Office of the National Coordinator for Health Information Technology

HTI-1 Final Rule Overview Information Session #1

Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing

1/4/2024

Please Note:

- The materials contained in this presentation about the "Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing“ (HTI-1) Final Rule are based on the document that has been placed on public display in the Federal Register, which amends provisions contained in 45 C.F.R. Parts 170 and 171. The final rule is scheduled to be published in the Federal Register on January 9, 2024. While every effort has been made to ensure the accuracy of this restatement of those provisions, this presentation is not a legal document. The official provisions are contained in the final rule and 45 C.F.R. Parts 170 and 171. Please note that other Federal, state and local laws may also apply.

- This communication is produced and disseminated at U.S. taxpayer expense.

Purpose of HTI-1 Final Rule

Implementing the 21st Century Cures Act

- EHR Reporting Program
- APIs that allow EHI to be accessed, exchanged, and used without special effort
- Reasonable and necessary activities that do not constitute information blocking

Achieving the Goals of the Biden-Harris Administration Executive Orders

- E.O. 13994 “Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats”
- E.O. 13985 “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government” and E.O 14091 “Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government”
- E.O. 14110 “Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence”

Leveraging Health IT and Advancing Interoperability

- HITECH Act
- Interoperability Advancement
- ONC Health IT Certification Program

What's In the Final Rule?

1. New Regulatory Approach for Certification Criteria ("edition-less")
2. Certification Standards and Functionality Updates
3. Decision Support Interventions (DSI) and Algorithmic Transparency
4. Insights Condition and Maintenance of Certification Requirements (EHR Reporting Program)
5. Information Blocking

New Regulatory Approach for Certification Criteria (“Edition-less”)

Discontinuing Year-Themed "Editions"

HTI-1 Final Rule

Discontinues the year-themed editions and establish a single set of certification criteria, "ONC Certification Criteria for Health IT"

Benefits

- Allows the Certification Program and health IT developers to more effectively utilize new and updated standards and functionality in a timely manner
- Allows users of health IT to work in partnership with health IT developers to update their systems for new standards or functionality in the manner that works best for their unique needs
- Assists health care industry participants in other HHS programs that reference Certification Program standards and criteria, such as CMS's Promoting Interoperability Program, by ensuring developers provide timely updates for any new or updated certification criteria
- Supports users of health IT by reducing potential confusion of tracking use of different editions of certified health IT

Establishing Applicability and Expiration Dates for Certification Criteria and Standards

HTI-1 Final Rule

- Establishes the dates by which a prior version of a criterion is no longer applicable when a revised version (including new and revised standards) of that criterion is adopted
- Establishes applicable timelines, including expiration dates, for the adoption of standards when a new, revised, or updated version of the standard is adopted for the same purpose

Benefits

- Supports establishment of clear timelines associated with the specific criterion or standard

- Facilitates ease of reference for federal, state, local or tribal programs seeking to align their program requirements to the standards and implementation specifications available in certified health IT
- Ensures that customers are provided with timely technology updates

Two Forms of Compliance

Certification Criteria

Health IT developers with a Health IT Module certified to any revised certification criterion must *update* their Health IT Modules and *provide* such update to their customers in accordance with the dates identified for each revised criterion and/or standard included in § 170.315.

Assurances Condition and Maintenance of Certification Requirements

Condition: A health IT developer must provide an assurance that it will not interfere with a customer's timely access to interoperable health IT certified under the Program.

Maintenance of Certification**:**

- *Update:* A health IT developer must update a Health IT Module, once certified to a certification criterion adopted in § 170.315, to all applicable revised certification criteria, including the most recently adopted capabilities and standards included in the revised certification criterion;
- *Provide:* A health IT developer must provide all Health IT Modules certified to a revised certification criterion to its customers
- *Timeliness:* ***A health IT developer must follow the timeliness requirements identified in the rule.***

Certification Standards and Functionality Updates

Select New and Revised Standards and Certification Criteria

Standards

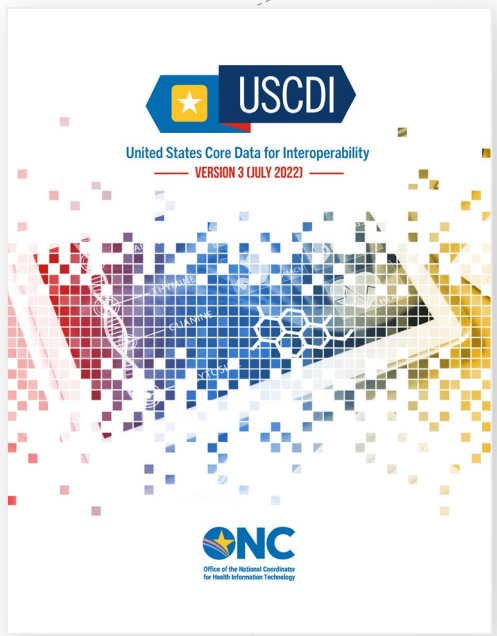
- United States Core Data for Interoperability Standard Version 3
- C-CDA Companion Guide Release 4.1
- US Core Implementation Guide 6.1.0
- “Minimum Standards” Code Sets Updates
  - SNOMED, RxNorm, LOINC, NDC, etc.

Revised Certification Criteria

- Electronic Case Reporting § 170.315(f)(5)
- Clinical Decision Support § 170.315(a)(9) ((as Decision Support Intervention § 170.315(b)(11))
- Standardized API for Patient and Population Services in § 170.315(g)(10)
- View, Download, and Transmit to 3rd Party § 170.315(e)(1)
- Patient Demographics and Observations Certification Criterion in § 170.315(a)(5)
- Transitions of Care Criterion in § 170.315(b)(1)

USCDI Background

- **Standard established by ONC in the 2020 21st Century Cures Act Final Rule**
- **Minimum dataset required for interoperability**
  - Defines required data elements and vocabulary standards
  - Focuses on patient access/care coordination use cases
- **Updated on an annual cycle with federal agency and industry input**
  - Updates based on multiple criteria including standards maturity and public/industry priority



USCDI v3


Allergies and Intolerances
Substance (Medication)
Substance (Drug Class)
Reaction
Assessment and Plan of Treatment
Assessment and Plan of Treatment
SDOH Assessment
Care Team Member(s)
Care Team Member Name
Care Team Member Identifier
Care Team Member Role
Care Team Member Location
Care Team Member Telecom
Clinical Notes
Consultation Note
Discharge Summary Note
History & Physical
Procedure Note
Progress Note
Clinical Tests
Clinical Test
Clinical Test Result/Report
Diagnostic Imaging
Diagnostic Imaging Test
Diagnostic Imaging Report
Encounter Information
Encounter Type
Encounter Diagnosis
Encounter Time
Encounter Location
Encounter Disposition
Goals
Patient Goals
SDOH Goals
Health Insurance Information
Coverage Status
Coverage Type
Relationship to Subscriber
Member Identifier
Subscriber Identifier
Group Number
Payer Identifier
Health Status/ Assessments
Health Concerns
Functional Status
Disability Status
Mental Function
Pregnancy Status
Smoking Status
Immunizations
Immunizations
Laboratory
Test
Values/Results
Specimen Type
Result Status
Medications
Medications
Dose
Dose Units of Measure
Indication
Fill Status
Patient Demographics/ Information
First Name
Last Name
Middle Name (Including middle initial)
Name Suffix
Previous Name
Date of Birth
Date of Death
Race
Ethnicity
Tribal Affiliation
Sex
Sexual Orientation
Gender Identity
Preferred Language
Current Address
Previous Address
Phone Number
Phone Number Type
Email Address
Related Person's Name
Related Person's Relationship
Occupation
Occupation Industry
Problems
Problems
SDOH Problems/Health Concerns
Date of Diagnosis
Date of Resolution
Procedures
Procedures
SDOH Interventions
Reason for Referral
Provenance
Author Organization
Author Time Stamp
Unique Device Identifier(s) for a Patient's Implantable Device(s)
Unique Device Identifier(s) for a patient's implantable device(s)
Vital Signs
Systolic blood pressure
Diastolic blood pressure
Heart Rate
Respiratory rate
Body temperature
Body height
Body weight
Pulse oximetry
Inhaled oxygen concentration
BMI Percentile (2 - 20 years)
Weight-for-length Percentile (Birth - 24 Months)
Head Occipital-frontal Circumference Percentile (Birth - 36 Months)
New Data Classes and Elements
Data Element Reclassified
Name and Other Changes to Existing Data Classes/Elements

United States Core Data for Interoperability (USCDI) v3

- Adopted USCDI v3 as the new baseline for certification.
- Expanding the data elements and data classes included in USCDI increases the amount of data available to be used and exchanged for patient care.
  - ONC is expanding the USCDI by moving from USCDI v1 to the adoption of USCDI v3 in 45 CFR 170.213(b) by **January 1, 2026**. Until that time, both versions will be accepted as in compliance with the USCDI standard in § 170.213.
- Health IT Modules certified to criteria that reference USCDI would need to update to USCDI v3 by the January 1, 2026, using the applicable US Core IG and C-CDA Companion Guide:

- § 170.315(b)(1): Transitions of Care
- § 170.315(b)(2): Clinical Information Reconciliation and Incorporation
- § 170.315(b)(9): Care Plan*
- § 170.315(e)(1): View, Download, and Transmit 3rd Party
- § 170.315(g)(6): Consolidated CDA Creation Performance
- § 170.315(g)(9): Application Access-All Data Request
- § 170.315(g)(10): Standardized API for Patient and Population Service

* § 170.315(b)(9) is only updated to the C-CDA Companion Guide

“Minimum Standards” Code Sets Updates

- ONC updated minimum code set versions for vocabulary standards used in several certification criteria
- Code sets with updated versions in the final rule:
  - SNOMED CT US Edition March 2022
  - LOINC Database version 2.72, February 16, 2022
  - NDC – Vaccine NDC Linker, updates through July 19, 2022
  - CDC Race and Ethnicity Code Set Version 1.2 (July 2021)
  - RxNorm July 5, 2022, Full Monthly Release
- ONC policy enables developers of certified health IT to use newer versions of these adopted standards on a voluntary basis as these vocabulary code sets update, which may be several times per year

Standardized API Revisions and Related API Conditions Updates

ONC requires several revisions to § 170.315(g)(10) including:

- Adoption of new standard baselines for USCDI v3, US Core, and SMART App Launch IG
- Adoption of HL7® FHIR® US Core IG STU version 6.1.0 – Provides the latest consensus-based capabilities aligned with USCDI v3 data elements for FHIR APIs
- Adoption of standards-based requirements for authentication, authorization, and token introspection, leveraging SMART App Launch IG v2
- Clarification for patient authorization revocation to occur within 1 hour of a request
- Revise and standardize the service base URL publication API Maintenance of Certification requirement

Electronic Case Reporting

- ONC requires that Health IT Modules support eCR using consensus-based, industry-developed HL7® CDA and FHIR® standards
- Developers of certified health IT have until January 1, 2026, to adopt HL7 CDA or HL7 FHIR implementation guides to provide functionality
  - Health IT Modules may support either the CDA -based IG or the FHIR suite of profiles identified in the IG
  - This supports the current mix of system capabilities across the country and encourages a transition to FHIR -based reporting
  - Health IT Modules must support a baseline version of the RCTC value set, but are able to certify using a newer version
  - Health IT Modules may certify to the standards –based requirements beginning on the effective date of the final rule

Patient Requested Restrictions

Background

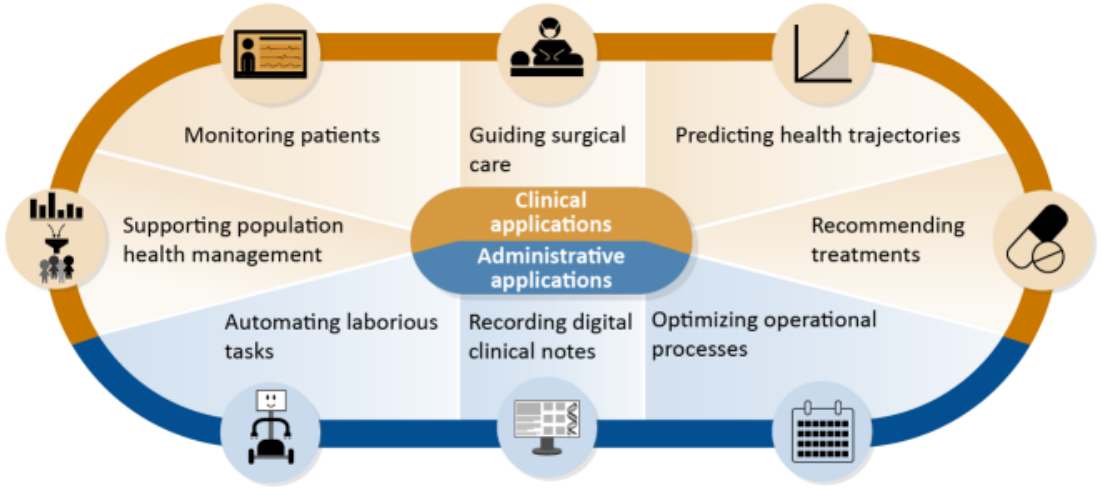
- The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides individuals with several legal, enforceable rights intended to empower them to be more active participants in managing their health information.
- In the HTI-1 Proposed Rule, we made several proposals in support of the HIPAA Privacy Rule's individuals' "right to request a restriction" on certain uses and disclosures of their PHI (*see also* 45 CFR 154.522(a)).

HTI-1 Final Rule

- In the HTI-1 Final Rule, we require support for an "internet-based method" for patients to request a restriction on the use or disclosure of their data in § 170.315(e)(1).
- Based on feedback received and readiness of the technology, we have decided not to finalize the remainder of the proposals for new criteria.
- We will continue to monitor efforts in the industry related to technological advancement to support patient-requested restrictions.

DSI and Algorithmic Transparency

How Can AI Be Used in Healthcare?



: GAO. | GAO-21-7SP

What Are the Challenges?

- Amplify implicit and structural biases
- Magnify ethical, legal, and social concerns related to data collection and use
- Reinforce common, non-evidence-based practices
- Baking-in existing inexplicable differences in health outcomes
- Perpetuate information asymmetries regarding a model's quality
- Lead to recommendations that are ineffective or unsafe

https://www.gao.gov/assets/gao-21-7sp.pdf

Source: "Getting the Best out of Algorithms in Health Care." Health IT Buzz blog. June 15, 2022

DSI Certification Criterion At-a-Glance

HTI-1 Final Rule:

- Revises existing CDS certification criterion by building on existing capabilities
- Streamlines and simplifies requirements for all Health IT Modules, while maintaining conditional requirements for Predictive DSIs
- Narrows the scope of impacted Predictive DSIs from what was proposed by constraining requirements to only those Predictive DSIs that are *supplied by a developer of certified health IT as part of its Health IT Module*

The DSI certification criterion includes:

A definition for “predictive decision support intervention”

Requirements for Health IT Modules to enable users to:

- Provide electronic feedback data for evidence-based DSIs and export such feedback data
- Select both evidence-based and Predictive DSIs
- Access complete and up-to-date source attribute information for evidence-based and Predictive DSIs
- Record, change, and access source attributes for evidence-based and Predictive DSIs

Requirements for risk management practices to be applied for Predictive DSIs

Establishes new Assurances Maintenance of Certification requirement to review and update information on an ongoing basis

Policy Impact of DSI Certification Criterion

Improve Transparency

Regarding how a Predictive DSI is designed, developed, trained, evaluated, and should be used

Enhance Trustworthiness

Through transparency on how certified health IT developers manage potential risks and govern predictive DSIs that are supplied by the health IT developer as part of its Health IT Module

Foster an information ecosystem

Necessary to help healthcare organizations and users of these tools better determine whether their Predictive DSIs are fair, appropriate, valid, effective, and safe (FAVES)

Advance Health Equity by Design

By addressing bias and health disparities, potentially propagated by predictive DSIs, to expand the use of these technologies in safer, more appropriate, and more equitable ways for patients and individuals

How ONC Fits Into the Larger HHS Health AI Picture

Health AI Areas of Activity

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Office for Civil Rights	FDA	ONC
Applicable Federal Policies		
Nondiscrimination in Health Programs and Activities Proposed Rule (Section 1557 of the Affordable Care Act)	**CDS and Device Software Function-related Guidance Documents**	**ONC Health IT Certification Program *(HTI-1 rulemaking)***
Who Must Comply?		
Health care provider and health plan using AI to support decision-making in covered health programs and activities	*Manufacturer of device software functions (e.g., AI-enabled software that meets the definition of medical device)*	*Developers of certified health IT that supply a predictive DSI as part of a Health IT Module*
What Must Be Done?		
Not use clinical algorithms in discriminatory ways	Receive FDA-approval for demonstrating the device software function's safety and effectiveness	Provide transparency information about predictive DSI's to clinical customers and engage in risk management practices

Insights Condition and Maintenance of Certification Requirements (EHR Reporting Program)

Insights Condition and Maintenance of Certification

EHR Reporting Program → Insights Condition

The Cures Act laid the foundation for transparent reporting:

- Established the requirement to create an Electronic Health Record (EHR) Reporting Program to provide transparent reporting to measure the performance of certified health IT
- Specified its implementation as part of a Condition and Maintenance of Certification for developers of certified health IT

Insights Condition provides transparent reporting that:

- Addresses information gaps in the health IT marketplace
- Provides insights on the use of specific certified health IT functionalities
- Provides information about consumers' experience with certified health IT

How Were the Measures Developed?

- ONC contracted with the Urban Institute, and its subcontractor, HealthTech Solutions, to identify measures that developers of certified health IT would be required to report under the Program based on:
  - Extensive research including literature review, market research;
  - Input from stakeholders and health IT measurement experts; and
  - Input from feasibility and validity testing
- Public feedback was obtained on the draft measures, including from the 2021 EHR Reporting Program Task Force of the HITAC.
- The measures were refined and modified based on HITAC and public feedback, along with additional research and expert consultations, and proposed in the HTI-1 Proposed Rule.
- Based on feedback received during the HTI-1 Proposed Rule public comment period, we further refined the measures, which are finalized in the HTI-1 Final Rule.

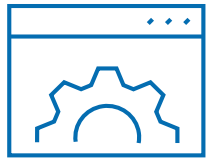
Insights Condition: Measures and Related Criteria

AREA	MEASURE	RELATED CRITERION/CRITERIA
Individual Access to EHI	Individuals' Access to Electronic Health Information Through Certified Health IT	§§ 170.315(e)(1) and (g)(10)
Clinical Care Information Exchange	C-CDA Problems, Medications, and Allergies Reconciliation and Incorporation Through Certified Health IT	§ 170.315(b)(2)
Standards Adoption & Conformance	Applications Supported Through Certified Health IT	§ 170.315(g)(10)
Standards Adoption & Conformance	Use of FHIR in Apps Through Certified Health IT	§ 170.315(g)(10)
Standards Adoption & Conformance	Use of FHIR Bulk Data Access Through Certified Health IT	§ 170.315(g)(10)
Public Health Information Exchange	Immunization Administrations Electronically Submitted to Immunization Information Systems Through Certified Health IT	§ 170.315(f)(1)
Public Health Information Exchange	Immunization History and Forecasts Through Certified Health IT	§ 170.315(f)(1)

Metrics associated with the measures are described in the measure specification sheets published on ONC's website.

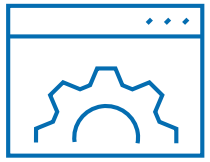
Who Will Be Reporting on These Measures and How?

- Developers of certified health IT must submit responses if the developer meets each of the following criteria:
  - Has at least 50 hospital sites or 500 individual clinician users across their certified health IT;
  - Has any health IT certified to the certification criteria specified in each measure; and
  - Has any users using the certified health IT associated with the measure.
- Developers of certified health IT who do not meet the qualifications above will submit a response (attestation) to indicate that they do not meet the minimum reporting qualifications for a measure.
- Developers of certified health IT will provide percentage of total customers (e.g., hospital sites, individual clinician users) represented in provided data for each response.



How Will These Measures Be Reported?

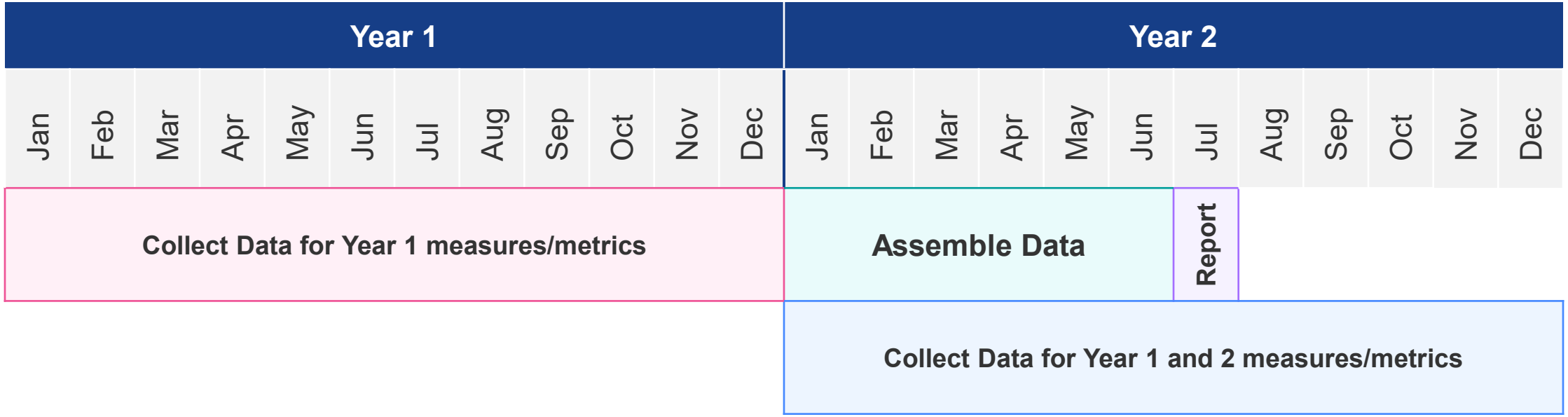
- Responses will be aggregated and reported at the product level (across versions) in the format specified by the measure.
  - Health IT developers with integrated certified health IT products will only have to report one response for each metric for those products (rather than two or more individual responses).
  - Health IT developers using relied upon software to meet the certification requirements is responsible to report on Insights Condition measure. The health IT developer may work with its relied upon software vendor, if necessary, to report on the metrics.
- Developers of certified health IT will submit documentation on the data sources and methodology used to generate submitted data/responses.
- Responses and required documentation will be made publicly available via ONC website.
- Health IT developers to submit responses and documentation for the Insights Condition using a web-based form and method.
  - ONC will provide templates that enable submitting the data in a structured, electronic format.



What is the Reporting Frequency?

The reporting period is one calendar year with developers having 6 months to collate the responses.

Responses due annually, each July.

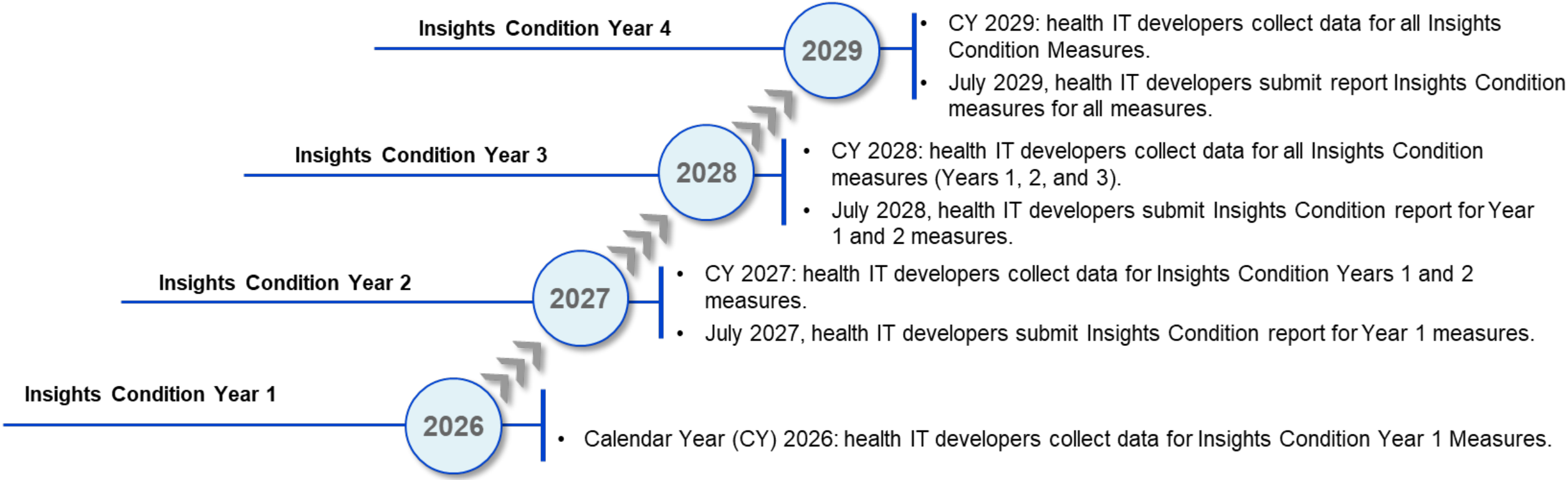


What Is the Reporting Timeline?

The measures are implemented over three years, gradually phasing in more complex aspects.

MEASURE	Program Year Data Collection Begins
Individuals' Access to Electronic Health Information Through Certified Health IT	Year 1
Consolidated Clinical Document Architecture (C-CDA) Problems, Medications, and Allergies Reconciliation and Incorporation Through Certified Health IT	Years 2 and 3
Applications Supported Through Certified Health IT	Year 1
Use of FHIR in Apps Through Certified Health IT	Years 1 and 2
Use of FHIR Bulk Data Access Through Certified Health IT	Year 2
Immunization Administrations Electronically Submitted to Immunization Information Systems Through Certified Health IT	Years 1 and 2
Immunization History and Forecasts Through Certified Health IT	Years 2 and 3

What Is the Reporting Timeline?



- **CY 2026: Data collection for Year 1 measures.**
- **CY 2027: Data collection for Year 1 and 2 measures. Year 1 measures reported in July.**
- **CY 2028: Data collection for Year 1, 2 and 3 measures. Year 1 and 2 measures reported in July.**
- **CY 2029: Data collection for all measures (Years 1-3) and all measures reported in July.**

Information Blocking

Overview of Information Blocking Enhancements

Definitions

- Information Blocking
- Business Associate
- Health IT Developer of Certified Health IT
- Offer Health IT

Exceptions

- Infeasibility Exception – 1 revised and 2 new conditions
- Manner Exception – renamed, removed obsolete “content” condition
- TEFCA Manner Exception – new

Information Blocking Definitions

- "Offer Health IT"
  - The HTI-1 final rule defines what it means to "offer health IT" for purposes of the information blocking regulations. This definition confirms that proffering or supplying any certified health IT to be deployed by others will generally be considered an offer of health IT, while confirming that certain implementation and use activities are not considered an offer. The finalized definition also narrows the potential applicability of the "health IT developer of certified health IT" definition by explicitly excluding certain activities from what it means to "offer" health IT.

- "Health IT Developer of Certified Health IT"
  - The HTI-1 final rule changes the wording in the "health IT developer of certified health IT" definition so that it remains clear that a health care provider that self-develops certified health IT will not be considered a health IT developer of certified health IT if the provider does not "offer" any certified health IT.

- "Information Blocking
  - The HTI-1 final rule revises the definition of "information blocking" to remove language that was no longer applicable. Specifically, ONC removed language that applied before October 6, 2022, that limited the definition to the subset of electronic health information (EHI) represented by data elements identified in the USCDI v1).

Information Blocking Exceptions – Infeasibility Exception

- The HTI-1 final rule revises one condition and creates two new conditions for the Infeasibility Exception.

- The Uncontrollable Events Condition
  - A revision to the “uncontrollable events” condition further clarifies when an actor’s practice meets the “uncontrollable events” condition. Where this condition is met and the overall exception is met, it will not be considered information blocking when an actor does not fulfill a request to access, exchange, or use EHI that the actor cannot fulfill because of an uncontrollable event.

- Third Party Seeking Modification Use Condition
  - ONC added a new “third party seeking modification use” condition. Where this condition is met and the overall exception is met, an actor’s practice of not fulfilling a request for use of EHI will not be considered information blocking when:
    - the actor is asked to enable a third party to:
    - modify EHI within the records or systems maintained by the actor; and
    - the request is not from a health care provider (including a business associate acting on the health care provider’s behalf) requesting such use from an actor that is its business associate.

Information Blocking Exceptions – Infeasibility Exception

- Manner Exception Exhausted
  - The new “manner exception exhausted” condition applies where an actor does not fulfill a request for access, exchange, or use of EHI after offering alternative, interoperable manners. This condition only applies under certain circumstances where the actor does not currently provide the requested manner of access, exchange, or use of the requested EHI to a substantial number of individuals or entities that are similarly situated to the requestor.

Information Blocking Exceptions – Manner Exception

- Manner Exception
  - Because the date before which the “content” condition was relevant (October 6, 2022) has now passed, the HTI-1 final rule revises the exception. The final rule:
    - removes the “content” condition as no longer necessary changes the name from “Content and Manner Exception” to “Manner Exception,” and
    - finalizes redesignation of paragraphs within the “Manner Exception” consistent with removal of the “content” condition.

Information Blocking Exceptions – TEFCA Manner Exception

- New Exception for Actors and Requestors Capable of Exchange via TEFCA
  - The HTI-1 final rule establishes a “TEFCA Manner” Exception that applies where an actor and requestor are both part of TEFCA. Where the exception is met, an actor’s practice of fulfilling certain requests for access, exchange, or use of EHI only via TEFCA will not be considered information blocking. The finalized exception applies only where:
    - the actor and requestor are both part of TEFCA;
    - access, exchange, or use of the requested EHI can be supported via TEFCA for both the actor and requestor;
    - the request for access, exchange or use is not via API standards adopted under the ONC Health IT Certification Program;
    - any fees charged and any licensing of interoperability elements by the actor in relation to fulfilling the request via TEFCA satisfy, respectively, the Fees Exception (§ 171.302) and Licensing Exception (§ 171.303).

Key Dates

HTI-1 Key Dates

December 2023

2024

- **"Decision Support Interventions"**
- **Standardized "FHIR endpoints"**

- By December 31, 2024, developers with health IT certified to the clinical decision support certification criterion adopted at 170.315(a)(9) must:
  - Update their certificate(s) for the decision support interventions certification criterion at 170.315(b)(11) and
  - Provide such certified health IT to customers.
- By December 31, 2024, Certified API Developers must publish their customers' service base URL information (FHIR Endpoints) according to specific adopted standards.

2025

- **USCDI v3**
- **All other Certification Program updates**

- By December 31, 2025, health IT developers must update and provide to their customers certified health IT that conforms to new and revised standards and certification criteria included in the HTI-1 Final Rule.
- Starting January 1, 2025, the decision support interventions certification criterion:
  - Replaces the clinical decision support certification criterion in the Base EHR definition.
  - "Assurances" Maintenance of Certification requirement for decision support interventions begins (170.402(b)(4)).

2026

- **Insights Condition Year 1**
- **Updated standards compliance**

- Calendar Year (CY) 2026: health IT developers collect data for Insights Condition Year 1 Measures.
- Starting January 1, 2026, all HTI-1 updated standards in certification criteria are solely applicable for compliance purposes.

2027

- **Insights Condition Year 2**

- CY 2027: health IT developers collect data for Insights Condition Years 1 and 2 measures.
- July 2027, health IT developers submit Insights Condition report for Year 1 measures.

2028

- **Insights Condition Year 3**

- CY 2028: health IT developers collect data for all Insights Condition measures (Years 1, 2, and 3).
- July 2028, health IT developers submit Insights Condition report for Year 1 and 2 measures.

2029

- **Insights Condition Year 4**

- CY 2029: health IT developers collect data for all Insights Condition Measures.
- July 2029, health IT developers submit report for all Insights Condition measures

Resources Available on HealthIT.gov!

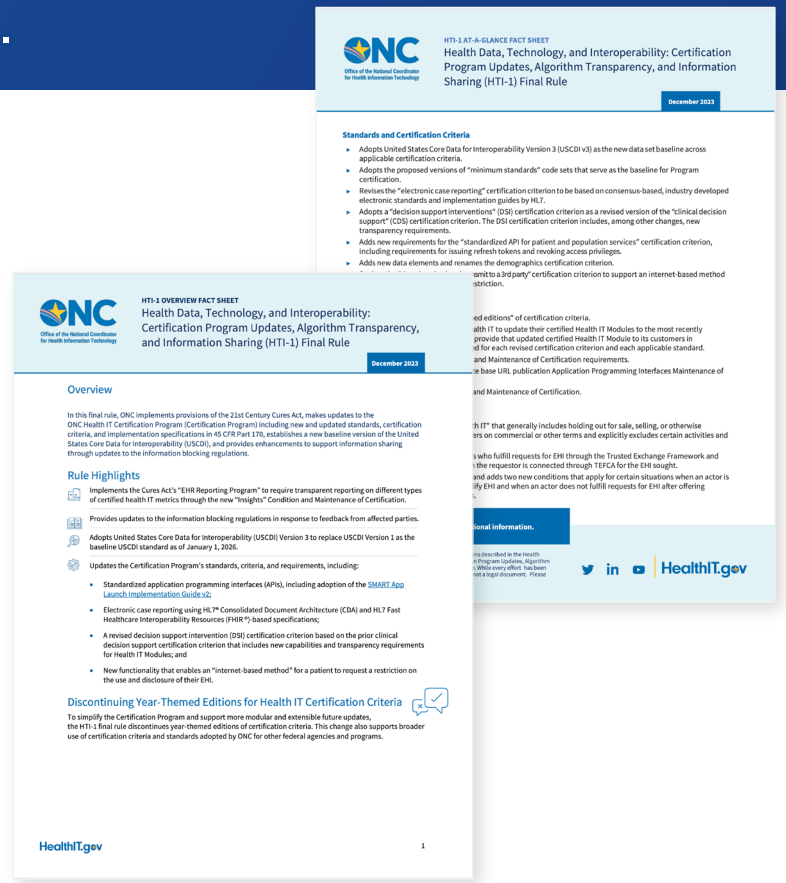
Visit https://healthIT.gov/HTI-1 for additional information.

Fact Sheets

- General Overview
- Final Rule At-a-Glance
- Decision Support Interventions and Predictive Models
- Insights Condition
- HTI-1 Information Blocking
- HTI-1 Key Dates

Measurement Spec Sheets

- For each of the Insights Condition measures



Don’t Miss Our Upcoming Webinars!

Visit https://healthIT.gov/HTI-1 for additional information.

Upcoming Webinars

Decision Support Interventions

January 17, 1:00 PM ET

Information Blocking

January 25, 1:00 PM ET

Overview of HTI-1 Final Rule with Q&A

February 1, 1:00 PM ET

Insights Condition

February 8, 3:00 PM ET

Office of the National Coordinator for Health Information Technology

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