

eHealth ExchangeTM

All Participant Call

Pat Russell

Jay Johnstone

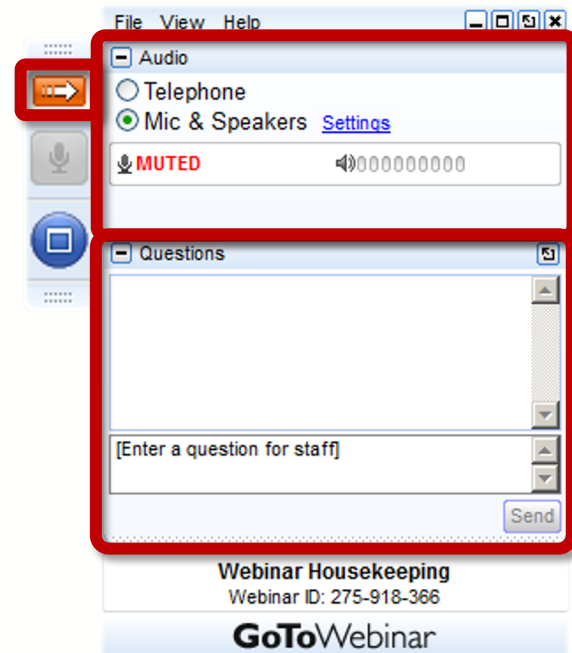
Mike Yackanich

Jay Nakashima

Debbie Condrey

Didi Davis

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@ehealthexchange.org or 703.864.4062

Today's Topics

Agenda	
1. New Participants	Pat Russell
2. Coordinating Committee Elections	Pat Russell
3. JHIE Refused Immunizations	Pat Russell
4. eHealth Exchange Innovation Grant	Jay Nakashima
5. FHIR Roadmap Highlights	Mike McCune
6. Content Validation	Didi Davis
7. Data Usability Workgroup	Didi Davis
8. FHIR R4 Update	Debbie Condrey
9. eCR Update	Pat Russell
10. Certificate Authority Transition Update	Pat Russell
11. Hub Update – Approach and Schedule	Mike Yackanich
11. Contacts	Pat Russell
11. Q&A	Everyone



New Participants

Congratulations to our newest Participants!



- HealtheLink, NY
- Greenwood County Hospital Board dba Self Regional Healthcare

Committed to Improving Patient Care via Data Exchange



Coordinating Committee Elections

2021 Coordinating Committee (CC) Seats

	Representative	Term Date
HIO	Mike Dittemore, RN	9/30/2022
	John Kansky	9/30/2023
	Pam Matthews	9/30/2024
IDN	Patti Cuartas	9/30/2023
	Matt Eisenberg, MD	9/30/2022
	Ryan Stewart	9/30/2023
	Paul Matthews	9/30/2022
Other	Dede Ainbinder	9/30/2024
	Jarrold Pearson	9/30/2024



JHIE Refused Immunizations

JHIE Refused Immunizations – Notice sent October 8, 2021

On behalf of the Federal Joint Health Information Exchange (HIE), eHealth Exchange is informing Participants of the issue below.

Dear Participants,

The Federal Joint Health Information Exchange (HIE) has identified an issue concerning the VA/DoD Aggregated CCD. It was discovered that Refused Immunization Data is being reported incorrectly such that a refused immunization may read into your system as a given immunization. The fix is scheduled to be deployed 10/21/2021.

Please contact VAExchangeInformation@va.gov if you have any questions or concerns.



eHealth Exchange Innovation Grant

eHealth ExchangeTM

eHealth Exchange Innovation Grant 2021

Open to eHealth Exchange Participants and Those Eligible to be Participants



Up to three (3) awards anticipated in the form of a milestone driven grant for year 1



Up to \$100,000 per awardee plus year 1 eHealth Exchange Participation fees will be credited



Annual eHealth Exchange Participant fees will be waived in year 2 as long as the awardee is in full production by end of year 1



Successful Proposals Will:

- **Provide more value** to existing participants, to attract new participants, and to provide compelling communication opportunities
- **Accelerate interoperability** across the network.
- **Increase centralized data exchange** through the eHealth Exchange Hub.

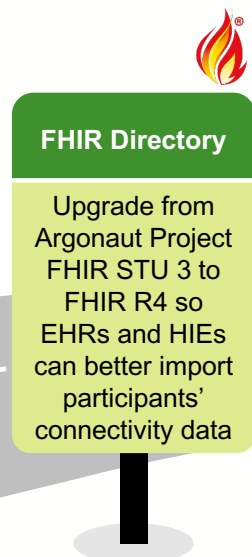
Proposals due October 29!

<https://ehealthexchange.org/innovation-grant-program>

The background of the slide is a blue-tinted photograph. On the left, a doctor's hands are visible, one holding a stethoscope and the other resting on a laptop keyboard. The image is overlaid with a semi-transparent orange rectangle in the center, which contains the title text. The background also features a subtle pattern of overlapping circles and a grid of small circles.

FHIR Roadmap Highlights

2021 Roadmap Highlights are FHIR inclusive*



*Highlights only (not exhaustive list)

*Market disruptions may change these priorities

FHIR Interoperability



Participants are and will continue to be at different stages in their ability to support FHIR-based data exchange. The eHealth Exchange approaches FHIR connectivity in multiple ways to enable connectivity with participants across stages



Some Participants support both FHIR Client (retrieve) and Server (provide) capabilities.



Some support FHIR Server functionality only, which includes the ability to accept FHIR writes but not consume data retrieved from a client-based request



Others may not have any FHIR support, but still want to be able to retrieve data that is made available by other Participants' FHIR Servers

Solving FHIR's Challenges

Challenge	Solution
Establishing Connectivity	eHx implements a FHIR app with each participant and manages client identity so our participants don't have to. This allows for "hub and spoke"-style connectivity rather than point-to-point; saving our participants hundreds of implementation hours
Security and Authorization	eHx authenticates with participants using OAuth2 protocols that establish a trusted relationship and validate resource authorization per-client and transaction
Data Collection and Processing	eHx enables a multi-request framework which allows requestors to receive aggregate data collected from multiple FHIR resources across multiple responders.

FHIR Approach - Meeting Participants Where They Are

Participants are and will continue to be at different stages in their ability to support FHIR-based data exchange. Therefore we are evaluating functionality that will support a variety of patterns.

- Some Participants may support both FHIR Client and Server capabilities.
- Some may support FHIR Server functionality and the ability to accept FHIR writes - but not be able to initiate FHIR requests.
- Others may not have any FHIR support, but would still want to be able to retrieve data that is made available by other Participants' FHIR Servers.

Use Case 1: Pure FHIR-based Data Exchange (passthru – on 2021 roadmap)

For Participants with ability to initiate and respond to FHIR requests

SECURITY OPTIONS:

2-way TLS
Basic Auth
Oauth (Hub as Oauth server)

Hub as FHIR Proxy

ROUTING OPTIONS (in-flux with HL7 FAST):

HTTP Header (e.g. X-Destination)
QueryString (e.g. _eHxHubRouteTo)
MessageHeader.destination.endpoint – only valid for POST
DNS – IP address for responder's hostname redirected to Hub

eHealth
Exchange
Requesting
Participant

1. RESTful request to Hub requesting a FHIR resource from a designated organization



4. The FHIR bundle is returned as a response to the RESTful request



eHealth
Exchange
FHIR
service

2. FHIR service submits backend service auth request to tenant, receives auth token



3. FHIR service submits <Resource>.Search request with demographics, receives FHIR bundle

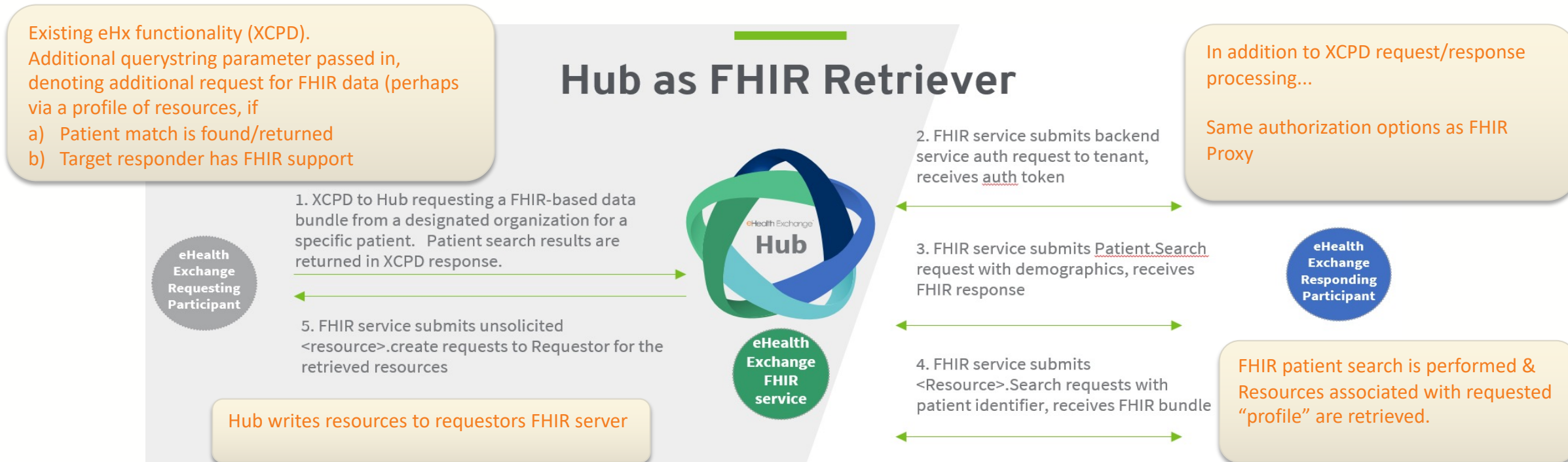


eHealth
Exchange
Responding
Participant

Synchronous Processing

Use Case 2: SOAP-based Request / FHIR-based Response

For Participants with ability to allow authorized external entity to write FHIR resources



Use Case 3: Hub Transforms FHIR to CDA (SOAP request / SOAP response)

Participants with no native FHIR support

Hub Transforms FHIR to CDA

Existing eHx Query-Based Exchange pattern is used by the Initiator/Requestor. No change to their workflow.

“Meeting the Participant where they’re at”...

XCA Query will be performed as-is.

eHealth
Exchange
Requesting
Participant

1. XCA Query to Hub requesting list of available documents *and* FHIR resources from a designated organization for a specific patient.

5. List of available documents is returned in XCA Query response. If applicable a document reference for any available FHIR resources is also included in the RegistryObjectList.

6. XCA Retrieve request sent to Hub, requesting document that references FHIR resources.

Existing XCA Retrieve, Hub will recognize if document reference is Hub-based, retrieve from Hub Resource Repository, transform FHIR->SDA->CDA, and return



eHealth
Exchange
FHIR
service

7. Hub transforms FHIR resources into CDA and returns to requestor

2. Hub forwards XCA Query to target and retrieves list of available documents

3. FHIR service submits Patient.Search request with demographics, and identifies FHIR resources available

4. Hub creates and adds document reference to XCA Query response – representing FHIR resource data that is available

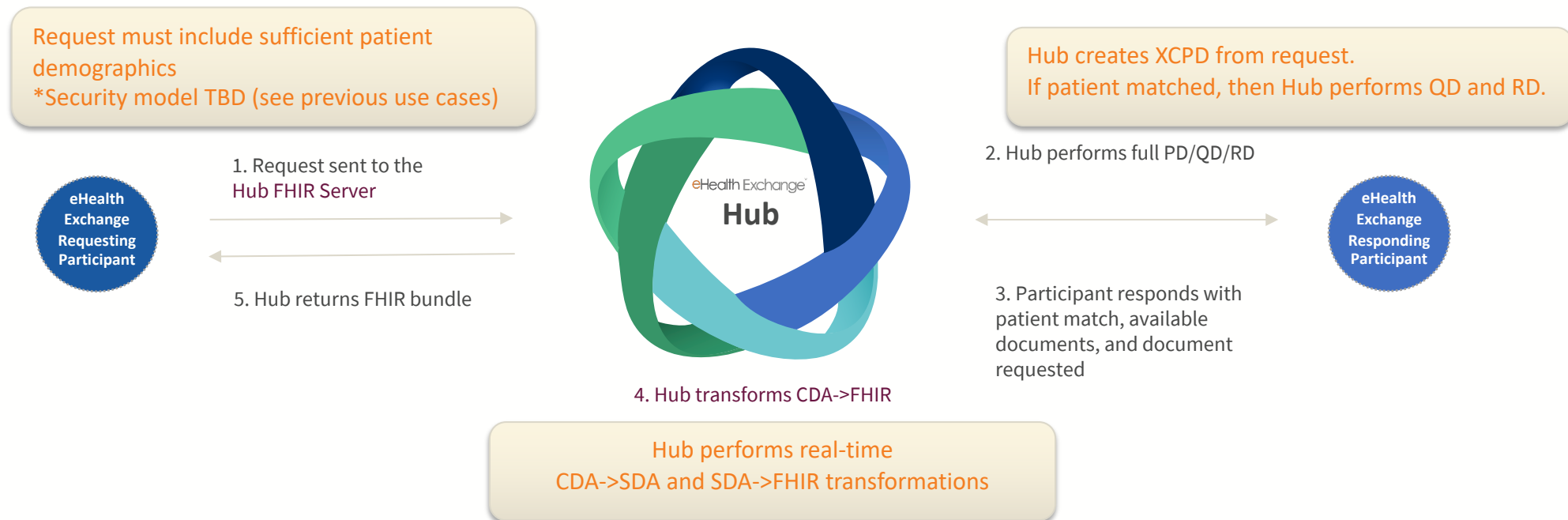
Hub augments XCA Query response to include additional reference to FHIR data

eHealth
Exchange
Responding
Participant

If target responder supports FHIR, Hub will initiate FHIR-related calls to identify and retrieve resources into Hub's FHIR Resource Repository

Use Case 4: Hub Transforms CDA to FHIR (FHIR request / FHIR response)

FHIR-based Initiators interacting with Responders who have no FHIR support






Content Validation Update

©2020 eHealth Exchange. All Rights Reserved.

eHealth Exchange[™]

Participant Status – Content Testing Update

Out of 280 Participants required to pass Content Testing by May 1, 2021:

- **91% or 255** Participants are @ Content Validated Status as of October 6, 2021
 - Increase from 250 in August 2021
- Content validated logos being added in real time to Participant listing on eHealth Exchange website:
 - <https://ehealthexchange.org/participants/>  **Content Validated**
- **13** technologies leveraged
 - Audacious Inquiry, Cerner CEP, CONNECT, Diameter Health, Epic, Guardian, Health Catalyst, Intersystems, Lightbeam, Mirth, Nextgen, Orion, SSI, Zen Health
- 19 Waivers/Extensions Requested and Approved Remaining
 - Waiver Text was added to all approved Participants

NOTES:

Content testing waiver granted to 12/31/21

Breakdown of Documents Tested by Meaningful Use Version & Standard

- 21,469 Documents Tested as of October 6, 2021
 - 82% Failing
 - 18% Passing
- Breakdown of Documents Tested by Validator Version
 - 56% or 12,091 tested against the Meaningful Use 2015 Edition/HL7 C-CDA R2.1
 - 13% or 2,685 tested against the Meaningful Use 2014 Edition/HL7 C-CDA R1.1
 - 26% or 5,581 tested against the Meaningful Use 2011 Edition/HL7 C-32
 - 5% or 993 tested against the CDA R2 validator



Data Usability Workgroup



Website, Meeting and Workgroup Logistics

- Register for the Workgroup
- Calendar Downloads
- Meeting Notes

INTEROPERABILITY MATTERS
Data Usability Workgroup

The Sequoia Project has assembled experts across a wide range of disciplines to develop specific, and pragmatic implementation guidance on clinical content for health information exchange. This guidance, in the form of implementation guides covering identified priority use cases, will be readily adaptable by health information exchange, vendors, implementers, networks, governance frameworks, and testing programs.

NEW RELEASE **Join Workgroup**

Four Work Phases
The Interoperability Matters **Leadership Council** chartered the Data Usability Workgroup to work in the following phases:

- PHASE 1**
Administration and Prioritization (Current)
October 2020-March 2021
[View Meeting Notes](#)
- PHASE 2**
Developing Initial Drafts
April 2021-November 2021
[View Meeting Notes](#)
- PHASE 3**
Public Comment Period/ Recommended Next Steps
TBD, based on end of Phase 2-60 days after start
- PHASE 4**
Finalizing Implementation Guides
TBD, based on end of Phase 3-[3 months after start]

Workgroup Meetings, Second and Fourth Thursday of Each Month at 3:00 p.m. ET

As phase 2 efforts continue, the workgroup will begin meeting the second and fourth Thursday of each month at 3:00 p.m. EDT August through October. In November and December 2021, we will meet on the first and third Thursdays to accommodate the holidays. We will strive to post the meeting materials for each meeting the day before, and upload meeting recordings within 24 hours.

REGISTER **ADD TO CALENDAR**

Meeting Materials and Recordings

Phase 2

October 14: Meeting Notes	View
September 23: Meeting Notes	View
September 9: Meeting Notes	View
August 26: Meeting Notes	View
August 12: Meeting Notes	View
July 8: Meeting Notes	View
June 10: Meeting Notes	View
May 13: Meeting Notes	View
Apr 8: Meeting Notes	View
Apr 1: Meeting Notes	View
Apr 15: Meeting Notes	View

Phase 1

Mar 25: Meeting Notes	View
Mar 18: Meeting Notes	View

<https://sequoiaproject.org/interoperability-matters/data-usability-workgroup/>

Future Workgroup Calendar Invites to be Pushed & Cadence of meetings changed to 1st & 3rd Thursday November/December

- Meetings for the remainder of 2021
 - October 28, 2021
 - November 4, 2021
 - November 18, 2021
 - December 2, 2021
 - December 16, 2021
 - Workgroup will go on hiatus for holidays and restart meetings the 2nd & 4th Thursday's starting January 13, 2022



FHIR R4 Project Update

eHealth ExchangeTM

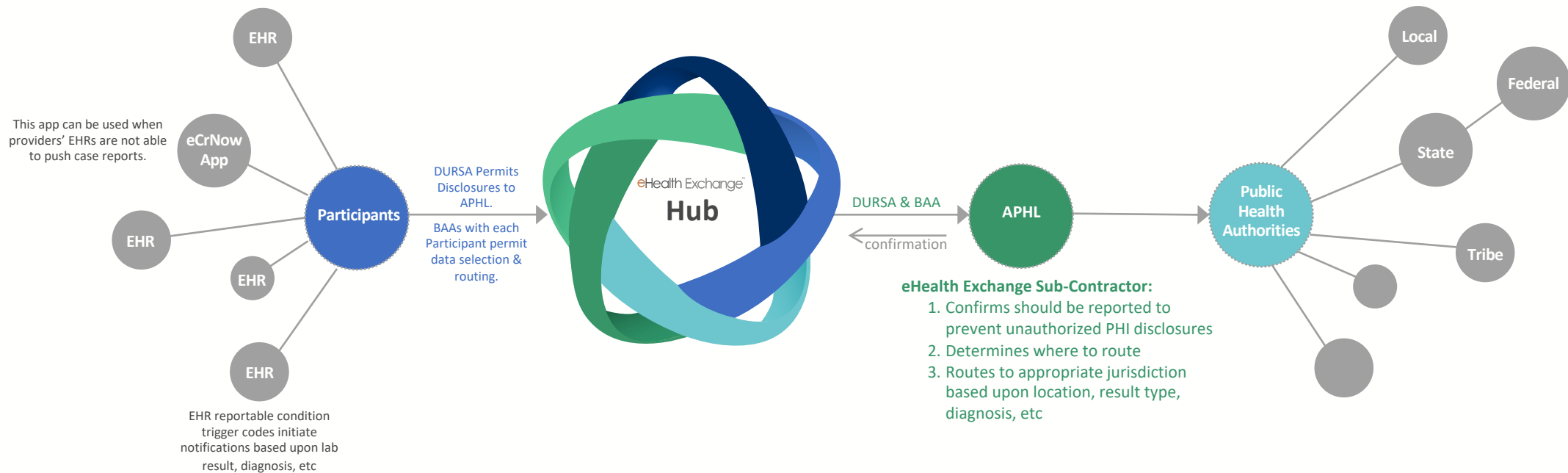
Transition to FHIR R4

- Work on the FHIR R4 transition continues with Lantana. The final stages of our SOW is in process and is expected to be complete by the end of October
- We recently discussed some of the Implementation Guide changes with the eHX Technical Workgroup and would be happy to set that up for this call as well
- The UI/UX work for the Participant Self-Service Portal (GUI) is almost complete and will be demoed to the eHX team in the next few days
- The HAPI environment is configured and ready to go
- No implementation date for the transition to R4 has been set. We would like your feedback on that

The background of the slide features a blue-tinted image of a doctor's hands. One hand is holding a stethoscope, and the other is resting on a laptop keyboard. The image is overlaid with a pattern of semi-transparent circles and a grid of small, repeating geometric shapes.

eCR Update

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



eCR is LIVE!

eCR is live at no additional cost to your organization. To onboard, follow these steps:

1. Confirm your gateway supports ITI-41 & ITI-80.
2. Confirm you have completed Hub Initiator Testing.
3. Notify administrator@ehealthexchange.org your organization wants to push electronic case reports to APHL (Association of Public Health Laboratories).
4. eHealth Exchange will provide an introduction to the AIMS team, as well as an onboarding checklist of about 7 questions.
5. The checklist will ask for your Push Notification Endpoints (aka RR endpoints) for both Val and PRD, as well as your IP addresses for both VAL and PRD.
6. eCR testing is required to be conducted in a VAL environment, so we will need to confirm that your validation certificate is installed and not expired.
7. APHL/AIMS will also provide some needed documentation on their side. Your organization will be asked to join a pre-scheduled cohort call to discuss progress, troubleshooting, and timelines.
8. Once testing is complete in VAL, the functionality will be activated in PRD on a scheduled “go-live” date.



Certificate Authority Update

THE END IS NEAR.

- **There will be NO ENTRUST Certificates issued even in an emergency situation.**
- **All Entrust certificates will be decommissioned as of November 1, 2021.**
- If you are currently running an Entrust certificate, please reach out to techsupport@sequoiaproject.org to start the transition process ASAP!
- Direct Trust continues to provide outreach to individual Subscribers to ensure all Participants have their new certificates installed.

What do I need to do?

- All Participants **MUST** have updated their trust stores to include the new CA trust bundles. If your organization has not yet completed this step, please do so **ASAP! Failure to do so will cause connectivity issues with organizations.**
- If you have not received that outreach and your certificate is still an Entrust certificate, please send an e-mail to techsupport@sequoiaproject.org so that we can facilitate the intro as soon as possible.
- Please note that the new process will involve new Identity Proofing steps and certificate agreements. Your organization will be assigned a Certificate Authority vendor and will receive the appropriate forms once the CA vendor is assigned.
- The transition off of all Entrust certificates is scheduled to be completed in 2021.

What does the new process look like?

- After you've received an introduction and returned the needed spreadsheet, DirectTrust will assign you to one of two CA's:
 - MaxMD
 - EMRDirect
- Your organization does not get to request a specific CA, this is assigned by DirectTrust.
- DirectTrust will provide instructions for your Sponsor to complete Identity Verification through your assigned CA. Identity Proofing is not required for VAL certs.
- Once Identity Proofing is completed, a link will be provided for the Sponsor to retrieve the certificate.
- We plan to start REVOKING Entrust certificates by mid-December!!



Hub Update – Approach and Schedule

eHealth ExchangeTM

Hub Update – Approach and Schedule

Approach

1. Deploy to one server instance
2. Monitor for Participant issues
3. Perform outreach to any impacted Participants
4. Finish deployment to remaining servers

Schedule (October 2021)

- VALIDATION Environment [COMPLETED]
 - [10/18 12p ET] Deploy to one server instance
 - [10/20 12p ET] Deploy to remaining server instances
- PRODUCTION Environment [IN PROGRESS]
 - [10/21 5pm ET] Deploy to one server instance
 - [10/28 5pm ET] Deploy to remaining server instances

October

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



Contacts

Changing and New Contacts

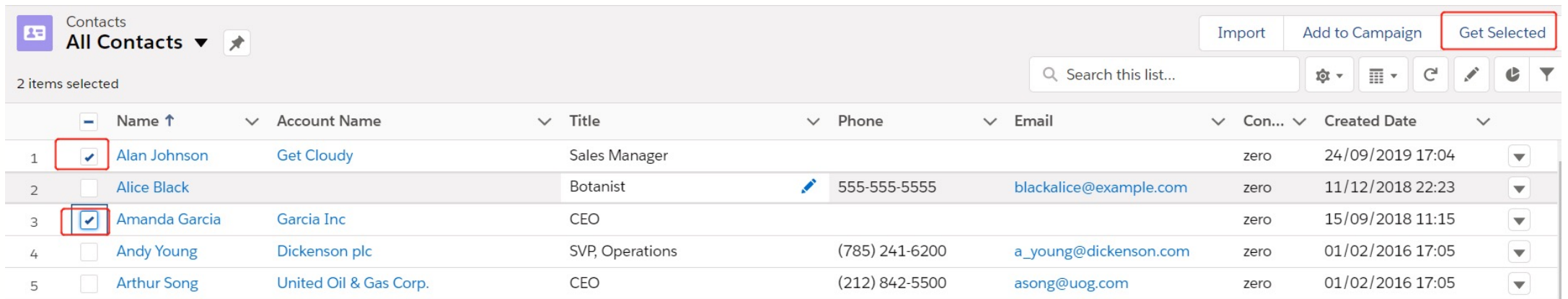
eHealth ExchangeTM

Contacts for Your Organization

We want to ensure that we are reaching the right people with our communication.

We find out that resources are no longer working in the organization and we send a contact list template to someone in the organization to get an updated contact list.

- If you have had recent or past changes and are unsure if we have an updated list: email administrator@ehealthexchange.org requesting the Contact List Template to complete and return
- The template asks, name, title, phone number, email address and what type of emails the resource should receive
- This will assist eHealth Exchange and each Participant in knowing that the communication we send is received appropriately.



Contacts
All Contacts ▾

2 items selected

Import Add to Campaign **Get Selected**

Search this list...

	Name ↑	Account Name	Title	Phone	Email	Con...	Created Date
1	<input checked="" type="checkbox"/> Alan Johnson	Get Cloudy	Sales Manager			zero	24/09/2019 17:04
2	<input type="checkbox"/> Alice Black		Botanist	555-555-5555	blackalice@example.com	zero	11/12/2018 22:23
3	<input checked="" type="checkbox"/> Amanda Garcia	Garcia Inc	CEO			zero	15/09/2018 11:15
4	<input type="checkbox"/> Andy Young	Dickenson plc	SVP, Operations	(785) 241-6200	a_young@dickenson.com	zero	01/02/2016 17:05
5	<input type="checkbox"/> Arthur Song	United Oil & Gas Corp.	CEO	(212) 842-5500	asong@uog.com	zero	01/02/2016 17:05

This Photo by Unknown Author is licensed under [CC BY-SA](#)

©2021 eHealth Exchange. All rights reserved. Confidential.



Please Engage!

We'd love to hear from you

eHealth Exchange™

Technical Work Group

Thursdays 4-5 ET.

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 [\[Final Thursday each month\]](#)

Please Attend:

- <https://zoom.us/j/5128970748>
- Meeting ID: 512 897 0748
- One tap mobile: +16699006833,,5128970748#

How might I obtain additional information?

How	When	Where
Visit eHealth Exchange Website	Any time	https://ehealthexchange.org
Monthly Participant Web Meetings	Typically the 3rd Thursday of Each Month at 1 pm ET	https://ehealthexchange.org/events
Weekly Technical Workgroup	Thursdays 4-5 ET	https://ehealthexchange.org/events
Email	Any time if you have a specific question	administrator@ehealthexchange.org
Annual Meeting	December 16, 2021 1-3 pm ET	https://ehealthexchange.org/events

How might I obtain assistance?

How	Who	Where
Certificates	Direct Trust Support	support@directtrust.zohodesk.com
Hub and Hub Dashboard Assistance	Hub Service Desk	servicedesk@hub.ehealthexchange.org
Directory Assistance, setup, changes	Tech Support	techsupport@sequioaproject.org
Testing Questions	Testing Team	testing@ehealthexchange.org
Questions about DURSA/OPP's	Administrator	administrator@ehealthexchange.org

Questions & Answers

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