June 2020

eHealth Exchange™

All Participant Call

Kati Odom-Bell
Mike McCune
Pat Russell
Didi Davis
Jay Nakashima
Mike Yackanich

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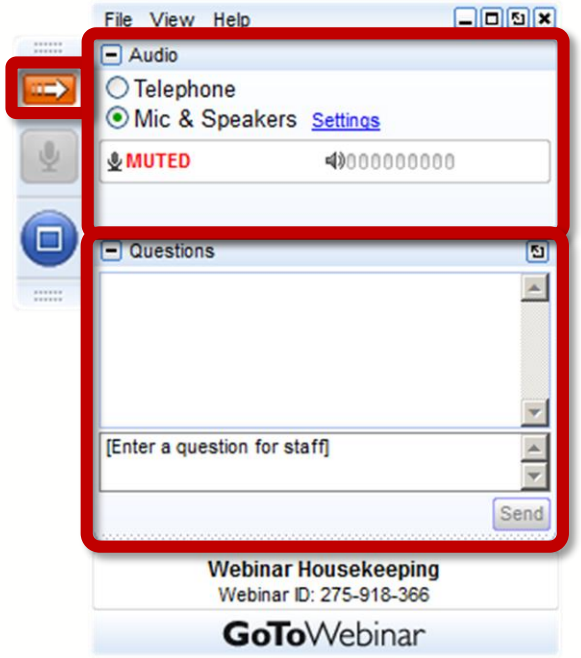
How Do I Participate?



Your Participation

Open and close your control panel

Join audio:

- Choose "Mic & Speakers" to use VoIP
- Choose "Telephone" and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today's presentation is being recorded and will be provided within 48 hrs

Problems or Questions? Contact Dawn Van Dyke

dvandyke@sequoiaproject.org or 703.864.4062

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Today's Topics

1. New Participants	Kati Odom Bell
2. Coordinating Committee Elections Update	Pat Russell
3. Operating Policy & Procedures (OPP Update)	Pat Russell
4. Hub Dashboard Upgrade/Service Desk E-mail Update	Mike Yackanich
5. Carequality Update	Mike McCune
6. Electronic Case Reporting (eCR Update)	Kati Odom Bell
7. New Technical Specification Update (NIST 800-3A)	Eric Heflin
8. Geospatial Query Update	Eric Heflin
9. PUSH Specifications Update Update	Eric Heflin
10. Data Quality Improvement Content Testing Program	Didi Davis
1 1. How to Engage	Kati Odom Bell
12. Question & Answer	Everyone

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New Participants

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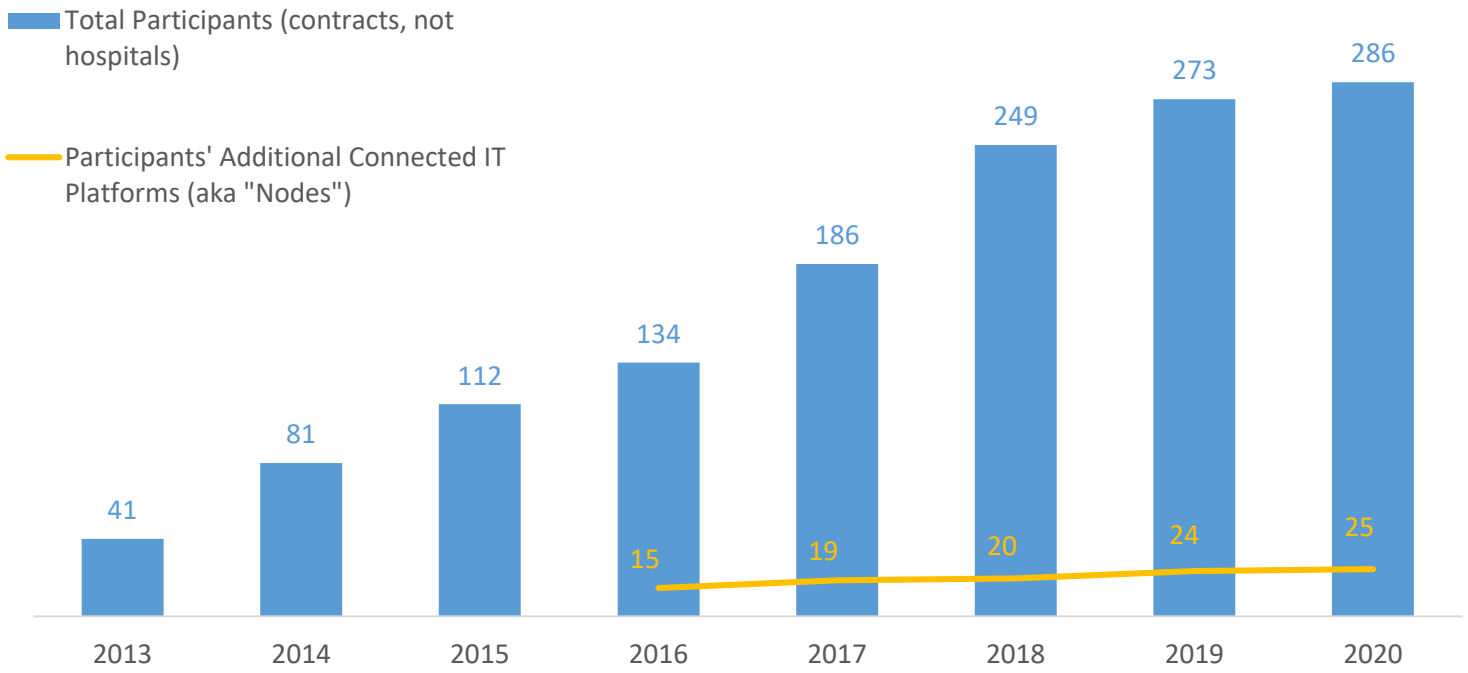
Congratulations to our newest Participants!



Participant
eHealth Exchange

- Northeast Georgia Health System, GA, Epic
- El Camino Health, CA, Epic
- University of Illinois Hospital and Health Sciences System (UIC), IL, Epic

Committed to Improving Patient Care via Data Exchange

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Coordinating Committee Elections

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2020 Coordinating Committee (CC) Election Timelines

Nomination Applications:

- August 7 – Applications Closed

Nominating Committee Submits Nominations

- August 18

Voting:

- August 24-28, Participants Vote

Term Begins:

- October 20- First New CC Member meeting

2020 Coordinating Committee Nominations:

- Integrated Delivery Networks (2)
  - Ryan Stewart (Common Spirit Health)
  - John Mattison (Kaiser Permanente)
- Health Information Organizations (1)
  - John Kansky (IHIE)

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Proposed Revisions to 13 Operating Policy & Procedures (OPP) & Validation Plan

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13 Operating Policy & Procedures (OPP) & Validation Plan

What Changed?

Revisions were made to all 13 Operating Policy & Procedures (OPP) and the Validation Plan.

- **Housekeeping Change** » These edits were intended to improve formatting, readability and consistency
- **Clarifications Change** » These edits were intended to provide clarity around terms and references unrelated to DURSA changes
- **DURSA-Driven Change** » These edits were necessitated by the 2019 DURSA Amendment
- **Substantive Change** » These edits were suggested to reflect the current environment & network operations unrelated to DURSA changes

Learn More

- Navigate to https://ehealthexchange.org/policies to view and listen to the 6/30/2020 education session, questions, and answers
- Review the revision details published on the bottom of https://ehealthexchange.org/policies

Revisions went into effect on August 1, 2020 after the Coordinating Committee's 6/16/2020 approval and no Participants objected between 7/1/2020 and 7/31/2020.

New OPP14 – How to Comply with The DURSA'S Duty to Respond – Coming Soon

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Hub Dashboard 2.0

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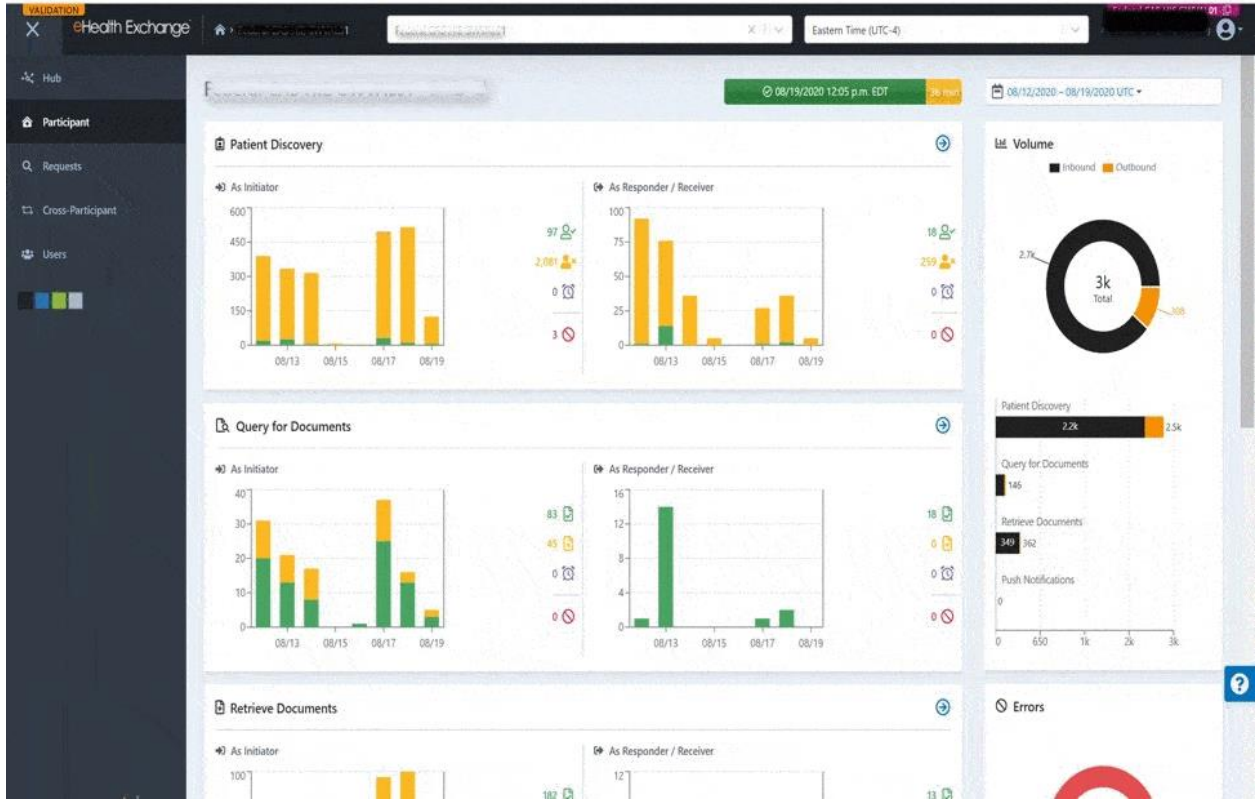
Hub Dashboard Upgrade

The Hub Dashboard is being upgraded the weekend of 8/22 - 8/23



Key Benefits of the Upgrade

- **New design** provides easier navigation, more at-a-glance views of data exchange metrics
- **Joint HIE initiator traffic** will be available
- **New Push Notification functionality** of Hub will be available
- **Resolved latency issue** between the Hub and the Hub Dashboard

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Hub Service Desk

Contact Change

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Hub Service Desk

What is the Hub Service Desk?

24x7 central point of contact for

- **Provisioning** - Assistance with the Hub onboarding process or Hub Dashboard access
- **Tier 1 Operational Support** - Triage, log, and route issues

How do I contact them?

New email address

- servicedesk@hub.ehealthexchange.org [NEW – effective immediately]
- hubservicedesk@ehealthexchange.org [OLD – out of service 9/1]
- or call (833) 793-0188 (no change)

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Carequality Update

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Carequality Bridge Engagement – Connecting to Carequality via the Hub

If your organization expressed an interest with connecting to Carequality and you were not already engaged with Carequality onboarding, you should have received an email on Wednesday of this week with details on the process for connecting.

For participants that wish to connect to Carequality, there are four major steps:

1) Obtain subscription to Carequality Service
2) Get your organization listed in the Carequality directory
3) Validate your connection to Carequality via the Hub in production
4) Begin to initiate requests across the Carequality Bridge

For detailed onboarding steps, reference the Carequality Connectivity Steps for Participants which is available on the Hub portal.

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Carequality Bridge Engagement – Carequality connection prioritization

The eHealth Exchange Hub staff can help identify the best Carequality connections for your organization based on one or more of the following strategies:

1) Where your most dense patient populations are located and where Carequality has providers within those dense patient areas.
2) Identify Carequality providers by their city and state or zip code.
3) Identify Carequality providers by name.

NOTE: A spreadsheet that lists all viable connections by the provider's address and zip code is available. The associated implementer is identified as well.

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Exchanging with 24 Carequality-Enabled Networks

16 Carequality Connections Ready Now					
Allscripts	eClinicalWorks	Inovalon	NextGen *	Redox	Surescripts
AthenaHealth	Epic	Medent	OneRecord	SAFE Health	
CRISP	Health Gorilla	Netsmart	PointClickCare **	Santa Cruz HIO	

8 Carequality Connections Not Ready for 4-5 Weeks (not including iPatientCare)					
Azuba	CommonWell	Community Care	GE	Glenwood Systems	KNO2
ParticleHealth	Physicians Computer Company	iPatientCare ***			

- Initially, 25 eHealth Exchange Participants will be exchanging with Carequality via the eHealth Exchange
- Most other eHealth Exchange Participants already have Carequality connectivity via other networks

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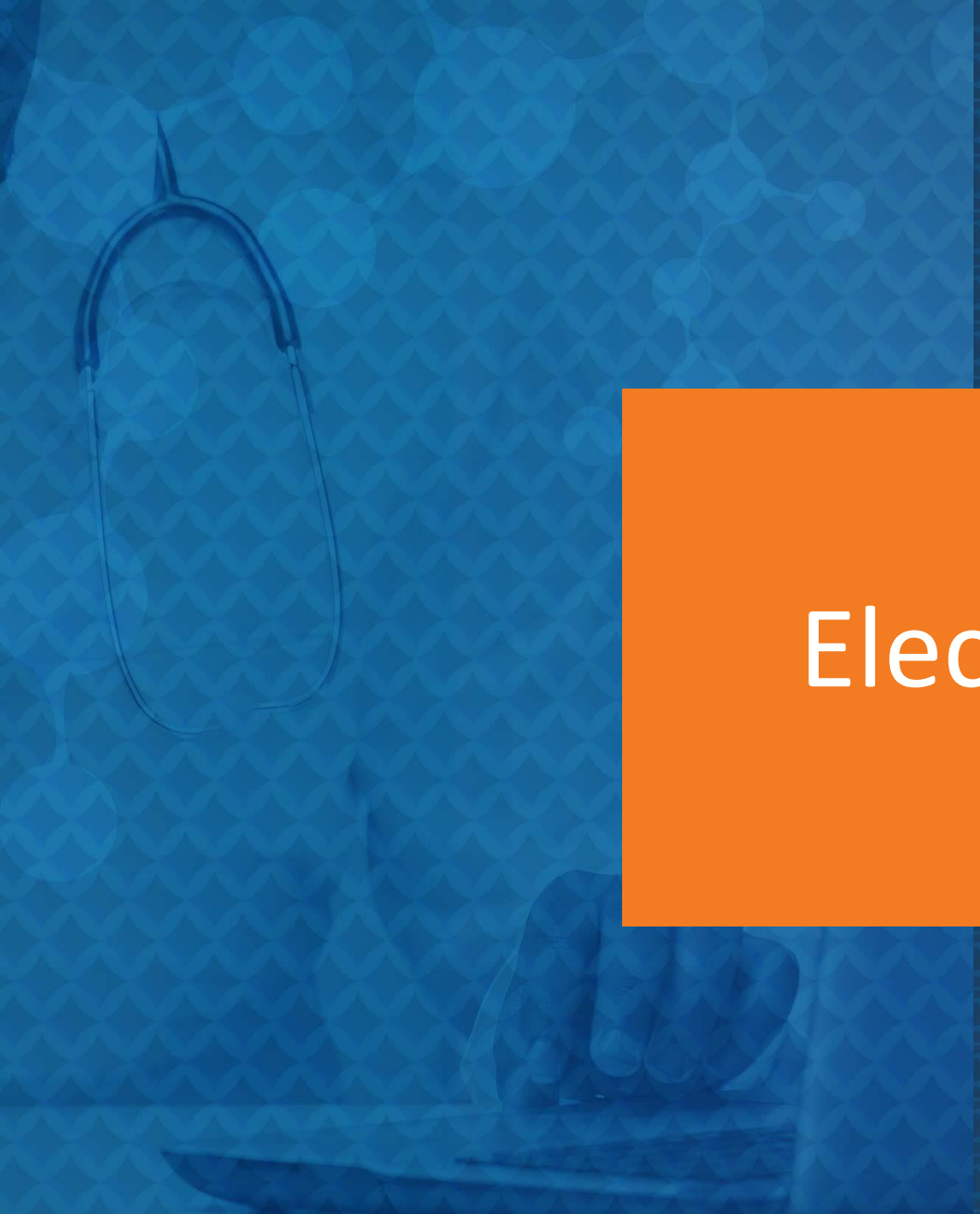

Electronic Case Reporting (eCr)

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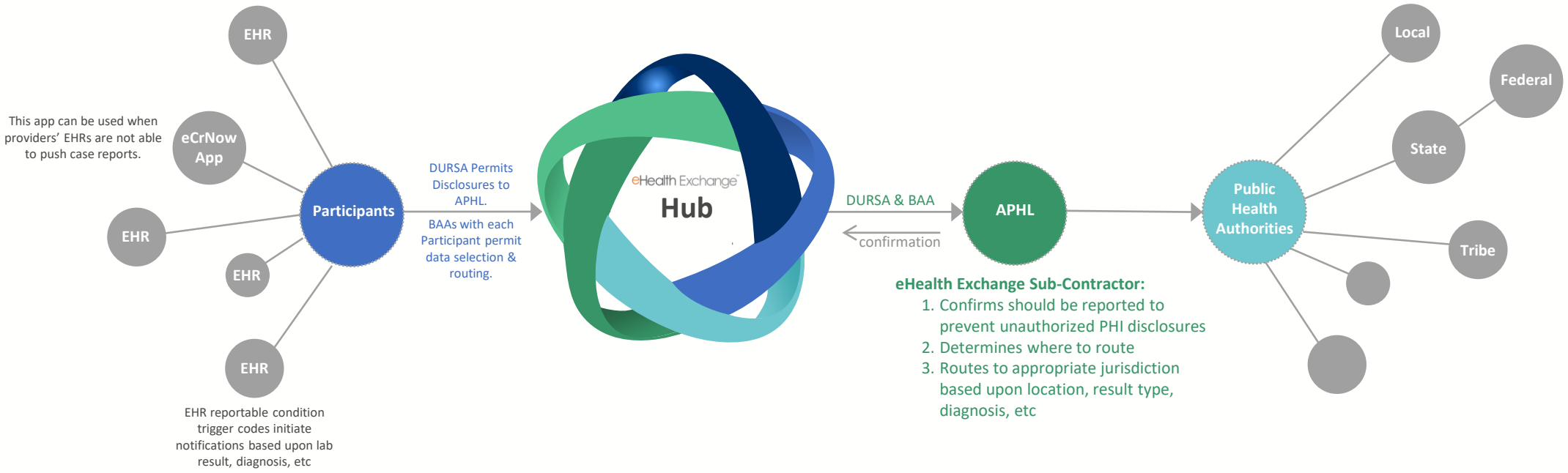
Pushing Electronic Case Reports (eCr) is **Live**!



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eCR Messaging flow

1) A matching clinical code (such as “COVID-19”) triggers the generation of an electronic case report (eCR).
2) Depending on the EHR vendor, eCR generation may be supported natively (“out of box”). If not, you may be able to utilize a SMART on FHIR application from APHL called “eCR Now” that will interface with your EHR system to generate an eCR.
3) The eCR contains a document payload which reports on items such as patient, encounter, condition and travel history information, if available.
4) The eCR document submission is transmitted to APHL AIMS using the Hub, however, the Hub does not store the eCR document.
5) APHL AIMS forwards the eCR to public health authorities according to an evaluation it performs on the reportability of the eCR.
6) APHL AIMS generates a reportability response (also in the form of a document submission) that is sent back to the eCR submitter.
7) A reportability response typically includes information about what has been determined to be reportable to public health agencies (PHAs) and which PHAs have been sent eCR information
8) Typically, the eCR submitter stores the APHL AIMS reportability response with the patient’s records (a.k.a. the patient’s chart).

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Onboarding Steps

1. Confirm your gateway supports ITI-41 & ITI-80.

2. Notify administrator@ehealthexchange.org your organization wants to push electronic case reports to APHL (Association of Public Health Laboratories).

3. Respond to the ~6 questions administrator@ehealthexchange.org asks you. As an example, one question is which endpoint your organization will use to receive Reportability Response messages from APHL (Association of Public Health Laboratories).

4. Conduct transport testing first in a non-production (validation) environment, followed by a validation of submission in production.

    a. You may choose any available synthetic test patient for the eCR submissions during testing.

    b. APHL AIMS will likely organize and manage the testing where the eHealth Exchange provides testing support as needed.

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NIST 800-63A for Individual Identity Proofing

Identity Assurance Level (IAL) 2 or 3

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Background:

- Coordinating Committee approved the Consumer Access Use Case on 10/18/2016
- Since the beginning of the eHealth Exchange, it was envisioned that consumers would access their data via web portals hosted by those who could separately validate consumers' identity.
- Now in 2020, consumers will be accessing their data via mobile apps, so a specification is needed to define a trusted mechanism to validate their identify.
- Technical Workgroup and eHx staff recommended the Coordinating Committee approve an additional technical specification (NIST 800-63A) to this use case so when consumers access their data via a mobile app (versus a web portal), there is a trusted process to confirm the consumer is who they say they are.

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New Tech Specification for Approved Consumer Access to Health Info Use Case

- **Challenge**: For consumer-facing applications, “How do we know the patient is who they claim to be?” & “How strong is that assurance?”

- **Solution**: eHealth Exchange staff recommend the eHealth Exchange adopts *NIST Special Publication 800-63A, Digital Identity Guidelines, Enrollment and Identity Proofing* https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-63a.pdf as a DURSA-recognized Performance and Service Specification. The NIST document will be hosted on the eHealth Exchange web site.

- This specification is required for eHealth Exchange Participant applications providing direct consumer (patient) access to eHealth Exchange data.

- The eHealth Exchange Technical Work Group reviewed this topic (on 2020-04-30) and recommends this specification be adopted and that “IAL Level 2” or “IAL Level 3” be required for consumer facing applications.

- Rationale
  - This is the most specific NIST document that defines IAL (Identity Assurance Level).
  - TEFCA references the same standard, this aligns the eHx with TEFCA (see https://www.healthit.gov/sites/default/files/page/2019-04/TEFCADraft2UsersGuide.pdf p. 34).
  - Should align with Carequality

Participants will have the opportunity to object to this new Performance & Service Specification from September 1-30, 2020.

Previously-Approved Specifications for Consumer Access to Health Info Use Case

So Consumers (or their vendors with authorization) can Query & Retrieve other eHx Participants to populate patients' PHRs & potentially share with other Participants.

Coordinating Committee Use Case Approval[1 2`]	Performance & Service Specifications[3, 4]	Coordinating Committee Performance & Service Specification Approval	Performance & Service Specification Location	Adoption	Notes
10/18/2016	Web Services Registry Web Service Interface Specification v 3.1	3/6/2012	https://ehealthexchange.org	None	
10/18/2016	Sequoia HL7 FHIR® Healthcare Directory, HL7 FHIR Standard for Trial Use (STU3)	10/18/2016	http://build.fhir.org	None	
10/18/2016	Messaging Platform v3.0 approved 6/27/2011 - Required	6/27/2011	https://ehealthexchange.org	None	
10/18/2016	Patient Discovery v2.0 - Required	6/27/2011	https://ehealthexchange.org	None	IHE ITI-55
10/18/2016	Query for Documents v3.0 - Required	6/27/2011	https://ehealthexchange.org	None	IHE ITI-38
10/18/2016	Retrieve Documents v3.0 - Required	6/27/2011	https://ehealthexchange.org	None	IHE ITI-39
10/18/2016	Authorization Framework v3.0 – Required	6/27/2011	https://ehealthexchange.org	None	
10/18/2016	NIST Special Publication 800-171 Revision 1	8/13/2019	https://csrc.nist.gov/publications	Unknown	
10/18/2016	C32/CCD, version 2.5 (Meaningful Use, Stage 1 2011 edition Standard)	1/10/2017	http://www.hitsp.org/Handlers/HitspFileServer.aspx?FileGuid=e1b99525-a1a5-48f6-a958-4b2fc6d7a5c7	None	
10/18/2016	Consolidated CDA (Meaningful Use, Stage 2 – 2014 edition Standard – US Realm Version 1.1) & associated Companion Guides	1/10/2017	http://www.hl7.org/implement/standards/product_matrix.cfm	None	Specification approved by Coordinating Committee as a Performance & Service Specification (not a lower level standard) via Validation Plan (e.g. Validation Plan v5)
10/18/2016	Consolidated CDA (Meaningful Use, Stage 3 – 2015 edition Standard – US Realm Version 2.1) & associated Companion Guides	1/10/2017	http://www.hl7.org/dstucomments/showdetail.cfm?dstuid=168	None	Specification approved by Coordinating Committee as a Performance & Service Specification (not a lower level standard) via Validation Plan (e.g. Validation Plan v5)
10/18/2016	Renal Consolidated CCDA	10/18/2016	http://sequoiaproject.org/wp-content/uploads/2016/09/End-Stage-Renal-Disease-Implementation-Guide-Package.zip	None	Specification approved by Coordinating Committee as a Performance & Service Specification (not a lower level standard) via Validation Plan (e.g. Validation Plan v5)
10/18/2016	eHealth Exchange Personal Health Record (PHR) Profile	10/18/2016	https://ehealthexchange.org	None	The PHR specification was approved by the Coordinating Committee on 10/1/2016, and not limited for trial use, but needs to be revisited with additional community input once a real-world implementation is underway.
10/18/2016	Access Consent Policies (ACP) Production Specification – v1.0	6/27/2011	https://ehealthexchange.org	None	

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Push Notification Update

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PUSH Specification Updates

1. This draft specification is divided into two broad categories:
   - IHE SOAP XML based transactions using IHE ITI-41 and ITI-80.
   - FHIR-based push of FHIR resources and/or CDA documents.

2. It represents an update (re-write) of the existing eHealth Exchange Document Submission specification.

3. The IHE SOAP XML based draft text was completed during the eHealth Exchange Technical Work Group call (2020-07-30). It is being editorially updated and then will be sent, as a draft, to all eHealth Exchange Participants for review and feedback.

4. The FHIR-based push specification began work last week (2020-08-06) starting, as usual, with defining use cases and business/clinical requirements gathering.

5. Next steps:
   - Complete the review of the draft IHE SOAP XML based spec, while in parallel drafting the FHIR based spec.
   - The specs will be merged and circulated for review and, when ready, approval by the CC and the eHealth Exchange community using the standard formal change control process.
   - Timeline: Expected to be ready for CC formal approval in approximately Oct.
   - Afterwards: the current Document Submission specification will be sunset (as a non-breaking action) and subject to CC approval.

Geospatial Query Update

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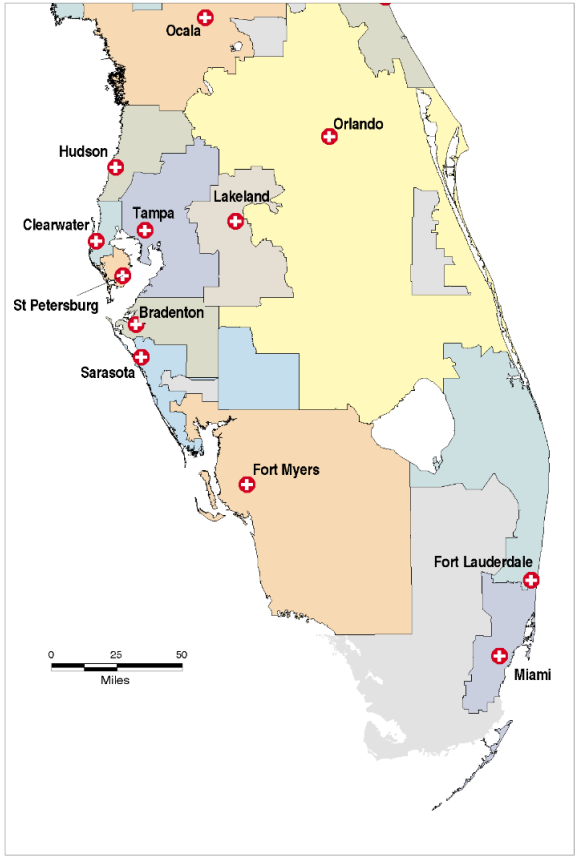
Geospatial Queries Agenda

- Why Are We Deploying Geospatial Queries?
- What Are Geospatial Regions?
- What Is The Workflow?
- What Is The Timeline?
- What Are The Next Steps?



Map 3.6. Southwest Florida Hospital Referral Regions

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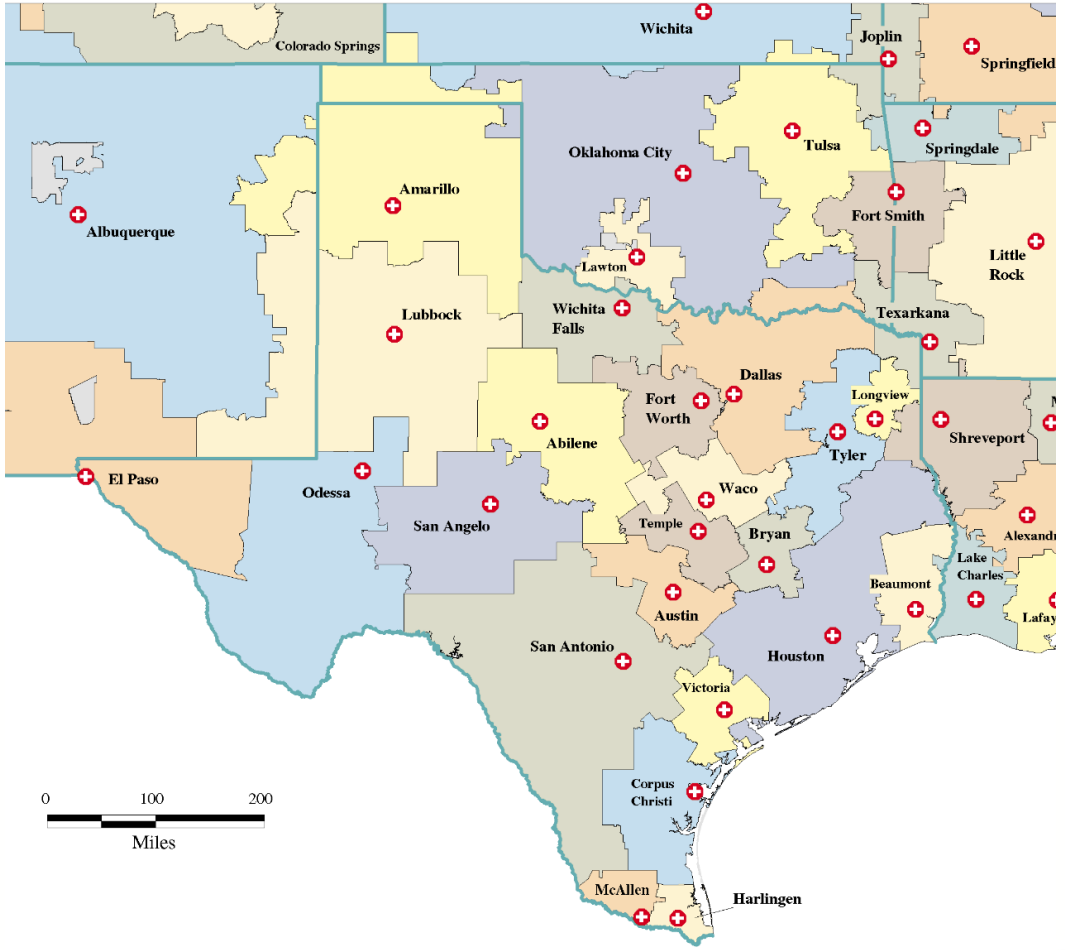
Why Are We Developing Geospatial Queries?

- Currently, eHealth Exchange Participants send queries to a single Participant at a time
- However, in some use cases, eHealth Exchange Participants need the ability to query one or more geographical regions where a patient has been treated
- Would enable a query of all connected orgs servicing an entire state, or arbitrary region



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Why Are We Developing Geospatial Queries?

- Other Benefits
  - Potentially avoid or defer broadcast query which would be “expensive” in terms of the transaction volumes for each Participant
  - Avoid sending queries to organizations with no reasonable probability of containing data for that patient (e.g. query to Alaska for a life-long Florida resident)

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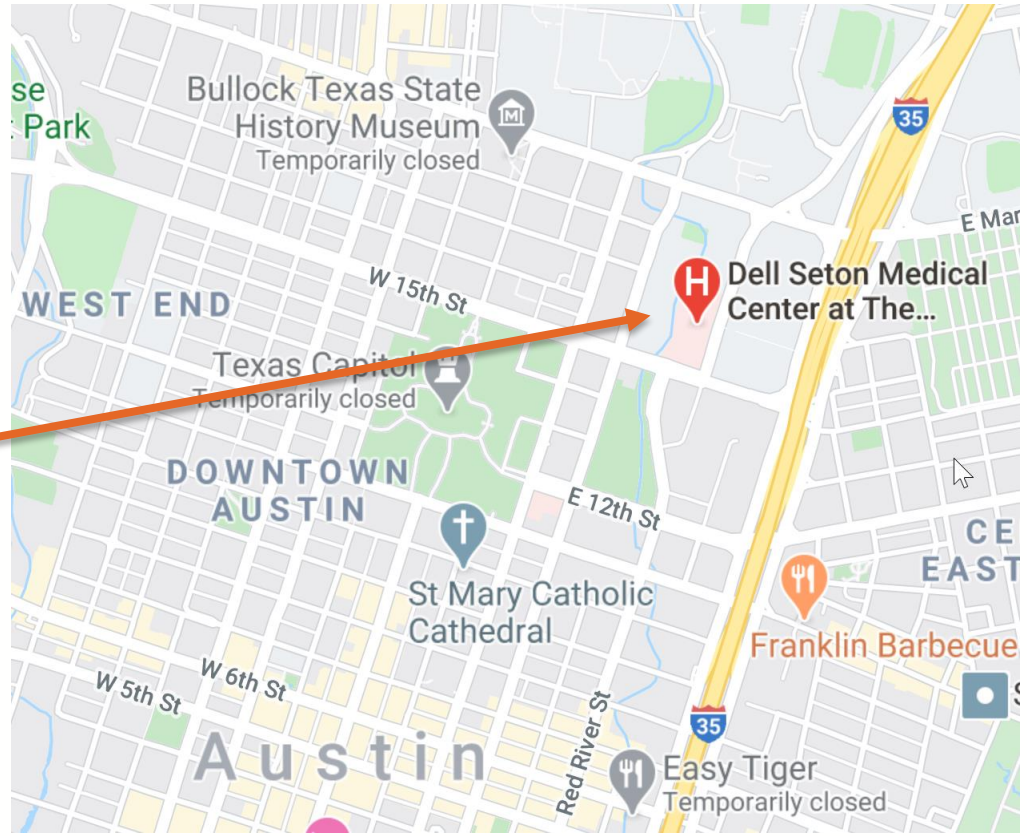
What Are Geospatial Regions?

- A region is simply an area of the USA defined by a boundary
- Examples:
  - Area Serviced by a single hospital



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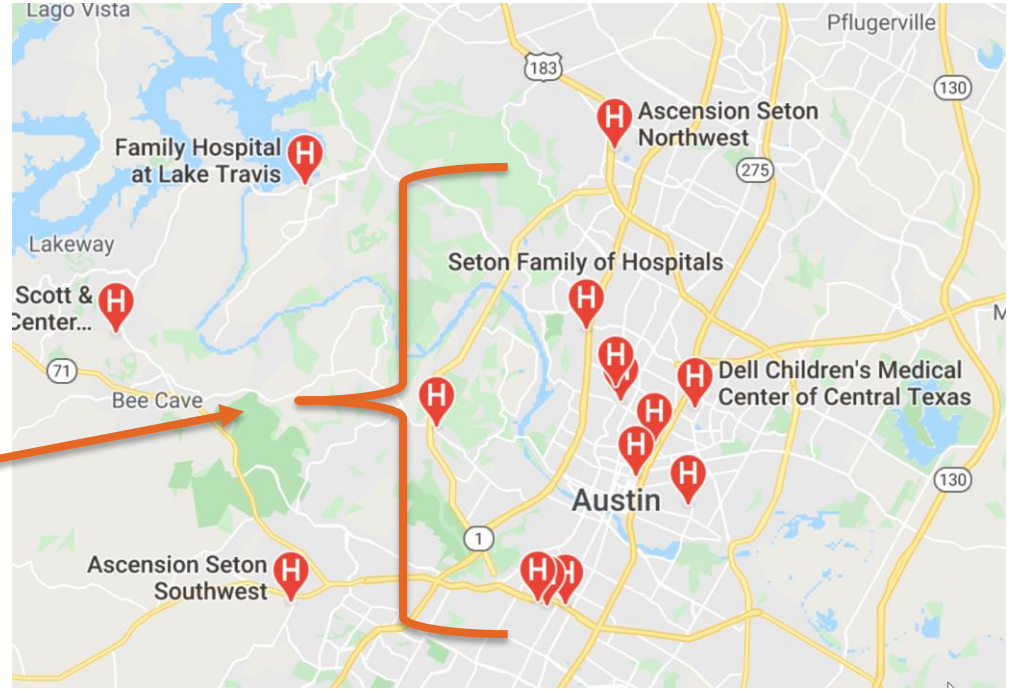
What Are Geospatial Regions?

- A region is simply an area of the USA defined by a boundary
- Examples:
  - Area Serviced by a single hospital
  - Broad area around a city



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  - Broad area around a city
  - Single State

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What Are Geospatial Regions?

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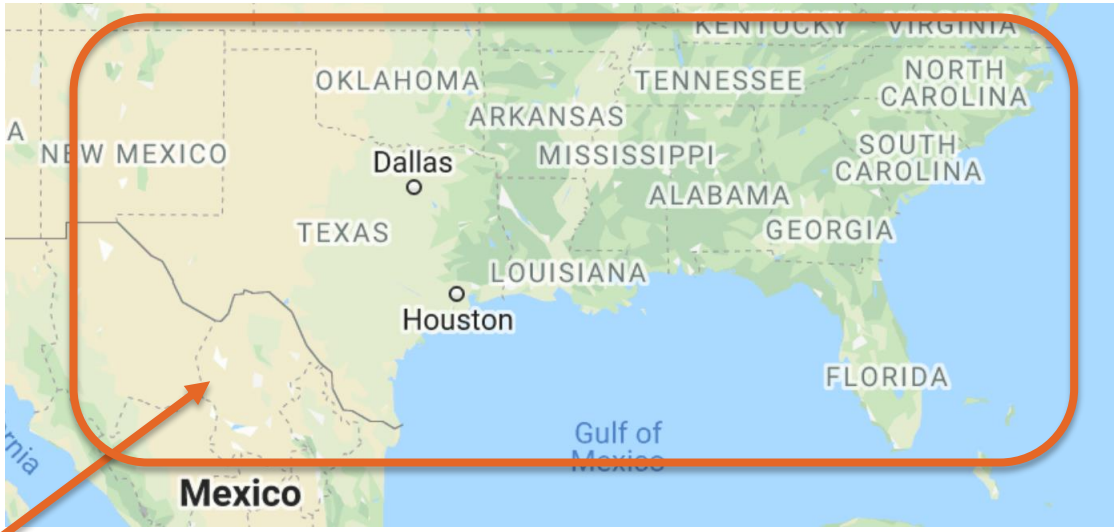
- Examples:
  - Area Serviced by a single hospital
  - Broad area around a city
  - Single State
  - Group of States



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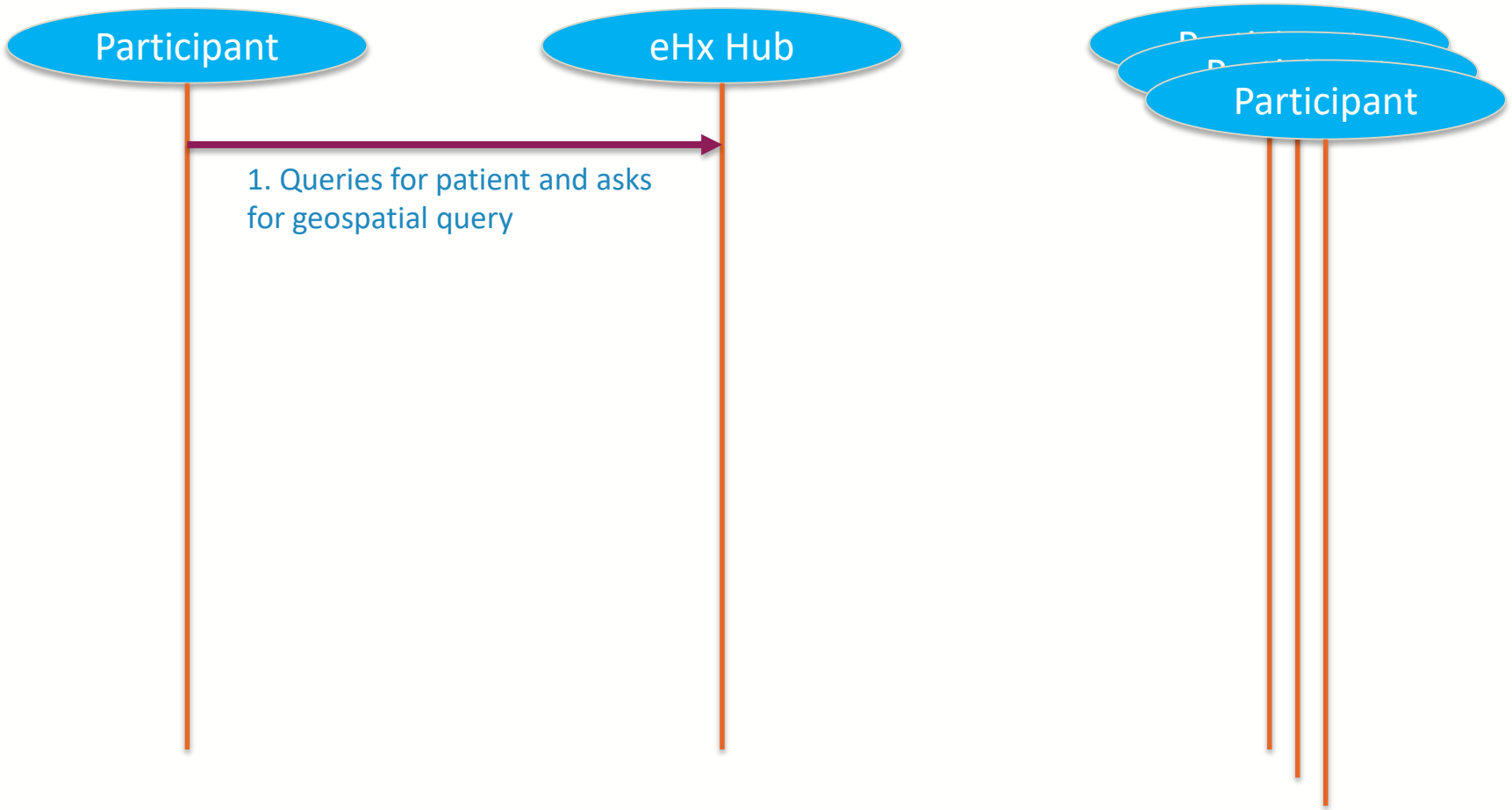
Solution Workflow



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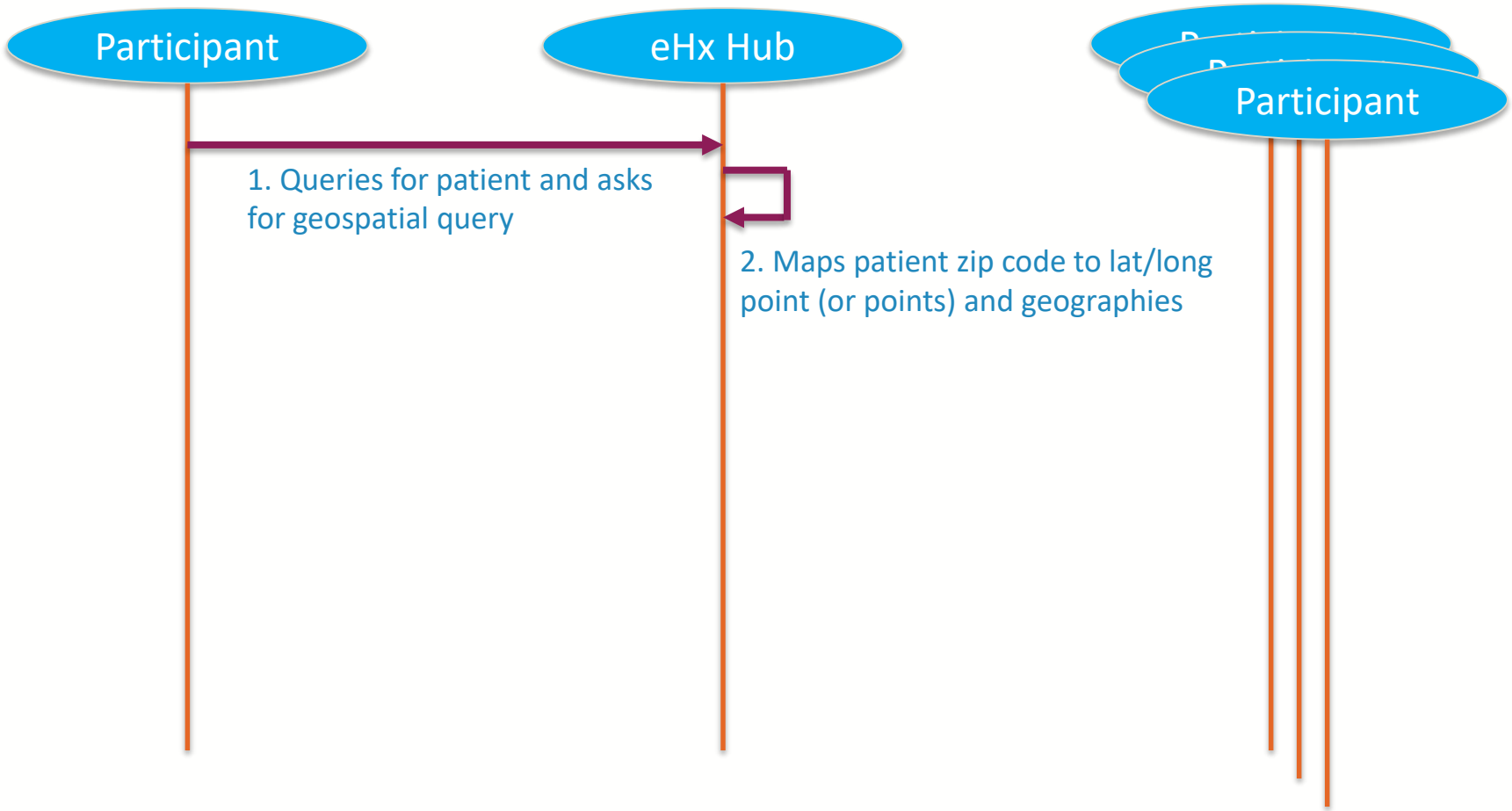
Solution Workflow



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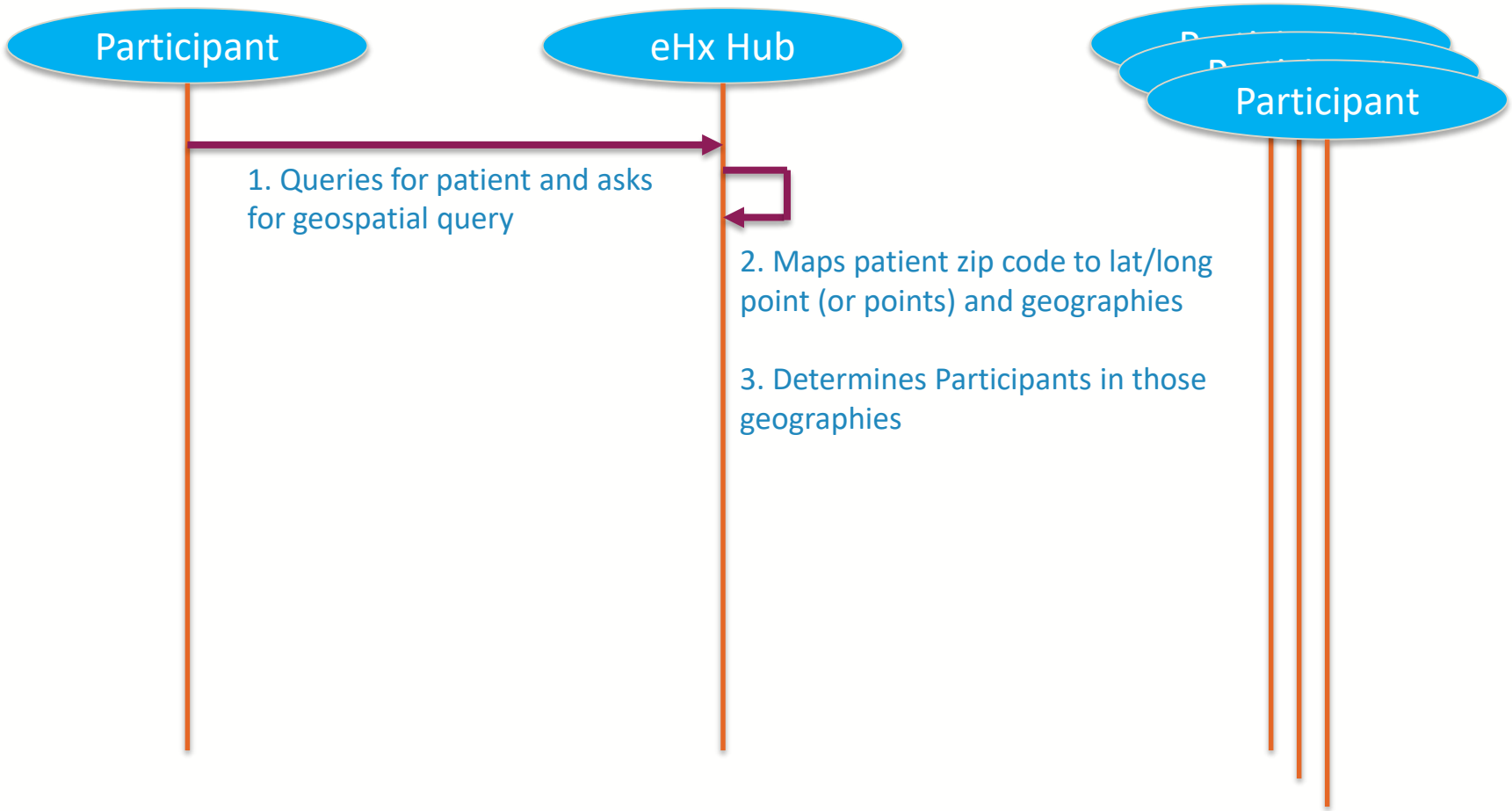
Solution Workflow



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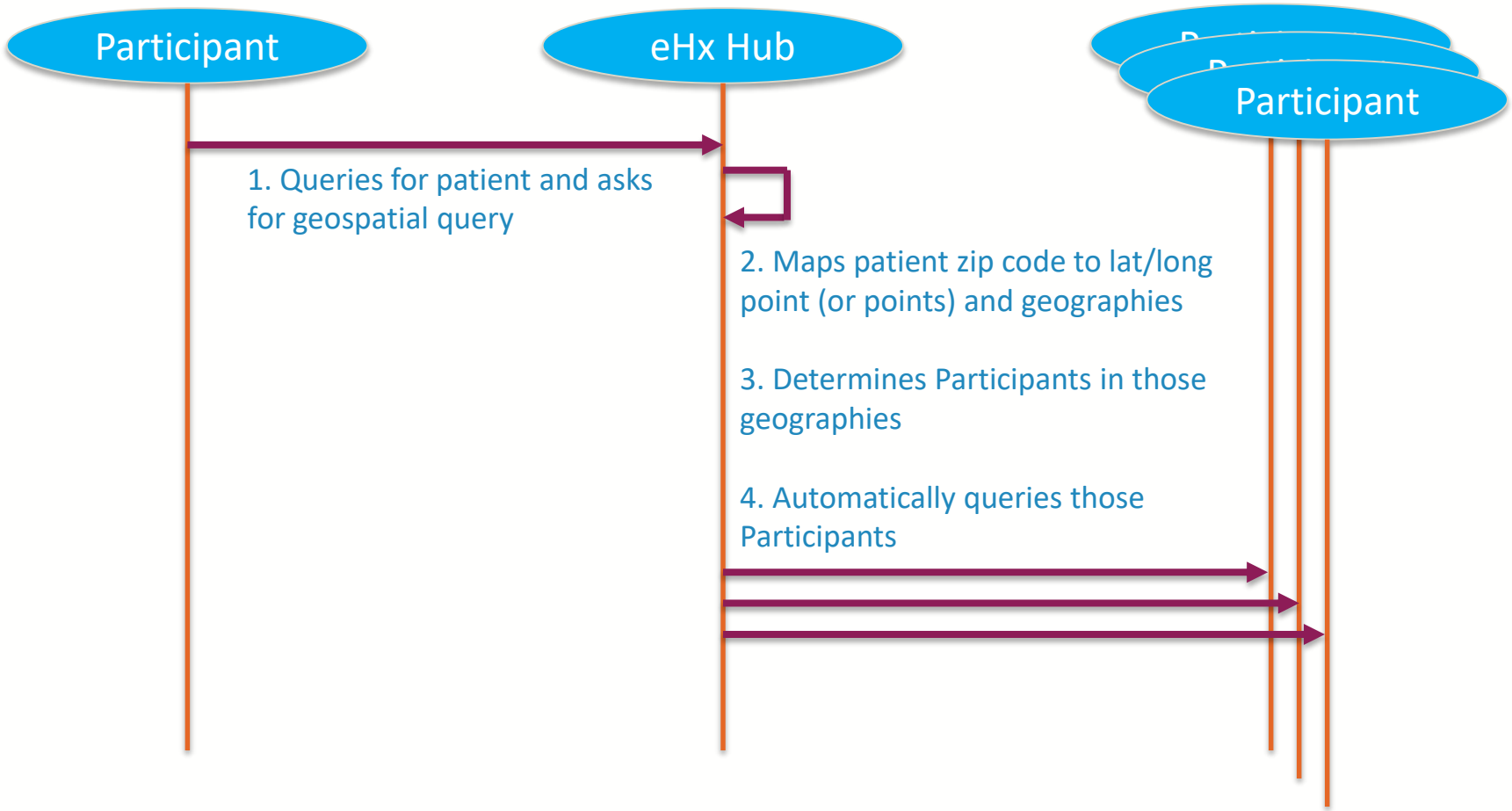
Solution Workflow



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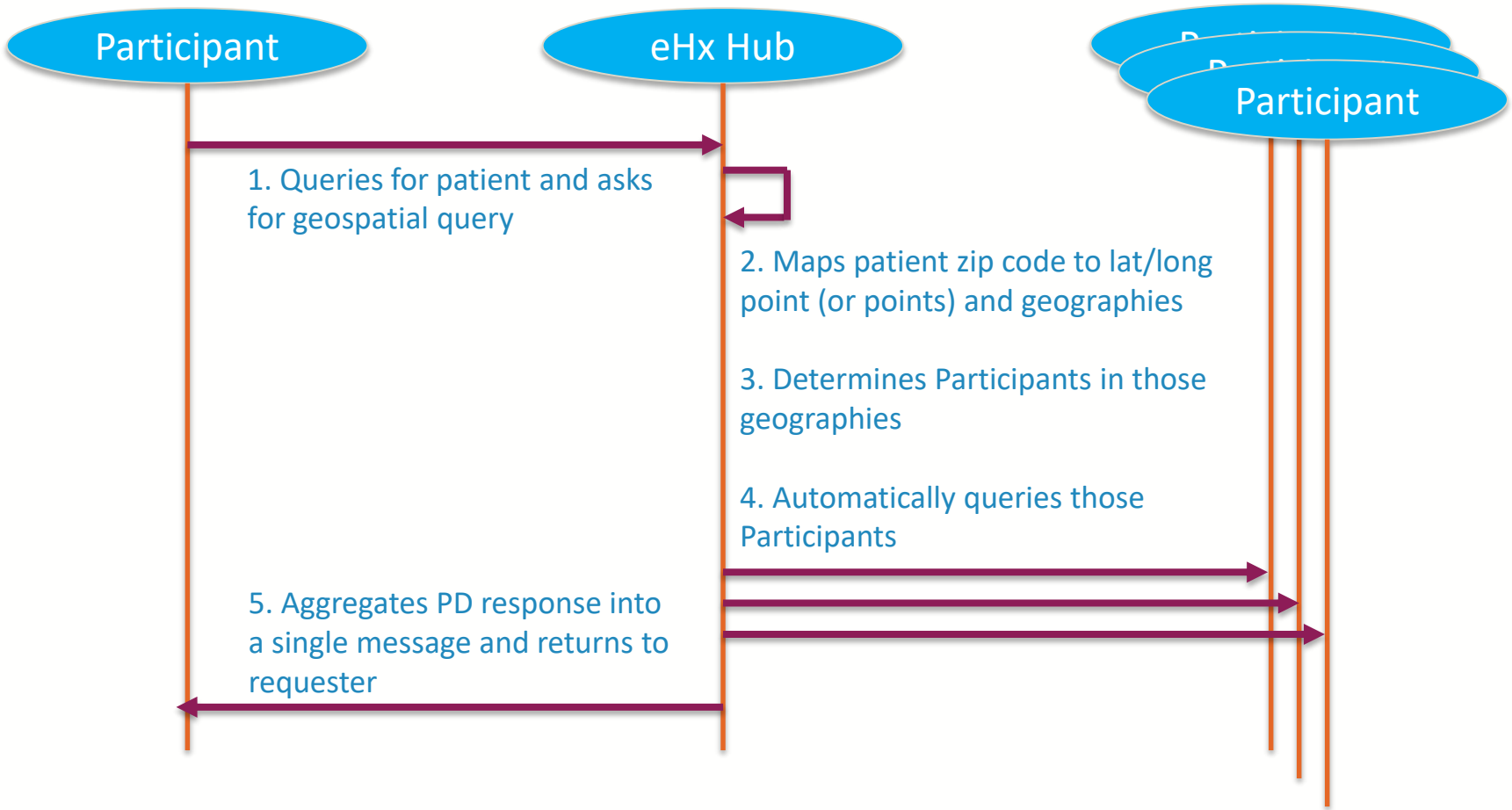
Solution Workflow (Sequence Diagram)



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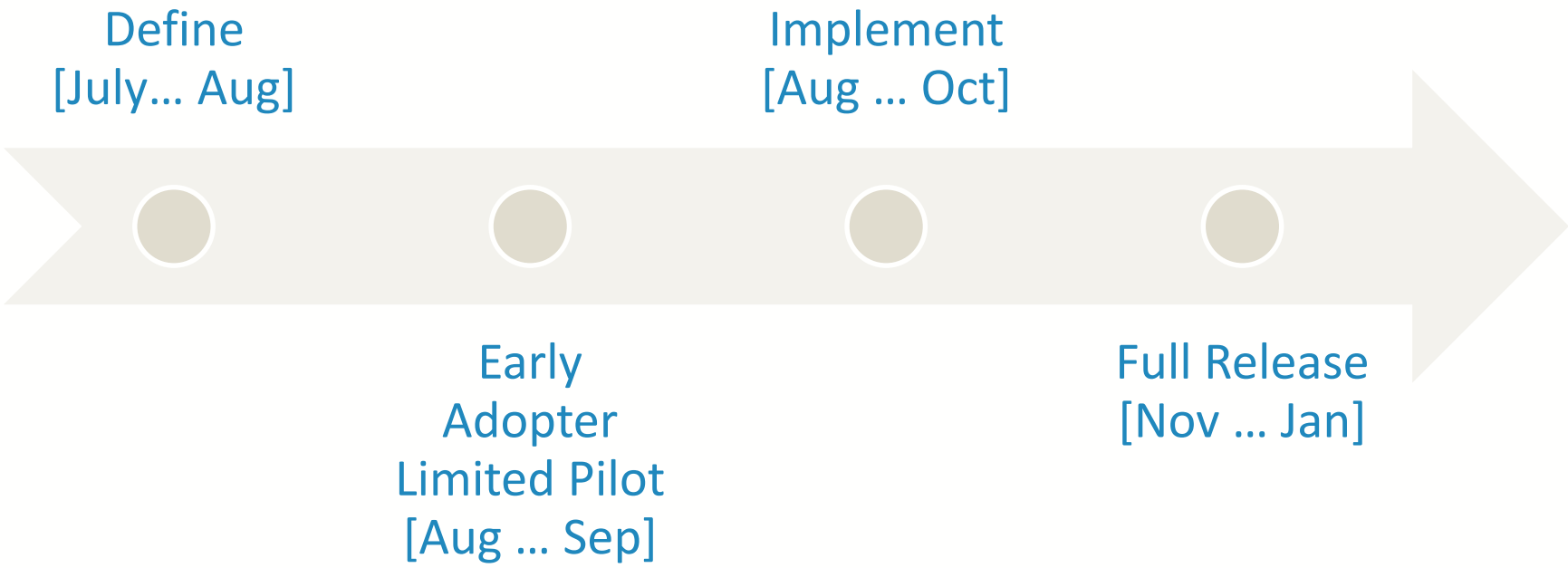
What Is The Timeline?



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What Are The Next Steps

- We are seeking Early Adopters
  - Help test the initial (state-level) queries
  - Help define and refine requirements esp. use cases and geographies
- If interested, please contact your primary eHealth Exchange staff member or send an email to administrator@ehealthexchange.org

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Data Quality Improvement Content Testing Program

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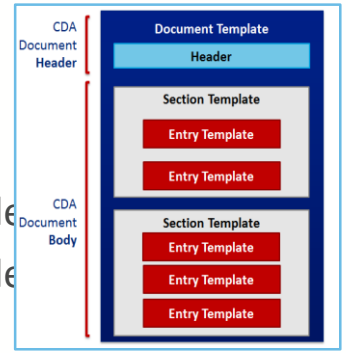
Content Testing Program Background & History
https://ehealthexchange.org/testing-program/content-testing/

1. 06/2015 Testing Workgroup approved by the eHealth Exchange Coordinating Committee (CC)
2. 07/2016 Content Testing Pilot Completed
3. 01/2017 Requirements Effective
   - MU 2011 Edition (HL7 CCD/C32)
   - MU 2014 Edition (HL7 C-CDA R1.1) + Companion Guide
   - MU 2015 Edition (HL7 C-CDA R2.1) + Companion Guide



4. 02/2018 Sequoia Interoperability Testing Platform Launched/Available – Content
5. 10/2019 All Existing and New Participants MUST Complete Initial Testing
6. April 30, 2021 All Participants must have remediated all reported errors or received a waiver from the Coordinating Committee (CC)
   - Participants unable to remediate all errors and conformance issues should submit a remediation plan and/or a conformance waiver request to the eHealth Exchange for Coordinating Committee consideration by 2/28/2021
7. Participants onboarded after 10/1/2019 are provided 18 months from date of testing submission to remediate reported issues.

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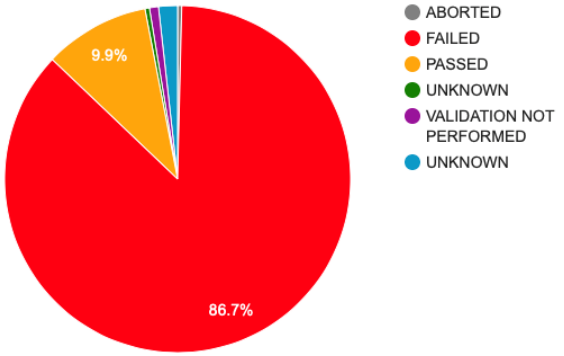
Content Testing Status

- **10%** of Eligible Participants organizations have **Passed**
  - https://ehealthexchange.org/participants/ Content Validated
- **90%** have Submitted and **Failed** for various reasons, the most common are:
  - Vocabulary issues such as incorrect code system reference or incorrect value from value set referenced in the Value Set Authority Center (VSAC)
  - Required fields missing such as Street Address or other required CCDS data classes – US Realm Header Requirements
- >14,000 Documents Tested with >70% tested against HL7 C-CDA R2.1 Standards
- Sequoia working with Vendors and their Customers to coordinate remediation



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Quarterly Tooling Updates
Defects Listing Sample – Issues reported since July 29, 2020

the sequoia project

eHealth Exchange 2018 Content Testing ANNOUNCEMENT: The Content Testing Tools were updated on July 29, 2020 to remediate issues previously reported by participants. The tooling incorporates the July 13, 2020 Value Set Release from the Value Set Authority Center (VSAC). Please navigate to the permanent link previously submitted and revalidate your testing report by pressing the "Validate Again" button. This will overwrite your previous report while maintaining the same permanent link for ease of tracking.

The User Guide, video and more information can be found at the eHealth Exchange website. Please note you will be required to register for a participant login to access the wiki and this documentation.
Questions should be emailed to testing@sequoiaproject.org.

- Please note that you need to be logged into this tooling in the upper right corner order to perform content testing.
- This tool is a user-friendly front-end to the validation web services offered by The Sequoia Project as part of the Interoperability Testing Platform (ITP).
- Value Sets reported for eHealth Exchange Content Testing come from https://vsac.nlm.nih.gov last updated July 13, 2020.

KNOWN ISSUES - All Validators

All HL7 CDA R2 Basic Requirements listed in this document: CDA Basic Requirements Document should be ignored.

Background: Sequoia has been working with the HL7 Structured Documents Workgroup (SDWG) to determine the best path forward with regards to all rules that our tooling fires errors for listed in this document: https://gazelle.ihe.net/cda/cda-basic-req.pdf.

In summary, these are rules that are part of the base CDA R2 normative specifications that the US Realm C-CDA **SHOULD** inherit from (http://www.hl7.org/implement/standards/product_brief.cfm?product_id=7). However, maintenance and errata submitted on this normative edition has not been processed by the HL7 Structured Documents Workgroup (SDWG) and HL7 has not published an updated CDA R2 normative document set as of this date. Sequoia brought this to the SDWG attention and it was discussed on May 1, 2020 where the following guidance was provided as follows:

These rules were discussed with the HL7 Structured Documents Workgroup on May 1, 2020 and the following guidance was provided:

- If validators wish to implement these rules HL7 recommends they be balloted through a formal HL7 standards review process. Some of the rules have been superseded by HL7 M&M guidance and RIM errata not processed by HL7 timely.
- The content testing tooling will be updated in October 2020 to disable these rules that the HL7 Structured Documents Workgroup feel need further vetting for appropriateness.

KNOWN ISSUES - HL7 C-CDA R2.1

- **CONF: 1098-31579** - This Error should show as a Warning. **This has been reported to HL7 as an Errata (http://www.hl7.org/dstucomments/showdetail_comment.cfm?commentid=1856). It appears that VSAC, which is our authoritative source of truth for the testing tooling related to value sets does not contain ALL the UCUM codes.** This effectively brings the valueSet validation to a SHOULD (since it's only a fraction of all valid UCUM for current and near-future). We'll be working with HL7 to help improve the valueSet for the UCUM codes, even though the binding was turned down to a warning.
- **CONF: 1198-32323** EncounterTypeCode reporting improper error.
- **CONF: 1098-31928** Smoking Status Reporting improper error.

KNOWN ISSUES - HL7 C-CDA R1.1 - Please NOTE that this specification is no longer being maintained by HL7 with regards to Errata processing.

- Any Schematron related Errata found here will likely show as an error that cannot be remediated within the tooling for the foreseeable future as Sequoia depends on HL7 to maintain the Schematron. There are 8 issues logged that are Schematron related.

Sequoia Interoperability Testing Platform (ITP)
https://gazellecontent.sequoiaproject.org/EVSClient/home.seam

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Content Testing Frequently Asked Questions

https://ehealthexchange.org/testing-program/content-testing/

Sequoia Interoperability Testing Platform (ITP) Access

Is there a cost to access the Sequoia ITP Content Testing Validators?

- The Content Testing Tools are free for use by eHealth Exchange Participants and their vendors.
- The Content Testing Tools are free for use by Sequoia Project Member Organizations.
- If your organization does not meet either of the two criteria above, a yearly subscription can be obtained. Please send an email to testing@sequoiaproject.org for more information.

How do I get access to the Sequoia Interoperability Testing Platform (ITP)?

I have had a staff member who previously conducted our content testing leave our organization. How do I request for users to be removed from the Sequoia ITP?

I have lost my password for the Sequoia ITP, how do I reset it?

What is the URL for the Content Testing Tooling component of the ITP?

Documentation & Value Sets

How do I gain access to the eHealth Exchange Wiki to access the content testing documentation?

I have lost my record of the permanent link references my organization submitted. How can I retrieve the permanent links previously provided?

Where can we find the value sets or codes used by the content testing tooling?

Other

My organization has implemented a Meaningful Use certified product. Why does the Sequoia ITP show errors that the Edge Testing Tool (ETT) and/or the Standards Implementation & Testing Environment (SITE) does not.

I am concerned that this initiative is taking quite a bit of time from HIE and EHR vendors, why do I need to expend the resource time to remediate issues identified?

My testing report is only providing information for the first 50 errors and I have more than that according to my testing summary. How do I get information for all the errors to review?

Process

How do I submit my results once testing is completed?

The Content Testing Tooling was updated, what do I need to do to rescore my testing previously submitted?

We have completed our revalidation with the tooling update, do we need to officially resubmit our results, or does Sequoia watch for the results via the tool?

How will I know which participants have successfully passed testing?

How long will we have to remediate issues found in the content testing program?

What happens if my vendor will not be able to remediate issues by the April 30, 2021 date?

What is meant by a remediation plan?

Can I use PHI in the content testing submitted?

How do I report defects found within the tooling?

Where can I find known issues that may have already been reported for the Sequoia ITP?

What is required to be remediated? Are only Errors required? What about warnings?

I tested my content against the CDA R2 validator, why did you not accept this for formal testing?

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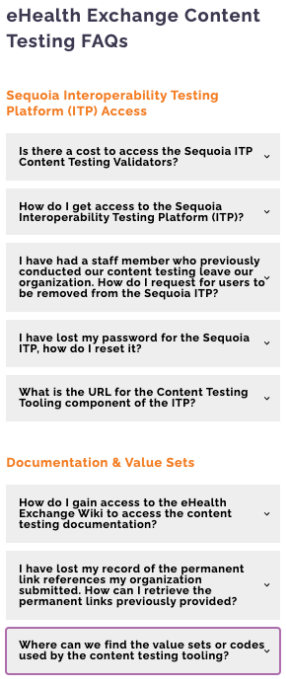
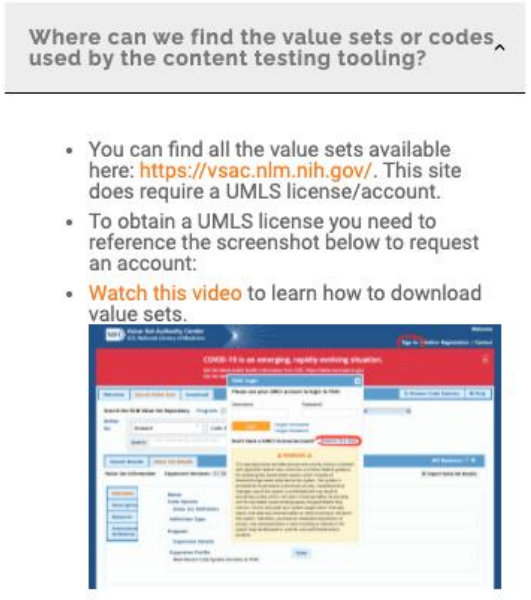
HL7 Value Set Updates Published Annually

1. The National Library of Medicine announced the Value Set Authority Center (VSAC) publication and downloadable files of the HL7 Consolidated Clinical Document Architecture (C-CDA) R2.1 value sets, authored by the HL7 Terminology group were made available July 13, 2020





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Content Testing Program Communications Plan 2020 - 2021

Date	Description	Media
March 2020	March 29, 2020 – Sequoia Interoperability Testing Platform Validator Update	User Emails & Multi-media
May – April 2021	Monthly Informational Call – Reminder Highlight	PowerPoint/webinar recording
June 2020	Website redesign – Blog, videos, Twitter, LinkedIn Begins	Mailchimp email & Multi-media
July 2020	July 13, 2020 Value Set Authority Center Annual Value Set Update – C-CDA R2.1 July 29, 2020 Sequoia Interoperability Testing Platform Validator Update	Mailchimp email & Multi-media
August 2020	Webinar Content Testing Program Update and VA/VHIE program collaboration update	PowerPoint/webinar recording
October 2020	3rd Quarter tooling update Webinar 6-month milestone reminder – April 30, 2021 – Begin Office Hours every two (2) weeks	Mailchimp email & Multi-media PowerPoint/recording
December 2020/ January 2021	4th Quarter tooling update	Mailchimp email & Multi-media
February 2021	Present remediation plan/waiver requests to CC for approval	Mailchimp email & Multi-media
June 2020 – April 2021	Blog newsletter, YouTube Videos, Twitter, LinkedIn	Mailchimp email & Multi-media

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Industry-wide Content Pain Points

Optionality:

More than one way to do things and inconsistent implementations across vendors

Terminology:

Inconsistent terminology usage

Specification Ambiguity

Complexity:

The C-CDA standard is difficult to understand and consume and is lacking in clearly documented examples

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Please Engage!

We’d love to hear from you

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Technical Work Group

Please Attend:

- https://zoom.us/j/5128970748
- Meeting ID: 512 897 0748
- One tap mobile: +16699006833,,5128970748#
- Thursdays at 4-5pm ET, 4/2/2020 through 8/31/2020

Typical Topics:

1. Technical Specification Creation
    a. Push notifications
    b. Populating directory with hospital locations
    c. Broadcast query
    d. FHIR Directory
    e. Consumer access
    f. Carequality harmonization
    g. Controlled Unclassified Information (CUI) Marking
2. Testing
3. Hub Updates
4. Capacity planning [Final Thursday each month]

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How might I obtain additional information?

How	When	Where
1. Visit eHealth Exchange Web Site	Any time	https://ehealthexchange.org
2. Monthly Participant Web Meetings	Typically, the 3rd Thursday of Each Month at 1 pm ET	https://ehealthexchange.org/events
3. Weekly Technical Workgroup	Thursdays 4-5 ET (April though August+)	https://ehealthexchange.org/events
3. Email	Any time if you have a specific question	administrator@ehealthexchange.org

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Questions & Answers

Please e-mail questions or concerns to administrator@ehealthexchange.org

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