eHealth Exchange™

All Participant Call

November 2026

Housekeeping Items



All lines have been muted to avoid background noise.



Type questions in Q&A section at any time.
We'll open for questions after each agenda topic.



This meeting is being recorded and will be shared via email.

Today’s Topics

Welcome	Tina Feldmann
New Participants	Jayme Piña
CDA2FHIR Service - Demo	Mike Yackanich
XCA MTOM Requirement Review	Jason Lanage
Monthly QHIN Call	Mike Yackanich
Coordinating Committee Election Results	Jayme Piña
Marketing Update	Tina Feldmann
Information & Resources	Jayme Piña
Q&A	Anyone

New Participants

Committed to improving patient care via data exchange

Jayme Piña

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Congratulations!

Participant
eHealth Exchange

Abstractive Health

Abstractive Health retrieves your patient's full longitudinal chart from national HIE networks, creates a trusted AI medical record summary with sentence-level source links, and layers in research evidence and answers; so you can make faster, safer decisions without digging through hundreds of notes.

Learn more: https://www.abstractivehealth.com

Vizlitics®

Vizlitics is a clinical intelligence company that turns siloed medical records, including faxes, scanned documents, and EHR feeds, into one clean, longitudinal patient record. An AI layer reads that record and produces clinical-grade intelligence: structured pre-consult summaries, criteria-level trial eligibility matches, research-grade cohorts, and specialty-tuned configurations across oncology and transplant. Every product is EHR-integrated, and each output traces back to its source document for review, so care teams and research teams can act on it with confidence.

Learn more: https://www.vizlitics.com

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CDA2FHIR Service

Demonstration

Mike Yackanich

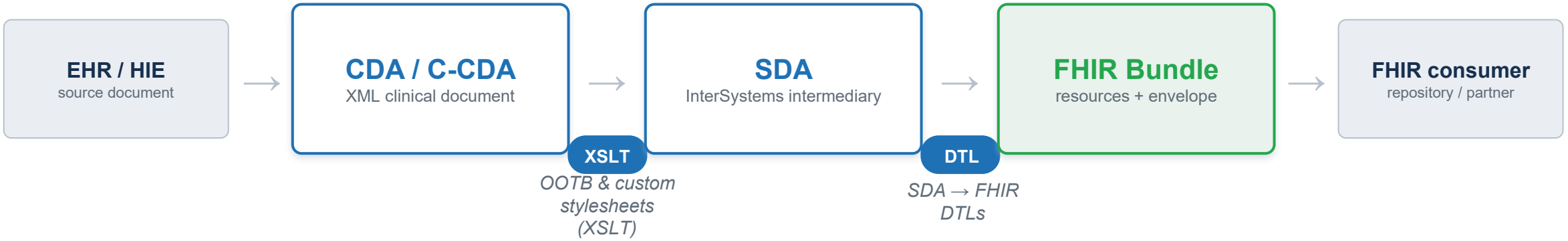


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CDA → SDA → FHIR Transformation Service

FHIR Services

How the transformation service normalizes a clinical document into a FHIR Bundle within a real-world exchange workflow



What the resulting FHIR Bundle carries

1 Clinical Resources

Patient · Encounter · Composition

Condition, Observation, Medication, Procedure, Allergy — derived from the document's coded entries.

2 Source document

DocumentReference

The original CDA is preserved as a base64 attachment — audit, replay and narrative not captured discretely.

3 Diagnostics

OperationOutcome

Mapping errors and warnings travel inside the Bundle as issues — not lost in application logs.

4 Lineage

Provenance

Records the transformation activity, the service identity, and the source → target relationship.

Resources are linked by reference (e.g., Composition → Patient, Observation → Patient) — the Bundle is a connected graph, not just a list of objects.

Transformation Assessment: Approach

FHIR Services

Objective

Transform CDA clinical documents into a FHIR Bundle of properly-linked, clinically accurate Resources — with little to no data loss.

Data Collection

Sampled synthetic data CDAs, non-prod document samples from the network, plus the standard TEFCA/QHIN certification test set (Synthea-based).

Documentation

Built fact-by-fact CDA→SDA→FHIR traceability matrices for every clinical element. Cross-referenced the transform engine's own error logs, CDA conformance validation, and the US Core spec. Every finding attributed to its responsible party.

Initial Effectiveness Rating

PARTIALLY EFFECTIVE

Clinical values were largely preserved across all documents tested, but 13 confirmed defects affecting data structure, linkage, or usability were found in every document type — remediation is needed before full production reliance.

Findings & Recommended Actions

OBJECTIVE
Little to no data loss during CDA → FHIR transformation

ACTUAL RESULT
Clinical values largely retained, but 14 structural/metadata defects confirmed across every document type

Gaps & Root Causes

HIGH — All Resolved — **4**

Valid meds/immunizations marked "entered-in-error"• Allergy reactions & severity dropped • Patient references don't resolve • Lab panels not grouped into a DiagnosticReport

MEDIUM — 4 Resolved / 2 In-Progress — **6**

Allergies missing clinical status • Problems missing status & category •Same-day entries collide (only first survives) • Lab order time/status not pushed to results (in progress) •Timestamps forced to UTC, real offset lost (in progress) • Lab values missing UCUM units

LOW — 3 Resolved / 1 In-Progress — **4**

Care-plan items (goals/orders/instructions) dropped• Non-standard med codes (no data lost) •Minor CDA conformance gaps (Gazelle)• Social history answers lose their value (in progress)

Recommended Follow-Up Actions

- Total of 14 issues identified. 11 have been remediated, and 3 are in-progress (as of 10/22)
- Escalate the 4 High-priority items to eHealth Exchange/InterSystems — one is already vendor-acknowledged via a published advisory
- Remediate in priority order (High → Medium → Low); re-test after each round of fixes
- Continue to expand sampling before certifying production readiness

Demo

https://lab.ehealthexchange.org/developer/CDAIchemy



XCA MTOM Requirements

Review

Jason Lanage



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ITI-39 XCA Retrieve Requests Must Use MTOM

All IHE ITI-39 Cross-Community Access (XCA) Retrieve requests and responses must be sent using Message Transmission Optimization Mechanism (MTOM), as required by eHealth Exchange technical specifications and the IHE XCA profile.

WHAT IS MTOM ENCODING?

Binary Optimization: Encodes binary content (e.g., CDA documents, images) as MIME parts instead of Base64, reducing message size by ~33%.

SOAP with Attachments: Uses multipart/related MIME structure so the SOAP envelope and binary payloads travel together efficiently.

IHE XCA Mandate: The IHE ITI Technical Framework (XCA profile) requires MTOM for ITI-39 Retrieve Document Set transactions.

CURRENT STATE

MTOM validation is currently disabled. Non-MTOM requests are accepted today.

ACTION REQUIRED

All participants initiating ITI-39 requests MUST conform to MTOM by the end of February 2027.

VALIDATION RE-ENABLED

March 1, 2027

AFTER MARCH 1, 2027

MTOM validation will be re-enabled. Non-conforming ITI-39 Retrieve requests that do not use MTOM encoding will be rejected. Update your gateways and systems well before the deadline to avoid service disruption.

QHIN Participant Call

New this year!

Mike Yackanich

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QHIN Participant Call

- Purpose
  - Share updates on TEFCA and the eHealth Exchange QHIN
  - Review new SOPs, RCE directory updates, and related participant obligations
  - Provide an open forum for participant questions and discussion
  - Replaces weekly technical onboarding meetings for participants live on TEFCA through the eHealth Exchange QHIN
  - All eHealth Exchange participants are welcome to attend
- Meeting details
  - First meeting: Wednesday, December 2, 2026 @ noon EST
  - Duration: 45 minutes
  - Cadence: Every six weeks

NOTE: Registration information will be sent out under separate cover.

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Coordinating Committee

Election Results

Jayme Piña

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Coordinating Committee

NON-FEDERAL REPRESENTATIVES



Chair

Dan Paoletti
Ohio Health Information Partnership



Vice Chair

Pam Matthews, RN
Tennessee Health Information Exchange



Secretary (Non-voting)

Jayme Piña
eHealth Exchange



Jason Buckner
Manifest MedEx



Patti Cuartas, DMSc, PA-C, FACHE, ACHIP
Mount Sinai Health System



Ray Duncan, MD
Cedars-Sinai
Non-Federal Appointment



Matt Eisenberg, MD
Stanford Health Care



Arun Gopalan
DaVita
Non-Federal Appointment



John Kansky
Indiana Health Information Network



Paul Matthews
OCHIN



Michael McEachern
Cigna Health
Non-Federal Appointment



Gary Parker
Alabama One Health Record



Julie Riddler, MA, PMP
Johns Hopkins Ambulatory

Coordinating Committee

FEDERAL REPRESENTATIVES



Mark Walderhaug, PhD
U.S. Food & Drug Administration



Sean J. Fry
Social Security Administration



Cindy Pan
Veteran's Health Administration



Lance Scott
Department of Defense



Mitch Thornbrugh
Indian Health Service

Marketing Updates

News, events, webinars, and more…

Tina Feldmann

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Board Applications

- We're seeking leaders with experience in health insurance and/or healthcare delivery, knowledge of health IT and interoperability, and a background in corporate strategy.
- Applications are open through 11:59 PM November 16th
- You do not need to work for an eHealth Exchange participant to apply. Consider serving—or share this opportunity with a qualified colleague.
- Learn more and apply: **Application Details**



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We’re Hiring!



- We’re hiring an Onboarding Program Manager to guide healthcare organizations through joining our nationwide network, from initial inquiry and application to testing and activation.
- If you know someone with strong project management skills, a customer-first mindset, and a passion for healthcare interoperability, please share the opening.
- Explore the role: **Apply Here**

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Recent Coverage

- Key Healthcare Interoperability Insights From the eHealth Exchange Annual Meeting | Healthcare IT Today
- What's Next for eHealth Exchange Under Doug Dietzman's Leadership? | Healthcare IT Today
- At the Helm of eHealth Exchange, Doug Dietzman Eyes New Use Cases for Data Sharing | HCI Innovation Group
- Rising stars: 188 healthcare leaders under 40 | 2026
- Dallas County Health and Human Services Leads the Way in Interoperable Public Health Reporting - eHealth Exchange

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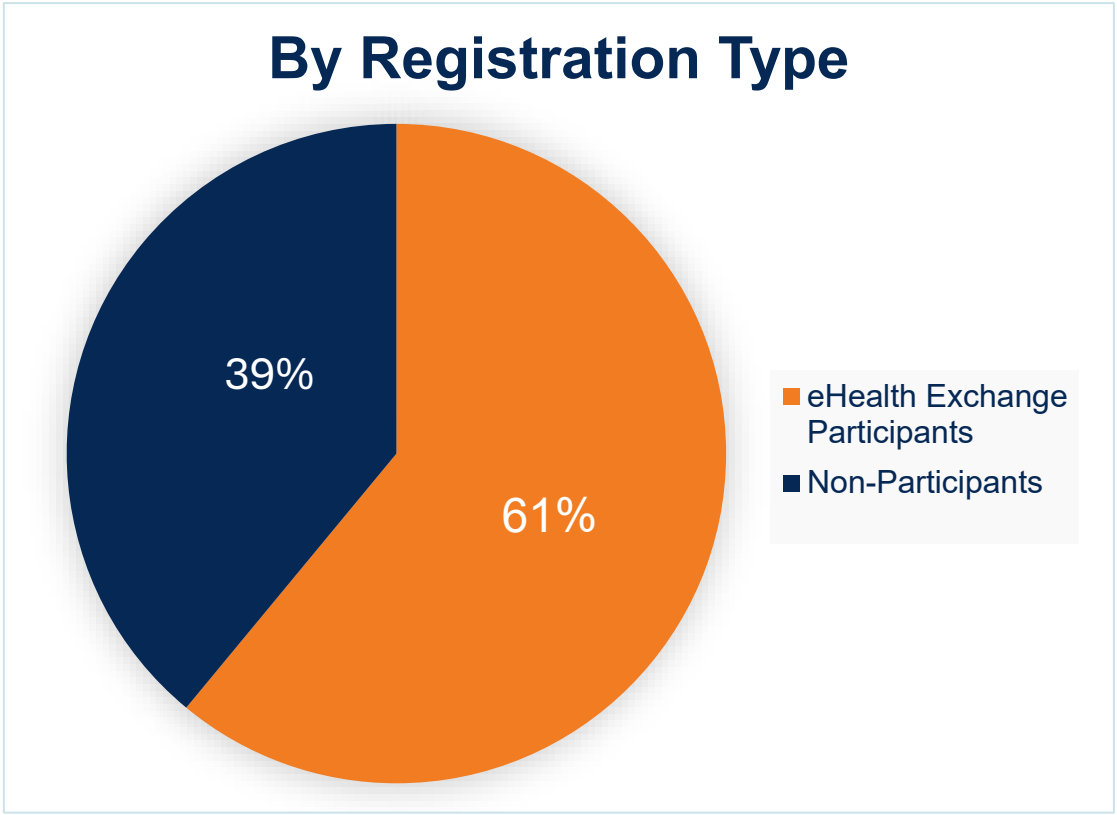
2026 Annual Meeting Recap



Annual Meeting Results

- 218 Registered
- 98% Attended
- 14 Sessions
- ~40 Speakers

- Session materials will be available soon:
  - Presentation content
  - Session recordings



Initial Feedback

- “This might be the best conference I’ve ever been to.”
- “No fluff, just great content.”
- “The conversations have been so candid and honest and democratic.”
- “Nobody here seems to be posturing.”
- “I love how people truly check their differences at the door. I feel like we’re all on the same team.”

Your Feedback

- If you joined us for the 2026 eHealth Exchange Annual Meeting in Austin, we'd love to hear from you! Tell us what you enjoyed, what we could improve, and what you'd like to see next year.

- Complete the survey anonymously or provide your name for a chance to win a $50 gift card to the eHealth Exchange SWAG Store!

- Share your feedback: **Complete the Survey**





[Swag Store - eHealth Exchange Swag Store]

THE SHAPE OF

WHAT'S NEXT







2027 ANNUAL MEEETING

OCTOBER 5

SAVE THE DATE







RESTON, VA | HYATT REGENCY

eHealth Exchange™

Location Details

- Hyatt Regency Reston
  1800 Presidents Street
  Reston, Virginia, 20190

- Booking Link: Group Booking | Hyatt Events



2027 All Participant Call Series

We will continue to meet the 2nd Thursday of every month from 12:00-1:00pm Eastern.

- January 14
- February 11
- March 11
- April: No mtg - HIMSS
- May 13
- June 10
- July 8
- August 12
- September 9
- October: No Mtg – Annual Meeting
- November: No Mtg – Veteran's Day
- December 9

NOTE: If you are registered for the call in 2026, we will automatically register you for 2027. Be sure to add to your calendar.

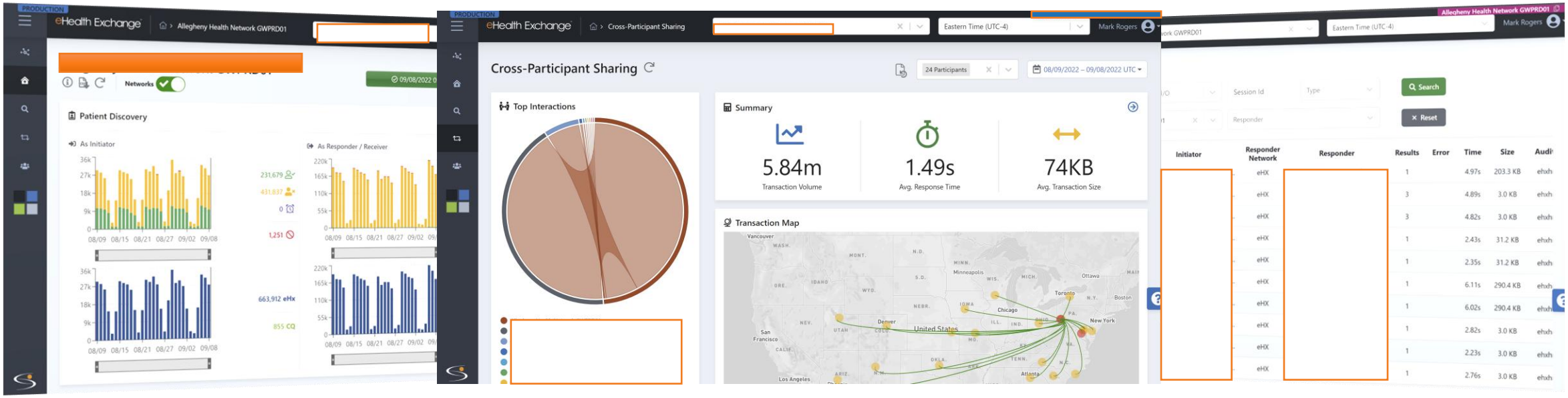
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Resources

Hub dashboard, updating your info, how to get in touch…

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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

OPP#17 Compliance

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.

OPP#17 Compliance

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

OPP#17 Compliance

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.

Participant Testing

What is **Participant Testing?**

Participant testing is the process organizations undergo to confirm that their systems meet eHealth Exchange technical and interoperability requirements as outlined in the DURSA.

Participant testing is required for:

New Applicants

Testing is necessary for all new applicants that are looking to join eHealth Exchange.

Existing Participants

All current participants must test when making major changes or updates to their systems.



The Goal?

To make sure your technology can connect, communicate, and share trusted data reliably and securely across the nationwide network.

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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.

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How might I obtain assistance?

What	Who	How
Certificates	DirectTrust Support	support@directtrust.zohodesk.com
Technical Support	Technical Support	servicedesk@hub.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/

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