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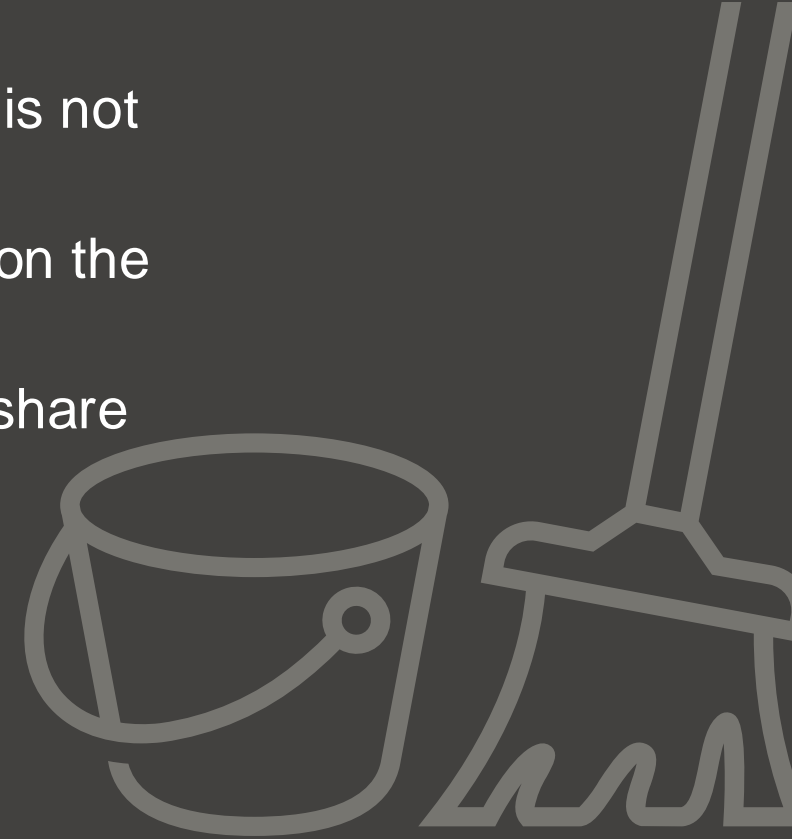
Collaboratives in Action

Localized Approaches to National Interoperability: How Public Health Agencies are Leveraging HIEs for Data Modernization

December 19, 2024

HOUSEKEEPING ITEMS

- This is a Zoom webinar.

- All webinar participants are automatically muted, and your video is not displayed.

- If you would like to ask a question, please use the Q&A function on the taskbar.

- Use the chat feature to introduce yourself (name, org, location), share resources, etc.

- We will share slides and the recording after today's event.

- For questions following the webinar, reach out to contact@civitasforhealth.org.

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AGENDA

Civitas Welcome and Introduction
- **Lisa Bari,** *CEO, Civitas Networks for Health*

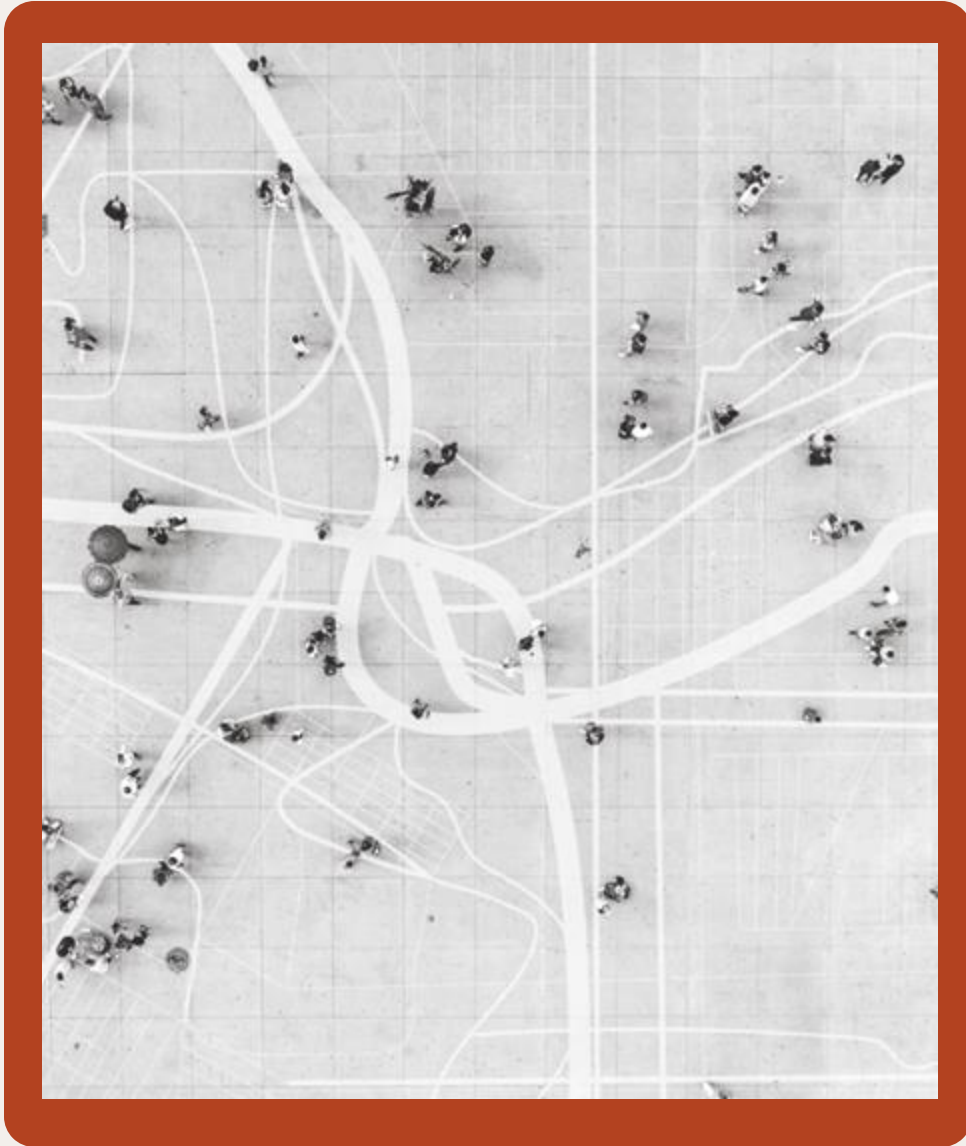**HDU Framework Supplement and Public Comments**
- Lisa Bari

Localize Approaches to National Interoperability: How Public Health Agencies are Leveraging HIE's for Data Modernization
- **Jay Nakashima,** *President, eHealth Exchange*
- **Sheena Patel***, MD, Executive Director, Public Health Modernization, CRISP Shared Services*
- **Tim Powell***, Senior Fellow, Public Health Informatics, Virginia Health Information*

Discussion/Q&A

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CIVITAS INTRODUCTION & UPDATES

Regional innovation, national impact.

Our vision: Communities across the country are thriving and healthy, realizing the full potential of data-driven, multi-stakeholder, and cross-sector approaches to health information exchange and health improvement.

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Save the Date: Civitas 2025 Annual Conference in Anaheim, California – September 28-30, 2025

PREMIER PARTNERS

211 SAN DIEGO

Community Information Exchange

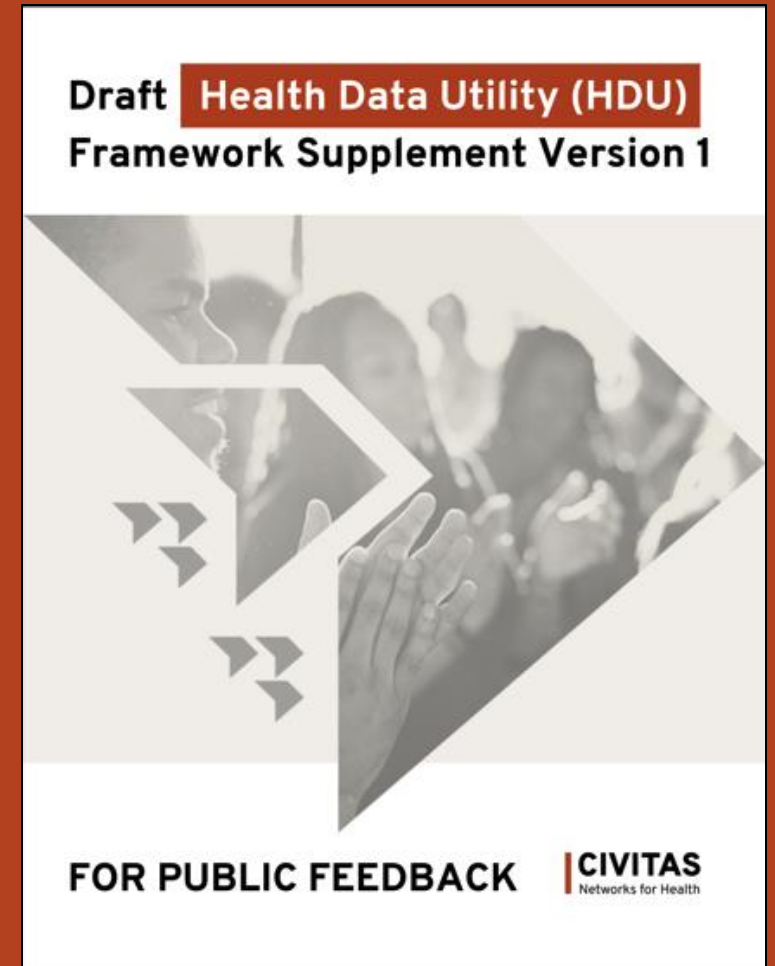**IN PARTNERSHIP WITH CIVITAS' CALIFORNIA MEMBERS**

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Draft HDU Framework Supplement Version 1 Available for Public Comment

This supplement builds upon the foundational Health Data Utility Framework, addressing the evolving needs of health data governance, interoperability, and value-based care within regions and states throughout the U.S.

Why Your Feedback Matters: We are inviting public comment to ensure this resource reflects the insights and priorities of a broad range of contributors, including health information exchanges (HIEs), HDUs, public health agencies, health plans, health collaboratives, and community organizations. Your input will help refine the framework to better support health data ecosystems and their partners.

Key Details:

- **Public Comment Period**: Now through January 31, 2025
- **How to Provide Feedback**: Submit your comments via the online form or email us at hdu@civitasforhealth.org.
- **Supplement Access**: Download the HDU Framework Supplement Version 1 PDF

Draft **Health Data Utility (HDU)** Framework Supplement Version 1

FOR PUBLIC FEEDBACK

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PARTNER PRESENTATIONS

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Network by the Numbers
eHealth Exchange connects a broad range of public and private organizations

5 FEDERAL AGENCIES

VA | U.S. Department of Veterans Affairs

U.S. Department of Defense

SOCIAL SECURITY ADMINISTRATION USA

FDA

INDIAN HEALTH SERVICE · PHS · 1955

75% HOSPITALS & HEALTH SYSTEMS

58 REGIONAL & STATE HIEs

70K MEDICAL GROUPS

70 PUBLIC HEALTH JURISDICTIONS

85% DIALYSIS CENTERS

34 STATES WITH PAYER EXCHANGE

eHealth Exchange™

TEFCA leveraging the power of the federal government to expand & mature interoperability

eHealth Exchange™ DESIGNATED QHIN

1 Federal Agency, 15 HIEs in 20 States, & Association of Public Health Laboratories (APHL) Nationwide

Exchanging PHI

Testing

Intent to Participate

Learn more: BeMyQHIN.org

AL, AK, AZ, CA, CO, CT, DC, GA, IA, IN, MD, NE, TN, TX, VA, and WV

Regional & State HIEs are Critical to Public Health

Participation Agreements	HIEs often already have data exchange contracts with public health agencies and payers to streamline provider connectivity.
Alerts	HIEs can send notifications when encounters occur so payers, public health agencies, and providers know new clinical details are available for query.
MPI & Attribution	HIEs are uniquely equipped with trusted matching algorithms already approved by providers, public health authorities, and payers.
Permissions	HIEs have often already obtained provider permission within large geographic regions to disclose specific data to trusted public health agencies and trusted payers in accordance with applicable law.
Consent	HIEs are often well suited to manage patients' payer consent determinations which is valuable given that: • CMS 0057F requires patients opt-into provider access API usage before payers share certain data with providers • CMS 0057F requires patients be permitted to opt out of payer-to-payer exchange
Consolidated Data Sources	HIEs often provide a single endpoint to share longitudinal patient records populated by multiple sources.

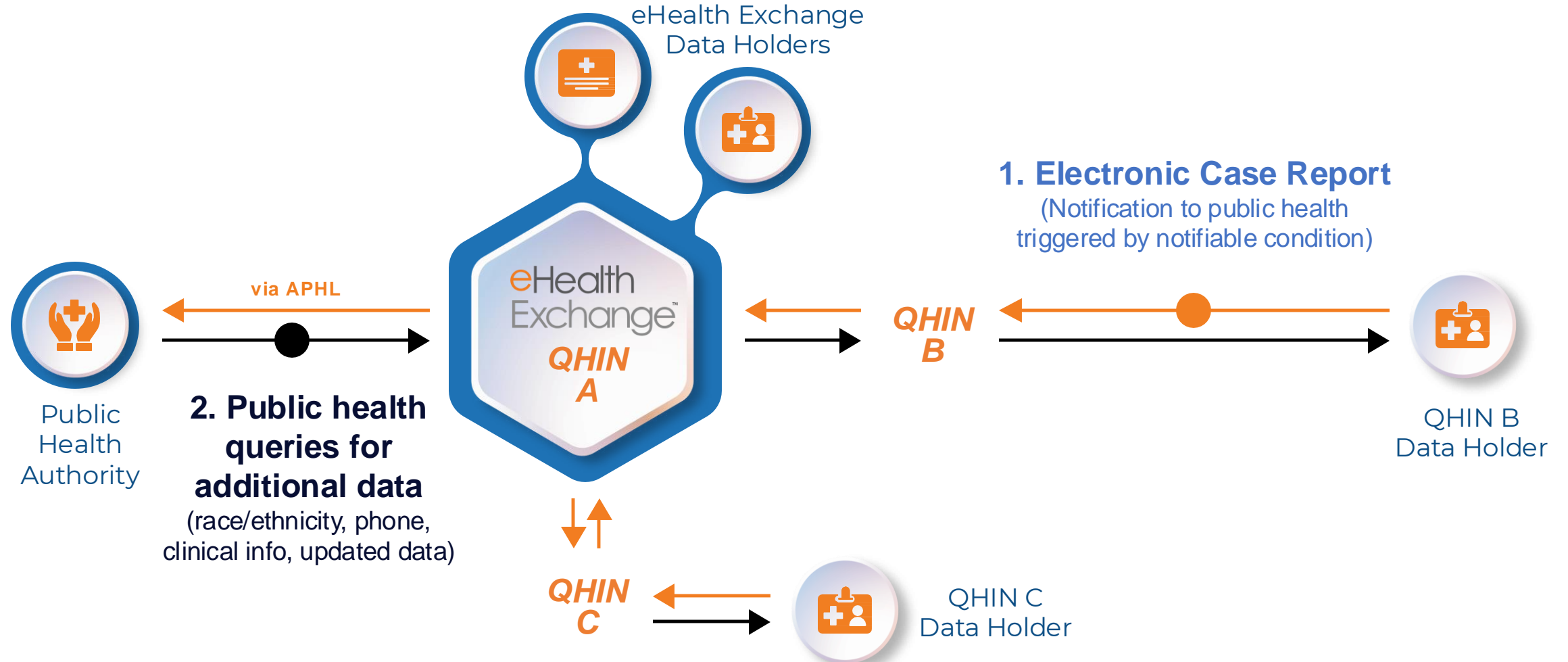# eHealth Exchange's 58 regional & state HIEs accelerate new use case adoption

Public health agencies need notifications to manage infectious disease outbreaks

eHealth Exchange™

200+ Notifiable Conditions
- COVID-19
- Mpox
- Hepatitis
- HIV
- Measles
- Rabies
- Smallpox
- Syphilis
- Tuberculosis
- Zika
- 200+

Public health agencies need to retrieve additional information for Case Investigations after receiving alerts.
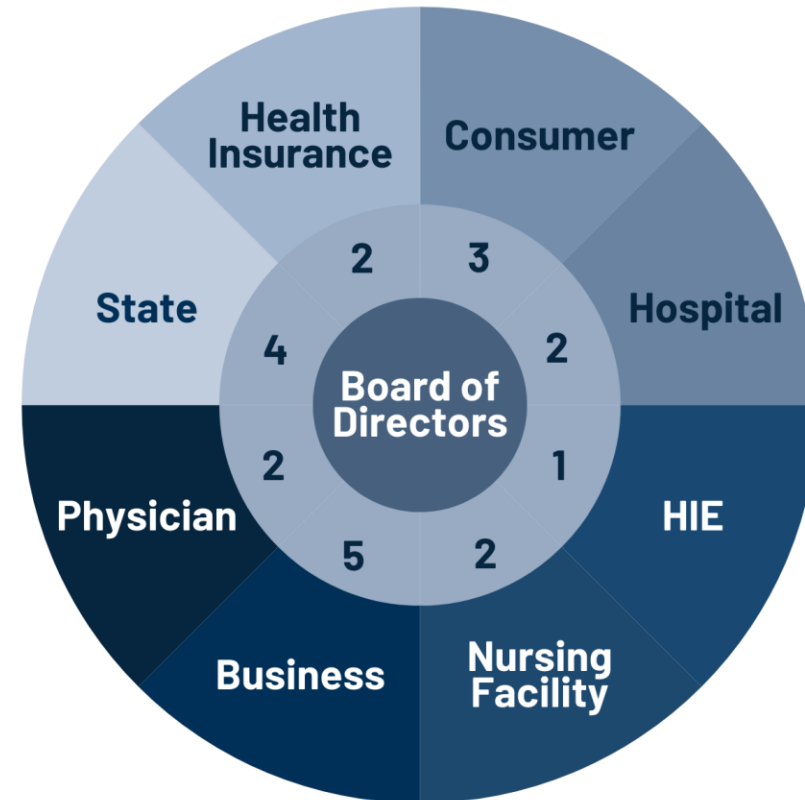

eHealth Exchange
Data Holders

1. Electronic Case Report
(Notification to public health triggered by notifiable condition)

via APHL

eHealth Exchange™ **QHIN A**

QHIN B

QHIN B
Data Holder

Public Health Authority

2. Public health queries for additional data
(race/ethnicity, phone, clinical info, updated data)

QHIN C

QHIN C
Data Holder

VHI: Partner in Virginia's Public Health Data Modernization

FROM NUMBERS TO KNOWLEDGE
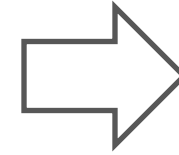
VHI

VIRGINIA HEALTH INFORMATION

Virginia Health Information (VHI)

- **Independent 501(c)(3) non-profit established in 1993**

- **Unbiased public-private partnership focused on transparency**

- **Administers VA healthcare data reporting, collection and exchange requirements- highlights include (but not limited to):**

  ✓ **Statewide HIE**
  ✓ **APCD and**
  ✓ **Hospital Discharge system**

The Journey of Virginia's HIE

Pre-2017	2017	2019	2021	2024
ConnectVirginia operates the Virginia HIE as an independent organization	Virginia EDCC established, VHI begins operating ConnectVirginia	ConnectVirginia officially becomes part of VHI as its parent org	General Assembly requires VHI report on HIE expansion plan. VHI becomes CSS affiliate	Smartchart and Advance Care Planning Registry legislation go into effect

VHI & Virginia Department of Health (VDH)

- 30+ years of work with VDH around data collection and analysis.

- Contractually engaged for the fulfillment of data collection projects stipulated in the Code of Virginia under the authority of VDH.

Continuing & Enhancing Existing Projects

- Public Health Reporting Pathway
  - Unified route for 99.9% of electronic notifications to Virginia Department of Health (VDH) – 33.5M in 2018 → 155.5M in 2023
    - ELR
    - eCR
    - Syndromic Surveillance
    - Immunizations
    - Cancer
    - Newborn Screening

- Clinical notifications for Multidrug-Resistant Organisms (MDROs)
- ImmuTrak – Cohort-based immunization roster generation based on recommended schedule

New Implementations

- Fairfax County Health Department – Treatment & TEFCA Portal (Query-Response)
  - ASTP / CDC early adopter
  - Portal to connect to healthcare via TEFCA for Public Health and Treatment exchange purposes.

- Fairfax and VDH – Supporting use cases submitted through the Implementation Center (IC) initiative.
  - Fairfax – eCR & Immunization
  - VDH – eCR, ImmuTrak, Treatment & TEFCA Portal

Future Planning

- Encounter Alerts
  - HIV lost to follow-up

- Other public health use cases being defined

Thank You!

CSS as a Health Data Utility

Health Data Utility

- CSS began accelerating support for public health agencies (PHAs) during the COVID-19 pandemic

- Infrastructure built for clinical use cases can be scaled and leveraged for public health – integration, linkage, analysis

- Examples of public health support:
  - Demographics enrichment
  - Bulk vaccination data to providers, payers, schools
  - Overdose & Suicide fatality reviews
  - Infectious Disease Alerts

Modernizing Public Health

Existing public health technology systems must be updated to:

- Flow public health-relevant data quickly and automatically between clinical and public health entities

- Align policy and create transparency around privacy, data use, and consent

- Promote health equity

- Facilitate collaboration across industries and stakeholders

"Our public health system suffers from not really being a system... it's really a loosely cobbled constellation of systems fragmented in a number of different ways."

- Micky Tripathi, PhD, National Coordinator for Health IT

CDC: TEFCA Early Demonstration

- In alignment with the CDC's Public Health Data Strategy Milestones for 2024/2025, CSS partnered in supporting the early advancement of the following 2024 milestone:
  - Query data from healthcare settings via TEFCA for urgent public health investigations. (https://www.cdc.gov/ophdst/public-health-data-strategy/phds-milestones.html)

CDC: TEFCA Early Demonstration

- CSS engaged 3 initial PHAs to lead the charge in leveraging TEFCA for case investigations
  - Maryland Department of Health
  - Fairfax County Department of Health (Virginia)
  - Alaska Department of Health
- CSS built a public health-specific portal to enable individual queries across the TEFCA network

CDC: TEFCA Early Demonstration

- All 3 Early Adopters successfully queried TEFCA by July 1!
- HOWEVER – there was very little data available
  - Technology works, but we need to continue building relationships and trust across industries in order to progress

CDC IC Program

- CDC & three National Partners (ASTHO, NNPHI, PHAB) launched the Data Modernization Implementation Center Program in 2024
- $255 million dedicated to driving public health data modernization through 2027
- 4 Implementation Centers:
  - CRISP Shared Services
  - Guidehouse
  - Mathematica
  - **Tribal (forthcoming)**
- Tailored Technical Assistance for PHAs to achieve program outcomes
- Sustainability planning

Stay In Touch with the Civitas Team

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