eHealth Exchange
ANNUAL MEETING
LOST PINES RESORT & SPA
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Data Exchange and Expanding Role of HIEs for Public Health

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Conflict of Interest

- **Francis X. Campion, MD, FACP**
- **Mark Walderhaug, PhD**
- **Matthew Ritchey, PT, DPT, MPH (CAPT, USPHS)**
- **Gary Parker, MBA, JD**

Have no real or apparent conflicts of interest to report.

Disclaimer:

The views and opinions expressed in this presentation represent those of the presenter(s), and do not necessarily represent an official FDA or CDC positions.

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Biologics Effectiveness and Safety (BEST) Innovative Methods (IM)

U.S. Food and Drug Administration (FDA)
Center for Biologics Evaluation and Research
Office of Biostatistics and Pharmacovigilance



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BEST IM Goal

Modernize the safety surveillance of vaccines, blood and biologic therapeutics used to care for patients.

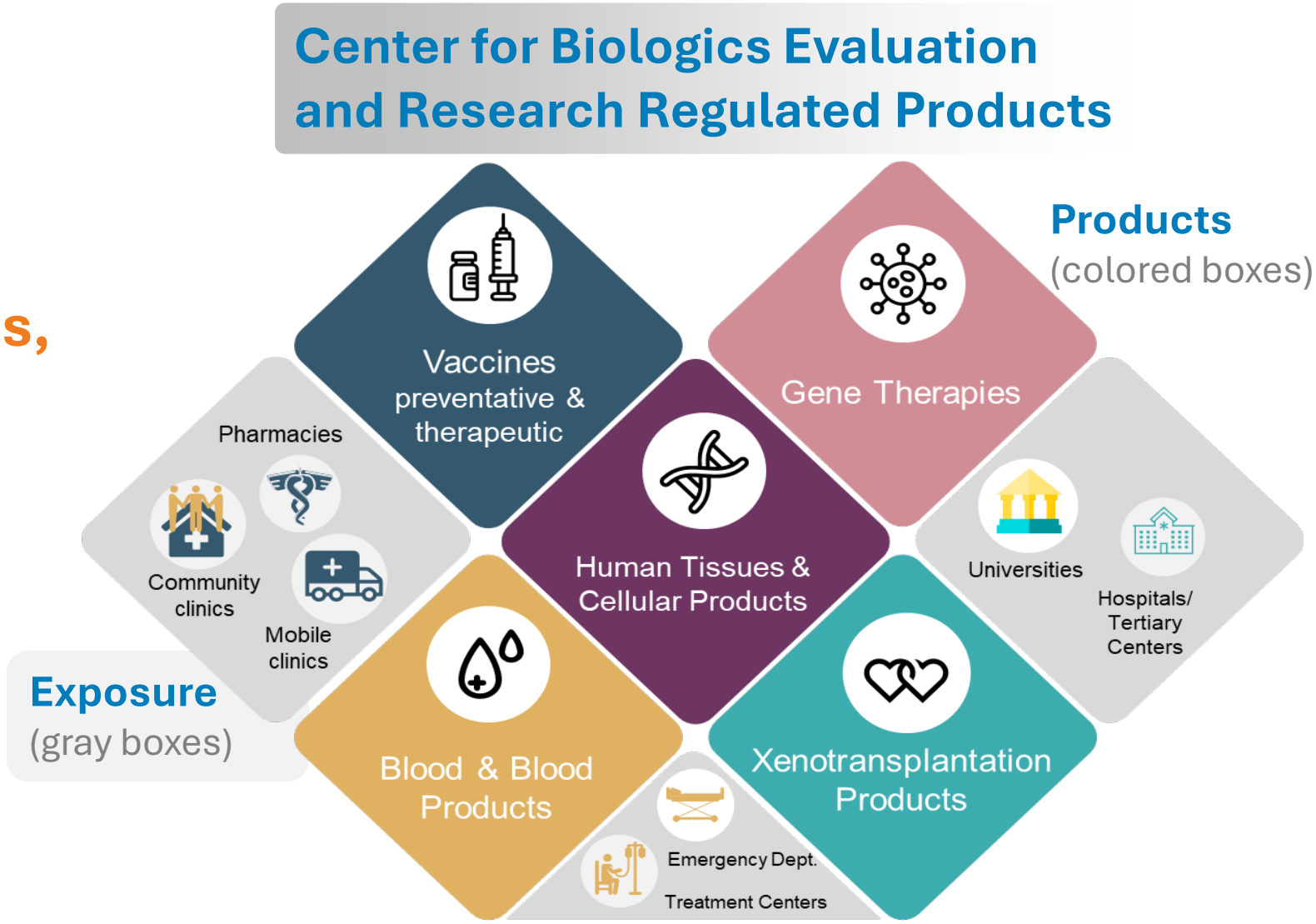


Figure 1: FDA Center for Biologics Evaluation and Research Regulated Products (FDA)

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Study Design

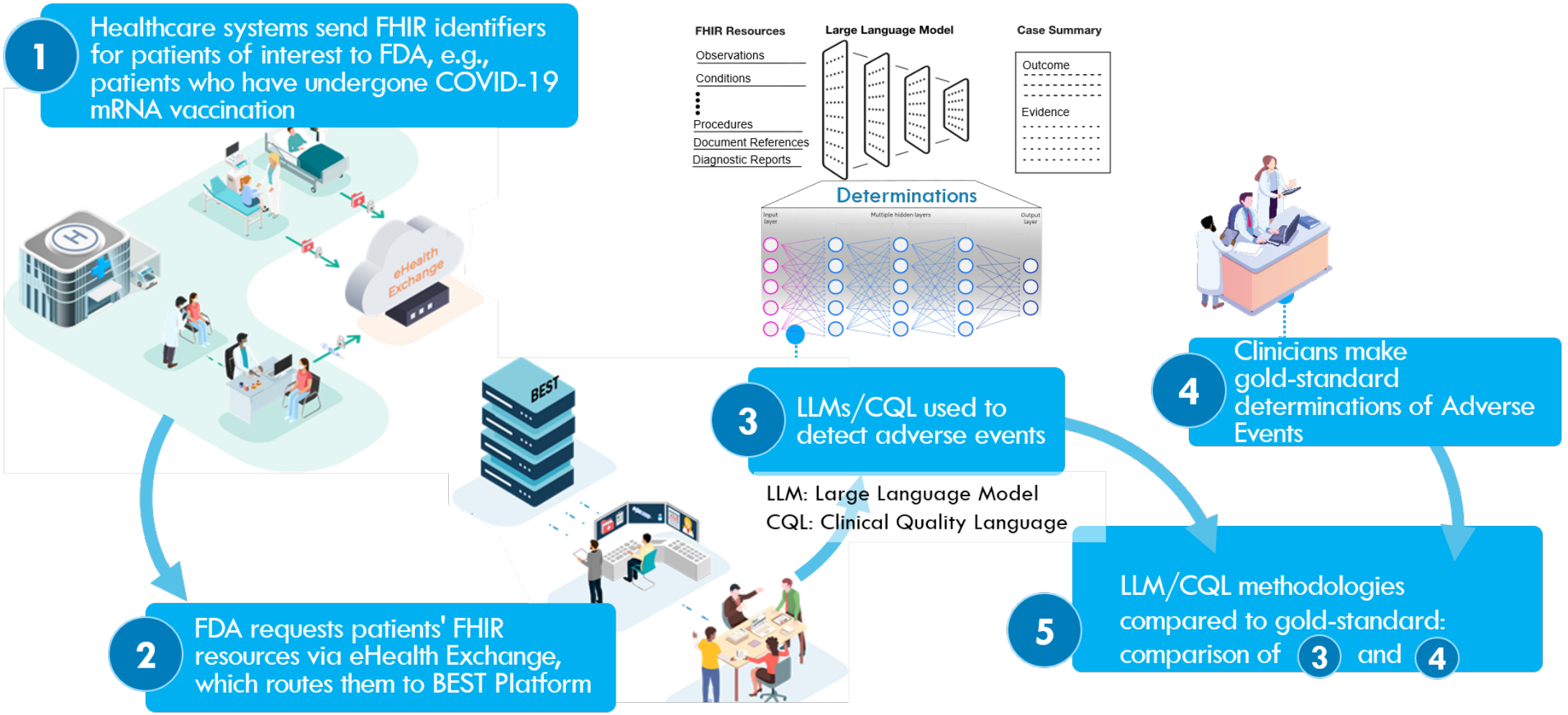


Figure 2: BEST IM Study Design (MITRE)

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CDC's Public Health Data Strategy

Centers for Disease Control and Prevention (CDC), Office of Public Health Data, Surveillance, and Technology (OPHDST)



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PT, DPT, MPH (CAPT, USPHS)
Acting Director

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DATA IS THE FOUNDATION OF PUBLIC HEALTH.

CDC and partners at all levels of public health and healthcare have made significant progress in modernizing the nation's public health data infrastructure.

EMERGENCY DEPARTMENTS (ED)

87% of U.S. EDs send data on ED visits

- Data received within **24 hours**

LABORATORIES

360,000 commercial lab specimens received per day

- **167 conditions**

ELECTRONIC CASE REPORTING

65,000+ healthcare facilities report within seconds

HOSPITAL BED CAPACITY

15 jurisdictions send bed capacity data to CDC

- Up from 3 pilot jurisdictions in 2022

WASTEWATER

1500+ sites

- COVID-19, Flu, RSV, Monkeypox, H5N1

MORTALITY

Improved speed: 11%->69% records in 10 days

Weekly provisional release (compared to monthly)

LONGITUDINAL HEALTHCARE

>150M patients

- 12 data assets (EHR, claims, and billing); used by >350 CDC scientists
- >1,400 CDC-authored publications

Challenge:
Current resources and infrastructure limit the ability to scale and sustain support for the connected missions of public health and healthcare.

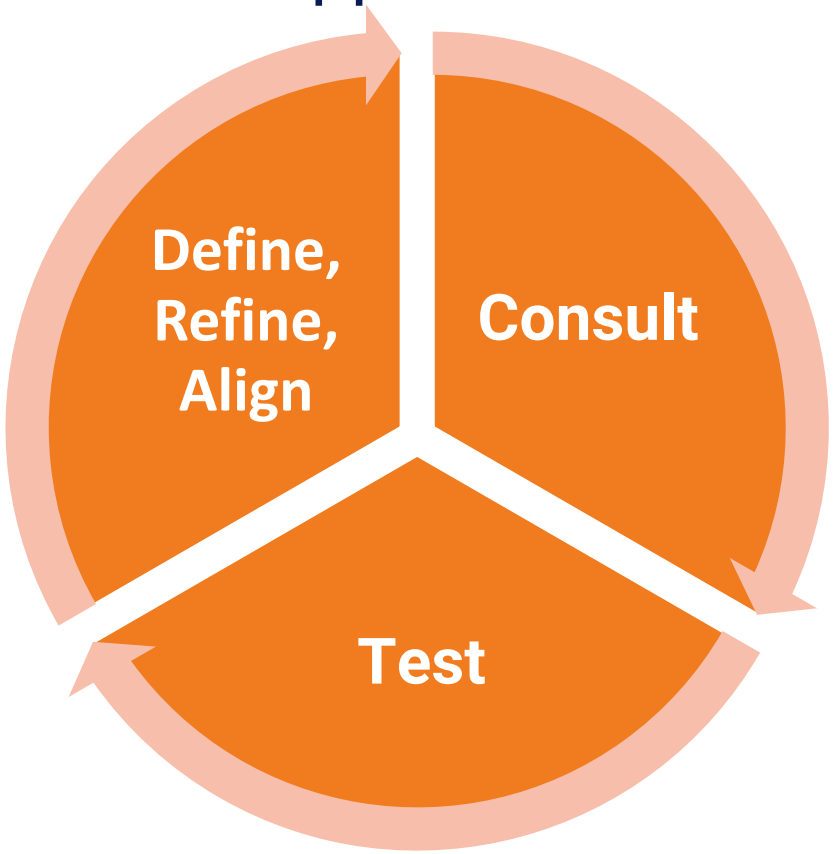
Opportunity:
Build on existing and emerging intermediary infrastructure to improve efficiency, align healthcare and public health needs, and sustainably scale to address emerging priorities.

DATA IS THE FOUNDATION OF PUBLIC HEALTH.

Intermediary Framework Builds on prior efforts ***defining*** core data and surveillance ***functionalities***

Public Health Data Strategy Milestone 4.05 Establishes minimum ***functional*** requirements and standards for ***PH Intermediaries***

Approach



Request for Information:
Comments due 11/20/2026
https://www.federalregister.gov/d/2026-19271

Demonstrations and Pilots:

>20 STLTs for applications, including case reporting, chronic care, rapid genomic linkage

Each application has **defined Minimum Data Standards** aligning with **USCDI v3**

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Alabama's HIE Landscape

Alabama HIE One Health Record® (ALOHR)
Alabama Medicaid Agency



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Alabama One Health Record®

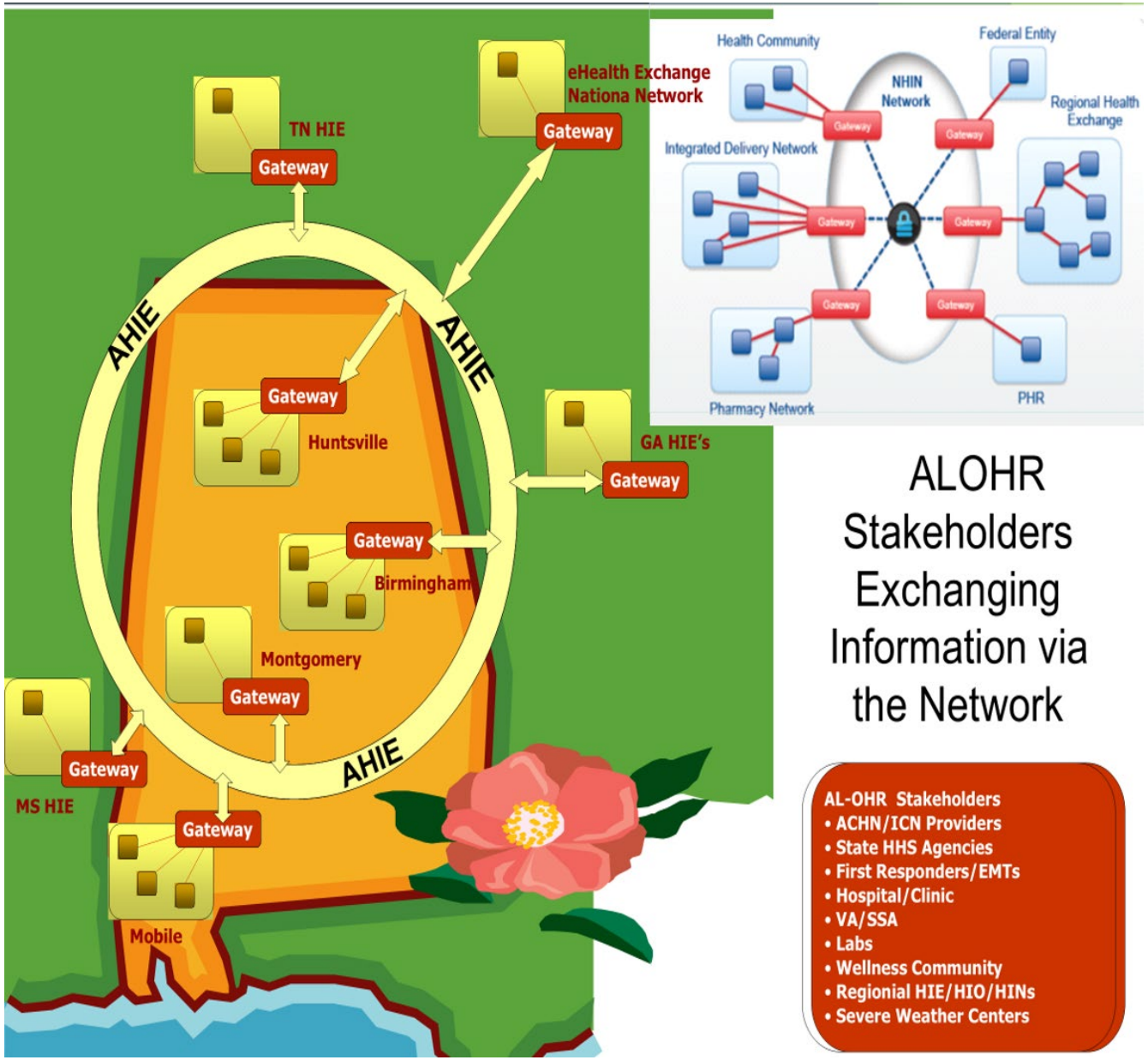
A Health Data "Interstate"

Business Services

- Clinical Data Exchange
- Clinical Data Aggregation
- Patient Notifications
- Patient Access – MyHealth app.
- Provider Portal/Clinical Viewer
- Clinical Data Extracts
- Health Data Quality Analysis
- Provider Directory Lookup
- Formulary Look-up

Technology Services

- Master Person Index / Record Locator Service
- Standards-based Clinical Data Query/Exchange
- Clinical Data Repository
- Provider Directory
- Direct Secure Messaging
- EHR Integration
- FHIR based API Exchange
- Operational Reporting
- Data Integration and Management



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Alabama One Health Record®

Improving Outcomes via Data Interoperability

Type of Connection	Jan 2018 (baseline)	September 2026
Ambulatory Clinics/Provider Facilities/Care Sites	63	**800+**
FQHC's/RHC's/HIN's/CMHC's (**4 W-I-P**)	0	**17 (300+ sites)**
Hospitals **(5+3+1+1+1)=11 WIP)**	6	**57(46)**
State HHS Agency Facilities **(3 with 4th W-I-P)**	0	**89**
Peer State HIEs	0	**39**
National Network Connections (***eHx, CE, QHIN, PCDH, CMS AN)***	0	**5**
Federal Partners (***SSA, DoD, VA, IHS, APHL, FDA)***	0	**5**
MCO/ACO Care Groups	0	**17**
Alabama Coordinated Health Networks (Medicaid)	0	**7**
Home Health Organizations & SNF's	0	4
Municipalities (Fire and Rescue; Jeff Co ME Office);	0	**2**
Commercial Payers	0	**5**

Diversified Purposes of Use

- Provider-to-Provider Clinical Data exchange
- Care Coordination for Community Care Teams
- Data Aggregation for Population Health Analysis/HEDIS Reporting
- PHI Disaster Recovery of displaced populations
- Public Health Support & Data access; *FDA Adverse events (FHIR API)*
- Government benefits determination
- OUD/SUD Assessments & School-Based Services Delivery
- Medical Examiners / Coroners – Fact of Death Details
- Health Care Operations and Value-based care needs.
- First Responders point-of-care delivery and enroute notifications.
- Merit Based Incentive Payments (MIPS) and Quality Payment Program (QPP)
- Rural Health Transformation (RHT) Initiatives.

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Key Questions

- Can a practical connection be established through health systems, HIEs, HDUs, eHealth Exchange and supporting technology partners to improve public health?
- Can adequate clinical information be shared through FHIR to support adverse event detection and disease detection?
- What needs remain unaddressed with current standards and data sharing policies?

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Q&A

Feel free to ask questions!

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