

eHealth Exchange™

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Review of OPP#17

Sub-Participant Identification to Support Transparency and Trust

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Why OPP #17 and Dates to Remember

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Why OPP #17?

OPP #17 - Sub-Participant Identification to Support Transparency and Trust

Background:

Transparency is essential to obtain and maintain trust.

1. This is critical for participants to be able to identify the originator of the message.
2. Assists participants in understanding specifically to whom they are disclosing data.
3. Assists participants in understanding other participants' sub-participant query volume and partially informs regarding reciprocation concerns.



Important Dates

- Coordinating Committee approved June 18, 2024
- Participant Objection Period: June 25 – July 24, 2024
 - If fewer than 1/3 of eHealth Exchange Participants (325 total participants) object, the OPP would go into effect, July 25, 2024. eHealth Exchange received four (4) objections and would have needed 108 participants to have objected to delay the effective date.
- Participants have 90 days after the effective date to evaluate the ability to meet the requirements and request either an extension or exception from the Coordinating Committee. – October 23, 2024
- Implementation Date: 120 days after the effective date or November 12, 2024

OPP #17 Implementation

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Policy Implementation

Two main requirements for policy implementation:

Requirement #1: Specifying the Originating Entity in Each Request for Data

- a) Identify the participant ultimately responsible for requesting data using the SAML homeCommunityId attribute.
- b) To the extent practical, identify the entity/person originating the request for data using the following SAML attributes:
 - 1) subject:organization (an alphabetic name such as “Kettering Hospital”)
 - 2) *subject:organization-id (an OID representing the Home Community ID which corresponds to an entry in the eHealth Exchange directory; typically a sub-participant)*
 - 3) subject-id: Optionally identify the name of the representative user requesting data



Policy Implementation

Two main requirements for policy implementation:

Requirement #1: Specifying the Originating Entity in Each Request for Data

- **Question:** What if I cannot identify the entity/person originating the request for data using SAML attributes?
- **Answer:** To the extent practical, identify the entity/person originating the request for data. If it's difficult to do for all request scenarios, focus on major centers of healthcare such as hospitals, acute care centers, post-acute care centers, etc. In cases where the entity/person originating the request cannot be identified, populate the subject:organization-id with the same OID value as the SAML homeCommunityId OID value.



Policy Implementation

Two main requirements for policy implementation:

Requirement #2: Populating the eHealth Exchange Directory with Sub-Participants

- 1) Populate the directory with sub-participants to the extent practical to reflect a participant's constituency that request data and entities for whom participants hold data. (identify entities that contribute to patient data)
- 2) Participants do not need to identify healthcare practitioners for whom they exchange data.



Policy Implementation

What is unique about a Sub-Participant directory entry?

- Each eHealth Exchange sub-participant directory entry must include a Sequoia Project Service Delivery Location Role code (e.g. “HOSP” for hospital, “PROFF” for individual practitioner offices, “PHARM” For Pharmacies”, “Hlab” for clinical laboratories, “HD” for dialysis clinic, “administrative” for non-providers and non-payers) as defined at <https://sequoiaproject.org/SequoiaProjectHealthcareDirectoryImplementationGuide/output/ValueSet-SequoiaServiceDeliveryLocationRoleTypeValueSet.html>.
- Each eHealth Exchange directory entry must include an HL7 FHIR Organization Role code (e.g. “Provider”, “Payer”, “HIE/HIO”, “Agency” for government public health agency, “Research” for research-related organizations) as defined at <https://hl7.org/fhir/R4/valueset-organization-role.html>.



Policy Implementation

Concerns about sub-participant directory entries:

- **Question:** What if a sub-participant entry is not a physical location but a logical entity such as a hospital system or a group of collaborating doctors?
- **Answer:** The “administrative” code for Service Delivery Location Role Type may be used for this scenario. For example, if you enter a hospital system as a sub-participant with an “administrative” code, then child entries of this sub-participant would be physical hospital locations.
- **Question:** Can I add endpoints to a sub-participant entry?
- **Answer:** Not now, but this may be possible once eHealth Exchange sunsets the UDDI API for the directory. The UDDI API will be retired on 8/16/2024. The UDDI API does not provide a listing of sub-participant entries, so participants that consume the UDDI API would not have access to endpoints for sub-participants.



Policy Implementation

How do I populate sub-participant entries in the directory?

It's most common to use a CSV file if you will be populating the directory with many sub-participant entries. Send an email to administrator@ehealthexchange.org to obtain a CSV template as well as a sample CSV pre-populated with example directory entries. If you have a small number of sub-participant entries (about 20 or less), you may use a form to submit each individual directory entry. A directory entry form can be acquired by sending an email to administrator@ehealthexchange.org.

- **Question:** How do I submit a CSV file to maintain the directory?
- **Answer:** At present, submit the CSV file to techsupport@ehealthexchange.org, which will create a ticket for staff to load the CSV file into the production eHealth Exchange Directory.
 - In the long term (most likely before the end of this year), eHealth Exchange will release a new directory portal user interface to all participants. Once available, participants can upload sub-participants to the directory using the new directory portal and will not need to submit a ticket to the eHealth Exchange.



Policy Implementation

How do I populate sub-participant entries in the directory?

- **Question:** Is anything else needed if I submit sub-participant entries using a CSV file?
- **Answer:** Yes, we need to know which sub-participants you have de-activated (removed) from your organization since the last time you submitted a CSV file to the eHealth Exchange. If you have de-activated any sub-participants, then submit a separate CSV file that has three columns as shown below. The value of OID/HCID should be the unique identifier of the organization that you want de-activated/deleted from the directory.

OID/HCID	Parent (part of) OID/HCID	Org. name (doing business as)
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Policy Implementation

How do I populate sub-participant entries in the directory?

As an alternative to the approaches mentioned in the prior slides, eHealth Exchange may grant access to the FHIR directory API to submit sub-participant entries if a participant has a compelling reason to update entries programmatically such as a goal to completely automate the directory update process.



Policy Implementation

- **Question:** Are there other data attributes that should be populated in the directory?
- **Answer:** Yes, see OPP #17 procedure section III, item 5 for details. Participants are strongly encouraged to populate the following data elements:
 - 1) The Purposes of Use code to respond to requests for data.
 - 2) The Purposes of Use code to initiate requests for data.
 - 3) The Organization-level NPI # (Type 2), or Provider-level NPI # (Type 1) in cases where an Organization-level NPI is not needed and has not been acquired.
 - 4) CMS Certification Numbers (CCN), when assigned, for hospitals only.
 - 5) CLIA (CMS Clinical Laboratory Improvement Amendments) certification identifiers for clinical laboratories initiating requests for data, to the extent practical.

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Questions?





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