

To illustrate ideas your organization might want to propose, here is a sample of proposals we would love to receive, but please do not allow these starter suggestions to limit your creativity:

Sample Proposals Suggested	Details	Who is Encouraged to Apply?	Key Technologies	Benefits	Considerations
<p>FHIR Exchange (by Providers &amp; HIEs)</p>	<p>Instead of exchanging entire C-CDAs, provide clinicians the ability to retrieve discrete data elements, such as medications only, comorbidities only, or lab results only, etc.</p> <p>Also provide the ability to access data available in USCDI that are not typically exposed via C-CDAs.</p> <p>Then to make this scalable, create an Implementation Guide (IG) other eHealth Exchange Participants and applicants could leverage to also implement this solution.</p>	<p>Any existing eHealth Exchange Participant or Organizations new to eHealth Exchange</p>	<ol style="list-style-type: none"> <li>1. FHIR R4</li> <li>2. HL7 OAUTH2 with UDAP</li> <li>3. Digital Certificates</li> </ol>	<p>Your organization could avoid negotiating security and privacy agreements with every provider across the nation.</p>	<p>It is not clear when all eHealth Exchange Participants will support FHIR. Grant applicants would need to identify specific eHealth Exchange Participants willing to participate in this exchange.</p> <p>eHealth Exchange’s primary technology vendor may need time to design and build support for your specific innovation proposal.</p> <p>eHealth Exchange could potentially transform messages between FHIR and traditional IHE/SOAP if needed if any Participants cannot exchange via FHIR or IHE/SOAP.</p>

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<p>Respond to FDA's FHIR Queries</p>	<p>The U.S. Food and Drug Administration (FDA) is responsible for protecting the public health by assuring the safety and efficacy of drugs, biologics, medical devices, tobacco products, and our nation's food supply.</p> <p>Instead of manually responding to FDA's paper requests for patient data when they validate adverse events, respond to FDA's FHIR R4 queries.</p> <p>To make this scalable, create an Implementation Guide (IG) other eHealth Exchange Participants and applicants could leverage to also implement this solution.</p>	<p>Any existing eHealth Exchange Participant or Organizations new to eHealth Exchange</p>	<ol style="list-style-type: none"> <li>1. FHIR R4</li> <li>2. HL7 OAUTH2 with UDAP</li> <li>3. Digital Certificates</li> </ol>	<p>Automation</p>	<p>Creation of these Implementation Guides (IGs) is critically important.</p>
<p>First Responder Triage</p>	<p>First responders rely upon an app or digital health platform that searches all eHealth Exchange Participants within ~50 miles for Problems, Allergies, &amp; Medications only so that first responders can provide more informed care.</p> <p>Then to make this scalable, create an Implementation Guide (IG) other first responder eHealth Exchange Participants and applicants could leverage to also implement this solution.</p>	<p>Any existing eHealth Exchange Participant or Organizations new to eHealth Exchange</p>	<ol style="list-style-type: none"> <li>1. FHIR R4</li> <li>2. OAUTH2 with UDAP</li> <li>3. Digital Certificates</li> </ol>	<p>Instead of retrieving an entire C-CDA, first responders could just receive the amount of data they are able to consume while triaging and transporting patients.</p>	<p>It is not clear when all eHealth Exchange Participants will support FHIR. Grant applicants would need to identify specific eHealth Exchange Participants willing to participate in this exchange.</p> <p>eHealth Exchange's primary technology vendor may need time to design and build support for your specific innovation proposal.</p> <p>eHealth Exchange could potentially transform messages between FHIR and traditional IHE/SOAP if needed if any Participants cannot exchange via FHIR or IHE/SOAP.</p>

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Value-Based Care Organizations	<p>ACOs and other Integrated Care organizations could leverage a single eHealth Exchange connection to better manage transitions of care and other care coordination.</p> <p>Then to make this scalable, create an Implementation Guide (IG) value-based care eHealth Exchange Participants and applicants could leverage to also implement this solution.</p>	Any existing eHealth Exchange Participant or Organizations new to eHealth Exchange	<ol style="list-style-type: none"> <li>FHIR R4</li> <li>OAuth2 with HL7 UDAP</li> <li>Digital Certificates</li> </ol>	ACOs and other Integrated Care organizations could avoid negotiating security and privacy with every provider across the nation, while benefiting from the proven positive impact of interoperability and care coordination for ACOs.	<p>It is not clear when all eHealth Exchange Participants will support FHIR. Grant applicants would need to identify specific eHealth Exchange Participants willing to participate in this exchange.</p> <p>eHealth Exchange’s primary technology vendor may need time to design and build support for your specific innovation proposal.</p> <p>eHealth Exchange could potentially transform messages between FHIR and traditional IHE/SOAP if needed if any Participants cannot exchange via FHIR or IHE/SOAP.</p>
<p>Push Notifications</p> <ul style="list-style-type: none"> <li>To HIEs</li> <li>To Providers</li> <li>To Immunization Registries</li> <li>To cancer registries</li> </ul>	<p>Push detailed clinical notifications such as:</p> <ul style="list-style-type: none"> <li>Problems, allergies, medications, labs during an encounter.</li> <li>Immunizations administered</li> </ul> <p>Then to make this scalable, create an Implementation Guide (IG) other eHealth Exchange Participants and applicants could leverage to also implement this solution.</p>	Any existing eHealth Exchange Participant or Organizations new to eHealth Exchange	<p>FHIR R4</p> <p>or via</p> <p>ITI-41 (XDR, XDS, XDS.b, &amp; XCDR)</p>	<ol style="list-style-type: none"> <li>HIEs simplify how they populate their longitudinal patient records.</li> <li>Providers submit detailed clinical notifications via a single eHealth Exchange connection.</li> </ol>	<p>The recipients of these notifications must typically be part of the eHealth Exchange network.</p> <p>Not all eHealth Exchange Participants accept these notifications.</p> <p>It is not clear when all eHealth Exchange Participants will support FHIR. Grant applicants would need to identify specific eHealth Exchange Participants willing to participate in this exchange.</p>
Geo-Spatial Queries	<p>Instead of querying one targeted responder, ask eHealth Exchange to <u>fan-out</u> your query to:</p> <ol style="list-style-type: none"> <li>Every Participant operating in the patient’s state.</li> <li>Within x miles of the patient’s home.</li> <li>Within Dartmouth Atlas' 306 Hospital Referral Regions (HRRs)</li> <li>Within Dartmouth Atlas' 3,436 Hospital Service Areas (HSAs).</li> </ol> <p>Then to make this scalable, create an Implementation Guide (IG) other eHealth Exchange Participants and applicants could leverage to also implement this solution.</p>	Any existing eHealth Exchange Participant or Organizations new to eHealth Exchange	n/a, since eHealth Exchange would fan-out your queries to all appropriate responders	This might be a practical approach to obtain patient information when it is not clear where a patient has been treated.	eHealth Exchange’s primary technology vendor may need time to design and build support for your specific innovation proposal.

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<p>Automated SSA Disability Benefits Determination Exchange</p>	<p>Provide SSA the ability to automatically retrieve patient data in a self-service model instead of asking responders to provide data via manual labor and faxing.</p> <p>Then to make this scalable, create an Implementation Guide (IG) other eHealth Exchange Participants and applicants using your technology platform could leverage to also implement this solution.</p>	<p>Cerner customers</p> <p>Meditech customers</p> <p>Allscripts customers</p> <p>HIEs</p>	<p><u>SOAP Option:</u></p> <ol style="list-style-type: none"> <li>IHE XCPD with access policy addressing patient authorization</li> <li>IHE XCA</li> </ol> <p><u>FHIR Option:</u></p> <ol style="list-style-type: none"> <li>FHIR R4</li> <li>OAuth2 with UDAP</li> <li>eHealth Exchange Hub would have to transform SSA's requests from SOAP to FHIR so responders can respond via FHIR.</li> </ol>	<ol style="list-style-type: none"> <li>Healthcare organizations partnering with SSA may see smaller costs for uncompensated care.</li> <li>Labor savings on health information management costs (fewer manual medical record retrieval, phone calls &amp; faxes.).</li> <li>SSA currently pays \$15 for each successful transaction through health IT.</li> </ol>	<p>SSA must confirm responders are ready to provide requested data as described at <a href="https://github.com/ssagov/healthit">https://github.com/ssagov/healthit</a>.</p> <p>SSA might not be ready to request data via FHIR if exchange via FHIR is desired.</p>

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<p>eHealth Exchange Public Health Common Reporting Framework</p>	<p>Instead of providers having to submit data to multiple quality and public health authorities, providers could submit multiple reports, outcomes, and other measures to eHealth Exchange who would forward the data on providers' behalf.</p> <p>Then to make this scalable, create an Implementation Guide (IG) other eHealth Exchange Participants and applicants using your technology platform could leverage to also implement this solution.</p>	<p>Any existing eHealth Exchange Participant</p> <p>Organizations new to eHealth Exchange</p> <p>Dialysis providers directly submitting quality data to CMS' EQRS</p>	<p>FHIR R4</p>	<p>Providers simplify quality and outcome reporting, and potentially lower information management/operations costs.</p>	<p>The recipients of these notifications must typically be part of the eHealth Exchange network. Grant applicants would need to identify specific eHealth Exchange Participants willing to participate in this exchange.</p> <p>It is not clear when all eHealth Exchange Participants will support FHIR.</p> <p>eHealth Exchange's primary technology vendor may need time to design and build support for your specific innovation proposal.</p>