The Unique Value Proposition of a Health Data Exchange that Works with the Healthcare Industry and the Government
But don’t be fooled. The eHealth Exchange is no ordinary network....

The eHealth Exchange is a health data sharing network. It is one of many that exist throughout the United States.

It provides a common set of standards, legal agreements and a governance framework that sets the groundwork for participants to securely share health data.
The Largest Query-Based Health Information Network

We connect:

<table>
<thead>
<tr>
<th>All 50 States</th>
<th>70,000 Medical Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Federal Agencies</td>
<td>3,400+ Dialysis Centers</td>
</tr>
<tr>
<td>(DoD, VA, CMS, SSA)</td>
<td></td>
</tr>
<tr>
<td>75% of U.S. Hospitals</td>
<td>8,300 Pharmacies</td>
</tr>
</tbody>
</table>

Supporting more than **120 million** patients

59 Regional and State HIEs
How the eHealth Exchange™ is Different

The longest-standing nationwide health data network supporting diverse use cases

The principle network enabling Participants to connect directly with federal agencies

Access to Carequality implementer networks such as athenahealth, NextGen Healthcare, Surescripts, GE, & CommonWell

Incubated by the federal government, the non-profit with a public mission enables health information sharing between and among private and public partners.
An organization’s participation in the eHealth Exchange allows them to:

- Support individual applications for Social Security Administration disability benefits and potentially recoup for uncompensated care
- Better coordinate care and effectively treat veterans who receive care at Veterans Health Administration and private providers
- Support care coordination and transitions of care for active duty military, retirees and their families who receive care via Department of Defense’s Military Health System and private providers
- Submit quality measures for End State Renal Disease (ESRD) to Center for Medicare and Medicaid

The eHealth Exchange is the only health data network that allows a provider to exchange data with these 4 federal agencies.
Because the eHealth Exchange is a distributed network, data resides at the source and is only transmitted when needed.

This means that:

- There is no central hub or data repository where data is vulnerable
- There is respect for local policies and differing legal requirements
- You can use your HIE as your home network to connect to other HIEs, providers or government agencies
Real World Benefits to Patients and Providers
120 Million Patients Supported Nationwide!

- Patient records move easily between patient’s medical providers. With permission, their latest records and prescriptions will be available online.

- Patients can move around the country and be able to provide doctors with their electronic medical records.

- Active Duty military and veterans and their families will be better supported.

- Patients can file for disability claims through organizations such as the Social Security Administration by making it possible for doctors to submit medical information electronically.
Doctors have ready access to patient records from multiple facilities.

- Reduced administrative burden to contact other medical facilities for records
- More comprehensive picture of patient’s total health, aiding better diagnoses and treatment
- More timely access to patient information for improved care coordination
- Automates quality measures submissions to CME for quality measures incentives
- Dramatically easier to exchange health records with federal agencies
Benefitting Patients in Real Scenarios

Destination: San Francisco, CA

Henry's doctor electronically requests and receives medical records from Virginia. Notes he is diabetic.

During a Trip to San Francisco, Henry Broke his Arm

Henry Tucker
Alexandria, VA
Age: 52
Diabetic
Benefitting Patients in Real Scenarios

When he returns home, his doctors have electronic access to his medical records from California.
How eHealth Exchange Works Today

Overview of Query Workflow

Patient Discovery
- Searches for patients
- Secure Exchange Via Internet

Query for Documents
- Searches for Document(s)
- Lists zero or more found documents

Retrieve Documents
- Transmits Document(s)
- Returns zero or more documents

Hospital, Primary Care, Clinics, Behavioral Health
- Federal Agencies (DoD, VA, SSA, CMS)
- Non-Epic sites, HIEs
One Network: Many Use Cases

**Treatment / Care Coordination**
- Social Security Benefits Determination
- Immunization
- Authorized Release of Information – Consumer Access to Health Information
- Syndromic Surveillance

**Encounter Alerts**
- Authorized Release of Information – Life Insurance
- Prescription Drug Monitoring Program (PDMP)
- Electronic Lab Reporting (in support of public health)
- Image Share Use Case
## SSA: A Closer Look

### Manual Process (Mail, Fax, Scan)

<table>
<thead>
<tr>
<th>Application Filing</th>
<th>Request for Medical Records</th>
<th>Waiting for Medical Records</th>
<th>Receipt &amp; Review of Medical Records</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks to Months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Electronic Process (eHealth Exchange)

<table>
<thead>
<tr>
<th>Application Filing</th>
<th>Request for Medical Records</th>
<th>Waiting for Medical Records</th>
<th>Receipt &amp; Review of Medical Records</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seconds to Minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Benefits for Patients
- Faster disability claim determinations
- Quicker access to monthly cash benefits
- Earlier access to medical insurance coverage

### Potential Benefits for Providers
- Electronic payment for medical information ($15 / transaction)
- Automated processing of the request for medical information and payment
- Operational Savings in the ROI process
- Potential to recover uncompensated care
  - Faster disability determinations provide patients with faster access to Medicare or Medicaid benefits

As of November, 2017, SSA is interoperating with 100 Exchange Participants and tens of thousands of sites.
Intel Connected Care

- Intel Corporation created an incentivized health insurance/care management program, known as “Connected Care,” for its nearly 20K Portland area employees and family members
- Intel’s on-campus clinic, known as “Health For Life Clinic,” is managed by Premise Health and provides a wide-range of ambulatory services
- Premise Health uses a Greenway Health EMR solution
- “Connected Care” members receive primary care from either local Kaiser Permanente or Providence Medical facilities (both use Epic EMR solutions)

Intel’s Connected Care Program
Value-based care model designed to improve overall health and wellness of Intel’s employees by providing information exchange and real-time care analytics for optimal care

Want to Learn More?
A detailed whitepaper is available online.
Enhanced Architecture – Federated vs. Centralized

Federated

- Dignity Health (20+)
- DaVita (40+)
- SSA (145+)
- Michiana (6)
- VA (175+)
- Tiger Institute (3)

Centralized

- Dignity Health
- DaVita
- SSA
- Michiana
- VA
- Tiger Institute

- Expands Reach
- Lowers Cost
- Introduce New Capabilities
eHealth Exchange is Joining Carequality
Onboarding to the eHealth Exchange
Three Step Process

Onboarding & Testing Process

**APPLY**
- Prepare Onboarding Package
- Staff Reviews Onboarding Package
- Coordinating Committee (CC) Determine Eligibility

**TEST**
- Complete Practice Testing in the Sequoia ITP
- Validate Results and Prepare Report
- CC Accepts as a Participant

**ACTIVATE**
- Issue Production Certificate
- Add to Service Registry
- GO LIVE!

**PARTICIPANT**
- Treatment/Care Coordination/Transitions of Care
- Social Security Disability Claims Eligibility Determination
- Quality Reporting for the CMS End Stage Renal Disease Program

Timelines are based on averages and may be extended depending on Applicant’s internal constraints (e.g., legal review, configuration/setup of technical environments, configuration control processes, technical resource availability. The Sequoia Interoperability Testing Platform (ITP) is available to eHealth Exchange Applicants, Participants, and Vendors seeking eHealth Exchange Product Validation.

**NOTE:** Applicants using a QTS vendor **ARE NOT** required to complete testing in the ITP environment.
Testing is the Backbone of Interoperability

eHealth Exchange Testing for Interoperability

Provides testing of: Products, Participants and Content

• Tests for interoperability compliance and HIE standards
• Ensures predictable and reliable exchange

Customers using validated products onboard to eHealth Exchange FASTER and CHEAPER

Validated products receive the eHealth Exchange Validated Products Seal.
Content Testing Program to Address Industry-wide Content Pain Points

Optionality:
More than one way to do things and inconsistent implementations across vendors

Terminology:
Inconsistent terminology usage

Specification Ambiguity

Complexity:
The C-CDA standard is difficult to understand and consume and is lacking in clearly documented examples
Approved Use Cases and Corresponding Standards
## Approved Use Cases and Corresponding Standards (1)

<table>
<thead>
<tr>
<th>Use Case</th>
<th>Workflow</th>
<th>Standards / Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Query / Retrieve Documents</td>
<td>- Transmit clinical documentation to support treatment of an individual, care coordination or transitions of care</td>
<td></td>
</tr>
<tr>
<td>• Supports multiple use cases including:</td>
<td>- Transmit clinical documentation to the Social Security Administration (SSA) for the purposes of supporting a claimant’s eligibility for Social Security disability benefits</td>
<td></td>
</tr>
<tr>
<td>- Treatment / care coordination</td>
<td>- Enables different types of networks (e.g. ROI companies, vendor intermediaries, etc.) to respond to transmit clinical documentation to another Participant. Participants supporting this profile may not initiate queries.</td>
<td></td>
</tr>
<tr>
<td>- Transitions of care</td>
<td>- Enables an individual using a PHR to request / receive a copy of his or her health information accompanied by a HIPAA-compliant authorization</td>
<td></td>
</tr>
<tr>
<td>- Referrals</td>
<td></td>
<td>- Web Services Registry Web Service Interface Specification v 3.1</td>
</tr>
<tr>
<td>- Social Security disability benefits</td>
<td></td>
<td>- Messaging Platform v3.0</td>
</tr>
<tr>
<td>- determination</td>
<td></td>
<td>- Patient Discovery v2.0</td>
</tr>
<tr>
<td>- Life insurance determination</td>
<td></td>
<td>- Query for Documents v3.0</td>
</tr>
<tr>
<td>- Individual access to health information</td>
<td></td>
<td>- Retrieve Documents v3.0</td>
</tr>
<tr>
<td>- responder only</td>
<td></td>
<td>- Authorization Framework v3.0</td>
</tr>
<tr>
<td>• Treatment includes the following sub-use cases:</td>
<td></td>
<td>- Deferred Patient Discovery</td>
</tr>
<tr>
<td>- Immunization – push of immunization data</td>
<td></td>
<td>- Immunization data requirements</td>
</tr>
<tr>
<td>for treatment purposes (This is not related to reporting to immunization registries)</td>
<td></td>
<td>- HITSP C32</td>
</tr>
<tr>
<td>• PDMP (treatment sub-use case)</td>
<td>- Enables exchange of Prescription Drug Monitoring Program Data</td>
<td>- HL7® C-CDA Release 1.1 and Associated Companion Guide(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- HL7® C-CDA Release 2.1 and Associated Companion Guide(s)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- HL7® FHIR®</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- End Stage Renal Disease Implementation Guide Package [June 30]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- NCPDP, PMIX, SCRIPT, and HL7®</td>
</tr>
</tbody>
</table>
## Approved Use Cases and Corresponding Standards (2)

<table>
<thead>
<tr>
<th>Use Case</th>
<th>Workflow</th>
<th>Standards / Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Submit Documentation to CMS</td>
<td>• Enables documentation and/or quality measure reporting to CMS</td>
<td>• Messaging Platform v3.0</td>
</tr>
<tr>
<td>• Currently, CMS accepts data for the End Stage Renal Disease Program (ESRD)</td>
<td></td>
<td>• Authorization Framework v3.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Administrative Distribution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Document Submission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Required CMS content requirements (which varies by program)</td>
</tr>
<tr>
<td>• Authorized Release of Information – Individual Access to Health Information (e.g. via a Personal Health Record – PHR-DRAFT)</td>
<td>• Enables Clinical Exchange between Patient and Provider via a consumer application</td>
<td>• Web Services Registry Web Service Interface Specification v 3.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Messaging Platform v3.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Patient Discovery v2.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Query for Documents v3.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Retrieve Documents v3.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Authorization Framework v3.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Authorized Release of Information – Individual Access to Health Information (e.g. via a Personal Health Record – PHR-DRAFT)</td>
</tr>
<tr>
<td>• Encounter Alerts</td>
<td>• Enables event notification of clinical encounters to patient associated care team members</td>
<td>• VPN (transport)-DRAFT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HL7® v2 (content)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Direct Secure Transport v 2.1</td>
</tr>
</tbody>
</table>
### Approved Use Cases and Corresponding Standards (3)

<table>
<thead>
<tr>
<th>Use Case</th>
<th>Workflow</th>
<th>Standards / Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Electronic Lab Reporting (in support of public health)</td>
<td>• Enables electronic lab reporting to public health agencies</td>
<td>• HL7® Version 2.5.1 [ELR Implementation Guide]</td>
</tr>
<tr>
<td>• Syndromic Surveillance (in support of public health)</td>
<td>• Enables syndromic surveillance reporting to public health agencies</td>
<td>• HL7® Version 2.5.1 [Public Health Information Network (PHIN) Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings]</td>
</tr>
<tr>
<td>• Image Sharing</td>
<td>• Enables organizations to share images</td>
<td>• Cross-Enterprise Document Sharing for Imaging (XDS-I)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cross-Community Access for Imaging (XCA-I)</td>
</tr>
</tbody>
</table>
Thank You!

Website: http://www.ehealthexchange.com
E-mail: administrator@ehealthexchange.com