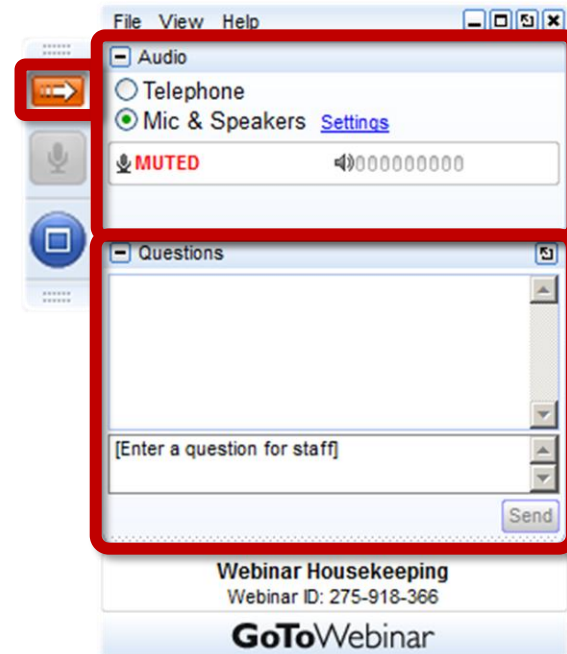




All Participant Call

April 18, 2024

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

Today's Topics

eHealth Exchange Team Member Spotlight	Tiffanie Hickman
Message from Coordinating Committee	Pat Russell
Decommissioning Directory Support for the UDDI	Michael McCune
QHIN Update	Mike Yackanich
Prior Authorization Use Case	Scott Rossignol
Geospatial Queries, What's New and Next - Redux	Mike Yackanich
Events & Other Exciting News	Tina Feldmann
Information & Resources	Ashley Green
Q&A	Anyone

Employee Spotlight

Tiffanie Hickman

Product Manager

[Tiffanie Hickman | LinkedIn](#)



Message from Coordinating Committee

Message from Coordinating Committee

- We are aware of the complaint raised by Epic to Carequality regarding Particle Health and several of their customers
- We understand that Epic and Particle Health are working through the Carequality Dispute Resolution Process and will respect that process.
- eHealth Exchange has not received any formal complaints involving Particle Health or its customers' use of the eHealth Exchange network.
- eHealth Exchange is governed by our Participants via the Coordinating Committee to support and uphold the trust fabric outlined in the DURSA.
- Even in the absence of a formal complaint, management of the eHealth Exchange has the right to analyze our own network transactions at any time, and we have chosen to proceed with this analysis to help place our own minds and those of our Participants at ease.
- eHealth Exchange is in active conversations with Particle Health, at this time we have no evidence to indicate that Particle Health, or its customers, initiated requests for information via the eHealth Exchange network improperly asserting Treatment as the Permitted Purpose.
- If you have any questions or concerns in general or about any activity you are seeing on your Hub Dashboard, please reach out to administrator@ehealthexchange.org.

Decommissioning directory support for the UDDI

Retirement of support for the directory's UDDI interface

During the all-participant call in August 2023, the eHealth Exchange announced that UDDI support would be retired on December 15, 2023. The following was announced during the August 2023 call:

UDDI API (SOAP API) continued support, for now

- The new FHIR HAPI based directory will support a traditional **UDDI/SOAP** interface
- Newer data elements introduced with STU3/R4 will not be available under the UDDI/SOAP interface
- **No access** to sub-participant entries
- Access will require SSL/TLS certificate-based security only, as in the past
- **The UDDI API will be retired on 12/15/2023 so please make plans to transition to FHIR API access!**

Retirement of support for the directory's UDDI interface

Background:

- The FHIR R4 HAPI-based directories have been available to all participants since April 12, 2023.
- The legacy directories were retired on July 27, 2023, and are no longer accessible by participants. To facilitate the migration to the FHIR R4 HAPI-based directories, the eHealth Exchange **forwarded all requests (including UDDI requests)** from the legacy directories to the HAPI-based directories from August 10, 2023, onwards.

Retirement of support for the directory's UDDI interface

Even though the eHealth Exchange announced a 12/15/2023 retirement date for the UDDI, we are allowing for additional time for participants to migrate from the UDDI API to the FHIR R4 API content supported by the new directories, which are based on HAPI open-source.

A new retirement date for the UDDI API has been set:

Access to the eHealth Exchange directory's UDDI APIs will be retired and will no longer be accessible by participants after **August 16, 2024**. Your organization should consume the directory's FHIR R4 API content going forward. After this retirement date, there will not be any UDDI support by any of the eHealth Exchange directories.

Retirement of support for the directory's UDDI interface

Which directory API should I use instead of the UDDI API, and what are the endpoints?

Use the FHIR R4 directory APIs instead of the UDDI, with the following endpoints:

Validation FHIR R4 directory API endpoints:

- Base URL: <https://directory.val.ehealthexchange.org/fhir/Organization>
- List directory entries with Hub endpoints, to query another participant: [https://directory.val.ehealthexchange.org/fhir/Organization/\\$hub-aware](https://directory.val.ehealthexchange.org/fhir/Organization/$hub-aware)

Production FHIR R4 directory API endpoints:

- Base URL: <https://directory.prd.ehealthexchange.org/fhir/Organization>
- List directory entries with Hub endpoints, to query another participant: [https://directory.prd.ehealthexchange.org/fhir/Organization/\\$hub-aware](https://directory.prd.ehealthexchange.org/fhir/Organization/$hub-aware)

Retirement of support for the directory's UDDI interface

Where can I get more information about using the current directories?

For the latest information about using the directory plus information for organizations that need to track deleted directory entries, please see <https://ehealthexchange.org/fhir-r4-directory-rollout/>.

If you require additional information about directory endpoint usage or require an API security key for the directory's FHIR R4 API, please submit a case using techsupport@ehealthexchange.org.

Note: Unlike the UDDI, the FHIR R4 API is secured by an API key issued to each participant's organization upon request. The API key should not be shared outside of your organization.

Retirement of support for the directory's UDDI interface

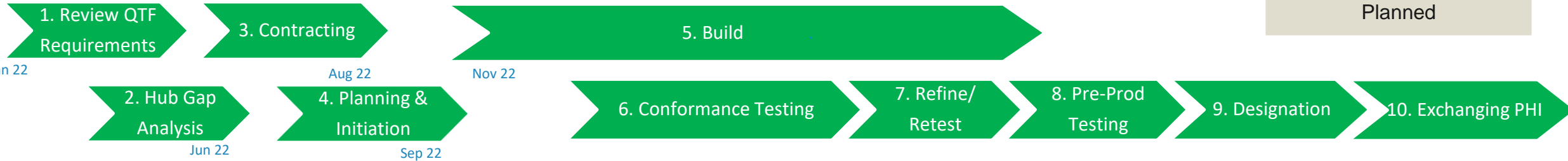
ACTION ITEMS for your organization:

1. Verify that your organization is using the FHIR R4 directory API and not the UDDI API.
2. If you are not certain whether your organization is using the endpoints of the HAPI-based directories for FHIR R4 content and/or are concerned you may be relying on forwarding from the legacy directory (which is no longer accessible) to the new HAPI-based directories, please send an inquiry to administrator@ehealthexchange.org.
3. If your organization is using the UDDI API, make plans to migrate to the directory's FHIR R4 API by **August 16, 2024**.

QHIN Update

Technical Readiness for TEFCA

Exchanging PHI
In Progress
Planned

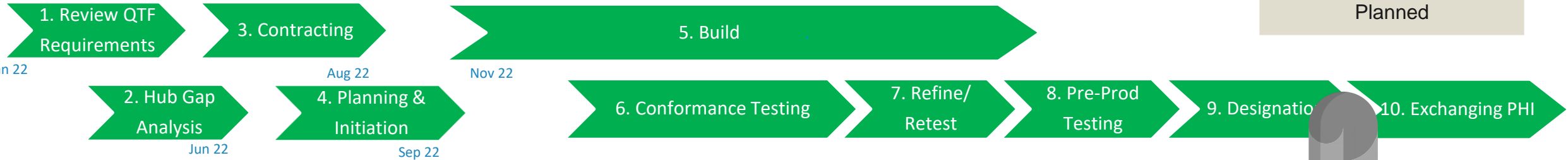


Phase	Accomplishments
1. Thru 8.	All Phases up to and including non-prod partner testing with other Candidate QHINs completed. Attestation of completion of all requirements for designation submitted to the RCE.
9.	The eHealth Exchange was promoted to Designated QHIN status at the December 12th TEFCA QHIN Designation event !!!
10.	<ul style="list-style-type: none"> Monday 2/5 <ul style="list-style-type: none"> RCE Prod Directory migrated from QTF v1.0 to v1.1 PoU valueset (11:00pm ET) [DONE] Tuesday 2/6 <ul style="list-style-type: none"> All in-production QHINs migrate to initiate using <i>only</i> the v1.1 PoU valueset [DONE] eHx QHIN ingests RCE Prod Directory [DONE] Monday 2/12 <ul style="list-style-type: none"> eHx QHIN Exchanging PHI (11:00am ET) [DONE]



Technical Readiness for TEFCA

Exchanging PHI
In Progress
Planned



Production Validation Testing Completed

Attested to RCE the week of 3/11





QHIN-to-QHIN Exchange

2024 Performance Measures*

* Based on QTF-124 requirement within QTF v1.1

Performance Measures

In order to accurately measure the effectiveness of QHIN-to-QHIN exchange, the RCE will collect several performance measures from QHINs. These data are meant to assess the performance of QHINs for each use case. The measures by themselves will not directly impact a QHIN's Designation status.

QTF-124

The following data MUST be submitted to the RCE for each calendar month by the 15th of the following month:

- Downtime for the QHIN's gateway Actors (e.g., Initiating Gateway, Responding Gateway) in minutes in the reporting month. Reports MUST include planned and unplanned downtime by Actor.
- As a QHIN Initiating Gateway:
 - a. Raw count of successful (i.e., completed without error) QHIN-to-QHIN transactions, per Responding QHIN, within the reporting period for each of:
 1. Patient discovery
 2. Document query
 3. Document retrieve
 4. Message delivery
 - b. Raw count of errors in QHIN-to-QHIN transactions, per Responding QHIN per IHE metadata error code received within the reporting period.
 - c. Raw count of connectivity errors per Responding QHIN received within the reporting period.
 - d. Average response time for each QHIN-to-QHIN transaction, per Responding QHIN transacted with during the reporting period. Each data point must include the message type, average response time, and Responding QHIN.
 - e. Total number of documents retrieved via QHIN Query within the reporting period.
 - f. Total number of documents successfully delivered via Message Delivery within the reporting period.
- As a QHIN Responding Gateway:
 - a. Average response time for each QHIN-Participant transaction by HCID within the reporting period.
 - b. Total number of messages received via QHIN Message Delivery within the reporting period.



Submitted

QHIN-to-QHIN Exchange 2024 Performance Measures*

* Based on QTF-124 requirement within QTF v1.1

As Responding Gateway

Average response time for each QHIN-Participant transaction by HCID




YYYY-MM	eHx Responding Participant Name	eHx Responding Participant HCID	Message Type	Average Response Time
2024-03	Participant 1	Participant 1 HCID	ITI-55	0.93
2024-03	Participant 1	Participant 1 HCID	ITI-38	0.47
2024-03	Participant 1	Participant 1 HCID	ITI-39	2.44
2024-03	Participant 1	Participant 1 HCID	ITI-80	n/a
2024-03	Participant 2	Participant 2 HCID	ITI-55	1.33
2024-03	Participant 2	Participant 2 HCID	ITI-38	0.68
2024-03	Participant 2	Participant 2 HCID	ITI-39	n/a
2024-03	Participant 2	Participant 2 HCID	ITI-80	n/a

Total number of messages received via QHIN Message Delivery

YYYY-MM	Documents Received
2024-03	0

Prior Authorization Use Case

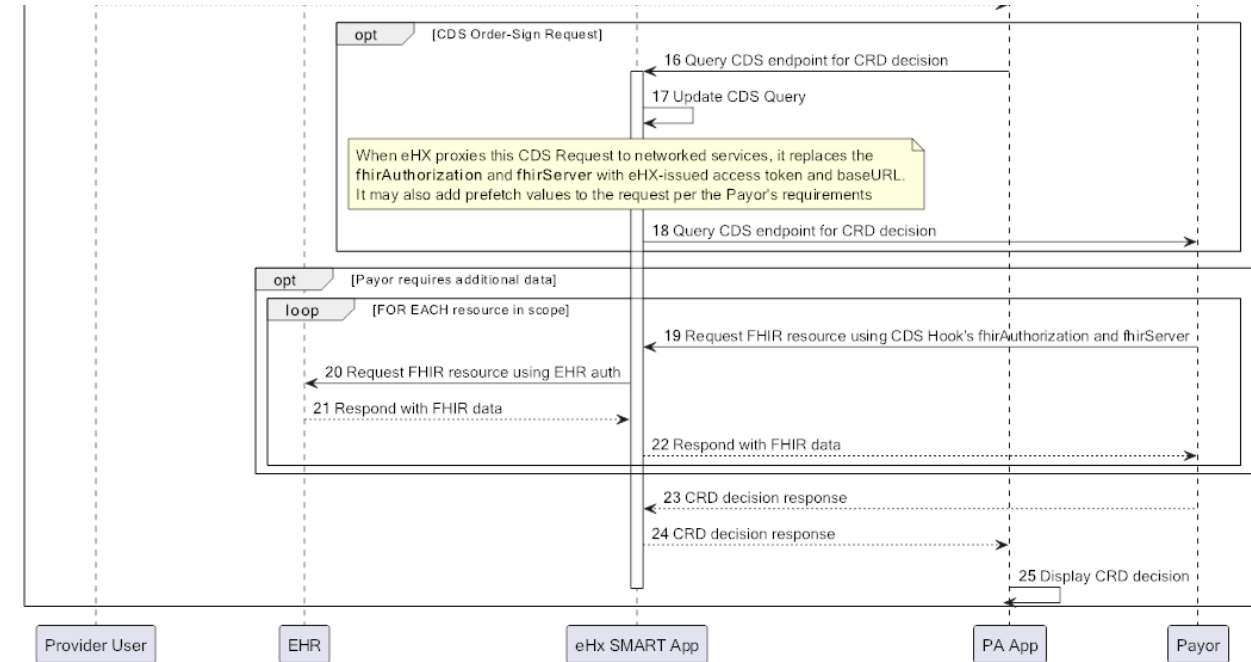
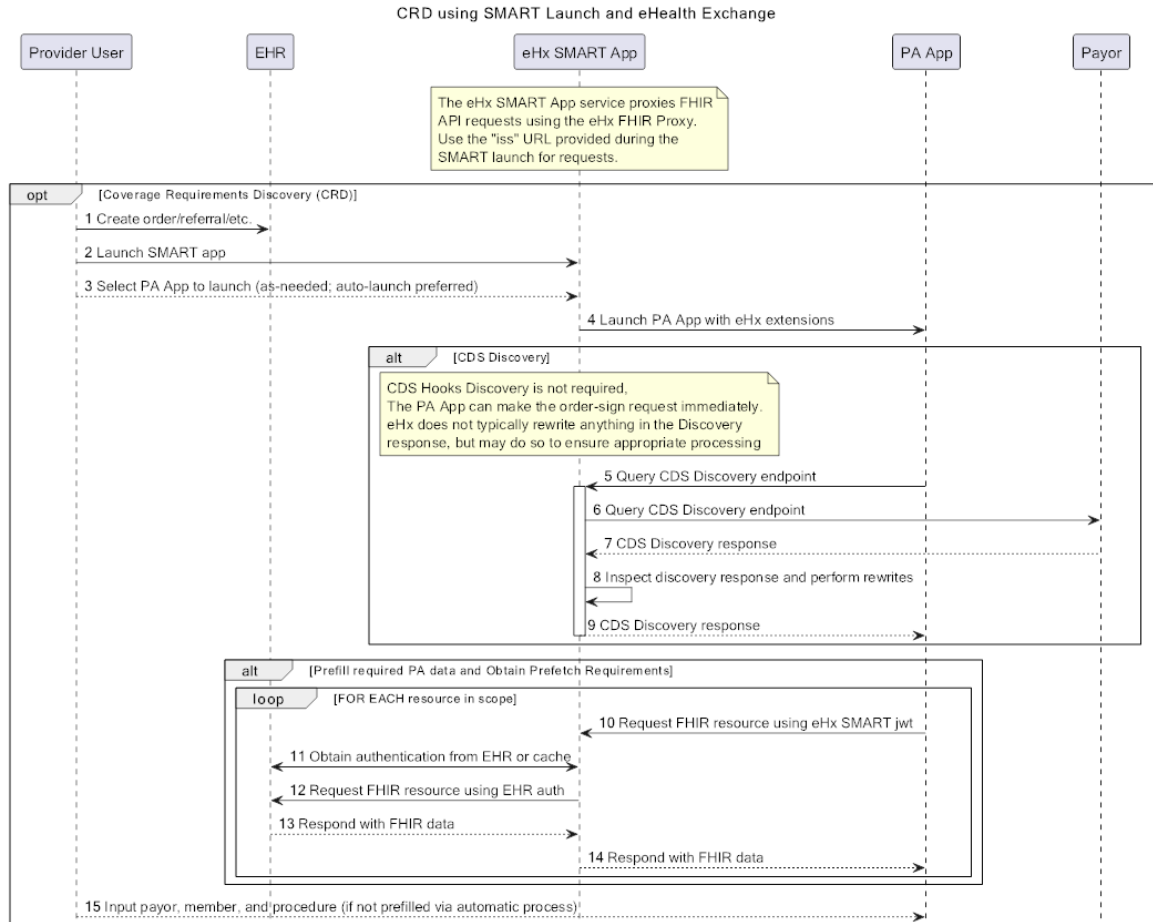
Burden Reduction Overview

Title	CRD 	DTR 	PAS 
Name	Coverage Requirements Discovery	Documentation Templates and Rules	Prior Auth Submission
Description	Enables a provider to trigger a “CDS Hooks” request to a payer’s pre-defined endpoint to check for a patient’s coverage requirements for a given procedure and communicate if the procedure requires a PA.	Enables the lookup of FHIR Questionnaires from the payer, and the clinical data used to complete the questionnaire from the provider. CQL provides logic to parse the FHIR data to automate questionnaire response	Providers submit prior authorizations using FHIR or an X12 message with a FHIR wrapper. The specification defines the response/determination communication process and PA status lookup.
Outcome	Establishes if a patient has coverage for a procedure from that payer. Used as a precursor to DTR	The questionnaire produces a Boolean output defining if a PA is required for the procedure	A PA response, that can often be automated and instantaneous
eHealth Exchange Implementation	The SMART on FHIR Proxy allows us to host SMART apps that enable these processes. EHRs could alternatively provide the functionality directly, and leverage eHx network to enable communication with the Payers in our network.		

Da Vinci Burden Reduction Support

- eHealth Exchange now enables support for Burden Reduction CRD, DTR, and PAS processes using FHIR R4 and CDS Hooks via a SMART on FHIR app as well as via EHR-native functionalities
 - Enables any EHR to support full Burden Reduction processes without specific software development efforts
- Features
 - **Patient Payer Endpoint Identification** service allows eHealth Exchange to determine the Payer URLs for Burden Reduction queries based on a patient's coverage data
 - **FHIR** request/response routing to Payers and Providers
 - **CDS Hooks** request/response routing with Payers
 - **SMART on FHIR Proxy** allows for UI-based workflows enabling applications that complete the Burden Reduction workflows

CRD using eHealth Exchange SMART on FHIR Proxy

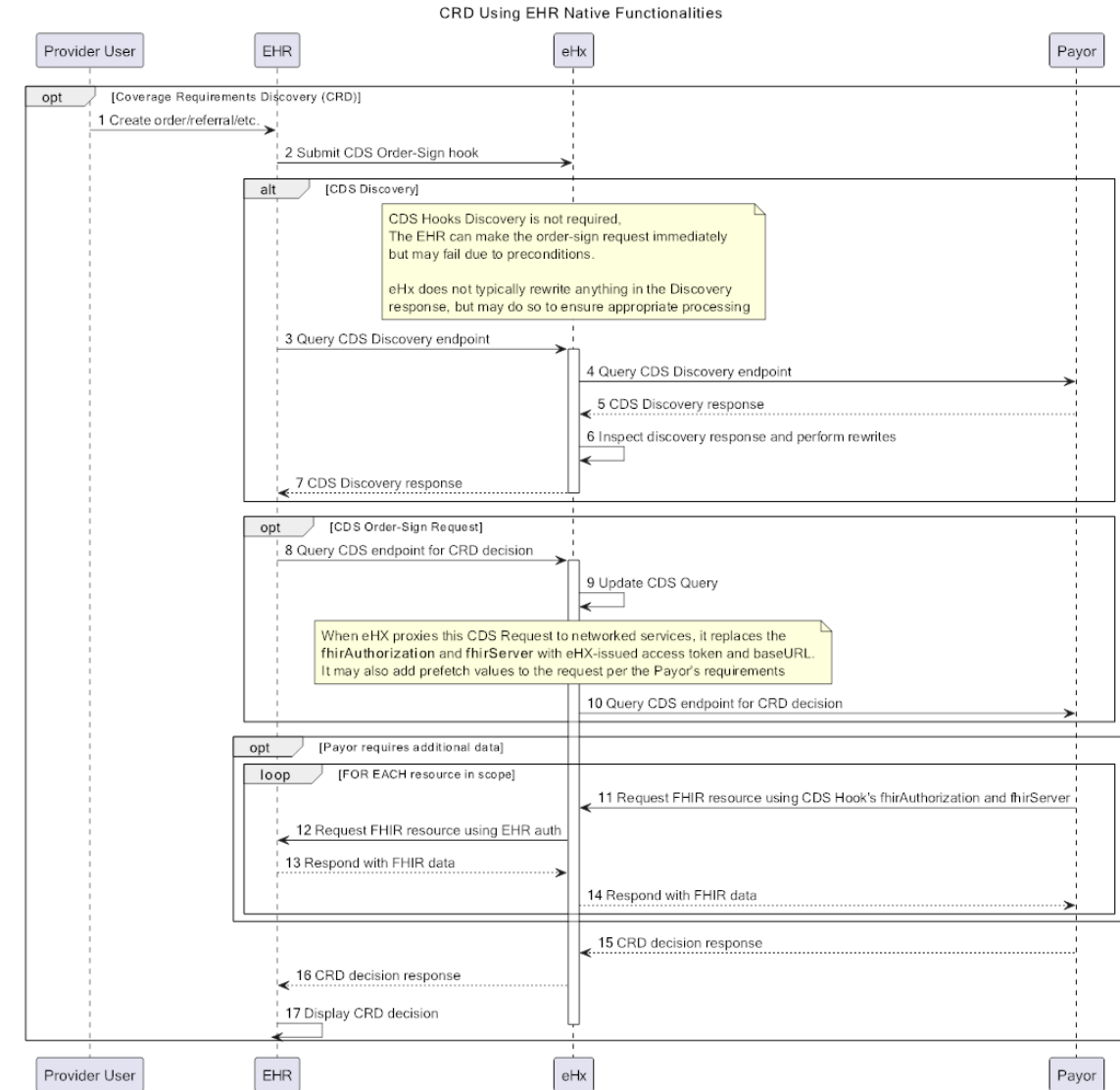


Provider Implementation Requirements:
eHx FHIR Backend Service, eHx CDS Hooks Service

CRD using EHR Native Hooks

- This flow assumes the CDS hook is triggered from the EHR directly
- The eHealth Exchange offers a Payer Endpoint Identification Service that enables the EHR to route all CDS hooks requests to the same endpoint, and receive a response from any payer
- The eHealth Exchange enables the following traffic:
 - CDS Hooks outbound from the EHR to the Payer
 - Including resulting responses
 - FHIR API requests outbound from the Provider to the Payer
 - Including resulting responses

Provider Implementation Requirements:
eHx SMART Proxy App



Value to Healthcare Providers

- ✓ No cost to existing participants
- ✓ Turnkey Electronic Prior Authorization support available today
- ✓ Minimal implementation overhead
 - Standard SMART on FHIR, FHIR, and CDS Hooks setup
- ✓ Transition to the EHR-native processes when you're ready while continuing to use the eHealth Exchange network to power connectivity

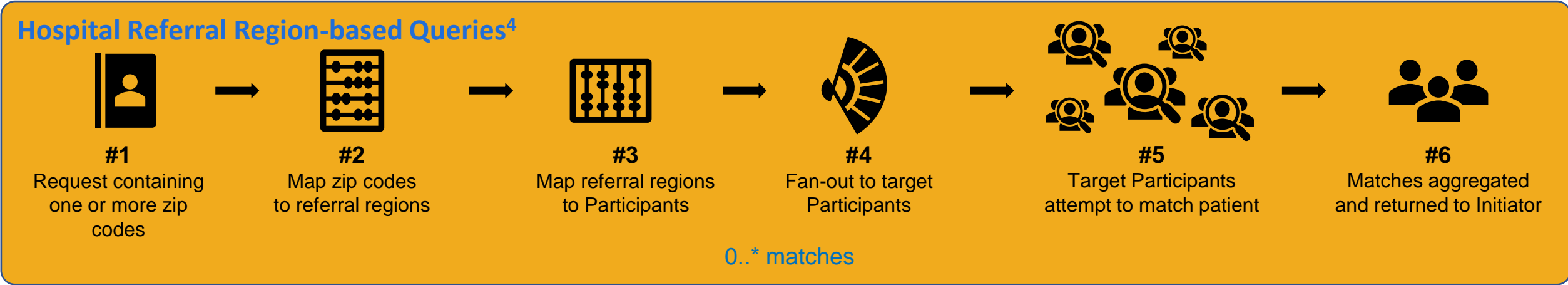
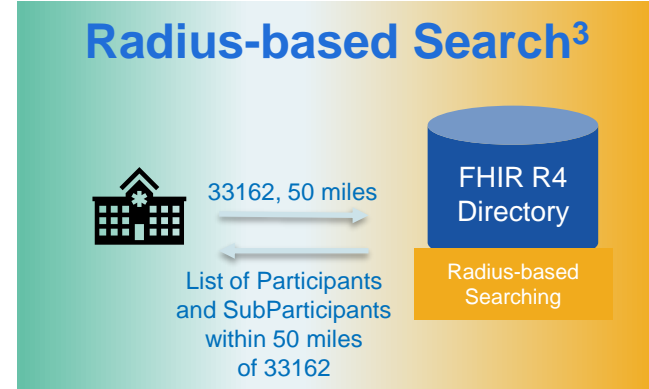
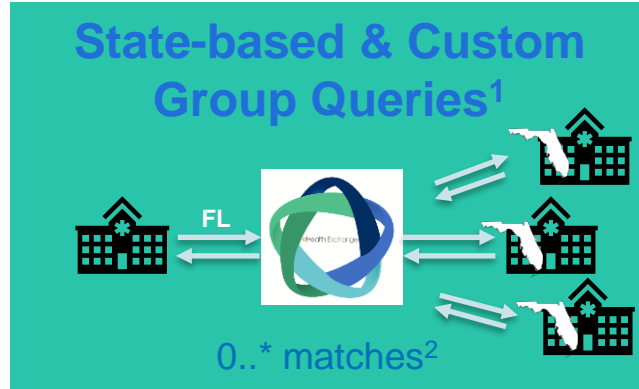
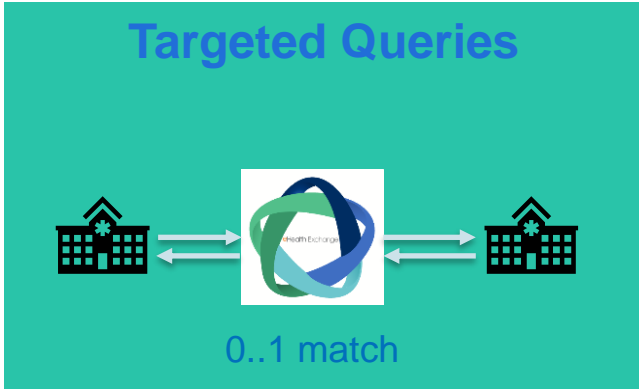
Geospatial Queries

What's New and Next – Redux

Originally Presented Oct 2023

Geospatial Queries – What’s New and Next

Available Now
Future



State-Based	Preconfigured fan-out to whole states. Target state must be specified on request.
Custom Group	Preconfigured fan-out to select partners. Custom Group must be specified on request.
Radius-based Search	FHIR Directory operation to identify Participants who provide service within an X mile radius of an address.
Hospital Referral Region	Dynamic fan-out based on patient address, leveraging the Dartmouth Atlas ⁴ Hospital Referral Region crosswalks.

¹ for XCPD only

² if >1 match, an aggregated response is returned

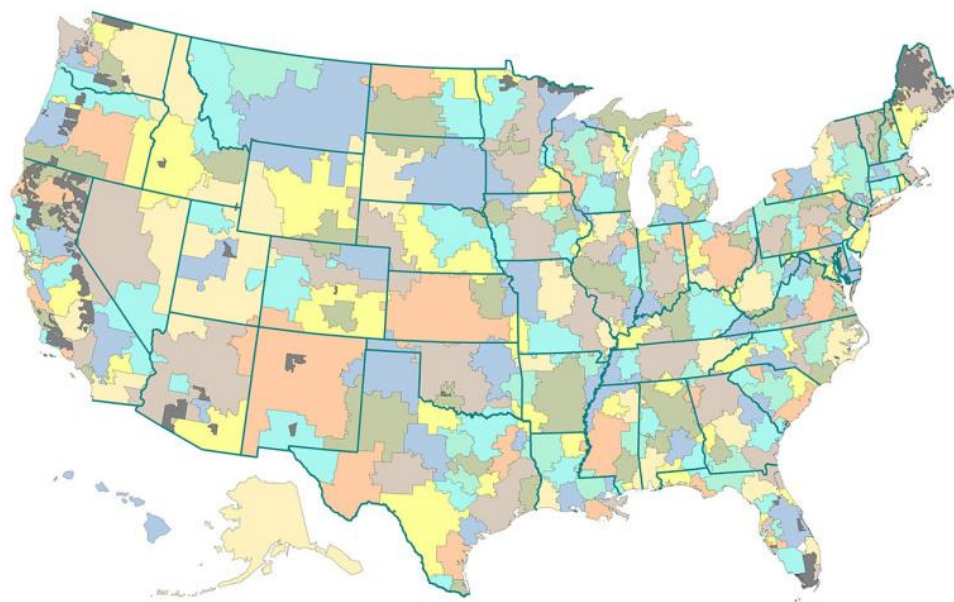
³ results inform which Participants to target

⁴ <https://data.dartmouthatlas.org/>

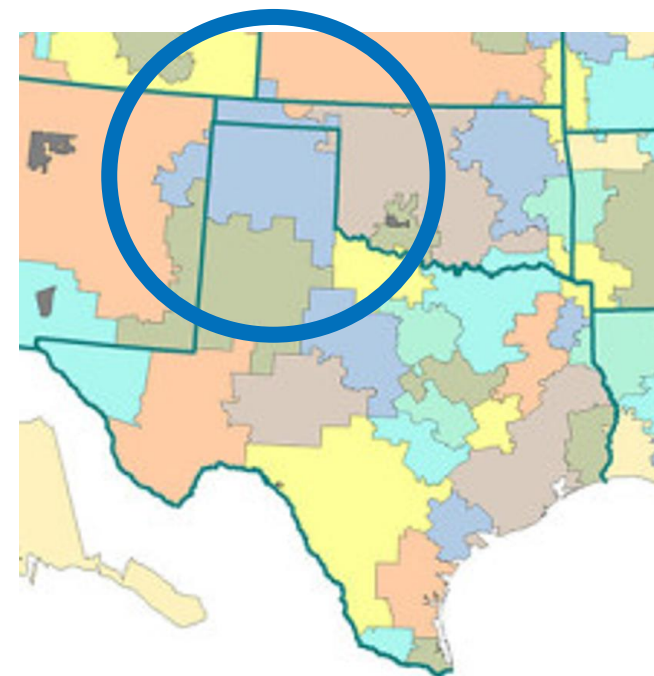
Geospatial Queries – What's New and Next

Dartmouth Atlas Hospital Referral Regions (HRRs)

“**Hospital referral regions (HRRs)** represent regional health care markets for tertiary medical care. Each HRR contains at least one hospital that performs major cardiovascular procedures and neurosurgery. HRRs were defined by assigning HSAs to the region where the greatest proportion of major cardiovascular procedures were performed, with minor modifications to achieve geographic contiguity, a minimum population size of 120,000, and a high localization index. **The process resulted in 306 hospital referral regions.**”



<https://data.dartmouthatlas.org/>



Aggregated XCPD Response Testing

NOW AVAILABLE

Test your ability to consume and process an aggregated Patient Discovery response!

https://hub001val.ehealthexchange.org/ehx/1.0.0/iti55/2.0?_eHxHubRouteTo=GeoStateTEST

Test Patient Demographics

given	NWHINONE
family	NWHINZZZTESTPATIENT
birthdate	1/1/1981
gender	M
address	1100 Test Street
city	Helena
state	AL
postal code	35080

Aggregated XCPD Response

```
<controlActProcess classCode="CACT" moodCode="EVN">
  <code code="PRPA_TE201306UV02" codeSystem="2.16.840.1.113883.1.6"/>
  <subject contextConductionInd="false" typeCode="SUBJ" xmlns:h17="urn:h17-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
  </subject>
  <subject typeCode="SUBJ" xmlns:h17="urn:h17-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
  </subject>
  <subject typeCode="SUBJ" xmlns:h17="urn:h17-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
  </subject>
```

Geospatial Queries – What’s New and Next

What is an “Aggregated XCPD Response”?

- Within the ITI-55 Cross Community Patient Discovery specification¹ multiple “subject” blocks are allowed, each one representing a patient match:

/Envelope/Body/PRPA_IN201306UV02/controlActProcess/subject

```

<controlActProcess classCode="CACT" moodCode="EVN">
  <code code="PRPA_TE201306UV02" codeSystem="2.16.840.1.113883.1.6"/>
  <subject contextConductionInd="false" typeCode="SUBJ" xmlns:hl7="urn:hl7-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
  </subject>
  <subject typeCode="SUBJ" xmlns:hl7="urn:hl7-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
  </subject>
  <subject typeCode="SUBJ" xmlns:hl7="urn:hl7-org:v3">
    <registrationEvent classCode="REG" moodCode="EVN">
  </subject>

```

- Within each subject block, the homeCommunityId of the responder can be found at:
/Envelope/Body/PRPA_IN201306UV02/controlActProcess/subject/registrationEvent/custodian/assignedEntity/id

```

<subject typeCode="SUBJ" xmlns:hl7="urn:hl7-org:v3">
  <registrationEvent classCode="REG" moodCode="EVN">
    <id nullFlavor="NA"/>
    <statusCode code="active"/>
    <subject1 typeCode="SBJ">
      <patient classCode="PAT">
    </subject1>
    <custodian typeCode="CST">
      <assignedEntity classCode="ASSIGNED_ENTITY">
        <id root="2.16.840.1.113883.3.579.1.22"/>
        <code code="NoHealthDataLocator" codeSystem="1.3.6.1.4.1.19376.1.2.27.2"/>
      </assignedEntity>
    </custodian>
  </registrationEvent>
</subject>

```

¹ <https://s3.amazonaws.com/seqprojectehex/wp-content/uploads/2018/09/28214615/nhin-patient-discovery-production-specification-v2.0.pdf>

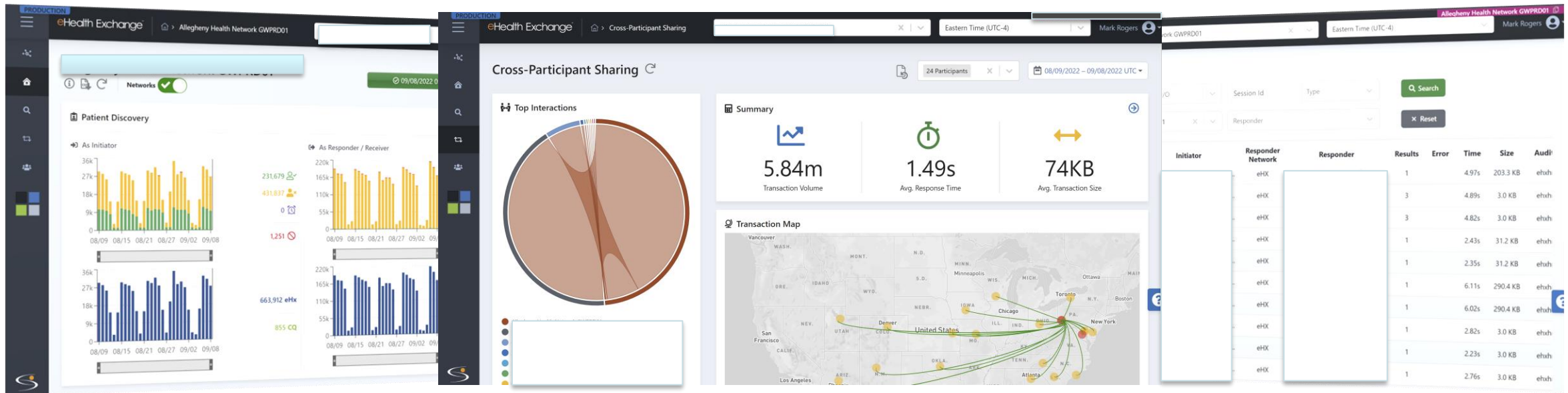
Information & Resources

Contacts for Your Organization

We want to ensure that we are reaching the right people at your organization with our communications.

- 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.

Your Hub Dashboard – Your web portal providing interoperability insights.




- Identify transaction volume, response times, drill-down, & download.
- Who is querying your organization?
- Where are your clinicians searching?
- How much care occurs outside your organization?

Access Hub Dashboard: <https://insightsprod.ehealthexchange.org/#/hub>

Hub Dashboard Access

Don't forget to maintain your Hub Dashboard accounts! If nobody at your organization currently has the rights to add/remove Dashboard accounts, please reach out to us at administrator@ehealthexchange.org.

#	Email	First Name	Last Name	MFA	Active	Organization
1	 kbingman@ehealthexchange.org	Kathryn	Bingman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Weekly Technical Work Group

Thursdays 4-5pm Eastern: email administrator@ehealthexchange.org for an invite

Typical Topics:

1. Technical Specifications
2. Testing
3. Hub Updates
4. Capacity planning [Final Thursday each month]

Request an invite: <https://ehealthexchange.org/technical-workgroup-form/>

How might I obtain assistance?

What	Who	How
Certificates	DirectTrust Support	support@directtrust.zohodesk.com
Hub and Hub Dashboard Assistance	Hub Service Desk	servicedesk@hub.ehealthexchange.org
Directory Assistance, setup, changes	Tech Support	techsupport@ehealthexchange.org
Testing Questions	Testing Team	testing@ehealthexchange.org
Questions about the DURSA, policy, or anything else!	Administrator	administrator@ehealthexchange.org

Visit: <https://ehealthexchange.org/contact-us/>

Events & Other News

Upcoming Events

May

[AcademyHealth 2024 Health Data Leadership Institute](#)

May 7-8, 2024 | Washington, D.C.

Speaking: Jay Nakashima

June

[Hub Dashboard Training Webinar](#)

June 4, 2024 | 1-2 PM Eastern

[Register Here](#)

[AHIP 2024](#)

June 11-13, 2024 | Las Vegas, NV

Exhibiting

[Japanese Association for Medical Informatics Symposium](#)

June 13-15, 2024 | Chiba, Japan

Speaking: Jay Nakashima

July

[2024 Annual Research Meeting | AcademyHealth](#)

June 29-July 2, 2024 | Baltimore, MD

Speaking: Jay Nakashima



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