

eHealth Exchange

Leadership : Jennifer Rosas, Director

Website Information : [eHealth Exchange](#)

Date Formed : 2006 (Sequoia Project assumed support in 2012)

Ownership

Non-profit, public-private collaborative

Governance

Governed by the DURSA (Data Use and Reciprocal Support Agreement), in turn managed by committee of participants, known as the Coordinating Committee. Coordinating Committee representatives are elected by the Participants

Geographic Reach (within US)

Nationwide

Mission

The eHealth Exchange is a group of federal agencies and non-federal organizations that came together under a common mission and purpose to improve patient care, streamline disability benefit claims, and improve public health reporting through secure, trusted, and interoperable health information exchange.

How does this approach facilitate exchange?

eHealth Exchange provides a legal framework and support services including comprehensive testing, security validation, certificates, and directory services to support operational exchange between federated gateways.

It does not provide the technology for exchange but outlines the specifications for exchange. The most popular use case in this approach is connecting private sector providers/HIEs to federal agencies.

Access Method (Use Cases)

Supports push, query/response, publish/subscribe, directory services, security services, and any other transaction/standard that the Coordinating Committee adopts. Peer-to-peer query-based exchange is widely adopted by the majority of Participants.

Primary Goals/Objectives

Enables de-centralized, federated exchange between signees of the DURSA, through a common legal agreement, shared governance, and support for a common set of use cases as determined by participants (including the ability for Federal Agencies to share data between agencies and with the private sector).

Reduces Costs and Administrative Burden

Improves Clinical and Business Decisions

Type

Provider-centric network

Number of Live Connections and/or Participants

Participants include four federal agencies (DoD, VA, HHS including CMS, and SSA), 65% of U.S. hospitals, 50,000 medical groups, 3,400+ dialysis centers, 8,300 pharmacies, 49 regional/state HIEs

Supports more than 109 million patients

(As of October 2017)

Members

[Participants](#) represent a diverse group and include: federal agencies, regional and state HIOs, large health systems, academic medical centers, payers, pharmacies, dialysis centers, and release of information companies.

Currently, eHealth Exchange participants represent 65% of all U.S. Hospitals, four federal agencies, more than 50,000 medical groups, 3,400+ dialysis centers, 8,300+ pharmacies, 49 state / regional HIEs.

Anchor Participants have demonstrated high degree of early support for and commitment to the eHealth Exchange. They include: Federal Agencies (CMS, DoD, SSA, Veterans Affairs), HIEs, and Payers/IDNs.

(As of October 2017)

Primary Participants

Participants make up eHealth Exchange membership. See above "Members" for participants.

Costs (Amount and/or Party Incurring Cost)

Participant fees: Based on annual revenue of organization. Government agencies and non-profits have fees based on annual operating costs.

Annual Revenue < \$1M = \$4,750 Annual Fee; \$1 - \$10M = \$9,950;

More than \$10M = \$19,900

Testing fees: Applies to every organization onboarding and may apply to existing participants if substantial changes are made to their systems.

[Fees](#) vary depending on whether an eHealth Exchange validated product is utilized.

Directory/MPI Details

Centralized healthcare directory that currently provides organization-level information on technical end-points for participants.

Standards Leveraged

Query/Exchange: Web Services Registry Web Service Interface Specification v 3.1; Messaging Platform v3.0; Patient Discovery v2.0; Query for Documents v3.0; Retrieve Documents v3.0; Authorization Framework v3.0; Deferred Patient Discovery; Immunization data requirements; HITSP C32; HL7® C-CDA Release 1.1 and Associated Companion Guide(s); HL7® C-CDA Release 2.1 and Associated Companion Guide(s); HL7 FHIR®; End Stage Renal Disease Implementation Guide Package [June 30]

PDMP: NCPDP, PMIX, SCRIPT, and HL7

Submit Documentation to CMS (ESRD related): Messaging Platform v3.0; Authorization Framework v3.0; Administrative Distribution; Document Submission; Required CMS content requirements (which varies by program)

Authorized Release of Information – Consumer Access to Health Information (e.g. via a Personal Health Record – PHR-DRAFT): Web Services Registry Web Service Interface Specification v 3.1; Messaging Platform v3.0; Patient Discovery v2.0; Query for Documents v3.0; Retrieve Documents v3.0; Authorization Framework v3.0; Authorized Release of Information – Individual

Encounter Alerts: VPN (transport)-DRAFT; HL7 v2 (content); Direct Secure Transport v 2.1

Electronic Lab Reporting (in support of public health): HL7 Version 2.5.1 [ELR Implementation Guide]
Syndromic Surveillance (in support of public health): HL7 Version 2.5.1

Dynamic Framework can Adopt Additional Standards/Specifications as Market Need Arises

Onboarding Process (Requirements to connect)

Key Eligibility Criteria:

- Be an organization or agency that oversees and conducts, on its own behalf and/or on behalf of its Participant Users, electronic transactions or exchanges of health information among groups of persons or organizations;
- Have the organizational infrastructure and legal authority (through statutes, regulations, organizational agreements, contracts or binding policies) to comply with the obligations in the DURSA and to require its Participant Users to comply with applicable requirements of the DURSA

The main steps for [onboarding requirements](#) are to 1) Confirm eligibility (see criteria on website), 2) Submit an application, and 3) Complete testing requirements.

Data Persistence

Federated Model: The network does not have a central hub through which all data passes. Rather, participants are able to securely connect and share data over the Internet in a standardized and seamless manner.

Certification Requirements for Participation

Participation requires an onboarding process, which includes testing and validation activities. Operational monitoring and content testing occurs to ensure proper connection and utilization of exchange.

Testing

Participant Testing: Designed for applicants seeking to onboard to the eHealth Exchange or for existing participants seeking to retest their system due to a major system upgrade or change to their technology.

Product Testing: For product vendors seeking to verify their product against a more rigorous set of tests that will result in being “eHealth Exchange Validated”. Any applicant or participant that utilizes an eHealth Exchange Validated Product will have a reduced set of testing requirements, resulting in a cost reduction for the applicant.

Enhanced Content Testing Program (currently being launched): Previously, any organization using an MU2 certified product did not need to complete testing. The new program requires content testing for all existing Participants, new Applicants, and vendors and focuses on a common set of requirements and testing tools (developed by the Sequoia Project Testing Workgroup, to improve the quality and completeness of Continuity of Care Document (CCD) exchanges.)

[More details on their website.](#)

Future Plans

The eHealth Exchange continues to expand use cases and services to meet the needs of its members and the market, as well as expanding connections across the healthcare continuum.

Current Collaboration across Efforts

Ongoing pilot program will give eHealth Exchange participants access to Carequality.

There are nearly a dozen data sharing use cases supported by the eHealth Exchange to date, but one of the most unique and popular is connecting the private sector providers and state and regional HIEs to federal agencies.