eHealth Exchange

eHealth Exchange Onboarding Overview

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eHealth Exchange Core Values



- Lead in national-level exchange of health information to establish HIE as a standard of care, while fostering and supporting innovation
- Maintain openness and transparency in the conduct of operations
- Cultivate trust and protection of information exchanged
- Encourage participation and inclusiveness across a diverse set of stakeholders
- Provide for accountability, fairness and due process
- Maximize effectiveness and efficiency in the exchange of health information
- Evaluate, learn and promote
 continuous improvement in its own operations

Largest Data Sharing Network in the U.S.

A nationwide footprint of connectivity, including:

All 50 states





50,000+ medical groups

Four federal agencies (DoD, VA, HHS including CMS, and SSA)





3,400 dialysis centers







8,300 pharmacies



Supporting more than 109 million patients

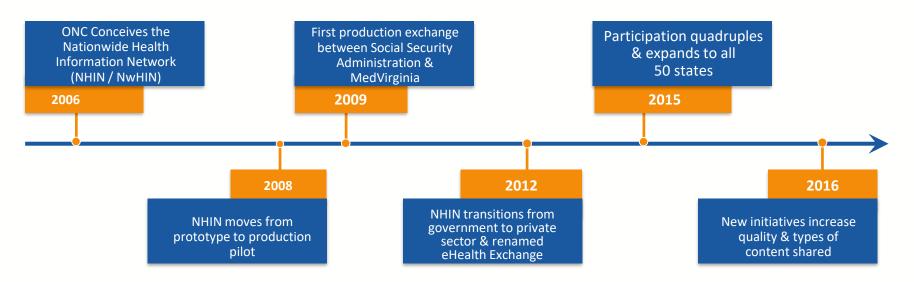
48 regional & state HIOs in production



Maturity Matters...Ten Years of Experience

- A solid proven governance model
- DURSA minimizes barriers to nationwide exchange
- Mature capabilities, processes, operations, testing, and with strong cultural knowledge base
- Testing and onboarding have simplified efforts for partners to exchange as part of nationwide approach

- Growth is in the number of medical groups
- Federal partner programs leverage eHealth Exchange as integral part of their interoperability strategy
- Relatively negligible maintenance costs
- Recognized by SDOs as significant nationwide community of implementers



eHealth Exchange Anchor Participants































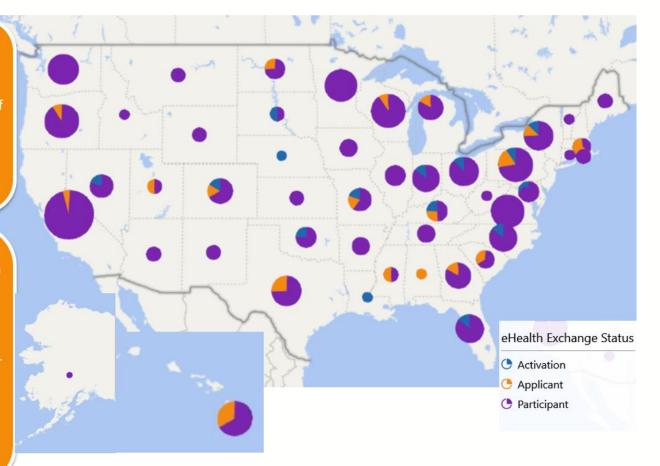
Current Participant Concentrations

As of May 2017

- 151 Participants which represents a 35% increase from 2016 - 2017
- ~65% of US hospitals by end of 2017
- 48 Regional / State HIOs in production, 8 onboarding
- 27 Additional organizations actively onboarding

Most Supported Use Cases

- Treatment / Care Coordination
- Military / Veteran Health
- Social Security Disability **Benefits Determination**
- Quality Reporting for the End Stage Renal Disease Program -CMS and NRAA
- Clinical data sharing for APM
- Immunizations



The eHealth Exchange has the highest number of connected HIOs

State HIOs

- Alabama's One Health Record (AL OHR)
- Alaska eHealth Network
- Chesapeake Regional Information Systems for our Patients (CRISP)
- ConnectVirginia
- Florida Health Information Exchange
- Georgia Health Information Network
- Health Information Network of Arizona
- Indiana Health Information Exchange
- Kansas Health Information Network
- Kentucky Health Information Exchange
- Michigan Health Information Network

- Missouri Health Connection
 - New Mexico Health Information Collaborative
 - North Dakota Health Information Network
- Ohio Health Information Partnership
- Rhode Island Quality Institute (RIQI)
- South Carolina Health Information Exchange
- Texas Health Services Authority (HIETexas)
- Utah Health Information Network
- West Virginia Health Information Network
- Wisconsin State Health Information Network

Regional HIOs

- Carolinas HealthCare System CareConnect
- ClinicalConnect HIE
- Coastal Connect Health Information Exchange (CCHIE)
- Colorado Regional Health Info Organization
- Coordinated Care Oklahoma
- Douglas County Individual Practice Assoc
- Georgia Regional Academic Community Health Information Exchange
- Hawai'i Pacific Health
- HealthInfoNet
- Healthix
- Jefferson Health Information Exchange (JHIE)
- Manifest MedEx (formerly Inland Empire)
- Medical Information Network North Sound
- MedVirginia

- Michiana Health Information Network
- Redwood MedNet, Inc.
- San Diego Health Connect
- Santa Cruz Health Information Exchange
- Strategic Health Intelligence Pensacola
- The Health Collaborative (Healthbridge)
- Vermont Information Technology Leaders
- Western NY HealtheLink
- HealtheConnections RHIO (Health Advancement Collaborative for Central NY)
- East Tennessee Health Information Network
- EHR Doctors, Inc.
- Quality Health Network
 - Southeast Michigan Health Information Exchange



Uniquely Structured for Seamless, Secure Sharing

eHealth Exchange Benefits

- Reducing Costs
- Improving Clinical and Business Decisions
- Exchanging Data with Government Agencies
- Planning for the Future

eHealth Exchange Structure

- Common Legal Agreement & Shared Governance
- Single contract has eliminated point-to-point agreements
- Establishes neutral, equitable, representative governance
- Technology neutral, vendor neutral
- Common security model that works across different technologies enables audit logging and access control

Flexible Architecture

- Technology neutral, vendor neutral
- In production with Participants that are
 - Federated
 - Centralized
 - RLS-based
 - Hybrid
- Common security model that works across different technologies enables audit logging and access control
- Ability to adopt and leverage shared services as needed and desired by participants



Onboarding & Testing Process



APPLY

- Prepare
 Onboarding Package
- Staff Reviews
 Onboarding Package
- Coordinating Committee (CC) Determine Eligibility

4-6 WEEKS



TEST

- Complete Practice Testing in the DIL
- Validate Results and Prepare Report
- CC Accepts as a Participant

2-6 WEEKS



ACTIVATE

- Issue Production Certificate
- Add to Service Registry
- GO LIVE!

2 WEEKS

PARTICIPANT

eHealth Exchange

- Treatment / Care Coordination / Transitions of Care
- Social Security Disability
 Claims Eligibility Determination
- Quality Reporting for the CMS End Stage Renal Disease Program

Timelines are based on averages and may be extended depending on Applicant's internal constraints (e.g., legal review, configuration/setup of technical environments, configuration control processes, technical resource availability. The test lab (Developers Integration Lab – DIL) is currently available to any organization that wants to begin practice testing.

NOTE: Applicants using a QTS vendor **will not** be required to complete testing in the DIL environment

eHealth Exchange Validated Products



Benefits of Validation:

New participants leveraging an eHealth Exchange Validated Product reduce effort and cost in onboarding





USE CASE SUMMARY



Summary of eHealth Exchange Approved Use Cases



Treatment / Care Coordination

Enables access to critical information (e.g., test results, medication history, allergy info, immunizations) and makes available to providers when patient is transferred



Responder Only Profile Supporting the Treatment Use Case

Enables other networks (e.g., release of info companies and SAAS model vendors) to respond to queries from eHealth Exchange Participants on behalf of their client



Military/Veteran Health

DoD and VA exchange active service members and veterans' records to provide government and private caregivers with up-to-date medical histories



Authorized Release of Information – Disability Determination

Social Security Administration requests claimant records electronically to make disability determinations. Cuts down claims processes *from months to days*



Quality Reporting for the End Stage Renal Disease Program – CMS

Enables dialysis centers to send quality data to CMS to assure that individuals with End Stage Renal Disease receive the highest quality of care

Summary of eHealth Exchange Approved Use Cases (2)



Immunization

Enables the push of immunization data for treatment purposes (this is not related to *immunization registries*)



Authorized Release of Information – Consumer Access to Health Information

Enables clinical exchange between patient and provider (e.g. via a Personal Health Record (PHR))



Encounter Alerts

Enables event notification of clinical encounters to patient associated care team members



Prescription Drug Monitoring Program (PDMP)

Enables exchange of PDMP data



Electronic Lab Reporting (in support of public health)

Enables electronic lab reporting to public health agencies



Syndromic Surveillance

Enables syndromic surveillance reporting to public health agencies

Summary of eHealth Exchange Approved Use Cases (3)



Authorized Release of Information – Life Insurance (Approved by CC on 12/7/16)

Enables life insurance companies to request copies of an individual's medical records for the purposes of making a determination for life insurance benefits



RSNA Image Share Use Case (Approved by CC on 11/15/16)

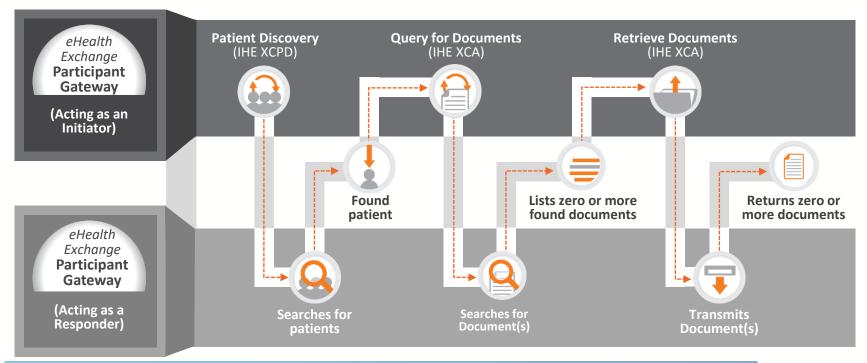
Enables the sharing of images via the eHealth Exchange

eHealth Exchange Query Workflow

The Query / Retrieve use case is utilized for multiple use cases including:

- Treatment / care coordination
- Transitions of care
- Referrals
- Social Security disability benefits determination

- Life insurance determination
- Consumer access to health information
- **Responder Only**





Responder Only

- The Responder Only use case was created to support vendor intermediaries such as Release of Information (ROI) companies that manage medical records releases for their provider customers.
- Organizations that onboard as a Responder Only can respond to requests (queries) from other eHealth Exchange Participants, but cannot initiate a query.
- Examples of organizations supporting this use case include:
 - Participants who only respond to requests for documents from other participants (e.g., SSA).
 - Participants who submit quality reporting data to CMS for the End Stage Renal Disease (ESRD) program.
 - Participants who tested under the interim validation program as a responder only.
 - Participants who support a sub-use case for treatment, by responding to requests for immunization data.
- Organizations that support this Use Case are subject to the requirements of the Participant Testing Program





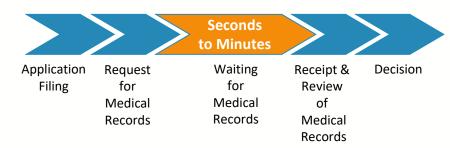
Authorized Release of Information – **Determination of Disability Benefits**



Manual Process (Mail, Fax, Scan)

	Weeks to Months	
Application Request	Waiting	Receipt & Decision
Filing for	for	Review
Medical	Medical	of
Records	Records	Medical

Electronic Process (eHealth Exchange)



Benefits for Patients

- Faster disability claim determinations
- Quicker access to monthly cash benefits
- Earlier access to medical insurance coverage

Potential Benefits for Providers

Records

- Electronic payment for medical information (\$15 / transaction)
- Automated processing of the request for medical information and payment
- Operational Savings in the ROI process
- Potential to recover uncompensated care
 - Faster disability determinations provide patients with faster access to Medicare or Medicaid benefits

As of November, 2015, SSA is interoperating with 50 Exchange Participants consisting of 6,864 facilities



Authorized Release of Information - Life Insurance Use Case

Permitted Purpose:

- Previous analysis by legal counsel determined that this use case is very similar to the SSA use case for disability determination and falls under the DURSA Permitted Purpose of Authorization as noted below:
 - "Uses and disclosures pursuant to an Authorization provided by the individual who is the subject of the Message or such individual's personal representative as described in 45 C.F.R. § 164.502(g) of the HIPAA Regulations."

Workflow

- An individual submits an application for life insurance with a life insurance company
- The individual completes authorization form for his/her clinical records to be obtained by the life insurance company for verification purposes
- The life insurance company as a Participant User, sends a query on behalf of the individual to the providers that they have identified along with the HIPAA-compliant authorization
- The query is facilitated through an eHealth Exchange Participant to other eHealth Exchange **Participants**
- The eHealth Exchange Participant responds to the request and provides a CCD back
- Organizations that support this Use Case are subject to the requirements of the Participant Testing Program





Authorized Release of Information – Consumer Access to Health Information

- Several organizations who wish to offer Personal Health Record services expressed interest in the eHealth Exchange for the purposes of enabling individuals to query their own health records.
- In the case of a PHR network that offers its service via employer health plans, the employer health plan wants to enable beneficiaries to query for their own health records to better manage their own care.
- The PHR is populated with eligibility and demographic data from the plan and the PHR network obtains an individual's authorization prior to enabling an individuals to request their own records.
- Applicants who are approved by the Coordinating Committee to support this Use Case shall satisfy the General Eligibility Criteria and Technical Requirements as detailed in Operating Policy and Procedure #1 (OPP#1).
- The PHR Profile documents additional requirements that will become part of the eHealth Exchange Performance and Service Specifications. Any PHR seeking to join the eHealth Exchange will be required to comply with the additional requirements.
- The Coordinating Committee approved a PHR Pilot in February 2015.
- Organizations that support this Use Case are subject to the requirements of the Participant Testing Program; however, they may be required to complete additional test cases as part of the pilot program.





Other Use Cases

- The following use cases have been approved and do not currently require testing. Participants that wish to support these use cases must utilize the standards / specifications that have been approved and negotiate testing with a partner that is supporting this use case.
 - Encounter Alerts
 - The Coordinating Committee has approved this as a use case for Participants to utilize the DURSA as a single trust agreement in order to notify healthcare providers from one Health Information Exchange (HIE) to another, that an episode of care occurred for a patient. This is beneficial for a patient may seek care that spans geographic regions that are covered by multiple HIEs. For example, a patient may have their primary care physician that is serviced by one HIE and seeks specialty care on a routine basis in a neighboring geographic region serviced by a different HIE.
 - Electronic Lab Reporting (in support of public health)
 - Syndromic Surveillance





Approved Use Cases and Corresponding Standards (1)

Use Case	Workflow	Standards / Specifications
 Supports multiple use cases including: Treatment / care coordination Transitions of care Referrals Social Security disability benefits determination Life insurance determination Individual access to health information, responder only Treatment includes the following sub-use cases: Immunization – push of immunization data for treatment purposes (This is not related to reporting to immunization registries) 	Transmit clinical documentation to support treatment of an individual, care coordination or transitions of care Transmit clinical documentation to the Social Security Administration (SSA) for the purposes of supporting a claimant's eligibility for Social Security disability benefits Enables different types of networks (e.g. ROI companies, vendor intermediaries, etc.) to respond to transmit clinical documentation to another Participant. Participants supporting this profile may not initiate queries. Enables an individual using a PHR to request / receive a copy of his or her health information accompanied by a HIPAA-compliant authorization	 Web Services Registry Web Service Interface Specification v 3.1 Messaging Platform v3.0 Patient Discovery v2.0 Query for Documents v3.0 Retrieve Documents v3.0 Authorization Framework v3.0 Deferred Patient Discovery Immunization data requirements HITSP C32 HL7® C-CDA Release 1.1 and Associated Companion Guide(s) HL7® C-CDA Release 2.1 and Associated Companion Guide(s) HL7® FHIR® End Stage Renal Disease Implementation Guide Package [June 30]
 PDMP (treatment sub-use case) 	 Enables exchange of Prescription Drug Monitoring Program Data 	NCPDP, PMIX, SCRIPT, and HL7®



Approved Use Cases and Corresponding Standards (2)

	Use Case		Workflow		Standards / Specifications
• Cu	ubmit Documentation to CMS urrently, CMS accepts data for the and Stage Renal Disease Program SRD)	•	Enables documentation and/or quality measure reporting to CMS	•	Messaging Platform v3.0 Authorization Framework v3.0 Administrative Distribution Document Submission Required CMS content requirements (which varies by program)
lno (e.	uthorized Release of Information – dividual Access to Health Information .g. via a Personal Health Record – HR-DRAFT)	•	Enables Clinical Exchange between Patient and Provider via a consumer application	•	Web Services Registry Web Service Interface Specification v 3.1 Messaging Platform v3.0 Patient Discovery v2.0 Query for Documents v3.0 Retrieve Documents v3.0 Authorization Framework v3.0 Authorized Release of Information – Individual Access to Health Information (e.g. via a Personal Health Record – PHR-DRAFT)
• En	ncounter Alerts	•	Enables event notification of clinical encounters to patient associated care team members	•	VPN (transport)-DRAFT HL7® v2 (content) Direct Secure Transport v 2.1
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Approved Use Cases and Corresponding Standards (3)

Use Case	Workflow	Standards / Specifications
 Electronic Lab Reporting (in support of public health) 	 Enables electronic lab reporting to public health agencies 	HL7® Version 2.5.1 [ELR Implementation Guide]
 Syndromic Surveillance (in support of public health) 	Enables syndromic surveillance reporting to public health agencies	 HL7® Version 2.5.1 [Public Health Information Network (PHIN) Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings]
• Image Sharing	 Enables organizations to share images 	 Cross-Enterprise Document Sharing for Imaging (XDS-I) Cross-Community Access for Imaging (XCA-I)



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