2022 Annual Meeting

GRAND HYATT WASHINGTON

Welcome

Jay Nakashima
Executive Director, eHealth Exchange

eHealth Exchange™

©eHealth Exchange. All Rights Reserved.

Welcome Meeting Attendees & 22 New Participants

Participant
eHealth Exchange

1. Baptist Health System (FL, Epic)
2. Bozeman Health (MT, Epic)
3. Brown & Toland Physicians (CA, Epic)
4. Community Health Network (IN, Epic)
5. Deaconess Health System (IL, IN, KY; Epic)
6. Emory Healthcare (GA, Epic)
7. Lakeland Regional Health Medical Center (FL, Epic)
8. McLeod Health (NC, SC; Epic)
9. Montefiore Health System, Inc (NY, Epic)
10. NCH Healthcare System, Inc. (FL, Epic)
11. Phelps Health (MO, Epic)
12. Piedmont Healthcare (GA, Epic)
13. Pluto Health (Nationwide, Pulse by Pluto)
14. San Francisco Department of Health (CA, Epic)
15. Santa Clara Valley Medical Center (CA, Epic)
16. St. Jude Children's Research Hospital (TN, Epic)
17. Summa Health (OH, Epic)
18. TidalHealth (MD, Epic)
19. InnovAge (CA, CO, NM, PA, VA; Epic)
20. Tufts Medicine (MA, Epic)
21. University of Kansas Hospital (KS, MO; Epic)
22. Upstate University Medical Associates at Syracuse (NY, Epic)

Committed to Improving Patient Care via Data Exchange

Meeting Agenda (Thurs. Dec. 15th | 8:00AM–5PM)

8:00 AM	Networking Breakfast
9:30 AM	Welcome and Opening Remarks
9:45 AM	State of the Network
10:15 AM	Understanding TEFCA
11:00 AM	Networking Break
11:15 PM	Federal Interoperability Progress & Promise
12:15 PM	ONC Keynote
1:00 PM	Networking Lunch
2:00 PM	Why TEFCA?
2:30 PM	Public Health Pilot with FDA on FHIR
3:15 PM	Closing Remarks
3:30 PM	All Participant Networking Reception (Sponsored by InterSystems)

2022

Annual Meeting

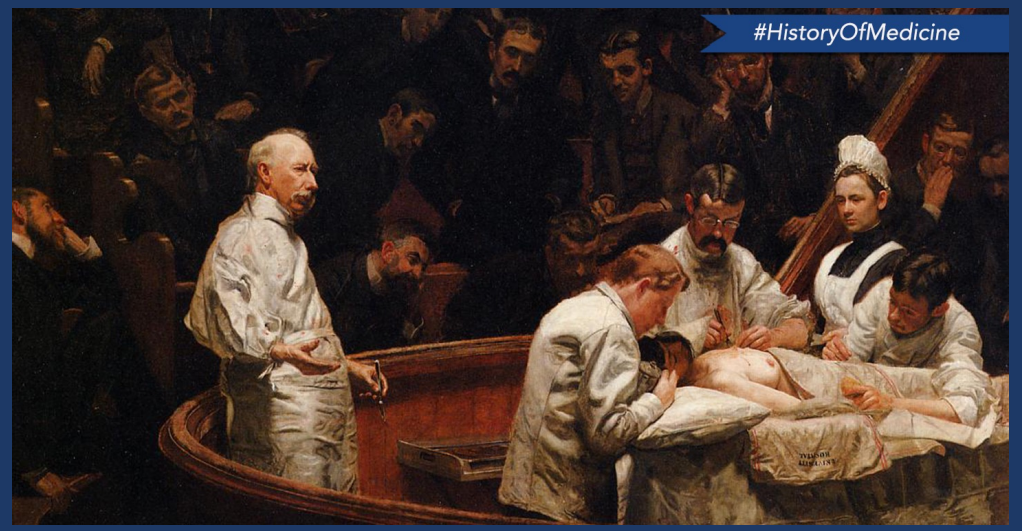
GRAND HYATT WASHINGTON

Opening Remarks

Matthew A. Eisenberg, MD, FAAP
Stanford Health Care Associate Chief Medical Information Officer (ACMIO)
eHealth Exchange Coordinating Committee Chair

eHealth Exchange™

“Those who fail to learn history are condemned to repeat it.”
Winston Churchill paraphrasing Santayana



NwHIN and the Coordinating Committee Origin Story

- We began as the Nationwide Health Information Network (NwHIN) in 2007/2008 and part of the Virtual Lifetime Electronic Record (VLER) program.
- In 2011, the eHealth Exchange had 23 participants and in 2012, The Sequoia Project (Healtheway) took over management of the network
- Our network is governed by the DURSA – which grants authority to the Coordinating Committee; The CC manages the network and represents the needs of network participants; We do NOT manage the business (Board of Governors)
- Previous Committee Chairs: Michael Matthews (Med VA), Kitt Winter (SSA), Margaret Donahue (VAH), John Kansky
  - OPP#2 – Coordinating Committee General Operating Procedures
- Our history in the literature
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2995626/
  - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3540491/
  - https://www.sciencedirect.com/science/article/abs/pii/S1386505614000653?via%3Dihub
  - https://www.healthit.gov/sites/default/files/draft_nhin_trial_implementations_production_dursa-3.pdf

About VLER

- On April 9, 2009, President Obama directed DoD and VA to create a Virtual Lifetime Electronic Record (VLER) that:

> *"will ultimately contain administrative and medical information from the day an individual enters military service throughout their military career and after they leave the military."*
>
> - President Barack Obama

- According to the VLER Strategic Plan, "VLER will deliver secure and seamless access to and sharing of data for comprehensive health, benefits and administrative information.

- Functional data exchange needs for VLER implementation are categorized as a series of VLER Capability Areas (VCAs) that describe the delivery of specific capabilities to service providers, Service members, Veterans, and their beneficiaries and/or designees:
  - VCA 1 – includes the exchange and availability of clinical information needed for the delivery of health care in a clinical setting
  - VCA 2 – expands the data sets exchanged in VCA 1 to include additional electronic health information for disability adjudication
  - VCA 3 – completes the information needed for the delivery of remaining benefits services
  - VCA 4 – ensures online access to benefits via a single portal

Inaugural Coordinating Committee Meeting (9/15/2009)

NHIN Coordinating Committee Meeting Notes

Teleconference: 9/15/09 (4-5 pm ET)

Approved by NHIN-CC: 11/5/09

Committee Members

Member Type	Member Name	Member Organization
NHIN Production Participants	Jim Borland	SSA
	Michael Matthews	MedVirginia
NHIN Cooperative Representatives	Holt Anderson	NCHICA
	Marc Overhage	Regenstrief
Definitive Plan Participants	Tim Cromwell (Interim)	VA
	Dr. John Mattison	Kaiser Permanente
ONC	Ginger Price	ONC, NHIN Program

Other Participants:

- Invited Subject Matter Expert: Steve Gravely, Troutman Sanders
- Coordinator for initial organizational meeting: Mariann Yeager, ONC

Observers:

- Jeff Blair, NMHIC
- Buff Colchagoff, ONC
- Alaina Crislip, WVHIN
- Alex Low, NYeC
- Amy Olson, ONC
- Justine Piereman, SSA
- Andrew Weniger, NCHICA

NOTE: Portions of the meeting notes related to Confidential Participant Information may have been removed.

Discussion Summary

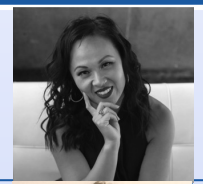
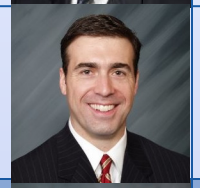
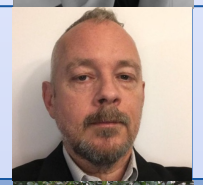
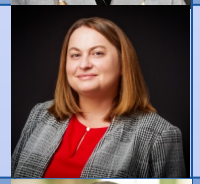
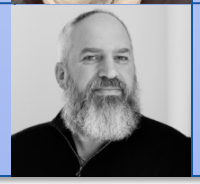
The following highlights key discussion points, decisions and action items addressed during the NHIN Coordinating Committee teleconference:

Topic	Summary	Decision / Outcome	Action / Follow Up
Roll Call	Mariann Yeager facilitated roll call.	All members were present. A quorum was established per the draft NHIN CC General Operating Procedure.	N/A
Welcome and Meeting Objective	Ginger Price welcomed the group and reinforced the importance of supporting an open and transparent process for the NHIN CC and NHIN TC.	N/A	N/A
Membership	Mariann Yeager reviewed existing Committee membership and presented a decision for the group to consider – to approve VA and KP as members of the Committee, by deeming their efforts to go into limited production as meeting the requirements of a documented definitive plan. VA and KP have been actively engaged in implementation and testing as part of their limited production pilot activities. These efforts are well-established, with ONC engagement throughout the process. These efforts were under way before the NHIN CC operating procedure for Definitive Plans was developed. In lieu of submitting a documented Definitive Plan, the Committee was asked to decide	The group voted and unanimously agreed to deem that VA and KP have definitive plans to go into limited production and qualify to participate as Type 2 members in the NHIN Coordinating Committee in the absence of having a formally documented plan. • Tim Cromwell will serve as the interim representative for VA. • Dr. Mattison has been designated as the formal representative for KP	N/A

“If you must look back, do so forgivingly. If you must look forward, do so prayerfully. However, the wisest thing you can do is to be present in the present. Gratefully.”

Maya Angelou

Coordinating Committee Today

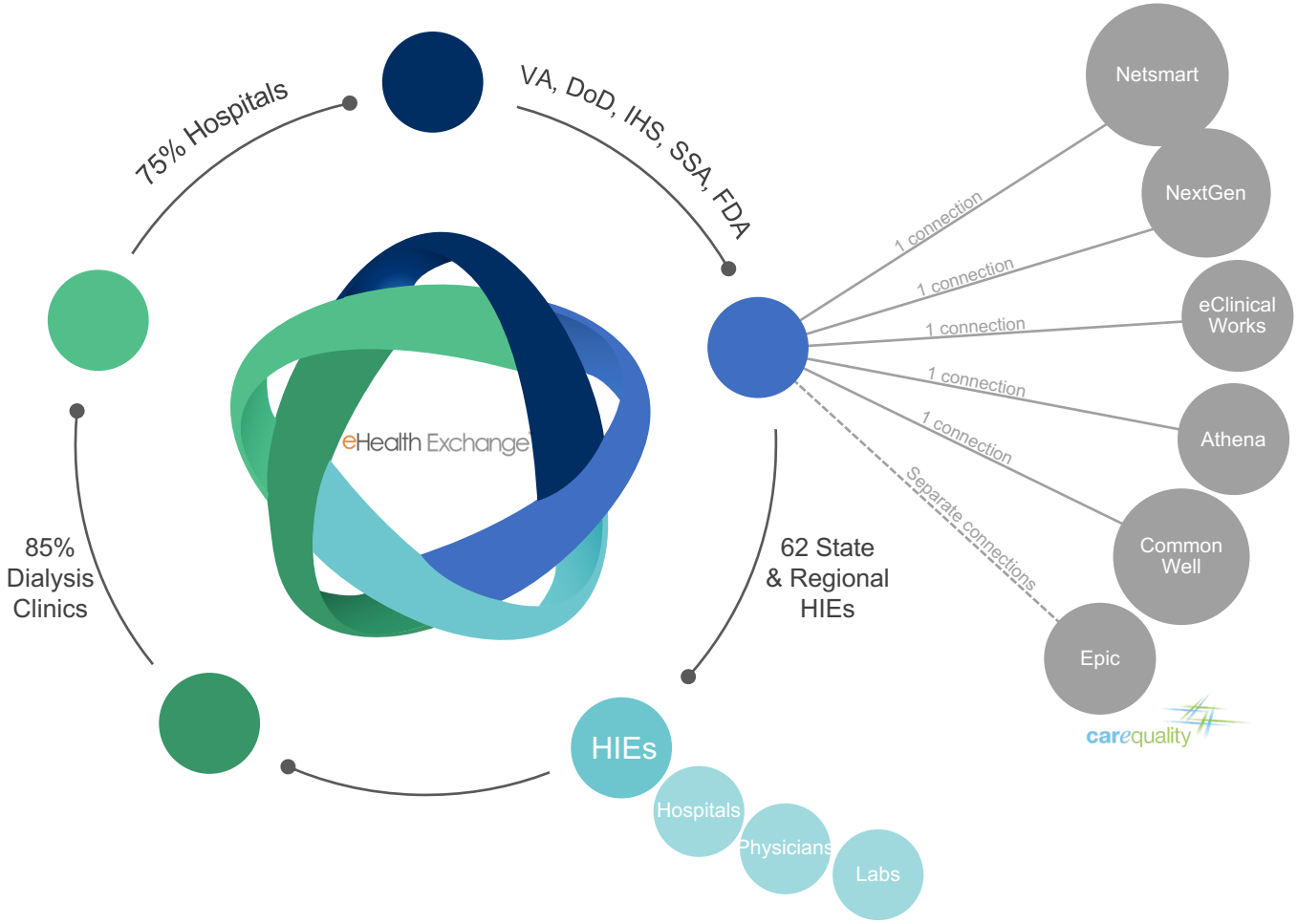
		Organization	Representing			Organization	Representing
Matt Eisenberg, MD		Stanford Health Care	Health Systems	**Cindy Pan**		Veterans Health Administration	Federal Agencies
Derek Plansky		Health Gorilla	"Other" Category (e.g. ambulatory, pediatric, dialysis, intermediaries, vendors, payers)	**Lance Scott**		Defense Health Agency	Federal Agencies
Pam Matthews, RN		East Tennessee Health Information Network	Health Information Organizations	**Mitch Thornbrugh**		Indian Health Service	Federal Agencies
Jamie Bland		CyncHealth	Health Information Organizations	**Melissa Ayres**		Social Security Agency	Federal Agencies
John Kansky		Indiana Health Information Network	Health Information Organizations	**Hussein Ezzeldin, PhD**		Food & Drug Administration (FDA)	Federal Agencies
Patti Cuartas, PA		Mount Sinai Health System	Health Systems	**Eric Liederman, MD**		Kaiser Permanent	"Other" Category (e.g. ambulatory, pediatric, dialysis, intermediaries, vendors, payers)
Paul Matthews		OCHIN	"Other" Category (e.g. ambulatory, pediatric, dialysis, intermediaries, vendors, payers)	**Pat Russell, RN,** Secretary (non-voting)		eHealth Exchange	eHealth Exchange staff

©eHealth Exchange. All Rights Reserved

Coordinating Committee Today
Connecting Federal Agencies & The Private Sector in All 50 States

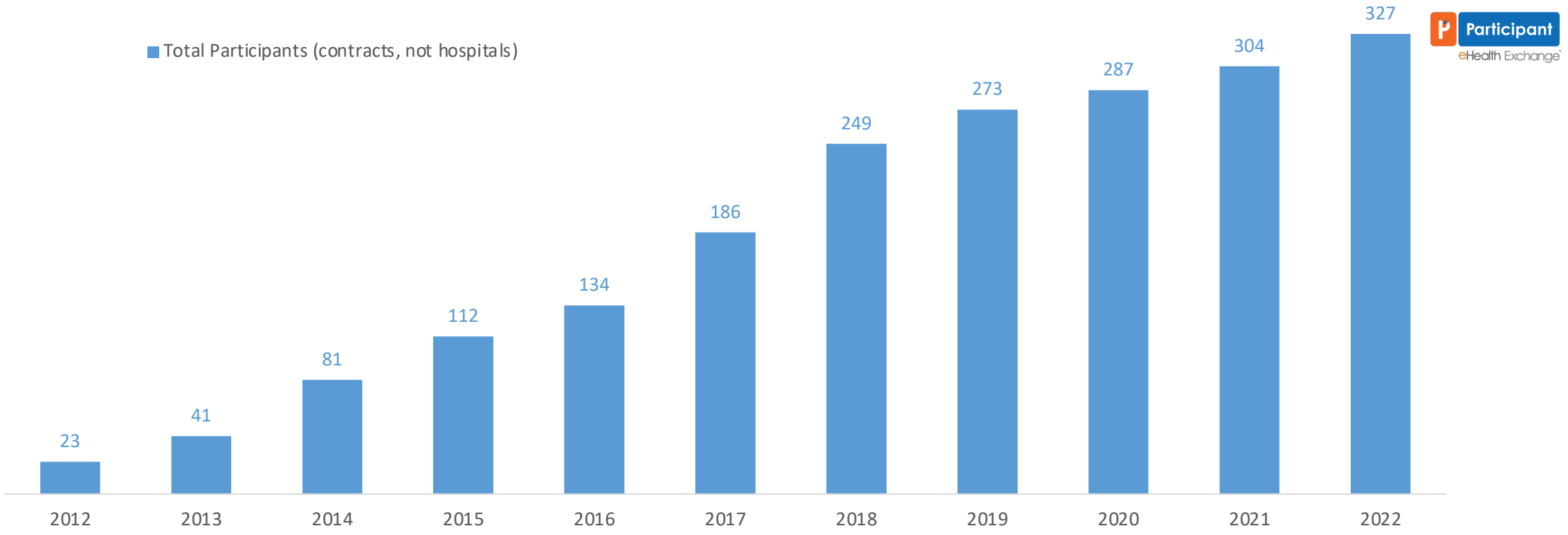
Supporting 250 Million Patients in All 50 States

- **15 Billion** Transactions Annually
- 5 Federal Agencies
  (VA, DoD, Indian Health Service, SSA, FDA)
- Over 3,900 Short-term Acute Care Hospitals
- 5,800 Dialysis Centers
- Network of Networks for 61 State & Regional HIEs
- Connectivity with 25+ Carequality-Enabled Networks such as CommonWell



©eHealth Exchange. All Rights Reserved.

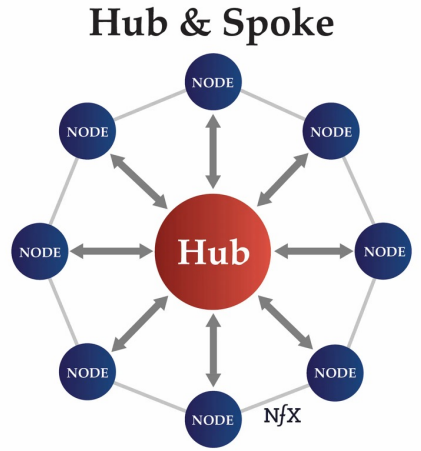
The eHealth Exchange continues to grow and develop…



327 Participants with 3,900 short-term acute care hospitals

Coordinating Committee 2022 Focus Areas

1. What will it take for us to become a QHIN?
2. Join the HUB! (limited exceptions - see OPP#16)
3. Completing content testing – an amazing effort!
4. Moving all participants to the new PKI cert distribution model
5. Understanding the Information Blocking regulations
6. Addressing participants' DURSA duty to respond obligations
7. Health information exchange and privacy after the Dobbs v Jackson ruling
8. CC "feeding and growing" and welcoming the FDA!



Content Testing Summary

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

- **96% or 270** Participants are @ Content Validated Status as of October 6, 2022
- Over 80K documents tested!
- Content validated logos have been removed from the website for all Participant listings that were previously validated. Only eHealth Exchange Participants with Content NOT Validated will be referenced in the notes section on the website:
  - https://ehealthexchange.org/participants/

- **13** technologies leveraged
  - Audacious Inquiry, Cerner CEP, CONNECT, Diameter Health, Epic, Guardian, Health Catalyst, Intersystems, Lightbeam, Mirth, Nextgen, Orion, SSI, Zen Health
- 11 Waivers/Extensions Requested and Approved Remaining
  - Providence St. Joe's added to waiver/extension tracking as of September 2022

@2022 eHealth Exchange. All Rights Reserved

“I skate to where the puck is going to be, not where it has been.”
Wayne Gretzky

Coordinating Committee – Future areas of focus…

1. The Trusted Exchange Framework and Common Agreement (TEFCA) and becoming a QHIN
   a. Building the next universal onramp to interoperability as an inaugural QHIN
2. FHIR roadmap – Moving fast without losing what works!
   a. FDA integration and Biologics Effectiveness and Safety (BEST) System
3. Social Determinants of Health (SDoH) – collecting, and sharing data toward improved health and equity

eHealth Exchange™

THANK YOU FOR YOUR PARTICIPATION

BeMyQHIN.com