# Health Exchange



The Unique Value Proposition of a Health Data Exchange that Works with the Healthcare Industry *and* the Government



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## The Sequoia Project's Role

As a non-profit with a public mission, Sequoia is a trusted, independent convener of industry and government.

Works to address the challenges of secure, interoperable nationwide health information exchange (HIE).





## The Sequoia Project Initiatives

The Sequoia Project's independent initiatives each have their own:

- Mission
- Governance
- Membership
- Structure



The Sequoia Project is an ideal home for projects that require a collaborative environment where multiple parties with differing perspectives can work together.



### **Current Sequoia Project Initiatives**

eHealth Exchange

The **eHealth Exchange** is the largest and fastest growing health data sharing network of its kind in America.



Carequality facilitates consensus on a standardized, national-level interoperability framework to link all data sharing networks from across the entire healthcare ecosystem.



RSNA Image Share Validation Program is an interoperability testing program to enable seamless sharing of medical images.



# What is the eHealth Exchange



The eHealth Exchange is a health data sharing network.

It is one of many that exist throughout the United States



It provides a common set of standards, legal agreements and a governance framework that sets the groundwork for participants to securely share health data



But don't be fooled.
The eHealth Exchange
is no ordinary network....



# The Largest Health Data Network in U.S.

# eHealth Exchange®

#### We connect:



All 50 States

70,000 Medical Groups





Four Federal Agencies (DoD, VA, CMS, SSA)

3,400+
Dialysis Centers





of U.S. Hospitals

8,300 Pharmacies



Supporting more than 120 million patients

**59 Regional and State HIEs** 

# How the eHealth Exchange is Different



The longest-standing nationwide health data network supporting diverse use cases



The principle network enabling Participants to connect directly with federal agencies



De-centralized data sharing model connects Participants directly to each other with no central hub

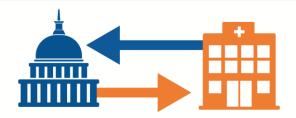


Started by the federal government, these network differentiators support the network's public mission for enabling nationwide data sharing.



# Value Exchanging with Federal Agencies

# An organization's participation in the eHealth Exchange allows them to:



- Support individual applications for Social Security Administration disability benefits and potentially recoup for uncompensated care
- Better coordinate care and effectively treat veterans who receive care at Veterans Health Administration and private providers
- Support care coordination and transitions of care for active duty military, retirees and their families who receive care via Department of Defense's Military Health System and private providers
- Submit quality measures for End State Renal Disease (ESRD) to Center for Medicare and Medicaid

The eHealth Exchange is the <u>only</u> health data network that allows a provider to exchange data with these 4 federal agencies.



# **Distinctive Data Sharing Model**

Because the eHealth Exchange is a distributed network, data resides at the source and is only transmitted when needed.

#### This means that:

- There is no central hub or data repository where data is vulnerable
- There is respect for local policies and differing legal requirements
- You can use your HIE as your home network to connect to other HIEs, providers or government agencies



# Real World Benefits to Patients and Providers



# eHealth Exchange Benefits Patients

# 120 Million Patients Supported Nationwide!







- Patient records move easily between patient's medical providers. With permission, their latest records and prescriptions will be available online.
- Patients can move around the country and be able to provide doctors with their electronic medical records.
- Active Duty military and veterans and their families will be better supported.
- Patients can file for disability claims through organizations such as the Social Security Administration by making it possible for doctors to submit medical information electronically.

# **eHealth Exchange Benefits Providers**

# Doctors have ready access to patient records from multiple facilities.



Reduced administrative burden to contact other medical facilities for records



Automates quality measures submissions to CME for quality measures incentives



More comprehensive picture of patient's total health, aiding better diagnoses and treatment



Dramatically easier to exchange health records with federal agencies

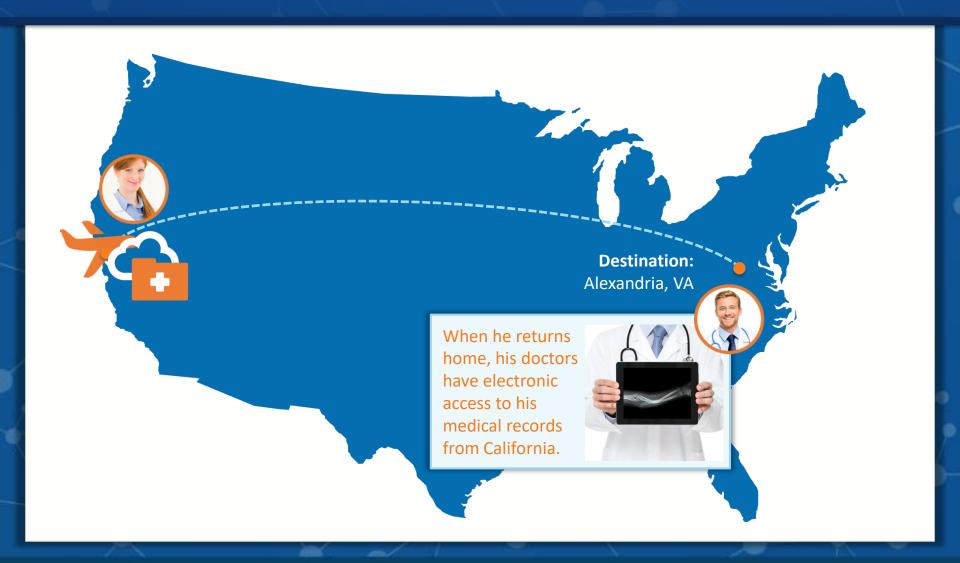


More timely access to patient information for improved care coordination

# **Benefitting Patients in Real Scenarios**

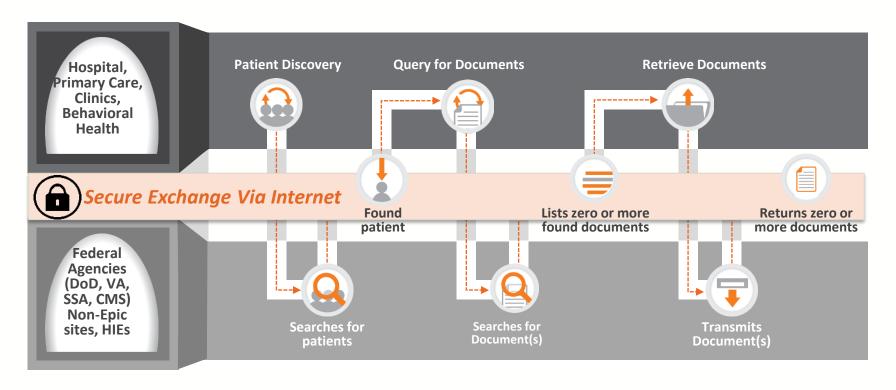


# **Benefitting Patients in Real Scenarios**



# **How eHealth Exchange Works**

## Overview of Query Workflow





# **Broad Range of Patient-centric Use Cases**

### One Network: Many Use Cases

**Treatment / Care Coordination** 



Social Security Benefits

Determination



**Immunization** 



Authorized Release of Information – Consumer Access to Health Information



**Syndromic Surveillance** 

**Encounter Alerts** 



**Authorized Release of Information – Life Insurance** 



Prescription Drug
Monitoring Program (PDMP)



**Electronic Lab Reporting** (in support of public health)



**Image Share Use Case** 

### SSA: A Closer Look

**Weeks to Months** 

#### Manual Process (Mail, Fax, Scan)



Application Filing	Request for	Waiting for
18	Medical	Medical
	Records	Records

Receipt & Decision
Review
of
Medical
Records

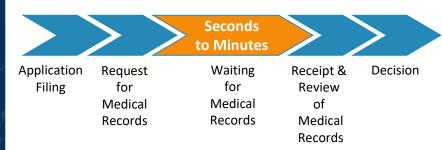
#### **Benefits for Patients**

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

#### **Potential Benefits for Providers**

- 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

#### **Electronic Process (eHealth Exchange)**



As of November, 2017, SSA is interoperating with 100 Exchange Participants and tens of thousands of sites.

# Value Based Care: A Case Study

#### Intel Connected Care

- Intel Corporation created an incentivized health insurance/care management program, known as "Connected Care," for its nearly 20K Portland area employees and family members
- Intel's on-campus clinic, known as "Health For Life Clinic," is managed by Premise Health and provides a wide-range of ambulatory services
- Premise Health uses a Greenway Health EMR solution
- "Connected Care" members receive primary care from either local Kaiser Permanente or Providence Medical facilities (both use Epic EMR solutions)



Want to Learn More?

A detailed whitepaper is available online.

are

#### Intel's Connected Care Program

Value-based care model designed to improve overall health and wellness of Intel's employees by providing information exchange and real-time care analytics for optimal care



# Onboarding to the eHealth Exchange





# **Three Step Process**

## **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 ARE NOT required to complete testing in the DIL environment



# Testing is the Backbone of Interoperability

## eHealth Exchange Testing for Interoperability

Provides testing of: Products, Participants and Content

- Tests for interoperability compliance and HIE standards
- Ensures predictable and reliable exchange



Customers using validated products onboard to eHealth Exchange FASTER and CHEAPER

Validated products receive the eHealth Exchange Validated Products Seal.



# eHealth Exchange Validated Products

## Vendors Enabling Reduced Fees for their Clients





Clinical Exchange Platform

Cerner Resonance

**Cerner** 





Care Everywhere



**Greenway Exchange** 



CareAlign





InterSystems Healthcare



LTS HEX



Network





Exchange Gateway



**Exchange Gateway** 



Jiva HIE Connect

# Approved Use Cases and Corresponding Standards

# Approved Use Cases and Corresponding Standards (1)

Use Case	Workflow	Standards / Specifications
<ul> <li>Supports multiple use cases including:         <ul> <li>Treatment / care coordination</li> <li>Transitions of care</li> <li>Referrals</li> <li>Social Security disability benefits determination</li> <li>Life insurance determination</li> <li>Individual access to health information, responder only</li> </ul> </li> <li>Treatment includes the following sub-use cases:         <ul> <li>Immunization – push of immunization data for treatment purposes (This is not related to reporting to immunization registries)</li> </ul> </li> </ul>	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	<ul> <li>Web Services Registry Web Service Interface Specification v 3.1</li> <li>Messaging Platform v3.0</li> <li>Patient Discovery v2.0</li> <li>Query for Documents v3.0</li> <li>Retrieve Documents v3.0</li> <li>Authorization Framework v3.0</li> <li>Deferred Patient Discovery</li> <li>Immunization data requirements</li> <li>HITSP C32</li> <li>HL7® C-CDA Release 1.1 and Associated Companion Guide(s)</li> <li>HL7® C-CDA Release 2.1 and Associated Companion Guide(s)</li> <li>HL7® FHIR®</li> <li>End Stage Renal Disease Implementation Guide Package [June 30]</li> </ul>
PDMP (treatment sub-use case)	<ul> <li>Enables exchange of Prescription Drug Monitoring Program Data</li> </ul>	NCPDP, PMIX, SCRIPT, and HL7®  the

# Approved Use Cases and Corresponding Standards (2)

Use Case		Workflow	Standards / Specifications	
<ul> <li>Submit Documentation to C</li> <li>Currently, CMS accepts data End Stage Renal Disease Pro (ESRD)</li> </ul>	for the qua	ables documentation and/or ality measure reporting to IS	<ul> <li>Messaging Platform v3.0</li> <li>Authorization Framework v3.0</li> <li>Administrative Distribution</li> <li>Document Submission</li> <li>Required CMS content requirements (which varies by program)</li> </ul>	
Authorized Release of Infor Individual Access to Health (e.g. via a Personal Health F PHR-DRAFT)	Information bet	ables Clinical Exchange tween Patient and Provider a consumer application	<ul> <li>Web Services Registry Web Service         Interface Specification v 3.1</li> <li>Messaging Platform v3.0</li> <li>Patient Discovery v2.0</li> <li>Query for Documents v3.0</li> <li>Retrieve Documents v3.0</li> <li>Authorization Framework v3.0</li> <li>Authorized Release of Information –         Individual Access to Health         Information (e.g. via a Personal         Health Record – PHR-DRAFT)</li> </ul>	
• Encounter Alerts	clir	ables event notification of nical encounters to patient ociated care team members	<ul> <li>VPN (transport)-DRAFT</li> <li>HL7® v2 (content)</li> <li>Direct Secure Transport v 2.1</li> </ul>	
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# Approved Use Cases and Corresponding Standards (3)

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



# Thank You!

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