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Panel



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ANNUAL MEETING

LOST PINES RESORT & SPA

October 27, 2026

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Advancing Whole Person Care

Valencia George

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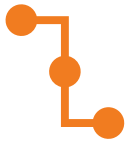
FHIR in the Wild – From Data Exchange to Actionable Interoperability

Modernizing healthcare connectivity while supporting the systems and workflows already in place.



Established Exchange

HL7 v2, ADT, CCD/CCDA,
HIE infrastructure



FHIR & APIs

Standards-based access
and application integration



Actionable Care

Connected workflows,
coordination and adoption

The Implementation Reality

Successful interoperability requires more than technical connectivity. It requires workflow alignment, governance, vendor readiness and organizational adoption.

The goal isn't just to exchange data. It's to make data usable where decisions happen.

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Real-World Use Cases: Advancing Whole-Person Care

Georgia Health Information Network (GaHIN) | Statewide Interoperability Case Study

GEORGIA HEALTH INFORMATION NETWORK

Connecting Data Across the Care Continuum

Clinical Care

ADT alerts, clinical document exchange, care transitions

Behavioral Health

Cross-provider information sharing and care coordination

Social Care

Community resource directories, closed loop referrals, workflow integration

The Implementation Reality

Connecting clinical and social care information exchanges requires aligning different systems, data standards, consent requirements, organizational priorities and operational workflows.



Whole-person care requires more than a complete record.
It requires connected information that supports coordinated action.

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Lessons From the Field: What Makes Interoperability Successful?

Turning technical connectivity into sustainable adoption and measurable value.

Start With the Use Case

Define the business need, required data, intended outcome before selecting the technology.

Design for Adoption

Integrate information into real workflows and equip users to act on it.

Align the Ecosystem

Address governance, consent requirements, vendor readiness, stakeholder alignment and sustainability.

The Path to Meaningful Interoperability



Moving data is only the beginning. Creating meaningful value is the goal.

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Patient Event Notification and Exchange

Jason Buckner

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About Manifest MedEx

Manifest MEDEX

- As California's largest nonprofit health data network, we securely bring together data to provide actionable clarity for coordinating health and powering an equitable future.
- We focus on the hard-to-reach data—including behavioral health and social drivers of health (SDOH)—because we believe every individual and their care team should be able to rely on health data as a foundational resource: always accurate, highly secure, and seamlessly available.

4000+
NETWORK PARTICIPANTS

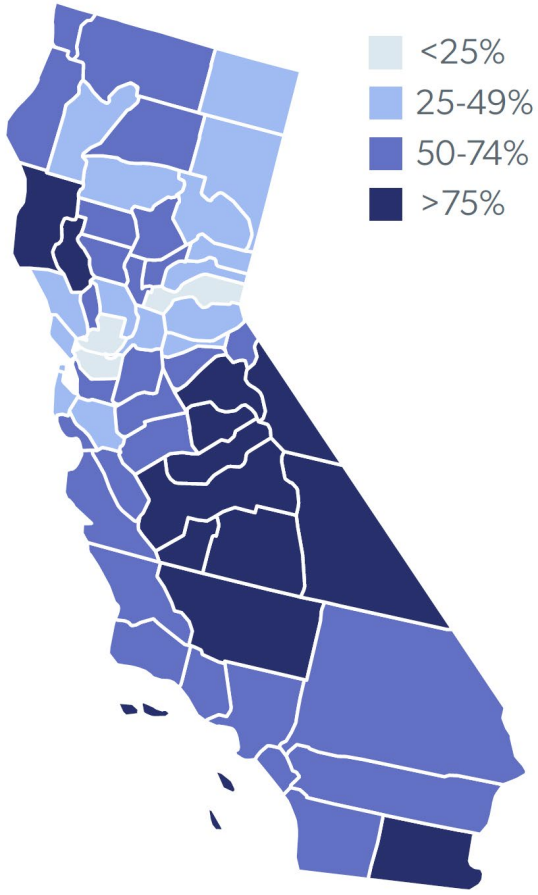
3200+
AMBULATORY PROVIDERS

190+
HOSPITALS

21
HEALTH PLANS

53M
LONGITUDINAL HEALTH RECORDS

3M
REAL-TIME ADTS PER MONTH



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FHIR Use Case: *ADT-Like Exchange*

With FHIR	Without FHIR
eHealth Exchange with CRISP	No acceptable path to exchange: • Custom governance agreement not desired or scalable • Alternative networks are misaligned with MX privacy/security posture
California Data Exchange Framework • 3 HIEs • 1 Health System • 1 Vendor Aggregator	No acceptable path to exchange: • Would require a 20 million person panel to be sent to each organization • Misaligned with MX privacy/security posture

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The Workflow

Hospital admission triggers the exchange

1

MX → DESTINATION

Patient/$match request

MX sends it when a hospital admission occurs

2

DESTINATION → MX

Relationship confirmed

Destination confirms it has an active HIPAA relationship with the patient

3

MX → DESTINATION

FHIR bundle sent

Contents depend on what the destination can support

FHIR Resources

```
{MessageHeader}
{Patient}
{Encounter}
{Practitioner}
{Condition}
```

FHIR resources

OR

An ADT inside the FHIR bundle

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Advancing FHIR Across the eCR Ecosystem

Joel Hartsell, PhD, MPH, CPDTS

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Centralized eCR Functionality on the AIMS Platform

Goal: Implement tools once, centrally, with the flexibility to tailor to PHA-specific needs — so every jurisdiction benefits at the same time, without duplicating engineering effort locally.

Reduced Burden

- Eliminates duplicative development & maintenance across jurisdictions
- Frees PHA staff to focus on public health action, not tool maintenance
- Enhanced efficiency in advancing national priorities

Shared Infrastructure

- Centralized AIMS hosting advances all participants simultaneously
- Centralized updates cut local infrastructure & resource overhead
- Every improvement can benefit every jurisdiction

STRATEGIC BENEFITS ACROSS THE TOOLSET

Strengthened Privacy

Jurisdiction-specific control over sensitive clinical content

Accelerated Response

Investigators act on meaningful, condition-specific data faster

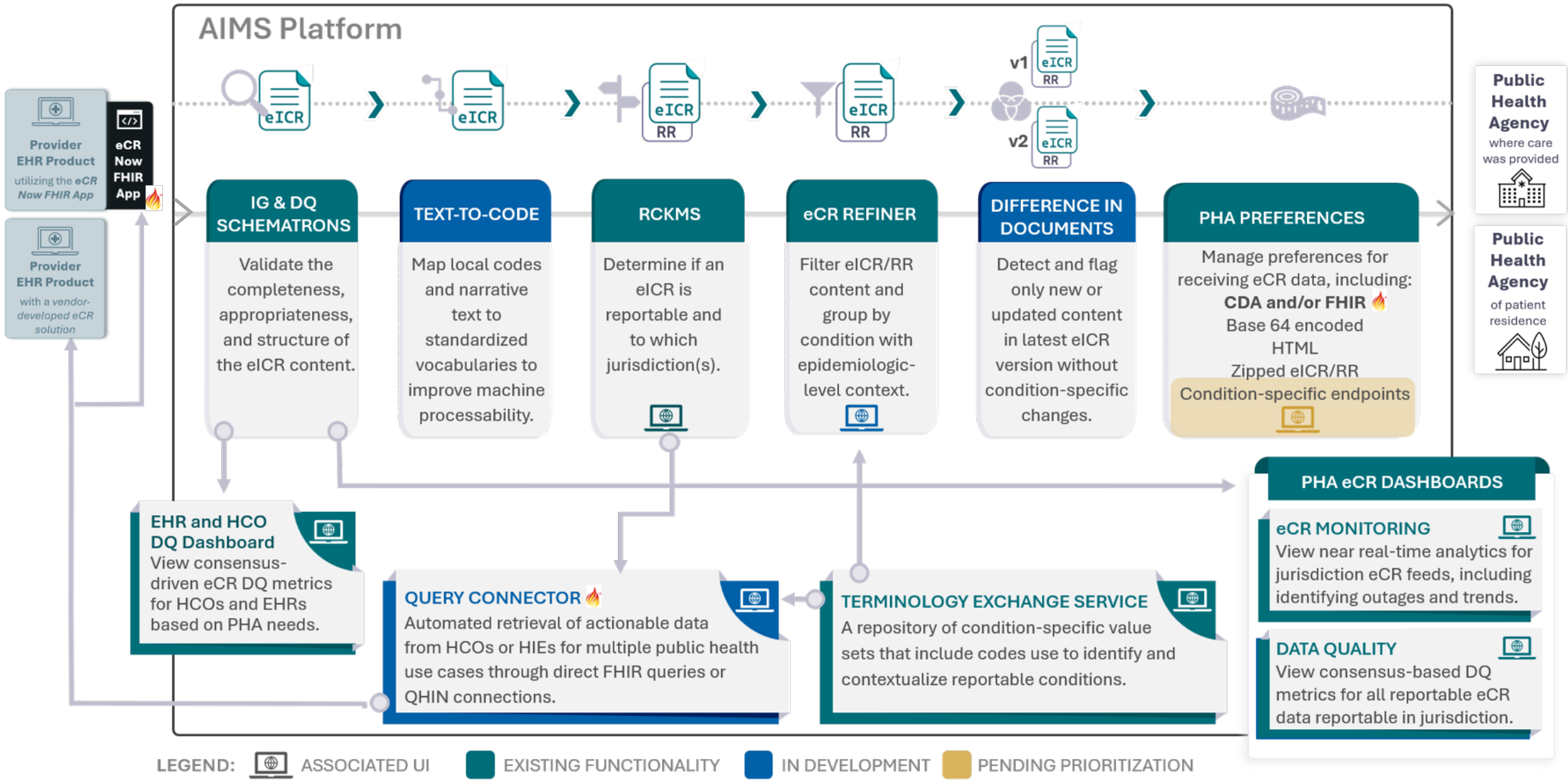
Higher Data Usability

Standardized, analysis-ready eICRs across the pipeline

Lower System Strain

Smaller, filtered documents ease downstream processing

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VHIE R4 Collaboration Projects

Todd Turner

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VHIE FHIR R4 Collaboration Projects

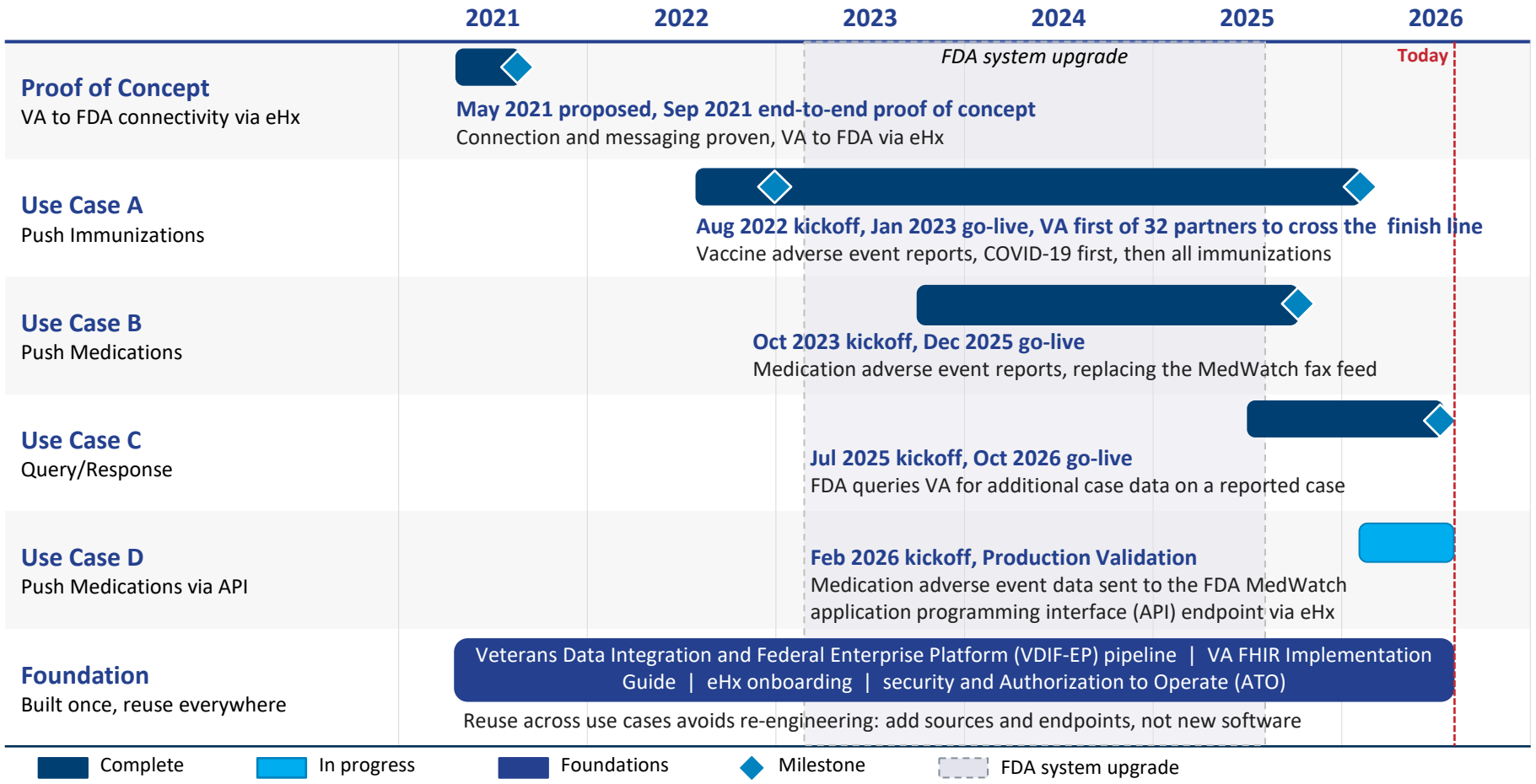
Collaboration with eHx, FDA, and VA for Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) R4 exchanges

5+ years of sustained collaboration

3 organizations: VA, FDA, eHx

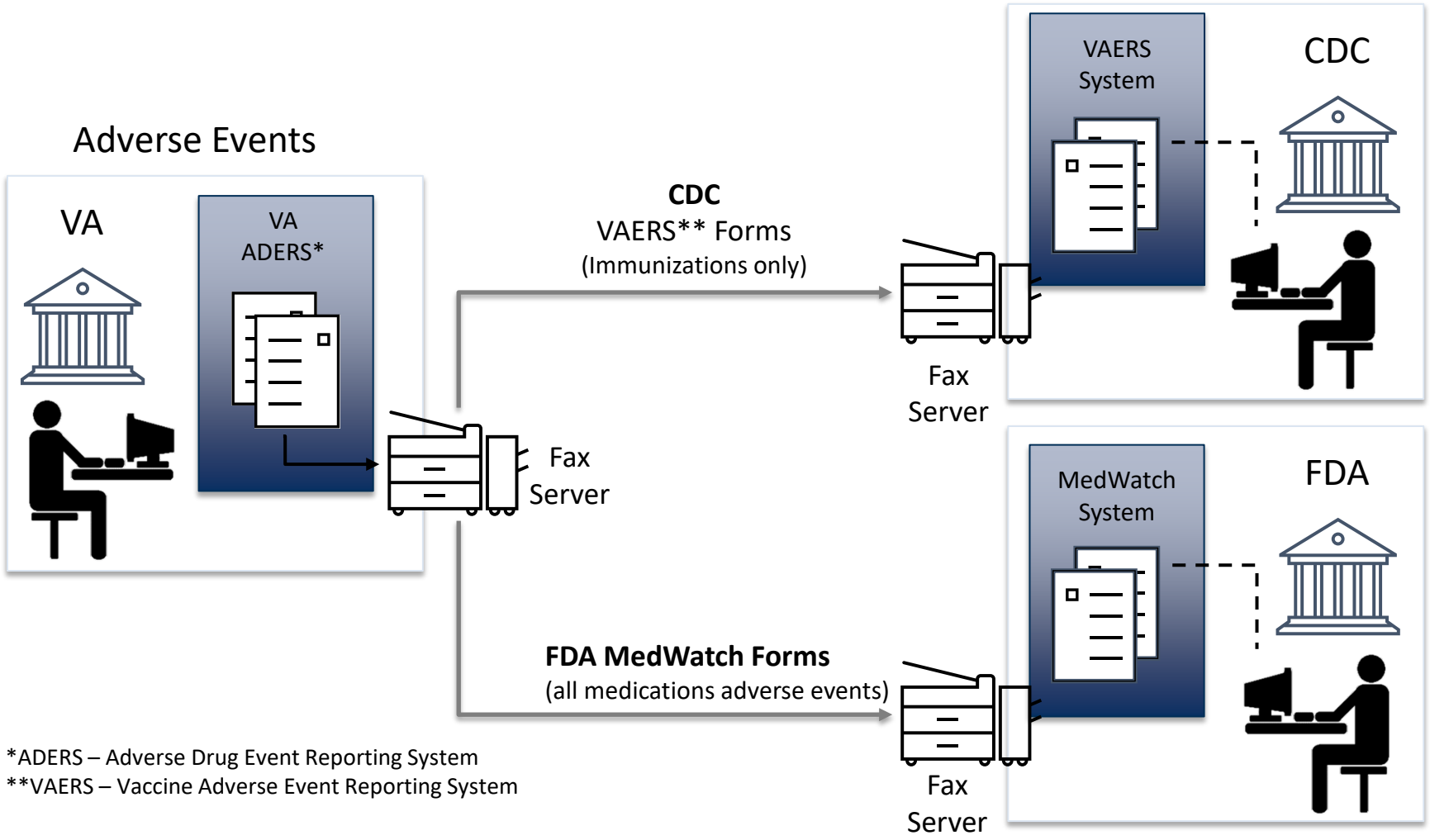
1st of 32 partners to go live

3 use cases on one reusable pipeline



Problem: High Failure, Manual Process

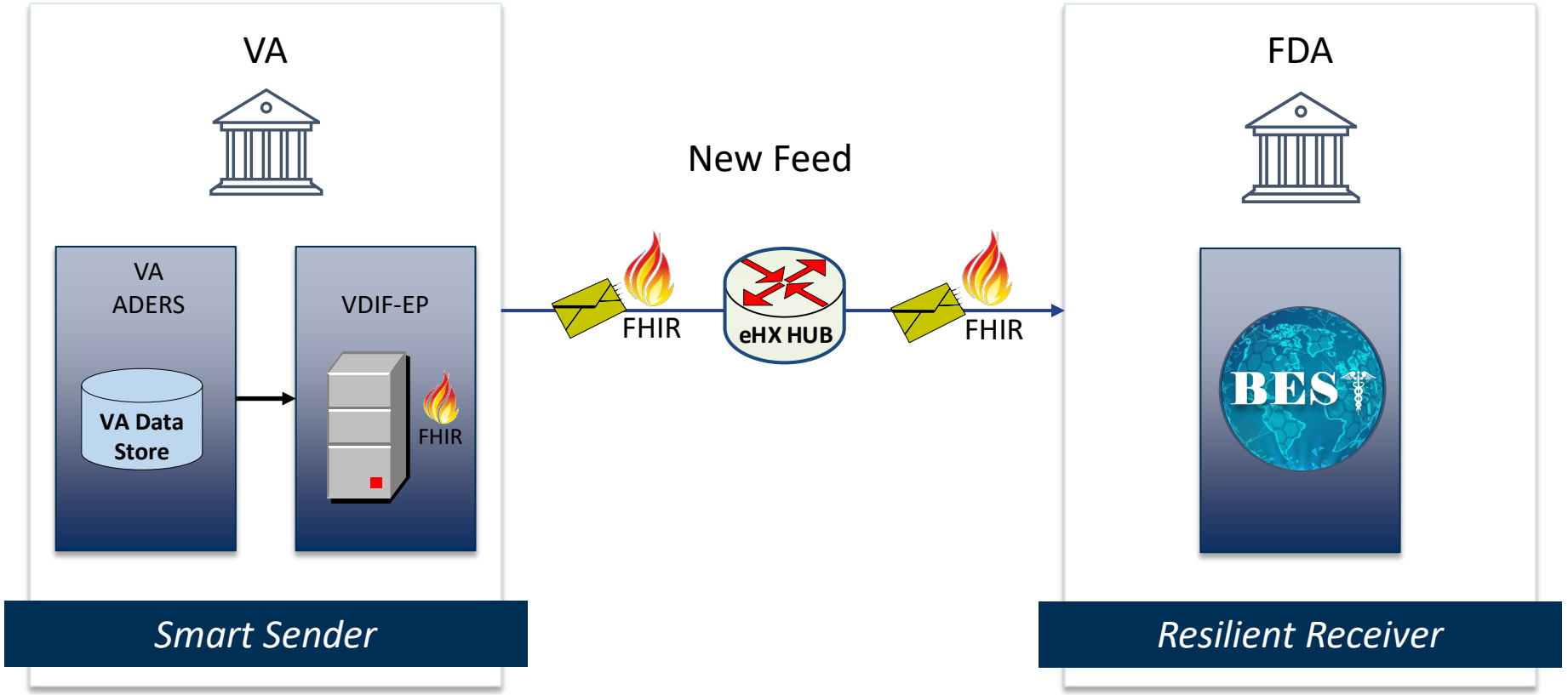
VA ADERS Fax Transmissions to CDC & FDA



*ADERS – Adverse Drug Event Reporting System
**VAERS – Vaccine Adverse Event Reporting System

Solution: Modernize VA ADERS

Immunization and Medication Adverse Event Reports

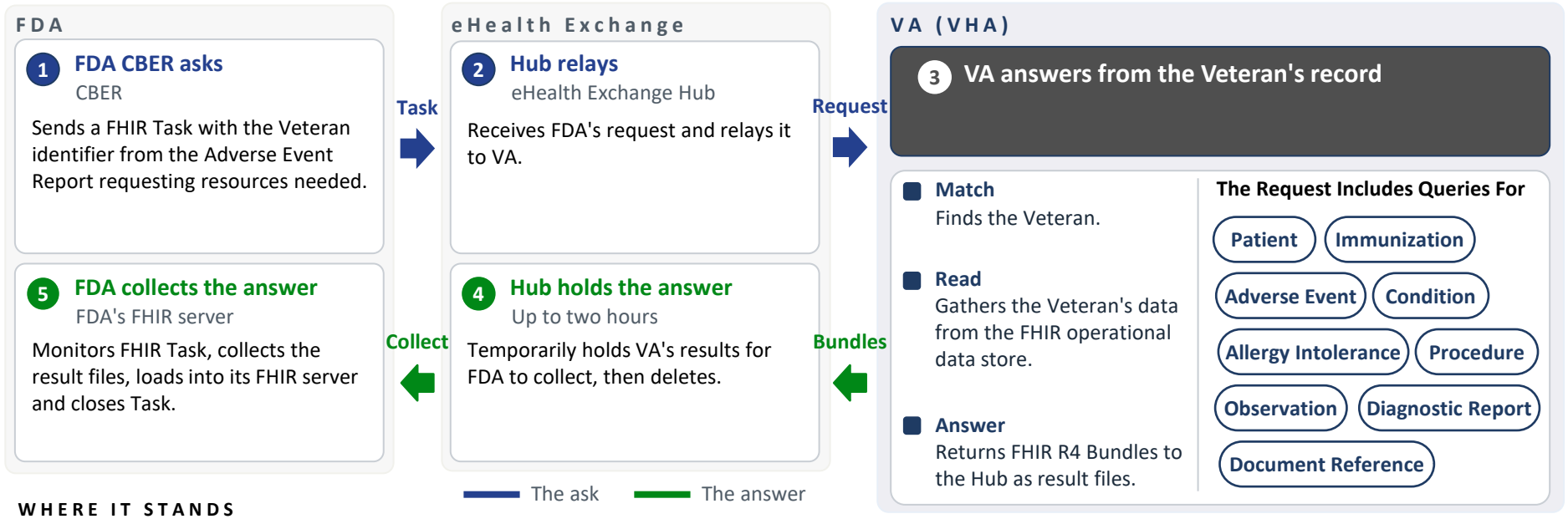


Automatic, simple, reliable, and reduces potential for human and fax transmission errors.

*BEST - Biologics Effectiveness and Safety

Use Case C: FDA asks, VA answers

Manual to FHIR



WHERE IT STANDS

PROVEN

In production, 2 OCT 2026

A successful end-to-end round trip returned 29 result files. FDA closed the Task.

LESSON LEARNED

First large pull

Any failure in a Bundle resulted in the entire Bundle failing. FDA adjusted its receiver; a sender-side fix is proposed.

NEXT

A VA-written guide: v0.3

Finalize VA ADERS Implementation Guide.

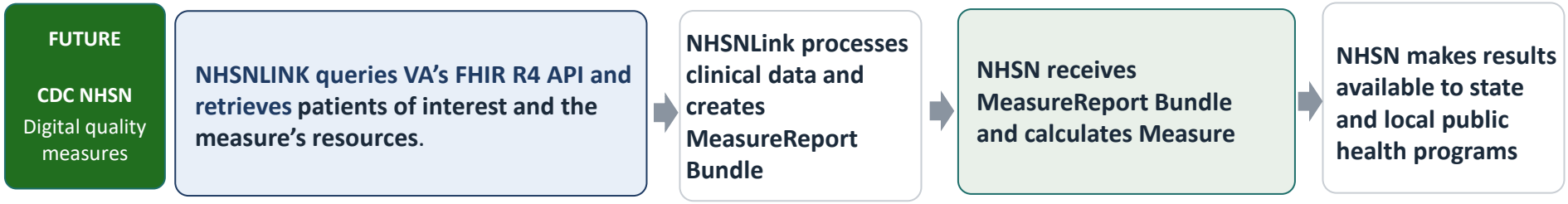
REUSABLE

One door, more partners

The FHIR R4 path VA opened for FDA can be repurposed to support CDC's National Healthcare Safety Network (NHSN).

Next in Line: CDC NHSNLink

CDC's National Healthcare Safety Network (NHSN) is moving to digital quality measures



REUSE FROM FDA COLLABORATION

- FHIR R4 endpoint and patient match processes
- US Core 6.1.0
- Patient profile, terminology crosswalk method, and standardized processes from requirements to testing.
- Lessons Learned: every reference in a returned Bundle must resolve, or the whole Bundle fails.

NEXT

- VA data profiles for each NHSN measure; e.g., Encounter, Condition, Observation, Medication, Procedure, Location).
- LOINC, SNOMED CT and RxNorm mappings for the measure value sets.
- VA facilities mapped to NHSN facility identifiers.
- NHSN enrollment, data use agreement and approval for NHSNLink API access.
- Written and ratified VA data-source guide

STATUS

- NHSN dQM Reporting IG v1.0.0 STU 1 published by HL7; production measures are hosted by NHSN as they are released.
- NHSN measures for Hospital Onset Bacteremia (bacteremia and fungemia surveillance) and Glycemic Control: Hypoglycemia available; more in development.
- VA dQM project kickoff in FY 27.



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