Tying it All Together: Interoperable Systems Across the State of Texas and Beyond

Texas Health Services Authority

IHE USA Leadership Conference

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Learning Objectives

1. Receive a high level summary of the initiatives of the Texas Health Services Authority
2. Identify the types of systems integrated throughout the State of Texas
3. Discuss the challenges and opportunities for tackling an initiative that provides interoperable system access at the point of care
4. List several key risks HIEs may face and how they can mitigate those risks
HIMSS Value STEPS

• Not enough detailed information (yet) to put outcomes in terms of HIMSS Value STEPS
Agenda

• What’s the Texas approach?
• How’s this relevant to me?
• What’s the current status?
• What worked?
• What didn’t work?
• Success stories: How did people benefit?
• What’s next?
• Q &A
• Bonus: The NEW HIMSS ConCert Program Intro!
Successful 2015

2015 At A Glance

- **May**
  - Blue Cross and Blue Shield of Texas achieves SECURETexas certification
  - Texas Legislature passes SB 203

- **June**
  - THSA partners with Healthcare Access San Antonio on HIE services in West Texas
  - THSA joins CommonWell
  - HIE Texas connects with Weill Cornell Medical College
  - HIE Texas connects with OCHIN, a national FQHC provider

- **July**
  - HIE Texas connects with University of Virginia, part of ConnectVirginia

- **September**
  - THSA publishes information on interface RFI
  - THSA joins Carequality
  - Major analytics provider achieves SECURETexas certification

- **November**
  - THSA issues survey for use cases and eHI survey

- **December**
HITexas Scope

• Public/Private non-profit – Initial ONC funding
• Building an HIE to service:
  • 28+ million citizens
  • 268,820 square miles
  • 15 largest economy in the world
• Substantial military, snowbird, and other populations
• 66,488 physicians (about 52k active)
• 627 hospitals
HIE Texas: Three Key Goals

**De-centralized approach**
Network of Local Networks

**Greater efficiency for local HIEs**
- Hub-and-Spoke Model (reach many end points with one connection)
- Consistent Legal Framework for Exchange
- Automated Consent Management

**Building trust**
- HIE Accreditation
- SECURETexas
Why Is This Relevant To You?

- Represents a microcosm of many (most?) other HIE issues you are likely to encounter
- Funded 16 sub-state HIEs using various technologies and policies, 8 remain
- Vastly different policies
- Different consent
- Different authorization
- Different interpretation of state and federal requirements
- Different vendors
- Different base architecture (hub, federated, centralized, hybrid, cloud)
- Different focus (analytics, care summary distribution, treatment, disease management, etc.)
- Different levels of maturity
- No Texas Local HIEs had exchange between each other
- Direct Project (Push) components as well as NwHIN (Pull)
- All needing to work together with each other, federal, and private HIEs
Phase I Priorities

• Funding Local HIEs (via our fiscal agent the Texas Office of eHealth Coordination)

• Establishing at least one connectivity option for each provider and hospital in the state
Phase II Priorities (State-Level)

- Connecting Local HIEs to each other
- Connecting to the eHealth Exchange
- Establishing security / trust technical and legal framework
- Consent management services
- Enabling full care summary exchanges
Phase II Priorities (Local HIE Level)

- Lab results ordering and delivery
- Care summary exchange
HIETexas Three Pronged Approach

- Local HIEs
  - Significant populations, clear referral patterns, IT rich facilities
- “White Space”
  - Largely rural areas, many solo practices, limited IT support
- State-Level Shared Services
Our 2012 Business Strategy - Local HIEs

• Felt it was necessary, due to our large scope, for the THSA to enable Local HIEs
• Provided funding to each Local HIE
• Local HIEs were required to have multi-stakeholder governance
• We require each local HIE to provide staggered letters of commitment with funding linkage
• As an intentional side effect, partitions the risks, gets the Local HIEs in the field talking with their “customers”, and provides early provider awareness / marketing
Our 2016 Business Strategy

• Continue to support our Local HIEs
• Leverage our existing Local HIE connections to provide more and more value over time
• Additional connections contemplated for:
  • PDMP
  • State services connectivity such as immunizations
  • MedHx
  • Cloud EMRs
  • Provider Directory
  • More networks outside and inside of Texas
Rural Areas - 2012 Approach

- For the whitespace, THSA letting the free market work
- THSA qualified 5 vendors (to ensure minimal standards)
- Allowed the HISP vendors to compete; allowing the free market dynamics to work
- THSA allocated $2m for a voucher program of $400 per physician and $5k per hospital to offset HISP vendor fees
- Began operations Jan 1st, 2012 (11 days before I presented at this conference 4 years ago)
Rural Area Outcome

• Program ran for its designated term of 2 years, with an extension

• Approximately $1.5 of the original funds were not claimed

• Of the $500k expended, about
  • $250k was used for marketing, outreach, and partnering to very aggressively promote the value of secure email
  • $250k was actually expended for Direct Project reimbursements

• The results were the subject of a report to the ONC with several identified reasons for the lack of adoption
Rural Areas - 2016 Approach

- The THSA re-released a Request for Application (RFA) on January 30, 2015 to award up to $300,000 to fund the development of up to four Business and Operational (B&O) Plans in rural West Texas.

- HASA, working under contract with the THSA, has developed a West Texas HIE Readiness Assessment and B&O Plan to offer its technical services to parts of West Texas.
Our 2012 Envisioned Architecture

- Local HIE
- Texas Medicaid and State Health Agencies (i.e. TMHP and DSHS)
- Other State Level Data Sources (i.e. Payers)
- Other Federal Agencies (i.e. VHA, DoD, IHS, CDC, Medicare)
- Texas Statewide Health Exchange Services Layer (THSA)
- Other States

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HITexas
Connecting Texans. Enhancing Care.
What We Actually Built

Still in process
THSA STATE-LEVEL SHARED SERVICES

Clinical Document Exchange
Allows hospitals and physicians participating in a local Health Information Exchange (HIE) to securely discover and retrieve specific sets of patient data outside their local HIEs for authorized purposes.

Patient Consent Management (in development)
Assist local HIEs searching for information from another HIE to determine if a patient has expressed consent and/or authorization to access such information.

eHealth Exchange
Enables local HIEs to discover patients, query for documents, and retrieve documents from other states and federal agencies through a single gateway between the HIETexas and the eHealth Exchange. In addition, federal agencies could query local HIEs in Texas.

Federated Trust Framework
Supports a technical framework to ensure information exchanged between local HIEs is secure, confidential and accurate.

Supporting the Private and Secure Exchange of Health Information Across Texas

A STATEWIDE NETWORK OF LOCAL HIE NETWORKS
Our 2012 Plan For The Use Of Standards

• Key standards:
  • Services: IHE XCPD, XCA, XDS.b, ATNA, PIX/PDQ
  • Content: CDA, CCD, IHE XDS-MS
  • Vocabulary: LOINC, SNOMED, ICD-9/10

• THSA has published, via a broadly inclusive process:
  • Implementation specifications
  • Interoperability landscape review
  • Privacy guidance
  • Consumer perceptions survey
Implemented Identified Standards
HIETexas 2012 Consent Approach

- IHE Basic Patient Privacy Consents (BPPC) profile can support policy expression
- Fundamental approach is to create a policy document, with variations as needed, and assign globally unique ID
- X.509 digital PKI certificates can be issued “bound” to a policy and/or in a hierarchy thus creating a “trust anchor”
- IHE BPPC is in trial implementation status, x.509 policy extension is an IETF standard
- Widely supported and used by the USA’s Nationwide Health Information Network (NwHIN)
- Designed for automation!
Consent Actual Approach

eXtensible Access Control Markup Language (XACML) Specification – Draft for Public Comment

HITexas
Connecting Texans, Enhancing Care
Consent Actual Approach

• State-Level Shared Services storage location for consent documents was deployed and remains live today
• Is unused as of today
• Local HIEs were/are having challenges connecting to HIETexas and computable consent was a lower priority than originally expressed
• Local HIE vendors indicated written support for the approach XACML but, as of now, have not deployed compatible solutions
• HIETexas remains committed to deploying computable consent as soon as is prudent
• Represents a “do not call” list for patients
• HIETexas is heavily involved in the new IHE ITI APPC (Advanced Patient Privacy and Consents) 2016 work item
## Risks Identified In 2012

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different consent models and other local HIE policies</td>
<td>Currently we are monitoring closely and will step in if needed</td>
</tr>
<tr>
<td>Different vendors may not interoperate</td>
<td>Obtaining detailed capabilities, commitments, and potentially test lab</td>
</tr>
<tr>
<td>Evolving standards</td>
<td>THSA has joined the IHE</td>
</tr>
<tr>
<td>Different security model, and architectures</td>
<td>THSA is acting as the steward of the statewide unified services architecture to help ensure interoperability</td>
</tr>
<tr>
<td>Direct/Exchange interop is undefined</td>
<td>Monitoring; may help drive standards if needed</td>
</tr>
<tr>
<td>Sustainability uncertain</td>
<td>Evaluating multiple approaches</td>
</tr>
<tr>
<td>Trust anchor insufficiency</td>
<td>We have contracted for architectural flexibility allowing for different models</td>
</tr>
</tbody>
</table>
Updated Lessons Learned

- HIEs should not outsource their technical/operation knowledge completely
- Technical people and business, policy, legal people should attend each other’s meetings to foster deep collaboration
- HIEs should identify trading partners early in the process and begin collaboration
- Try multiple sustainability approaches in parallel
- Let market forces drive HIE success
- Interoperable security architecture must be intrinsic
Lessons Learned (Cont.)

- Start with a small number of stakeholder-approved use cases and deploy; because even a “simple” cross HIE exchange is relatively challenging
- Taking a standards based approach is really required at this point, but caution that some are immature
- Consent and policy can be automated, but the level of granularity needs to improve over time
- Direct can indeed ramp up very quickly; but also is subject to many limitations
HIETexas Current Status Update
## HIETexas Local HIE Connectivity Status

<table>
<thead>
<tr>
<th>Local HIE</th>
<th>Preparation Steps Completed</th>
<th>TEST ENVIRONMENT</th>
<th>PROD ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>EHEX</td>
<td>Local HIE</td>
</tr>
<tr>
<td>Greater Houston Healthconnect (GHH)</td>
<td>4 of 4</td>
<td>←</td>
<td>←</td>
</tr>
<tr>
<td>Integrated Care Collaboration (ICC)</td>
<td>4 of 4</td>
<td>←</td>
<td>←</td>
</tr>
<tr>
<td>Health Information Network of South Texas (HINSTx)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Access San Antonio (HASA)</td>
<td>3 of 4</td>
<td>←</td>
<td>←</td>
</tr>
<tr>
<td>Paso del Norte HIE (PdN HIE)</td>
<td>2 of 4</td>
<td>←</td>
<td>←</td>
</tr>
<tr>
<td>Rio Grande Valley HIE (RGV HIE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rio One Network</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Southeast Texas Health System (SETHS)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Level Definitions

- **Level 1**: Connectivity
- **Level 2**: Interoperability
- **Level 3**: Use Case

Note that Texas Local HI Es cannot yet **query** eHealth Exchange Participants, but they are able to successfully **respond** in production. Local HIE eHealth Exchange query capability is under construction.

### Color Legend

- **Completed**: Green
- **In Process**: Yellow
- **Not Started**: Gray
- **Not Responding**: Red

### Directional Testing Legend

- **↔ Bi-Directional**
- **→ Can Initiate to Texas**
- **← Can Respond to Texas**
### HIETexas eHealth Exchange Connectivity

#### Level 1: Connectivity
#### Level 2: Interoperability
#### Level 3: Use Case

<table>
<thead>
<tr>
<th>eHealth Exchange Participant</th>
<th>Preparation Steps Completed</th>
<th>TEST ENVIRONMENT</th>
<th>PROD ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Administration (SSA)</td>
<td>3 of 4</td>
<td>Level 1</td>
<td>Level 2</td>
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<tr>
<td>Georgia HIN (GaHIN)</td>
<td>3 of 4</td>
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<td></td>
</tr>
<tr>
<td>Colorado RIO (CORHIO)</td>
<td>1 of 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Health Association (VHA/VELER)</td>
<td>4 of 4</td>
<td>←</td>
<td></td>
</tr>
<tr>
<td>National Kidney Dialysis Center Provider</td>
<td>4 of 4</td>
<td>↔</td>
<td></td>
</tr>
<tr>
<td>OCHIN - National FQHC Provider</td>
<td>4 of 4</td>
<td>→</td>
<td></td>
</tr>
<tr>
<td>Kansas State HIE Network (KHIN)</td>
<td>4 of 4</td>
<td>←</td>
<td></td>
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<tr>
<td>Presbyterian Healthcare Services (PHS)</td>
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<td></td>
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<tr>
<td>Weill Cornell Medical College - New York</td>
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<tr>
<td>University of Virginia - Part of MedVirginia</td>
<td>1 of 4</td>
<td></td>
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<tr>
<td>North Dakota Health Information Network (NDHIN)</td>
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<tr>
<td>Coordinated Care Oklahoma (CCOK)</td>
<td>4 of 4</td>
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<tr>
<td>Mayo Clinic</td>
<td>4 of 4</td>
<td></td>
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<tr>
<td>Inova Health System</td>
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<td></td>
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<tr>
<td>North Carolina HIE (NCHIE)</td>
<td>4 of 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Defense (DoD/VELER)</td>
<td>2 of 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davita</td>
<td>4 of 4</td>
<td></td>
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</tr>
</tbody>
</table>

#### Color Legend
- **Completed**
- **In Process**
- **Not Started**
- **Not Responding**

#### Directional Testing Legend
- **↔ Bi-Directional**
- **→ Can Initiate to Texas**
- **← Can Respond to Texas**
This represents testing under the “Initial Rollout” phase which is focused on technical testing at this time. Business/legal aspects of production exchange under Carequality are pending.

<table>
<thead>
<tr>
<th>Carequality Initial Rollout Participant</th>
<th>Preparation Steps Completed</th>
<th>TEST ENVIRONMENT</th>
<th>PROD ENVIRONMENT</th>
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</thead>
<tbody>
<tr>
<td>Epic CareEverywhere</td>
<td>4 of 4</td>
<td>←</td>
<td>←</td>
</tr>
<tr>
<td>Surescripts</td>
<td>1 of 4</td>
<td>←</td>
<td>←</td>
</tr>
</tbody>
</table>

**Color Legend**
- Completed (Green)
- In Process (Yellow)
- Not Started (Black)
- Not Responding (Red)

**Directional Testing Legend**
- Bi-Directional (↔)
- Can Initiate to Texas (→)
- Can Respond to Texas (←)
# HIETexas State Agency Connectivity

<table>
<thead>
<tr>
<th>State Agency</th>
<th>TEST ENVIRONMENT</th>
<th>PROD ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas Department of State Health Services (DSHS) sFTP Interface</td>
<td>↔</td>
<td></td>
</tr>
<tr>
<td>Texas Department of State Health Services (DSHS) Web Services Interface</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas Department of Public Safety Prescription Drug Monitoring Program (PDMP)</td>
<td>←</td>
<td></td>
</tr>
</tbody>
</table>

**Color Legend**
- **Completed**
- **In Process**
- **Not Started**
- **Not Responding**

**Directional Testing Legend**
- ↔ Bi-Directional
- → Can Initiate to Texas
- ← Can Respond to Texas

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**Level 1: Connectivity**
**Level 2: Interoperability**
**Level 3: Use Case**
Recall the 2012 Landscape
Local HIE Landscape: Current and Evolving

HEALTH INFORMATION EXCHANGE IN TEXAS

KEY

Community-Based HIE Networks*
- Greater Houston Healthconnect**
- Health Information Network of South Texas
- Healthcare Access San Antonio**
- Integrated Care Collaboration**
- North Texas Accountable Healthcare Partnership
- Paso del Norte HIE
- RioOne HIE
- Rio Grande Valley HIE
- SETHS Operated Provider HIE
- Served by two community-based HIEs

Private HIE Networks*
- Ector County HIE
- Amarillo Legacy Medical ACO
- LEAP (Lubbock HIE)
- Texoma HIE
- THR
- JPS Health Network
- Sandlot HIE
- Texas Children’s Medical Center
- Tenet
- Memorial Herman
- FirstNet Exchange

* HIE designations are based on the THSA’s 2014 Texas HIE Survey Results. The THSA supports the community-based HIE networks that received start-up funding from the state, but also includes private HIE networks on this map, as this furthers the THSA’s mission to support statewide HIE in Texas.

** HIETexas Participant
HELP for Texans Project (PDMP)

Goal: Enable providers to query state’s PDMP system through their current EHR-to-HIE infrastructure.

Current Status:

- Participating in weekly technical discussions, but implementation of interface will resume after finalizing contract with HHSC;
- Appriss will complete inbound interface to HIETexas after contract resumes;
- Conducted successful test between Epic (end user’s EHR system) and HIETexas (previously reported);
- Future steps include development and upgrade of interfaces of pilot project participants;
- Completed draft implementation specification, and provided to HHSC to ensure SAMHSA obligations continue to be fulfilled; and
- HHSC has received a no-cost extension with SAMHSA.
Preventive care works.

In May, the Texas Health Information Trust Association and Blue Shield of Texas became the first in the state to receive the Security Certification, demonstrating the members' health care.

In addition to working closely with the Association, HIT Walker to beta Health Information Technology.

Texas is the only state in the country that certification compliance and federal privacy and security laws to govern the protected information.

With the increasing use and exchange of electronic health records comes increased privacy and security responsibilities for physicians.

Let SECURETexas give you peace of mind.
Building Trust: SECURETexas: Privacy & Security Certification

- THSA partnered with HITRUST to establish a process by which Texas covered entities may apply for certification of past compliance.

- SECURETexas certification utilizes HITRUST’s Common Security Framework (CSF)

- Builds on, but does not amend, the CSF

- Covered entities may apply for Texas certification only, or apply as an add-on to HITRUST certification.
Other 2015 Successes
Texas Legislature 84th Regular Session

• Sunset review
  • Senate Bill 203
  • THSA will transition from a public-private partnership to a private non-profit in 2021 (which was our desired outcome)
  • Broader Board of Directors (Governor Appointed)

• HIE and Interoperability
  • House Bill 2641
  • Requires state HHSC agencies to use national standards
  • Explicitly allows use of HIEs for mandatory public health reporting
  • Safe harbor for providers submitting data to HIEs
  • Use of HIEs for Medicaid if cost effective
eHealth Exchange Rapid Onboarding

• Connect to INOVA Health System in 4 hours from the start of production testing until it was completed (our best time yet)

• Shows that two well-prepared candidates can leverage standards to achieve rapid and cost effective production exchange
Local HIE Spotlight: Greater Houston Healthconnect

The health care system is complex. Patients visiting multiple providers and specialists who are at different offices and hospitals across various communities can result in an environment where there is no single health care professional managing an individual’s care or records. This is particularly challenging in areas where referrals for highly specialized care is common, as is the case in the Golden Triangle region in Southeast Texas where patients often travel to Houston and Galveston for tertiary health care. This disparate structure results in providers attempting to manually contact and retrieve patient information. Manual processes are well known to be time consuming, inefficient, non-scalable, and prone to error.

The GHH Approach

Greater Houston Healthconnect, the regional health information exchange (HIE) that services Southeast Texas, utilizes a query-based interoperable network to access the patient’s longitudinal health record. The HIE network, which is responsible for connecting nearly 7,500 health care professionals in the area, enables clinicians to query health data on their patients so that important clinical information can be exchanged quickly, while the patient is still in the office.

Dr. Mark Toups, an internist seeing patients at the CHRISTUS Physician Group in Beaumont, a city in the Golden Triangle, is an active HIE user. Virtually the entire Golden Triangle hospital community participates in Healthconnect. A female patient visited Dr. Toups for a regular checkup. Dr. Toups utilized the HIE’s query function to view the patient’s health data. With Healthconnect, he identified that the patient was seen just days before by another local physician who discovered a mass on her kidney. Oftentimes paper records can take weeks to arrive at another doctor’s office. Through the immediacy of the query-based exchange, Dr. Toups was able to view the details of her condition, come to the proper diagnosis, and promptly formulate a recommendation for her care, while the patient was in the office with him.
Security

- Review each zero day within minutes
- Patch policy
- Constant hardening of systems
- Each person is a viewed as a contributor to security
- Staff training
- Systemic approach
- We require proofs of proper security controls; assume each control is bad until proven good
- Minimal permissions for apps and people
- All other known/new/applicable best practices
Lesson’s Learned

Update
Key Success Factors

- Become a resource for the state legislature
- Support your Local HIEs to a fault
- Vendor procurement is MISSION CRITICAL and has, I feel, directly contributed to HIE failures
- Constant focus on security
- Procure technologies with “depth in the bench”
- Keep your key skills in-house (legal, technical, policy, business, political)
- Expand connectivity to all
  - eHealth Exchange, Carequality, CommonWell
- Leverage connections to suppress interface costs
- Ops reports should be an early focus
- Create a comprehensive onboarding toolkit
HIETexas: The Future
New Services Under Review
Phase III Process

- Generated ideas internally at THSA based on our perceived needs
- Strategic planning, initial vetting
- Defined the viable options to ensure common understanding
- Created a survey to collect quantitative feedback
- Published and socialized the use cases
- Now are finalizing them for stakeholder approval
HIETexas Phases

• Phase III
  • Seeking feedback and guidance
  • Considering the following use cases/services:
    • Use Case 01: Event Notification
    • Use Case 02: Medication History
    • Use Case 03: FQHC Bi-Directional Exchange
    • Use Case 04: State-Wide Laboratory Results Query
    • Use Case 05: Cloud-Based EMR Bi-Directional Exchange
    • Use Case 06: State-Level Provider Directory
    • Others based upon feedback
Phase III Use Case Assumptions

- Local HIEs are fully supported and leveraged by these use cases
- Appropriate legal agreements are in-place
- All communications are secure, all data is encrypted while at rest and in transit
- Access to data is limited to authorized uses
- All systems are in place as described for each use case
Phase III Survey Results

• Broad support among health plans to implement all use cases

• Local HIEs indicated they were not sure on most use cases
  • 2 HIEs support a state-level provider directory
  • 1 HIE also supports event notification and medication history services
  • 1 HIE supports state-wide lab results query

• Broad consensus among all stakeholders to implement a state-level provider directory

• Majority of respondents support 5 of 6 use cases
Texas Health Services Authority
(512) 814-0321
www.HIETEXAS.org
Follow THSA on Twitter @HIETexas
Certified Connectivity.
Finely Tuned Simplicity.
Why is this Program Important?

• Built upon tightly constrained implementation-level specifications
• Active cross-industry collaboration
• Enables reliable exchange of data
• Reduces adoption barriers
Simplifies and Streamlines the Process for Vendors

• Offers a comprehensive certification for solutions that facilitate secure and reliable data exchange
• Backed by trusted leaders
• Shows provider commitment to innovative interoperable solutions
• Sets products apart from the competition with a vendor-independent interoperability certification
• Reduces cost of custom interfaces to allow focus on innovation
Partnerships That Transform Health
Three Distinct Certification Programs

Certification Marks signify compliance and proof that a product has all of the requirements to be interoperable with other certified ConCert by HIMSS products.

- for EHR systems providing a simplified way for providers to send secure health information directly to trusted recipients
- for HIE systems that enable clinicians to share health information within and across care delivery communities
- for Health Information Services Provider systems to send secure health information directly to trusted recipients, including patients
IWG Specifications

• QUERY- Based Exchange - Statewide Patient Data Inquiry Service Specifications
  – IHE Profiles (XDS, PIX, PDQ)
  – ONC’s Nationwide Health Information Network (NwHIN) Exchange Specifications

• DIRECT Exchange - Statewide Send and Receive Patient Record Exchange Specifications
  – IHE Profiles (XDR, XDM, HPD)
  – ONC’s DIRECT Exchange protocols
QUESTIONS?

Certified Connectivity. Finely Tuned Simplicity.