

eHealth Exchange™

2018 ANNUAL Participant Meeting

OCTOBER 24, 2018

Gaylord National Harbor, MD

eHealth Exchange Roadmap

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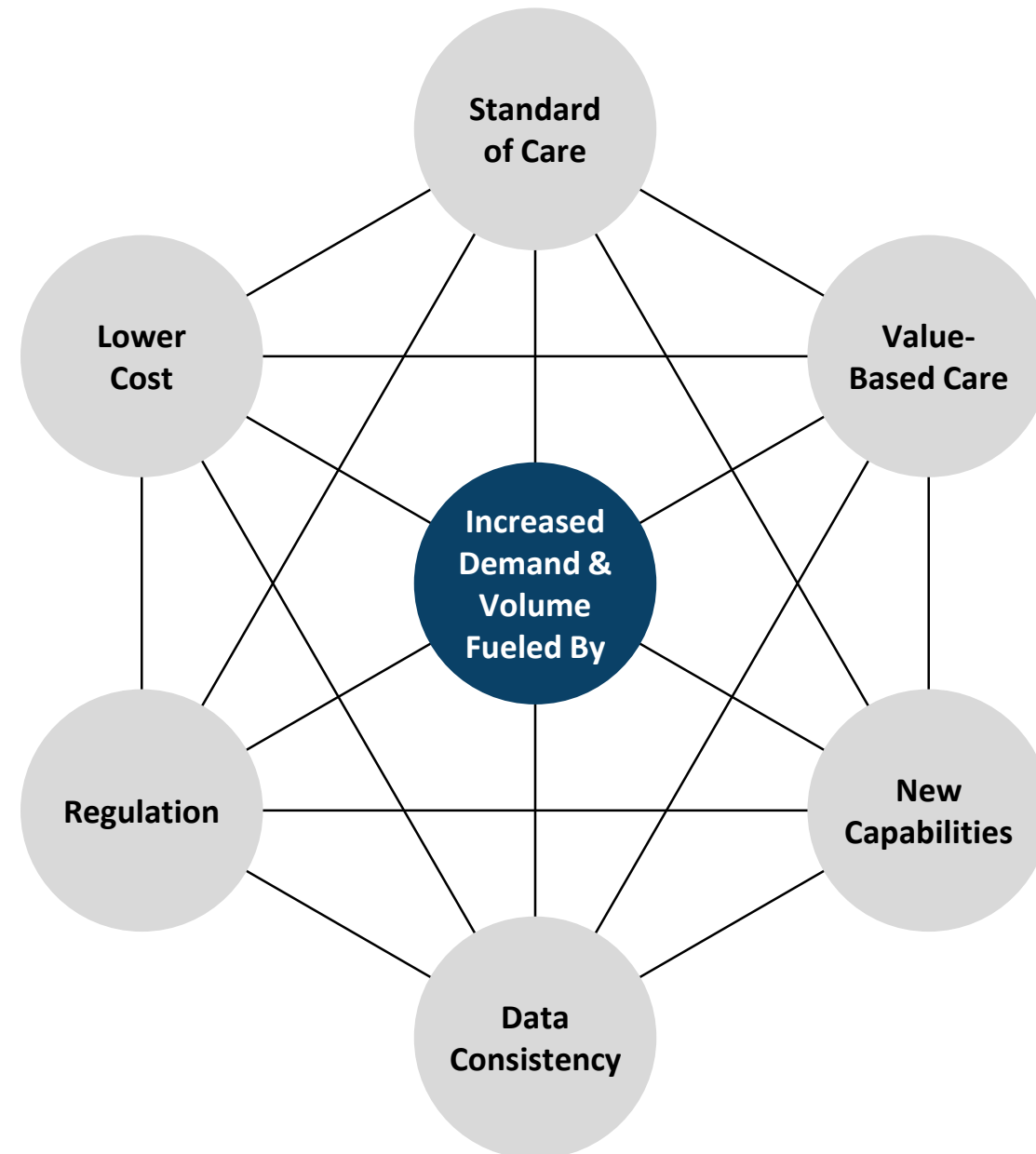
Eric Heflin, Sequoia Project



Roadmap

- Business Drivers
- Challenges & Opportunities
- Strategies to Achieve Goals & Objectives

Business Drivers



Key Issues to Solve

Opportunities

Complexity & Expense

Broad connectivity must be cheaper and easier

Centralization
Purposes of Use
PULSE

Reach

Participants need access to additional networks

Carequality
PDMP

Timeliness

- Need to coordinate care sooner
- Must complement reactive searches

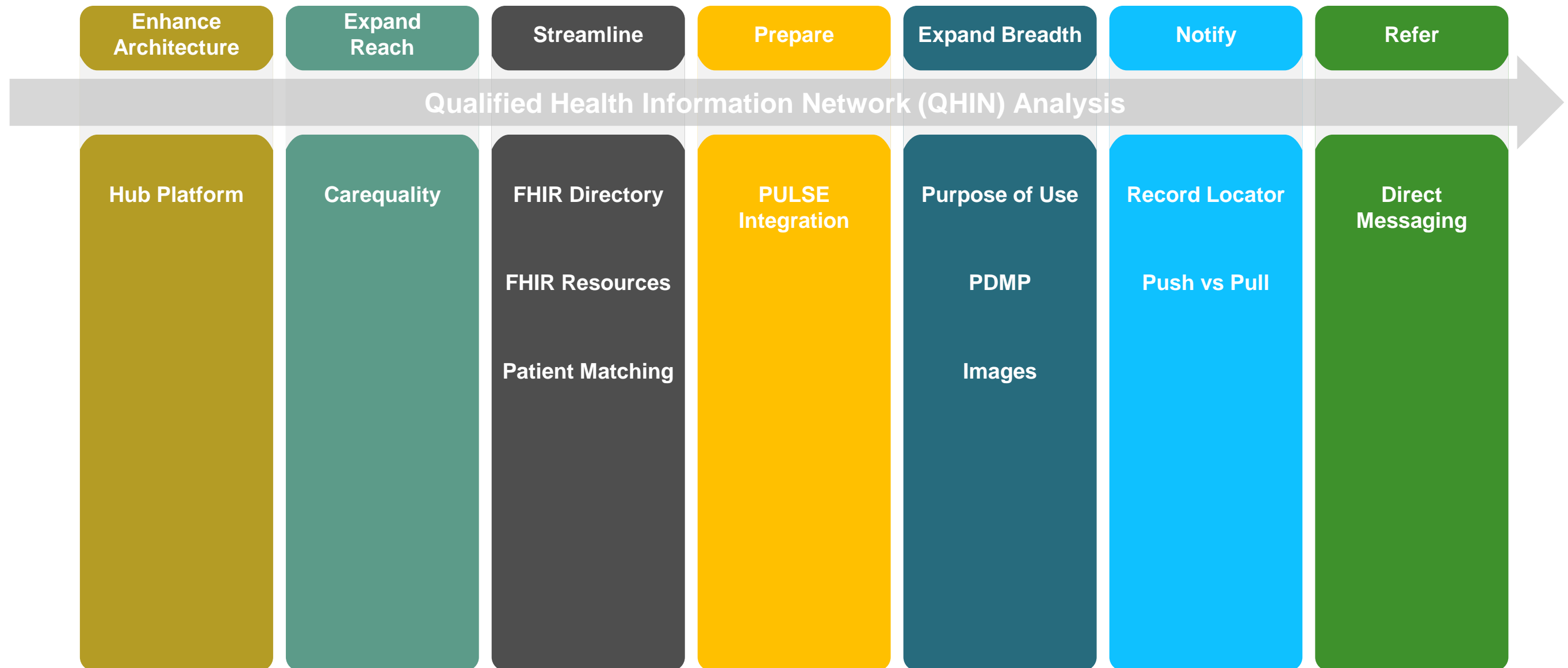
Push CDAs & Discrete Data
Where to Search (RLS)
PULSE

Discrete Data

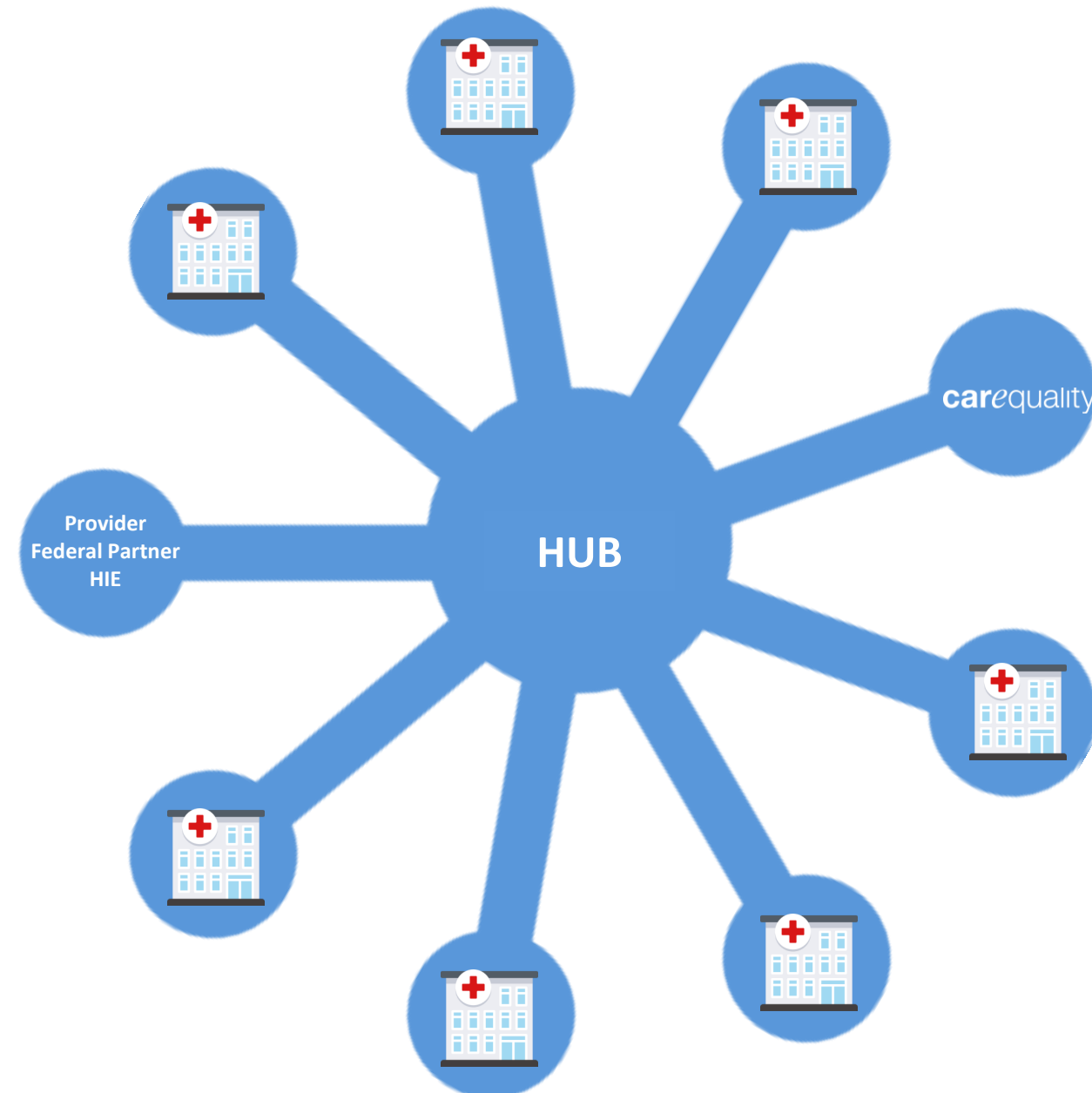
Participants often need to focus specifically on medications, lab results, etc

FHIR

Roadmap

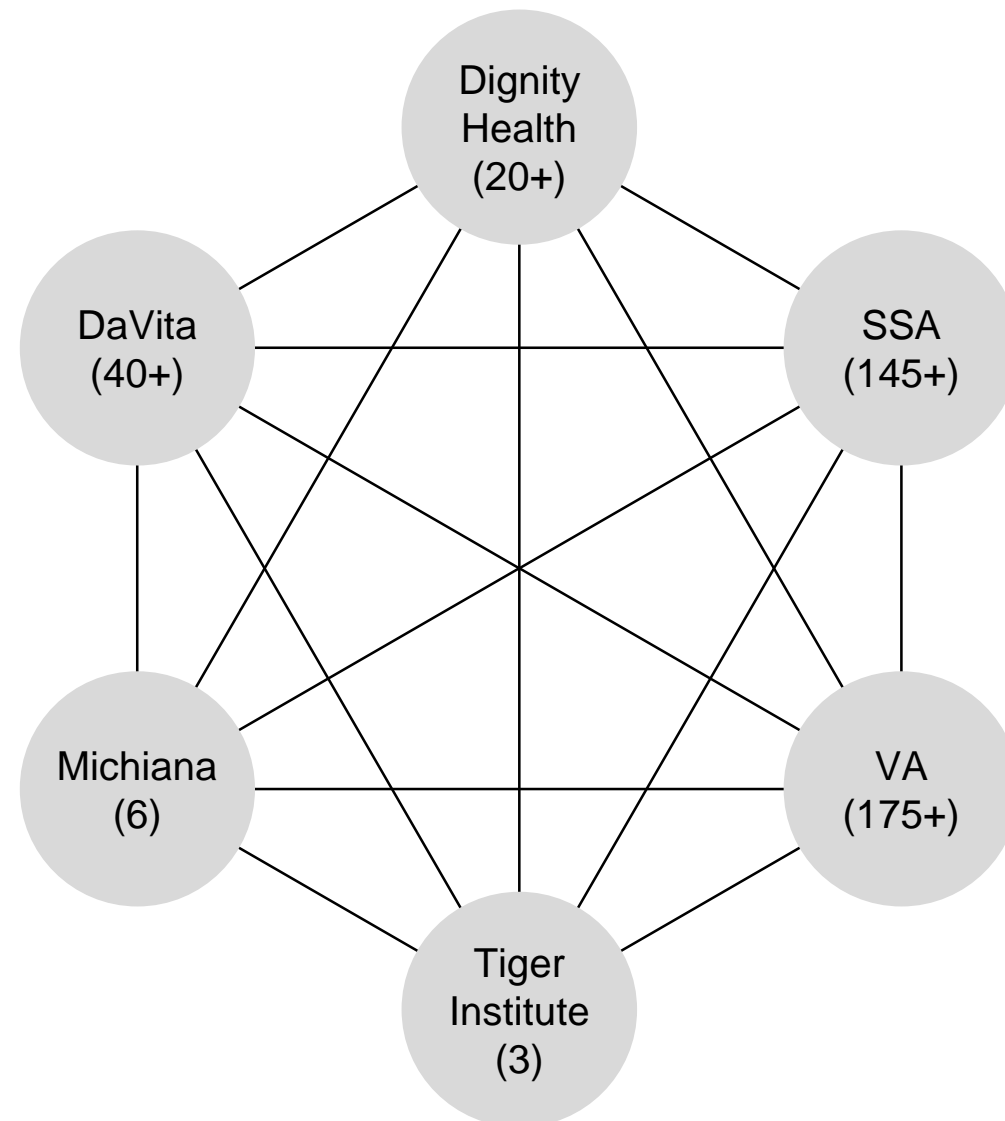


Enhance Architecture

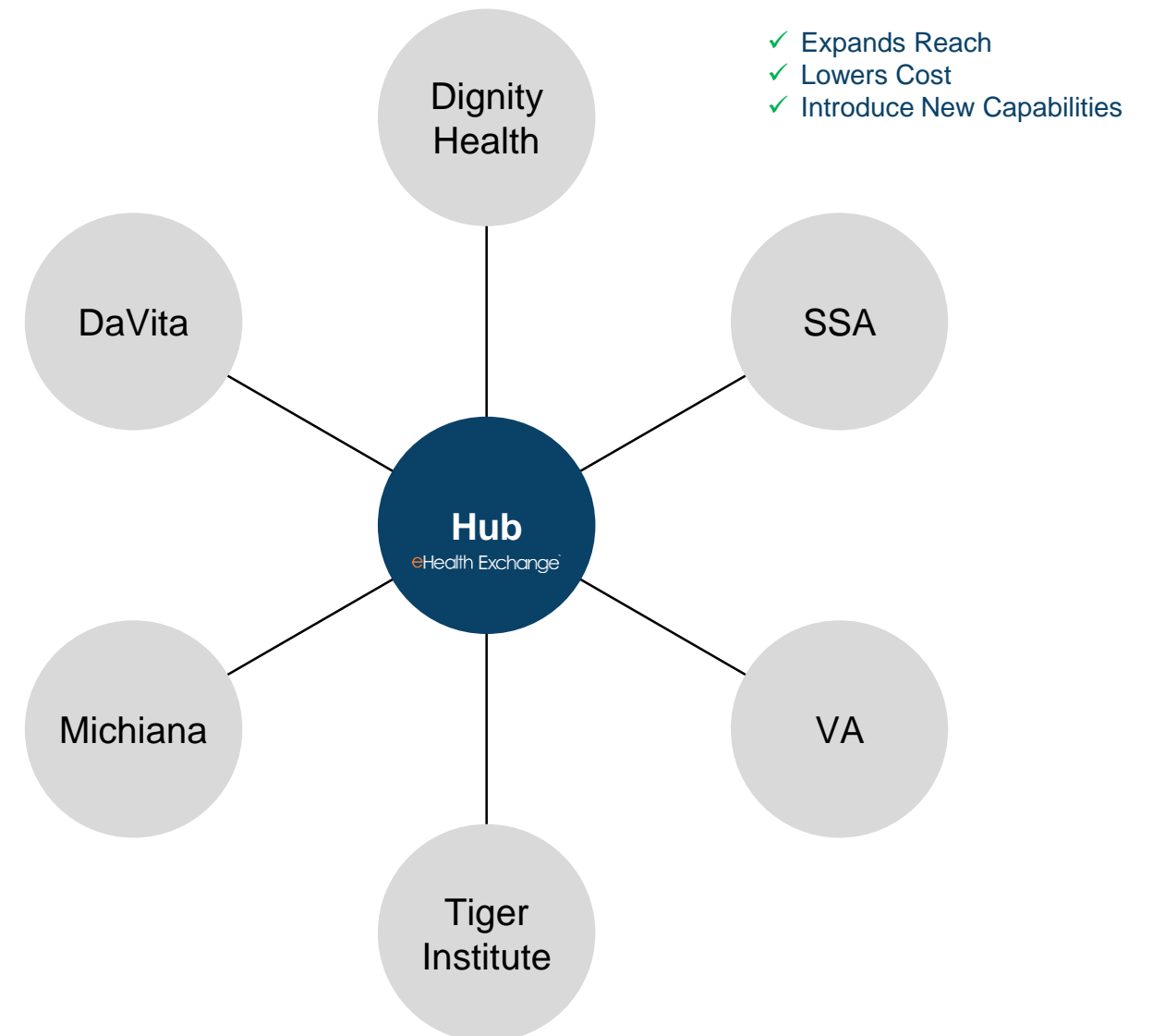


Enhance Architecture

Federated

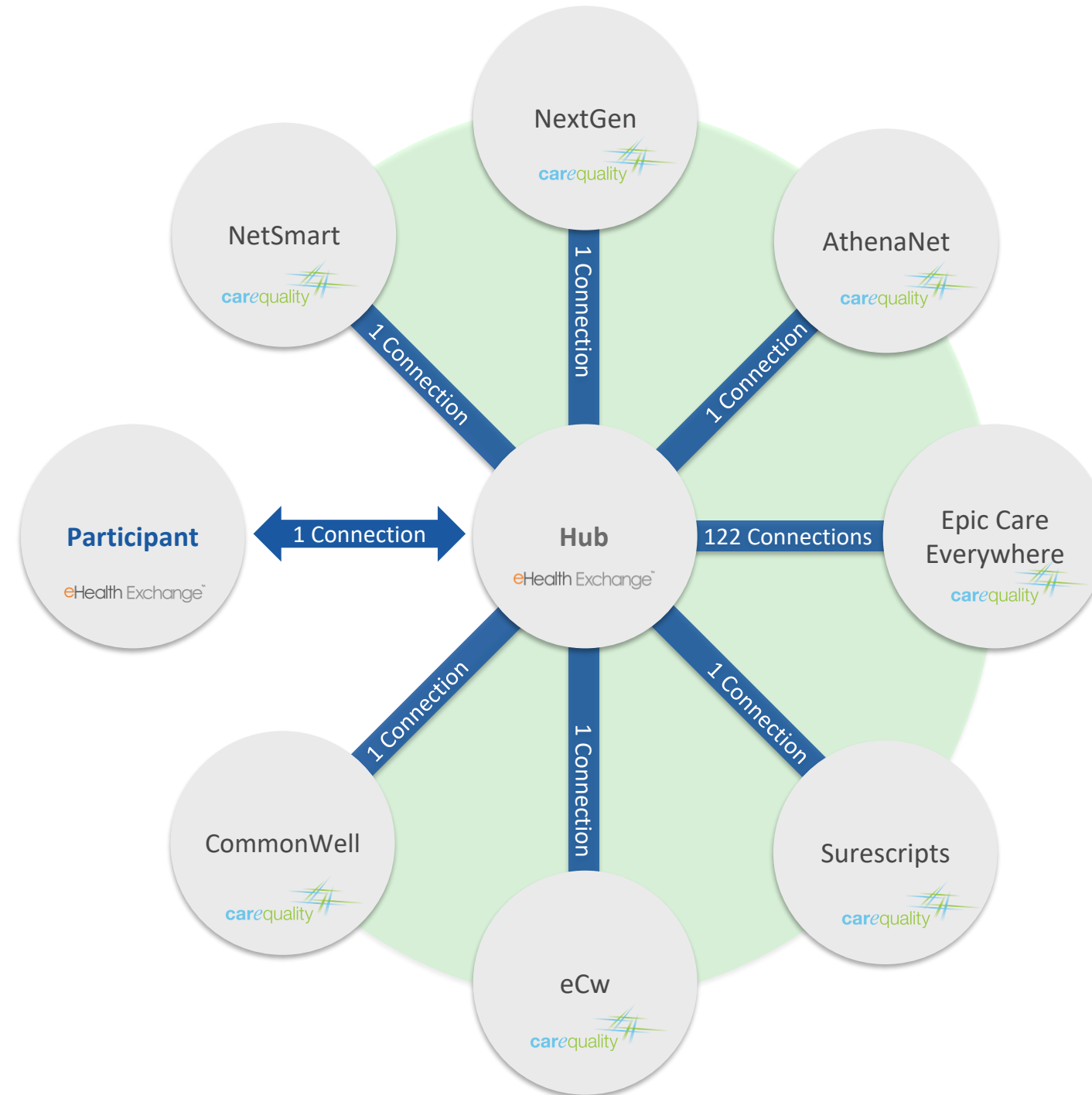


Centralized



Expand Reach

eHealth Exchange™



Accomplished

- ✓ Pilot kickoff
- ✓ Fee structure
- ✓ Carequality Connection Terms

In Process or Upcoming

- DURSA Amendment
- Policy Updates
- Hub onboarding
 - Athena
 - NextGen
 - eClinicalWorks
 - Netsmart
 - CommonWell
 - Surescripts RLS
 - 122 Epic connections

Expand Breadth

- Image Exchange
- PDMP
- Purpose of Use



Why Image Sharing Matters

- Enables Patient Access/Workflows
- Benefit of historical exam during interpretation
- Concerns about cost of imaging over-utilization
 - Redundant exams ordered when recent exams are not accessible
- Radiation exposure – reduce unnecessary patient risk due to redundant exams
- Quality
 - Better, more efficient care through easy availability of imaging examinations



Image Sharing Barriers

- Information Silos (Radiology, Cardiology, Oncology, Pulmonology, Gastroenterology, Emergency Department, Eye Care, Dental, etc.)
- Governance and Exchange Policies
- Security and privacy concerns
- Providers may be reluctant to share patient information
- Vendors may desire to control proprietary networks
- Lack of agreement regarding standards



eHealth Exchange Image Share Use Case Aligns with RSNA Image Share Validation Program

- The Image Share Use Case can add great value to existing exchanges
- IHE Cross Community Access (XCA) is the foundation for the query use case widely implemented by eHealth Exchange Network Participants
- The eHealth Exchange Image Share Use Case references the RSNA Image Share Validation technical specifications
 - Cross Enterprise Document Sharing for Imaging (XDS-I) that can be leveraged within an enterprise
 - Cross Community Access for Imaging (XCA-I) across participants and networks

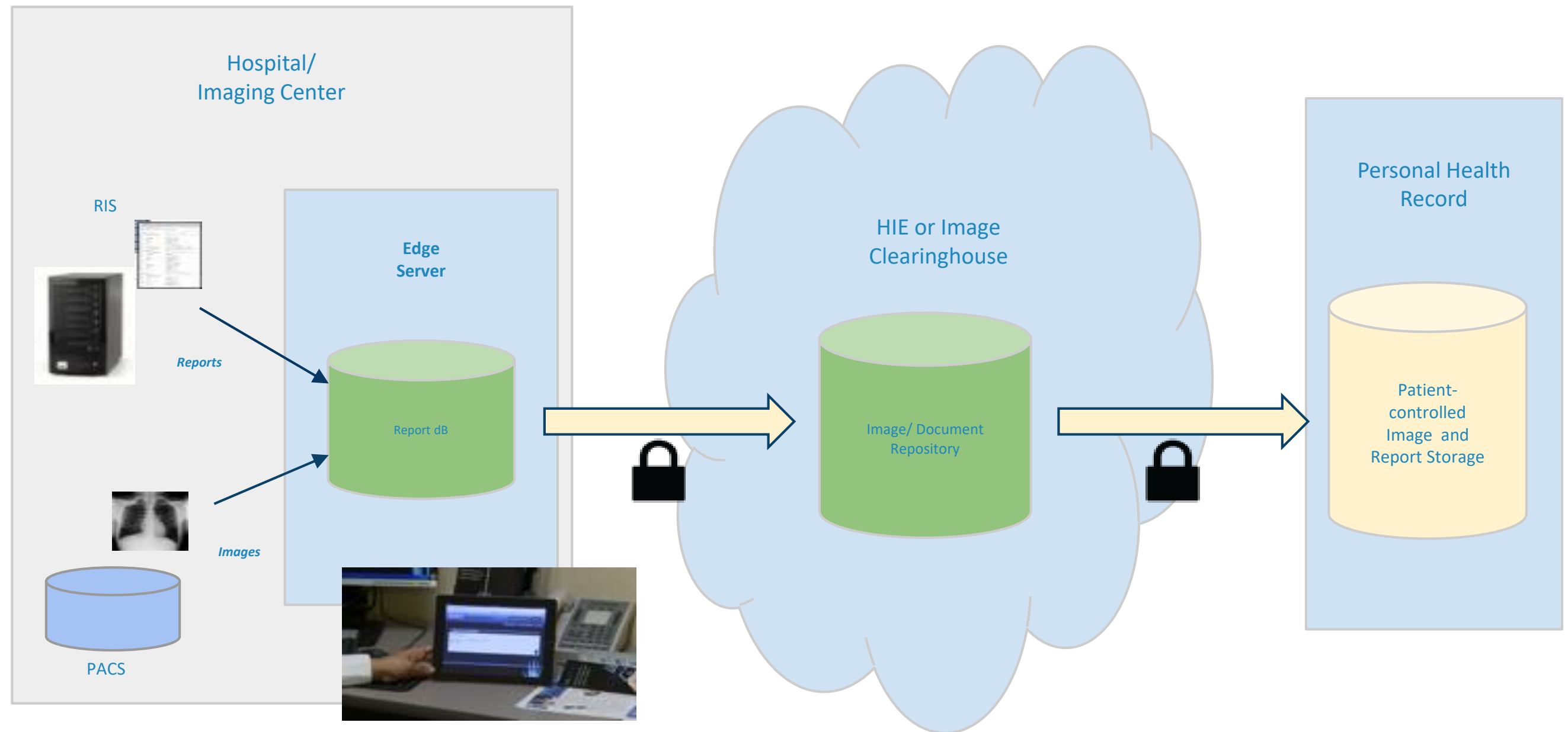
Foundational Standards for Image Sharing

- Ontologies - RadLex, SNOMED-CT
- DICOM medical imaging standards
- HL7 messaging
- IHE-Integrating the Healthcare Enterprise
 - Radiology Technical Framework
 - Organizes the existing standards into practical, efficient workflows
- Future releases: DICOM Web and HL7 FHIR
 - Gemini Project – Imaging for Cancer Care Pilot Project
 - Bring together distinct strands of work already in motion



<https://www.healthit.gov/isa/>

RSNA/IHE Image Share Architecture



Participants Awarded Validation Seals



RSNA
Image Share
VALIDATION

eHealth Exchange™

Acuo
by Hyland

AGFA 
HealthCare

AMBRA

 **dicom**
systems



 **NOVARAD**
ENABLE. EMPOWER. ENCOMPASS.

lifeIMAGE

MACH7
TECHNOLOGIES

SIEMENS
Healthineers 

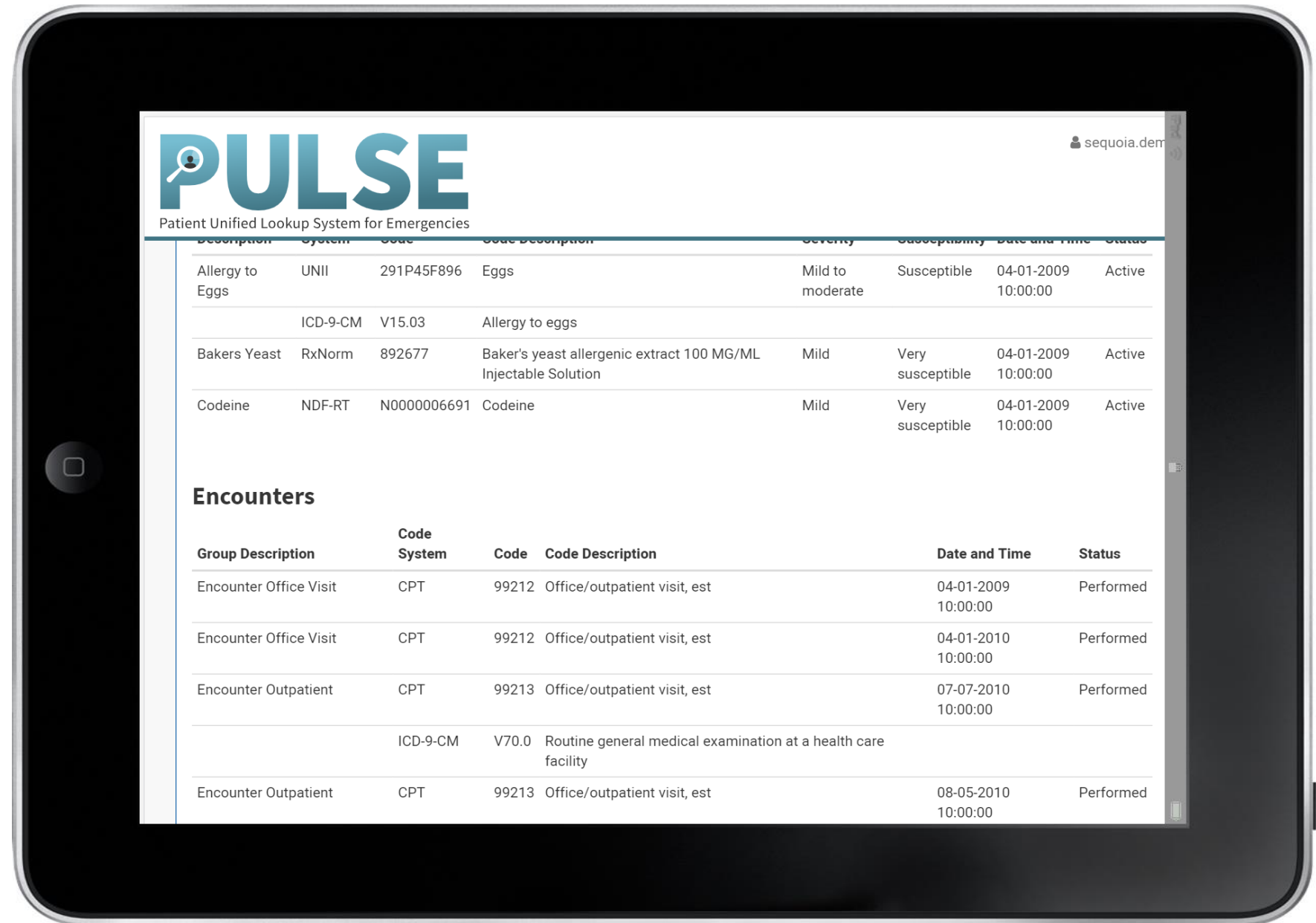
Expand Breadth

- Image Exchange
- PDMP
- Purpose of Use



Prepare

Hub Integration to PULSE application



PULSE
Patient Unified Lookup System for Emergencies

sequoia.dem

Description	System	Code	Code Description	Severity	Susceptibility	Date and Time	Status
Allergy to Eggs	UNII	291P45F896	Eggs	Mild to moderate	Susceptible	04-01-2009 10:00:00	Active
	ICD-9-CM	V15.03	Allergy to eggs				
Bakers Yeast	RxNorm	892677	Baker's yeast allergenic extract 100 MG/ML Injectable Solution	Mild	Very susceptible	04-01-2009 10:00:00	Active
Codeine	NDF-RT	N0000006691	Codeine	Mild	Very susceptible	04-01-2009 10:00:00	Active

Encounters

Group Description	Code System	Code	Code Description	Date and Time	Status
Encounter Office Visit	CPT	99212	Office/outpatient visit, est	04-01-2009 10:00:00	Performed
Encounter Office Visit	CPT	99212	Office/outpatient visit, est	04-01-2010 10:00:00	Performed
Encounter Outpatient	CPT	99213	Office/outpatient visit, est	07-07-2010 10:00:00	Performed
	ICD-9-CM	V70.0	Routine general medical examination at a health care facility		
Encounter Outpatient	CPT	99213	Office/outpatient visit, est	08-05-2010 10:00:00	Performed

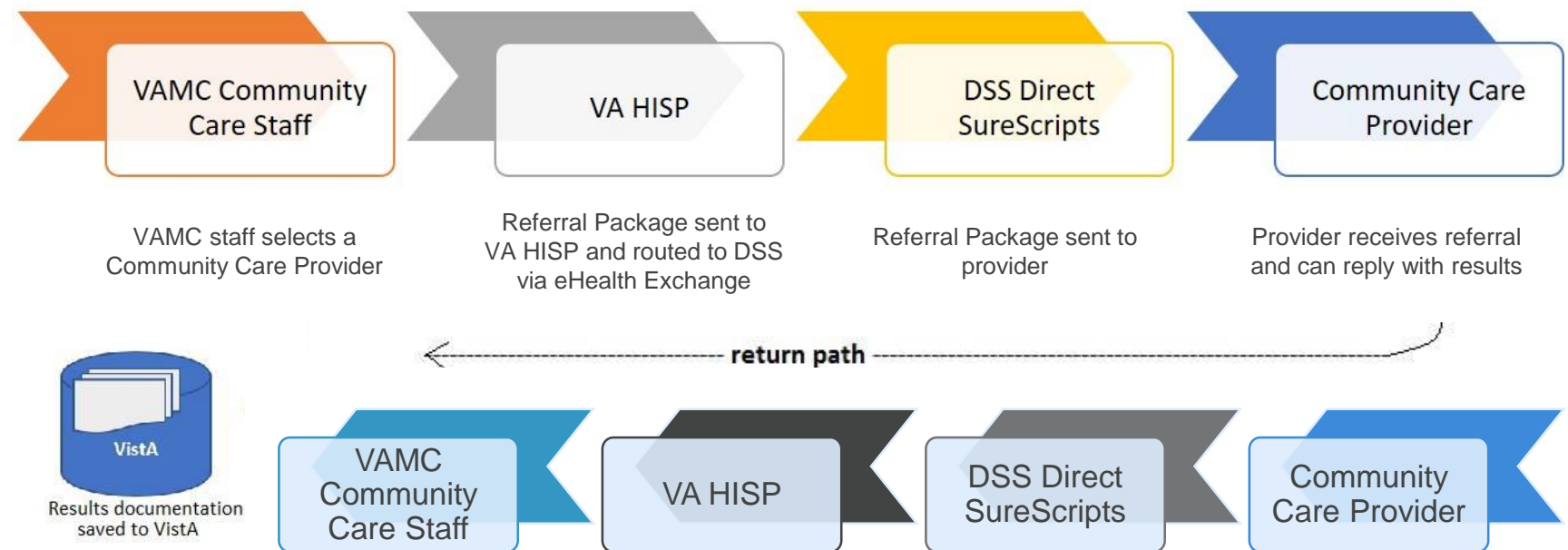
Streamline

- FHIR Directory 🔥
- FHIR Resources 🔥
- Patient Matching

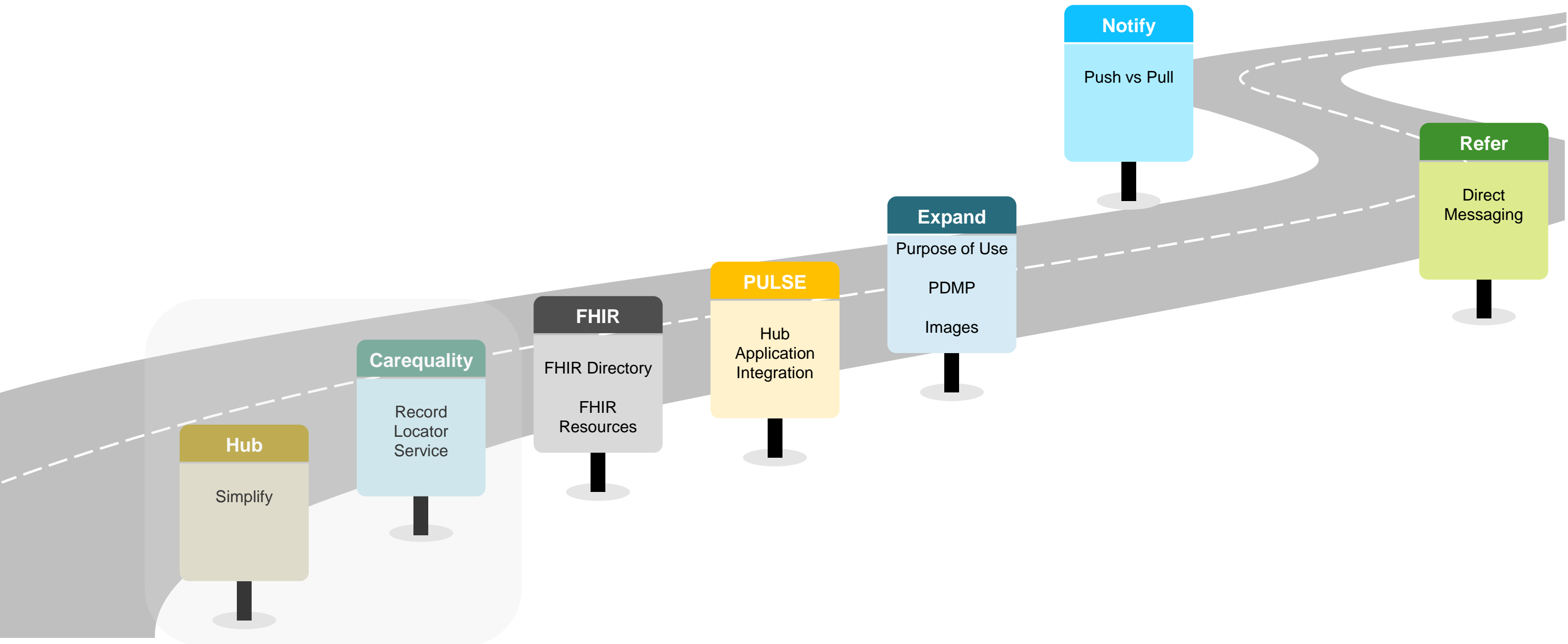
- Push vs Pull
- Record Locator Service (RLS) 
 - Surescripts Record Locator & Exchange
 - CommonWell RLS (future)

VA and DSS Direct Secure Messaging Pilot

- Allows VA providers to send referrals to eHealth Exchange Participants
- Reduces the need for faxing, mailing, or hand delivering referrals



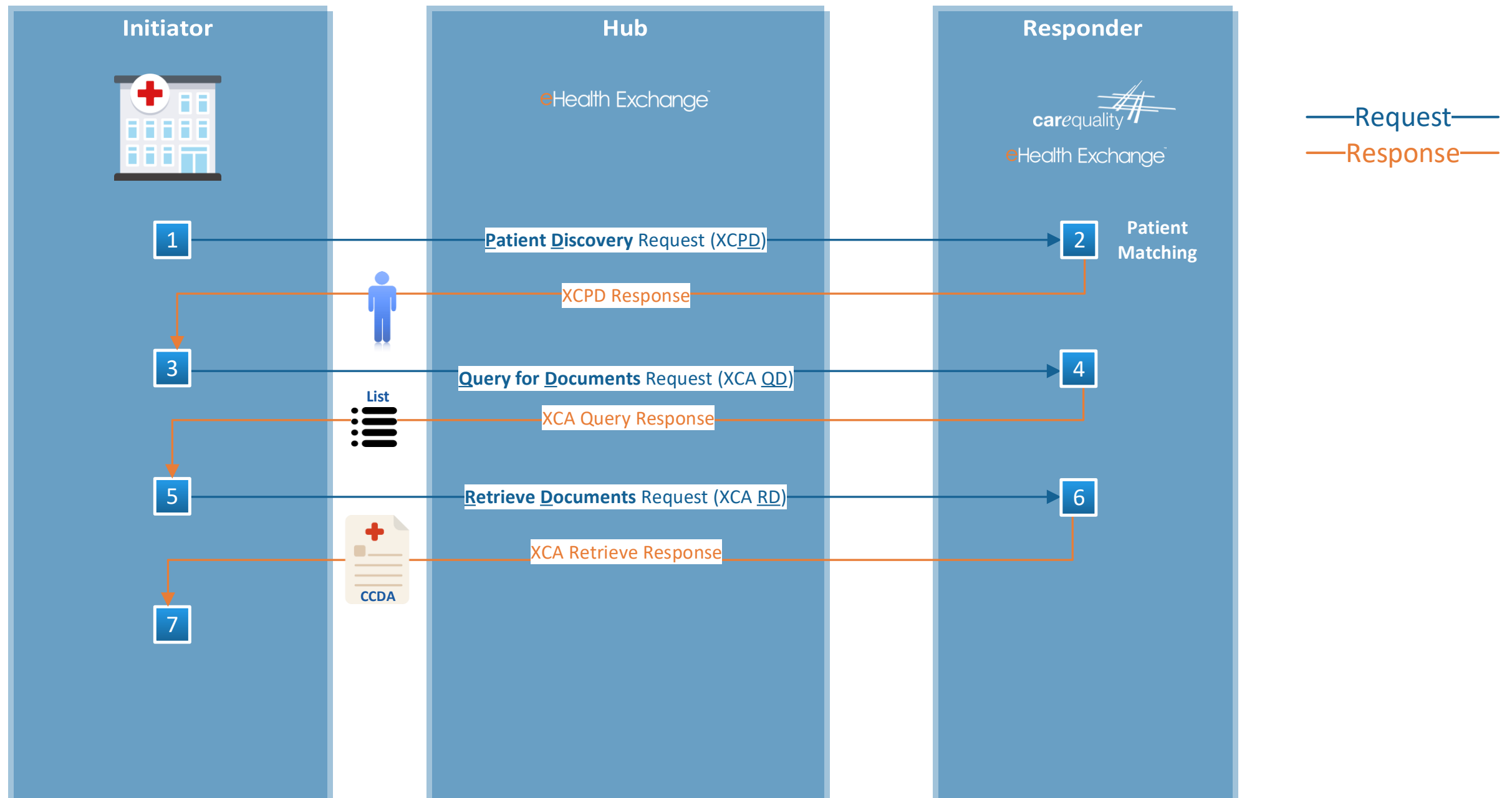
Roadmap



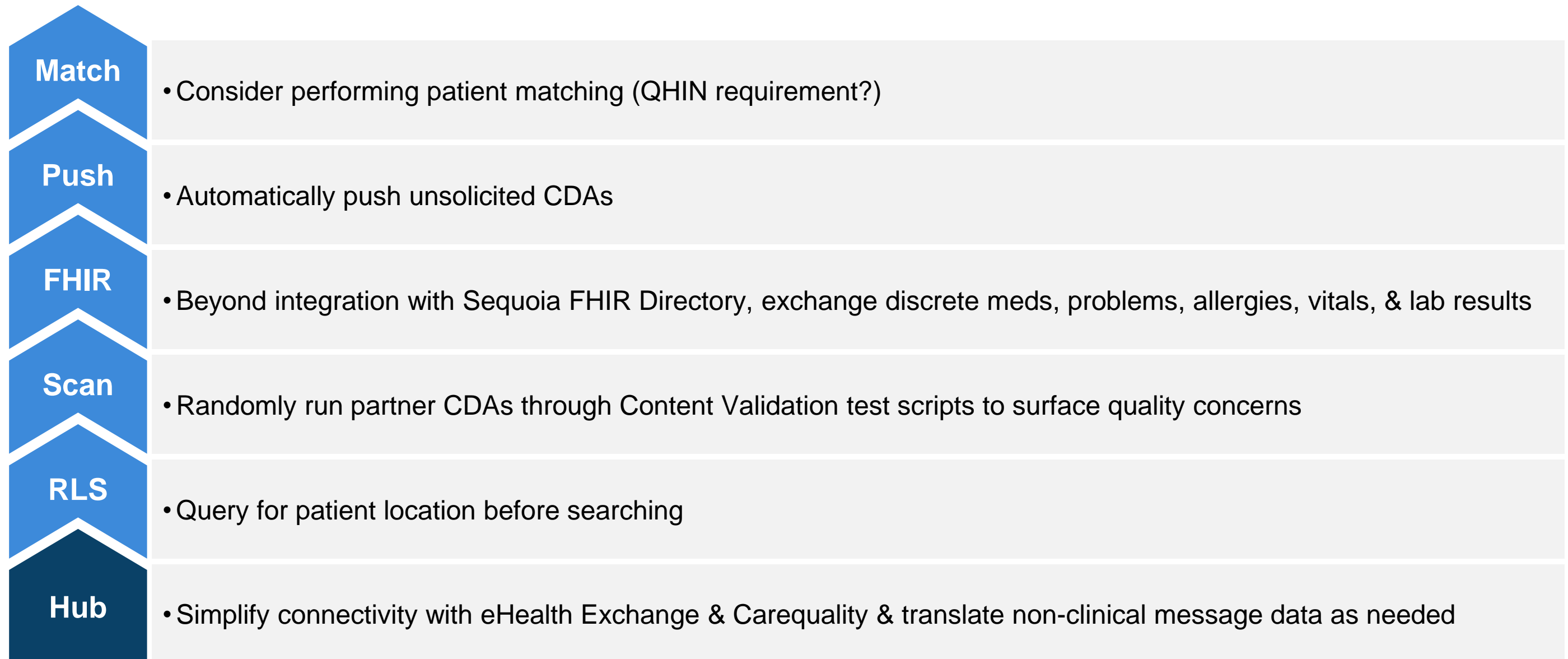
Drill Down



How does the Hub work?



What's the Hub's roadmap?



Hub Objectives

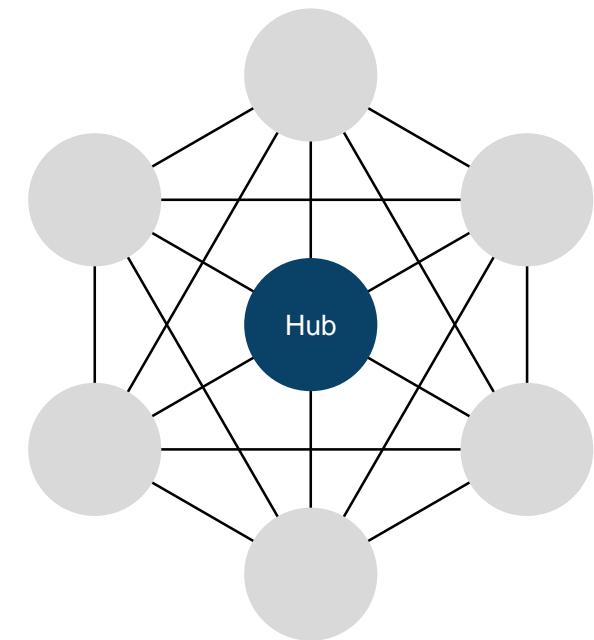
Cost	Timing
<ul style="list-style-type: none">• Low to no cost for most Participants• Modest fee for largest Participants receiving most value	<ul style="list-style-type: none">• First activations ~4 months after contract execution

Additional Information

eHealth Exchange Monthly Participant calls (3rd Thursday each month)

Why?

Why Eliminate Point to Point?	Why Leverage the Hub?	Why Now?
<ul style="list-style-type: none">• Eliminate Duplication<ul style="list-style-type: none">• Reduce Maintenance• Reduce Expense• Expand Reach• Reduce Cyber Attack Risk	<ul style="list-style-type: none">• eHealth Exchange & Carequality Connections• Little value (only risk) in duplicating the Hub's connections• Single connection to the Hub can be disabled faster during cyber attacks than disabling multiple point to points	<ul style="list-style-type: none">• Time & money for alternative priorities• Carequality onboarding• Cyber attacks increasing• Information Blocking





eHealth ExchangeTM