

# Washington State Health Care Authority

# Health IT/Health Information Exchange Technical Assistance

March 20, 2018

**Topic:** 

Health Information Sharing-the Sequoia Project







- Introduction
- Health Information Exchange:
  - Vision: Where we are and where we are going.
  - How the Sequoia Project and CommonWell Health Alliance initiatives will support this vision.







# **HIE Vision**

- HIT/HIE used to support the achievement of each of the Medicaid Transformation objectives and health system transformation
- The State strives to have all portions of the health care system connected and actively participating in HIE
- HIE is more than just one entity and there are many types of health information exchange that will help us achieve a connected health care system
- HCA believes a network of networks approach will support regional, statewide, and national health information exchange.







# **HIE Vision**

- HCA believes OneHealthPort is the central focus for HIE in Washington – CDR, PDMP, etc.
- Other exchange of health information can and should exist, including:
   Local, Regional, and Nationwide exchanges
- Health information exchange requires use of: health IT standards, legal agreements, and governance processes for exchange participants.
- Work will be needed (by HCA, OHP and ACHs) to leverage all exchange capabilities to support robust statewide health information exchange







# Nationwide Network Initiatives of The Sequoia Project and CommonWell Health Alliance

Washington State ACH Technical Assistance Session 20 March 2018



### Disclaimer

- Consultant to the Office of the National Coordinator for Health IT
  - » Support SIM states, including Washington State, with technical assistance
- Work in other states not connected to SIM or ONC
  - » Executive Director, California Association of Health Information Exchanges
  - » Contracted with Oregon supporting HIT strategy
- Volunteer in nationwide initiatives
  - » CTO of NATE, supporting patient access
  - » Member of The Sequoia Project's Carequality Advisory Council
  - » Member of The Sequoia Project's PULSE Advisory Council



### Agenda

#### **Focus on 3 Nationwide Network Initiatives**

- 1. eHealth Exchange
- 2. Carequality
- 3. CommonWell
- > How they work(and what use cases they support)
- » How they are governed
- » Who participates today

### Think of these as "HIE as the verb"



### The Sequoia Project

sequoia<sup>®</sup>

- **eHealth Exchange** is a community of exchange partners who share information under a common trust framework and a common set of rules
- Carequality is a collaborative developing a common interoperability framework that enables seamless exchange among networks
- **RSNA Image Share Validation** is a conformity assessment program that tests the compliance for accurate and efficient exchange of medical images



*Me'll talk about these today* 

### **The Sequoia Project**

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- **eHealth Exchange** is a community of exchange partners who share information under a common trust framework and a common set of rules
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Sometimes, when people say "Sequoia", they mean "eHealth Exchange"



*Ne'll talk about these today* 

# eHealth Exchange

Creating a trusted exchange framework, using a common legal agreement (the DURSA), to support the secure exchange of health information in a technology agnostic manner, over the Internet, using a standardized approach that works across diverse geographies, architectures, and technology platforms



# **History of the eHealth Exchange**



2006 Federal efforts initiated to develop the foundation of what is now the eHealth Exchange



#### 2011 The eHealth Exchange Network grew to 23 Participants. Transition plan for the

NwHIN to be supported by the publicprivate sector

#### 2013

Participant Testing Program launched which streamlined and provided an automated approach to simplify the testing process

#### 2015

Increased network adoption, new uses enhanced capabilities resulting in increased number of transactions

#### Nationwide Health Information Network (NwHIN)

First production exchange between Social Security Administration and MedVirginia, followed by Veterans Health Administration and Kaiser Permanente

2009

#### 2012

The Sequoia Project assumed support of the eHealth Exchange

#### 2014

Product Testing Program launched to further decrease testing effort and costs for participants using an eHealth Exchange Validated Product



cases, new types of Participants and

#### The Office of the National Coordinator for Health Information Technology

**eHealth** Exchange

Taken from https://sequoiaproject.org/ehealth-exchange/about/history/ Annotations added by author

### How It Works

• Directed data query/response among participants

#### **Purpose for Use**

- Permitted purposes are defined at the network level and include:
  - » Treatment
  - » Payment (for a provider)
  - » Operations (limited compared to HIPAA)
  - » Public Health Activities
  - » Any purpose to demonstrate Meaningful Use
  - » Uses and disclosures pursuant to an authorization

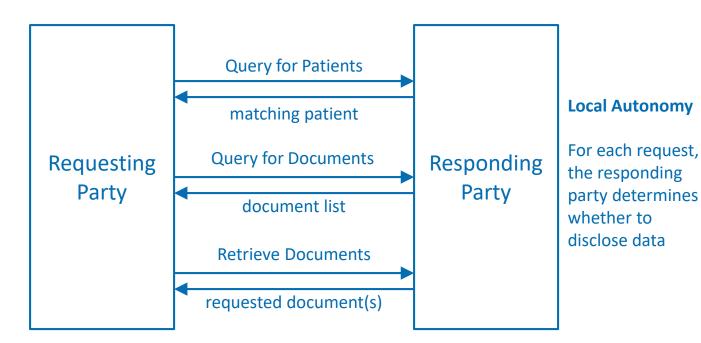


**eHealth** Exchange

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#### **How It Works**

• Directed data query/response among participants



**Authorization Framework:** For each request, the requesting party asserts provider identity, role, purpose-for-use, etc.



### How It Works

- Peer-to-peer network
  - Each participants queries one or more other participants for information
- Little centralized infrastructure eHealth Exchange maintains a Certification Authority (CA) and Services Registry to identify approved participants
- Local autonomy
  - Participants disclose data based on asserted authorization and local policy and regulation



- Exchange is governed by a multiparty data sharing agreement, the Data Use and Reciprocal Support Agreement or DURSA
- Includes a certification program
- Activities are governed by the Coordinating Committee, comprising elected representatives from eHealth Exchange participants



- Participants must be a valid legal entity, have the ability to govern the use of its network, sign the DURSA, have the ability to enforce the flow-down provisions in the DURSA, and pass applicable testing
- Primary participants are federal agencies, health systems, health information exchanges, pharmacy chains
  - » More than 200 organizations, many with multiple facilities

See <u>https://sequoiaproject.org/ehealth-exchange/participants/</u> for participants e.g. Providence-Swedish Health System



#### How some participants are leveraging eHealth Exchange...

eHealth Exchange is a peer-to-peer network, designed for one organization to search for patients and retrieve documents by sending directed queries to another

- Orchestrated queries
   PULSE may use eHealth Exchange to query multiple organizations
   in time of disaster or emergency
- Alert-driven exchange

Some Patient Centered Data Home (PCDH) participants retrieve information using eHealth Exchange with known patient identifiers based on alerts

See http://www.ca-hie.org/initiatives/pulse/ for more on PULSE



- **eHealth** Exchange
- Sign the DURSA (and any other agreements)
- Pay annual participant fees (based on annual revenue)
- Complete certification testing (including fees)



### **The Sequoia Project**



- **eHealth Exchange** is a community of exchange partners who share information under a common trust framework and a common set of rules
- Carequality is a collaborative developing a common interoperability framework that enables seamless exchange among networks
- **RSNA Image Share Validation** is a conformity assessment program that tests the compliance for accurate and efficient exchange of medical images



*We'll talk about these today* 

### **Goal of Carequality**



Developing a comprehensive policy and operational framework, with a common legal agreement, to enable seamless exchange across different health data sharing networks, programs, and services



# **Exchanging Information via Carequality**

#### **How It Works**

 Initial use case enables network-to-network directed queries/responses among implementers

#### **Purpose for Use**

- Established in each Implementation Guide (i.e. use case)
- Initial Query-Based Document Exchange IG allows:
  - » Treatment
  - » Payment
  - » Health Care Operations
  - » Public Health Activities
  - » Authorization Based Disclosures

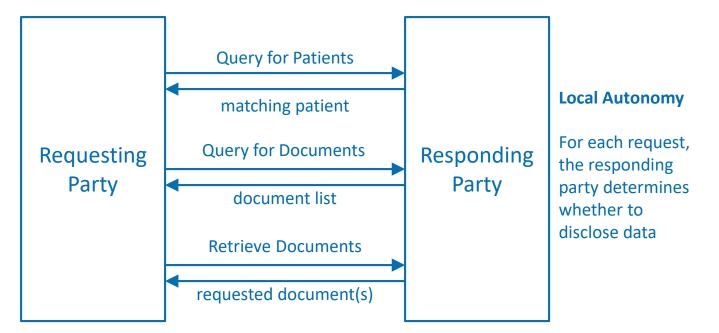


### **Exchanging Information via Carequality**

#### **How It Works**

• Directed data query/response among participants





**Authorization Framework:** For each request, the requesting party asserts provider identity, role, purpose-for-use, etc.; perhaps consent, etc., in the future



# **Exchanging Information via Carequality**

### How It Works

- Peer-to-peer network
   Each participants queries one or more other participants for information
- Little centralized infrastructure
   Carequality maintains a directory to identify approved participants
- Local autonomy Participants disclose data based on asserted authorization and local policy and regulation
- Non-discrimination
   Organizations that request information for treatment purposes must also respond to requests



### **Governing Carequality**

- Exchange
   » A mu
   Conn
- Exchange is governed by
  - » A multiparty data sharing agreement, the Carequality Connected Agreement or CCA
  - » An Implementation Guide for each specific use case
  - Includes participant data exchange testing
  - Activities are governed by the Steering Committee, elected from Carequality members and implementers, and advised by the Advisory Council appointed from a broader range of stakeholders



# **Carequality Implementers**

- Permitted users are identified in each IG (for each use case)
- Query-Based Document Exchange has no limitations, and may include government agencies, HIT developers, HIOs, national networks, etc.
- Primary implementers are HIT vendors and networks
  - » >20 implementers, 9 in production, all with multiple facilities

See <u>https://sequoiaproject.org/carequality/members-and-supporters/</u> for members See <u>https://sequoiaproject.org/carequality/active-sites-search/</u> for current active facilities



### **Carequality Implementers**





See https://sequoiaproject.org/carequality/active-sites-search/ for current active facilities





#### How some implementers are leveraging Carequality...

Carequality is a peer-to-peer network, designed for one organization to send directed queries to another

Regional queries
 Some implementers are automating the process of identifying
 Carequality connections in a specific geography and querying
 them all



# **Joining Carequality**

- Use a vendor or network that participates
- Agree to the terms of the Connected Terms and Conditions, flowdowns from the CCA
- Fees may be absorbed by the vendor or network, or passed on to the provider



### **Goal of the CommonWell Health Alliance**



Making health data available to individuals and providers regardless of where care occurs, enabling use by a broad range of health care providers and the people they serve



#### How It Works

 Query across members using a master patient index (MPI) and record locator service (RLS)

#### **Purpose for Use**

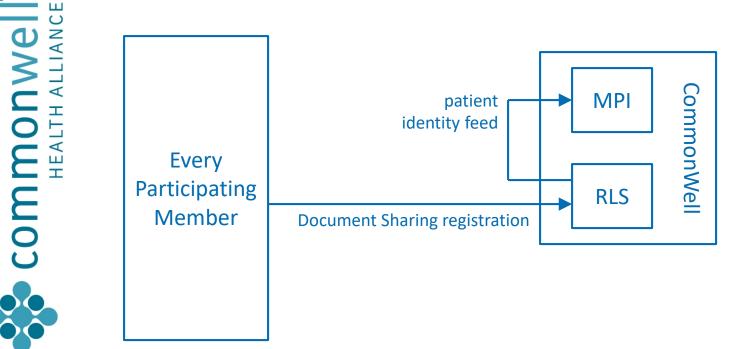
- Permitted purposes include:
  - » Treatment
  - » Patient access



COMMONWE HEALTH ALLIANCE

#### **How It Works**

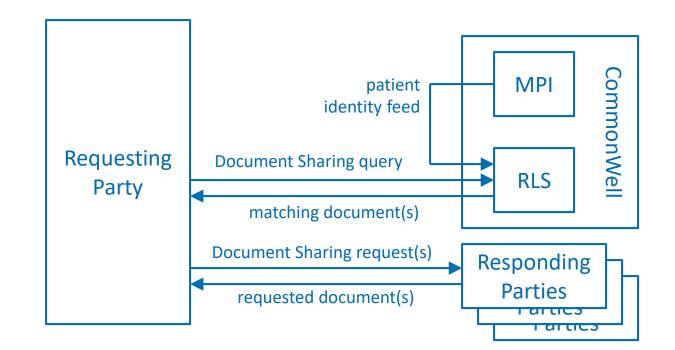
• Register patients and documents in the MPI and RLS





#### **How It Works**

• Query across members using the MPI and RLS





COMMONWell HEALTH ALLIANCE

#### How It Works

- Query via MPI and RLS
  - Each participant queries a centralized registry for documents that match demographics of the patient in question
- Significant centralized infrastructure CommonWell maintains the MPI and RLS, which contain PHI; allows for network monitoring
- Confirmed matching
  - In most cases, providers will confirm with a patient that the records identified actually belong to them before retrieving them



COMMONWE HEALTH ALLIANC



- Exchange is governed through a common set of legal agreements
  - Includes certification, an onboarding process, network monitoring, and reporting
  - Activities are governed by the CommonWell Board or Directors, advised by an Advisory Board of provider representatives





- Members are health IT developers that subscribe to CommonWell services (i.e., MPI and RLS) and can enable their end users to access services through the developer's product
- Primary members are HIT vendors and service providers
  - » Approximately 25 founding and contributing organizations, many with multiple facilities

See <u>http://www.commonwellalliance.org/members/</u> for members





- Use a vendor that participates
- Agree to the terms and conditions of the network
- Fees may be absorbed by the vendor or network, or passed on to the provider



COMMONWEI HEALTH ALLIANCE

CommonWell and Carequality announced on Dec 13, 2016 that CommonWell would become a Carequality implementer



### Summary

eHealth Exchange	Carequality	CommonWell
Peer-to-peer network	Network-of-networks with peer-to-peer exchange	Network with centralized MPI and RLS
Query-based document exchange	Query-based document exchange, more coming	Query-based document exchange
Provider-centric query model	Provider-centric query model	Patient-centric query model
Federal agencies, health systems, HIEs	HIT vendors, networks	HIT vendors
eHealth Exchange specifications	eHealth Exchange specifications	IHE specifications



### **Common Benefits**

- Provide access to health information for patients nationwide
- Based on documents that EHRs support today
- Based on commonlyimplemented technical standards

#### eHealth Exchange, Carequality

 Support TPO, public health, MU (but primarily via query)

### **eHealth Exchange**

• Provides exchange with federal agencies

#### **CommonWell**

• Provides access to patients



### Limitations

#### **Common Limitations**

- Use cases limited to query-based exchange
- Standards based on document architecture, not granular data exchange

#### **Carequality, CommonWell**

• Only open to providers using participating vendors or services

#### eHealth Exchange, Carequality

- Peer-to-peer architecture
- Provider-centric query model

#### eHealth Exchange

- Many participants white-list
- Allows only a single patient match (no ambiguous matches)



### **Contrasting with HIE**

#### HIE

- Connect a variety of organizations (hospitals, clinics, labs, radiology centers, practices, EMS, payers, state and local public health, consumers, social services)
- Connect a variety of systems (EHRs, PMSes, LIMSes, RISes, registries, PHRs, people with no system)
- Flexible on standards (HL7 v2, HL7 v3, SSO, IHE, proprietary standards, maybe even FHIR)
- Meet a variety of use cases

(results delivery, alerting for care coordination, query-based exchange for care coordination, public health reporting, community-wide record, population health, registry access, patient access, consent management, research, social determinants)

#### eHX, Carequality, CommonWell

• Connect covered entities, BAs

- Connect EHRs and HIEs
- Use a networks-specific version of IHE standards
- Meet a single use case of querybased care coordination



### **Other Nationwide Provider-based Networks**



DirectTrust

Enabling trusted nationwide exchange using Direct secure messaging via a Federated Services Agreement and accreditation of CAs, RAs, and HISPs



SHIEC Patient Centered Data Home
Alerting providers of a care event has occurred outside of the patient's "home" HIE and confirming the availability and the specific location of the clinical data







# **Nationwide Network Initiatives**

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