Medical Records and Promoting a Modern Health App Economy

Patients must have complete transparency into the cost and outcomes of their care. To that end, the United States Department of Health and Human Services (HHS) is making health data more computable and giving patients more control of their medical record. Putting patients in charge of their health records is at the center of HHS' work toward a value-based health care system.

The seamless exchange of electronic health information and patient use of smartphone applications (apps) hold huge potential for delivering affordability and quality through transparency and competition. In 2016, Congress passed the 21st Century Cures Act to drive the electronic access, exchange, and use of health information. The Office of the National Coordinator for Health Information Technology (ONC) Cures Act Final Rule implements the interoperability provisions of the Cures Act to promote patient control over their own health information.

For the American public, the Cures Act Final Rule fosters innovation in health care to deliver better information, more conveniently, to patients and their providers. It also promotes transparency through modern technology, providing tremendous opportunities for the American public to gain visibility into the services, quality, and costs of health care. As ONC implements the Cures Act Final Rule's requirements, patients will begin to get on-demand access to certain information within their medical records, specifically the United States Core Data for Interoperability, which includes clinical notes, test results, and medications. Over the next two years, patients will be increasingly able to choose apps to assemble and read their records, allowing them to shop for care by comparing costs, understanding possible treatments, and expected health outcomes.

The Cures Act Final Rule includes provisions that require support for modern computing standards and APIs (application programming interfaces). These technical provisions will inject competition into health care by promoting an entrepreneurial economy and new business models using smartphone apps to provide novel services and new choices in care. The Cures Act Final Rule will also make sure health information follows a patient by preventing industrywide information blocking practices and other anti-competitive behavior by those entrusted to hold patients' electronic health information.

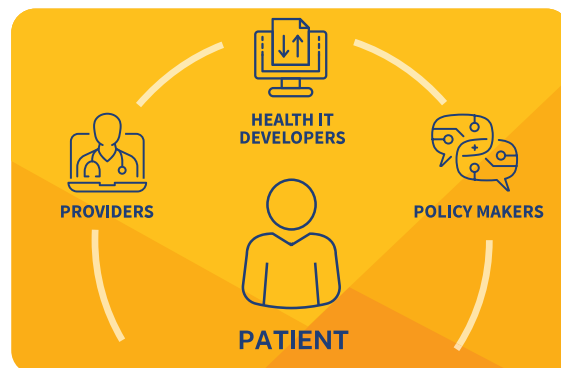


The goal of ONC's Cures Act Final Rule is very simple – it's about access and choice: **Patients should be able to access their electronic medical record at no additional cost. Providers should be able to choose the IT tools that allow them to provide the best care for patients, without excessive costs or technical barriers.**

The Patient at the Center

When this Cures Act Final Rule is fully implemented, putting the patient first means that health information technology should:

- Enable patients to make choices that work for them by increasing transparency into the cost and outcomes of care
- Allow patients to shop for and understand their options in getting medical care
- Provide patients with convenient, easy access and visualizations of health information through smartphone apps
- Support an “app economy” that provides innovation and choice to patients, physicians, hospitals, payers, and employers



Why this Rule Matters

The Cures Act Final Rule, once implemented, will benefit participants in the U.S. health care system in a variety of ways.

The Difference for Patients

- Providing Access to Their Chart in Novel and Modern Ways**
 Provides patients with control of their health care and their medical record through smartphones and modern software apps. There will likely be disease- and condition-specific apps that offer patients complementary services (i.e., patient education, progress metrics, and community support).
- Protecting Patient Privacy and Security**
 Industry standard technical security requirements are included as part of certification. They enable patients to choose which data in their electronic medical record they authorize an app to receive. Health care providers and other stakeholders are permitted to educate patients on privacy and security matters without implicating information blocking.
- Enabling the Ability to Shop for Care and Manage Costs**
 Expands patient choice in health care through increased transparency about care quality and costs. Mobile apps will be used to deliver information to patients to assist in making decisions.

The Difference for Doctors and Hospitals

- Making Responses to Patient Data Requests Easy and Inexpensive**
 Patients will be able to access their health information from EHRs using an app of their choice in an automated fashion without any additional action on the part of the provider other than the initial effort to enable the technical capabilities.
- Allowing Choice of Software**
 Allows providers to choose software that helps them provide better care. Providers should be allowed to benefit from a vibrant competitive marketplace where the choice of software services lies with them and not a health IT developer.
- Improving Patient Safety**
 Permits the sharing of patient safety concerns arising from certified EHRs. Protects patients and others by recognizing practices that prevent the sharing and use of health information that may cause harm through the Preventing Harm Exception for information blocking. Supports improved patient matching through the exchange of the USCDI and its patient demographic data elements.

The Difference for Health IT Developers

- Minimizing API Development and Maintenance Costs**
 Makes significant effort to minimize developer costs. The certified API requirements focus on standardized data sets, notably the U.S. Core Data for Interoperability (USCDI). Most major health IT developers already have the necessary infrastructure (i.e., HL7® FHIR® servers).
- Respecting Intellectual Property**
 Certified EHR developers are permitted to first negotiate agreeable terms in the open market for the licensing of their intellectual property (IP) that is needed for the access, exchange, and use of EHI. If they are unable to reach agreement, developers can meet their regulatory obligations through specified alternative means. Health IT developers also may restrict certain communications under the Certification Program that include IP so long as the restrictions are no broader than necessary and meets other specified limitations.