



Manifest
MEDEX

Leveraging HIEs to Accelerate Robust Health Data Sharing

Thursday, October 3, 2024



Manifest
MEDEX

Public Health Data Modernization: the National, State and Local Landscape

Mimi Hall, Vice President, Public Policy & Partnerships, Manifest MedEx

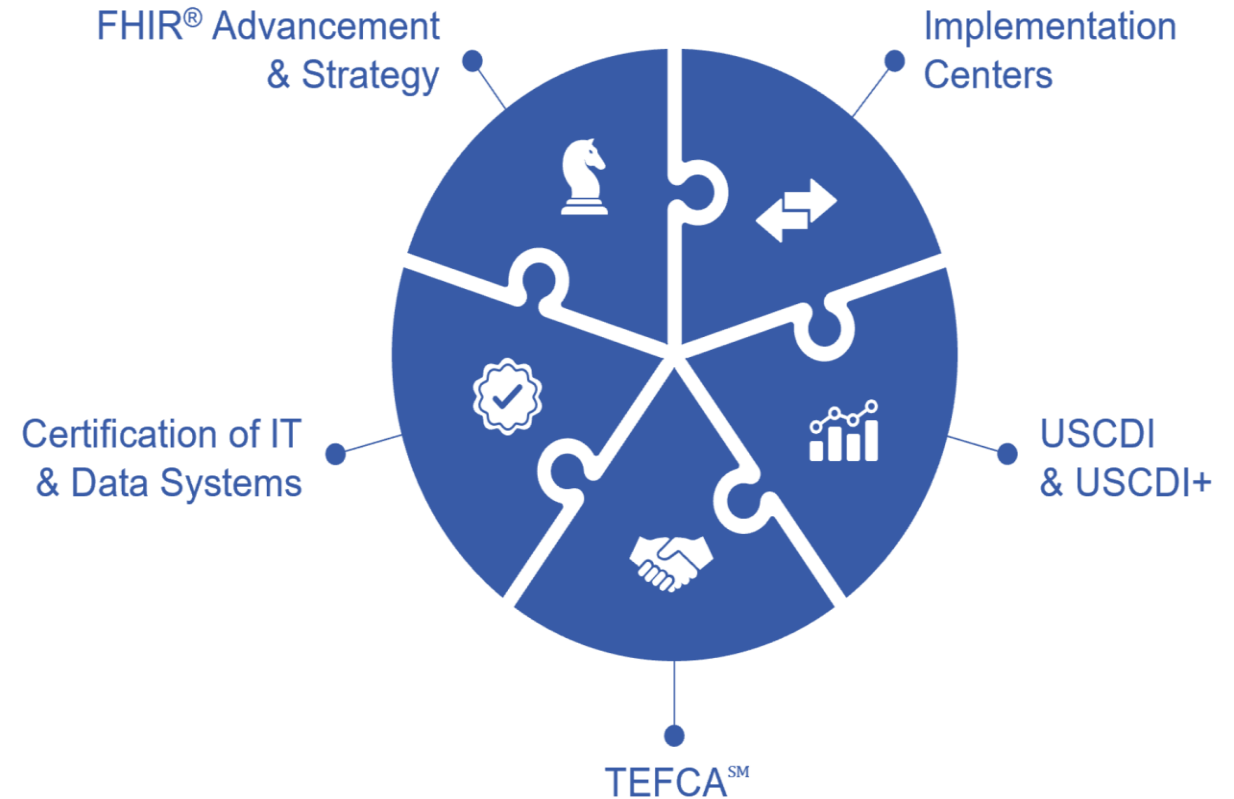


FEDERAL PUBLIC HEALTH INTEROPERABILITY STRATEGY

Led by the CDC and the Office of the National Coordinator for Health Information Technology (ONC)

> TEFCA

- A common set of principles, terms, and conditions to support the development of a Common Agreement that helps enable the nationwide exchange of electronic health information (EHI) across disparate health information networks (HINs).
- Public Health Vision: help state governments and state and local public health agencies:
 - Improve access to population health
 - Advance interoperable exchange for Medicaid
 - Support public health reporting
 - Facilitate bidirectional exchange with public health
- Points to nationwide centralization, consolidation, and an EHR-centric view of interoperability and data exchange.





VISION FOR DATA EXCHANGE IN CALIFORNIA



Every Californian, and the health and human service providers and organizations that care for them, will have timely and secure access to usable electronic information that is needed to address their health and social needs and enable the effective and equitable delivery of services to improve their lives and wellbeing.



CALIFORNIA'S FIRST-EVER STATEWIDE DATA EXCHANGE FRAMEWORK

Assembly Bill 133 is state law requiring the establishment of [California Advancing and Innovating Medi-Cal \(CalAIM\)](#) the California Health and Human Service Agency's Data Exchange Framework (DxF).

Required entities were required to [sign](#) the Data Sharing Agreement (DSA) by January 31, 2023, and [share](#) health information by January 31, 2024

- General acute care hospitals
- Physician organizations and medical groups
- Skilled nursing facilities
- Health care service plans and disability insurers
- Clinical laboratories; and
- Acute psychiatric hospitals



CalHHS created a [self-service portal](#) application for organizations to digitally sign the DSA



Welcome to the CalHHS Data Sharing Agreement Signing Portal!

Signing the Data Sharing Agreement is a critical next step toward full implementation of the Data Exchange Framework.

It's time to ensure every Californian, no matter where they live, can trust that their health and social services providers can securely access critical patient information to provide safe, effective, whole person care.



Data Sharing Agreement

[Register to Start](#)





MANIFEST MEDEX AS A QHIO

➤ Non-profit mission serving Californians

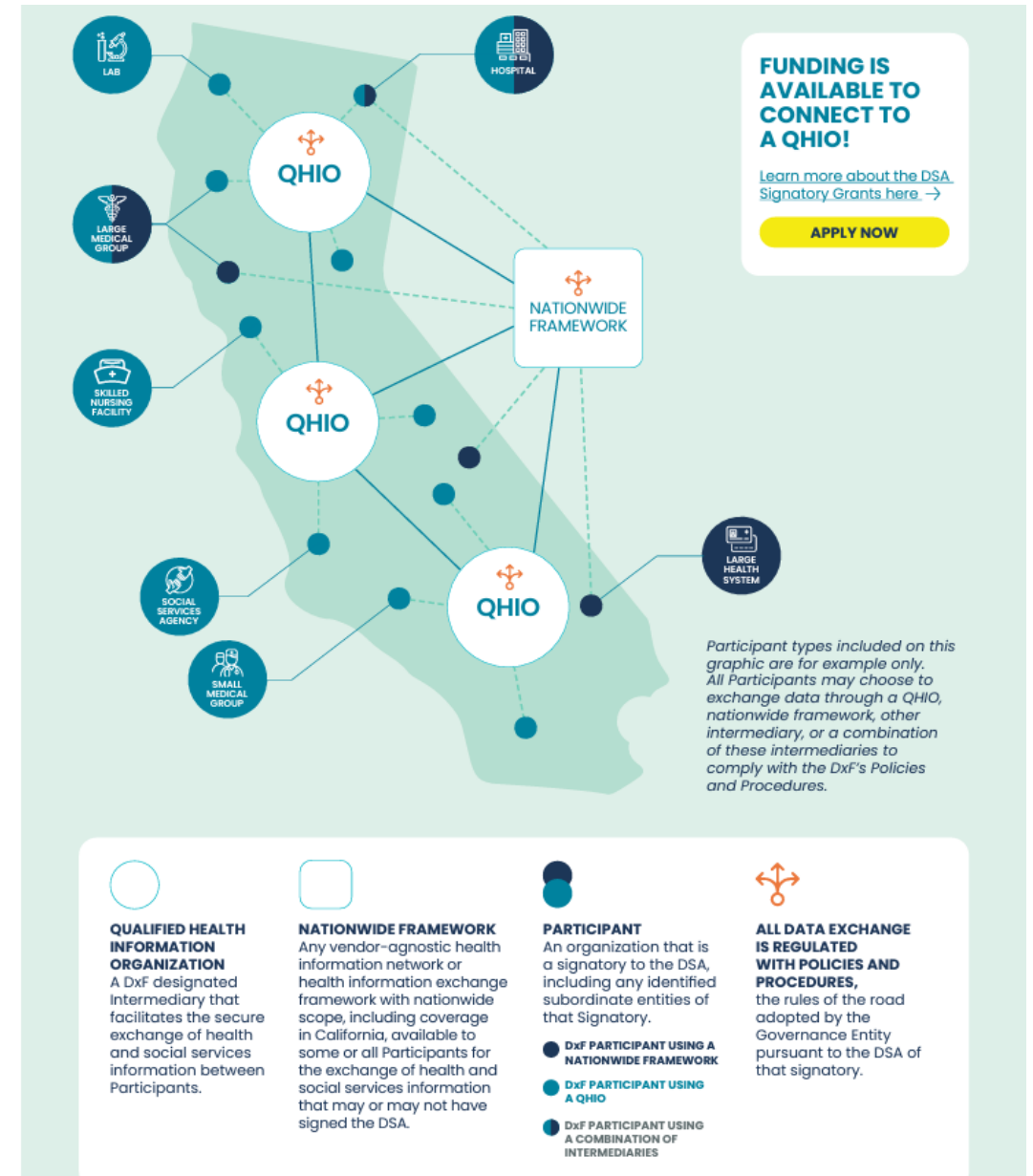
- Do not charge primary care providers to join our network
- Strict governance and policies on the use and sharing of data
- **California ADT Network:** A no-cost, electronic ADT notification exchange for DxH hospitals, health systems, SNFs, and QHIOs

➤ Ensure data is secure and reliable

- HITRUST certified since 2019
- NCQA Validated data streams since 2020

➤ Proven record operating essential infrastructure for State

- Process statewide electronic lab results and case reporting for California Department of Public Health (SaPHIRE)
- Piloted CalAIM consent form and management for Department of Health Care Services
- CDPH CDC Health Equity Pilot Project





CALIFORNIA'S MOST ROBUST AND GROWING NON-PROFIT HEALTH DATA NETWORK

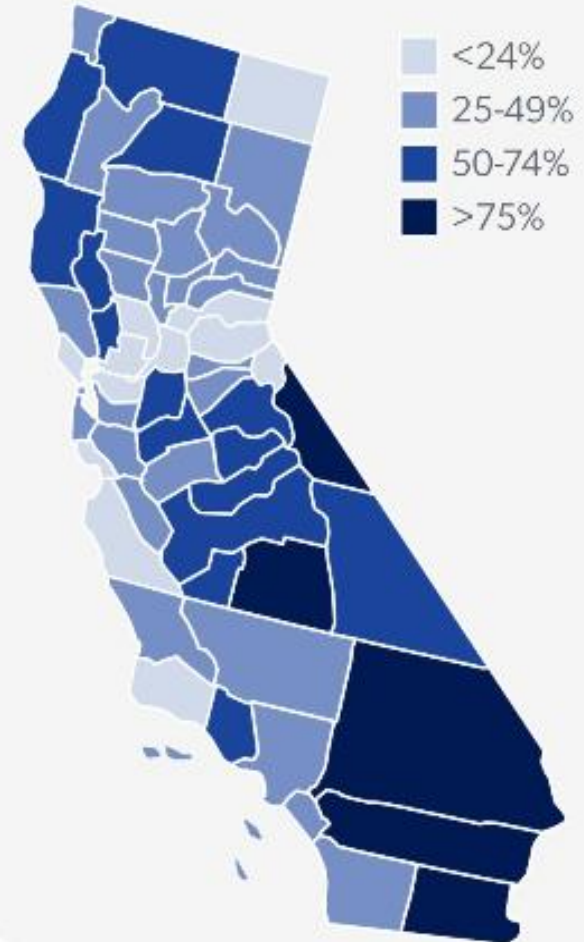
3,000+ CURRENT PARTICIPANTS:

- ✓ 17 health plans
- ✓ 22 IPAs (46 locations)
- ✓ 135+ hospitals
- ✓ 2,500+ ambulatory practices, state/counties, ACOs, EMS, & many more
- ✓ Interoperability with 70+ EHRs
- ✓ 38+M health records
- ✓ Access to national networks via eHealth Exchange

Data to Serve Every County in California

The MX network had an active health record for more than 18 million Californians in 2023 alone, demonstrating the opportunity for a digital health data safety net that bridges large urban centers and rural communities alike.

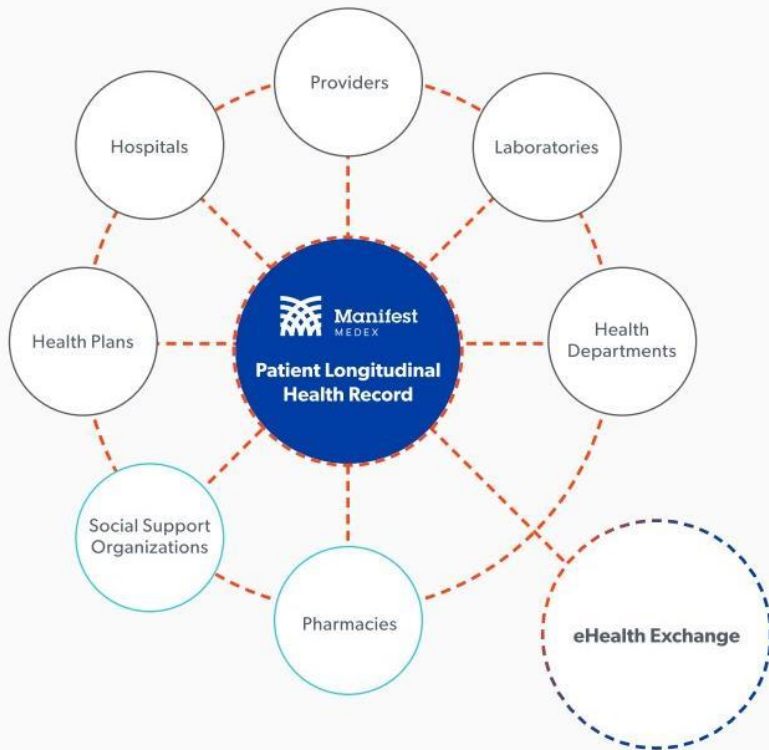
Active Records on MX Network in 2023 as a Percent of County Population*





A CALIFORNIA HEALTH DATA NETWORK WITH NATIONAL CONNECTIVITY

Manifest MedEx is California's only statewide nonprofit health information organization that exchanges health data with national and other regional networks, ensuring participants can share data as needed across a broad health data ecosystem.



Access to clinical care summaries from some of California's largest health systems including:

- *Kaiser Permanente*
- *CommonSpirit*
- *Sutter Health System*
- *UCLA Health System*
- *UCSF Health System*
- *UC Davis Health System*
- *UC San Diego Health*
- *Cedars-Sinai*
- *MemorialCare*

We help you save time, reduce costs, and enable better whole person care.



SUPPORTING PUBLIC HEALTH AND MEDICAID TRANSFORMATION

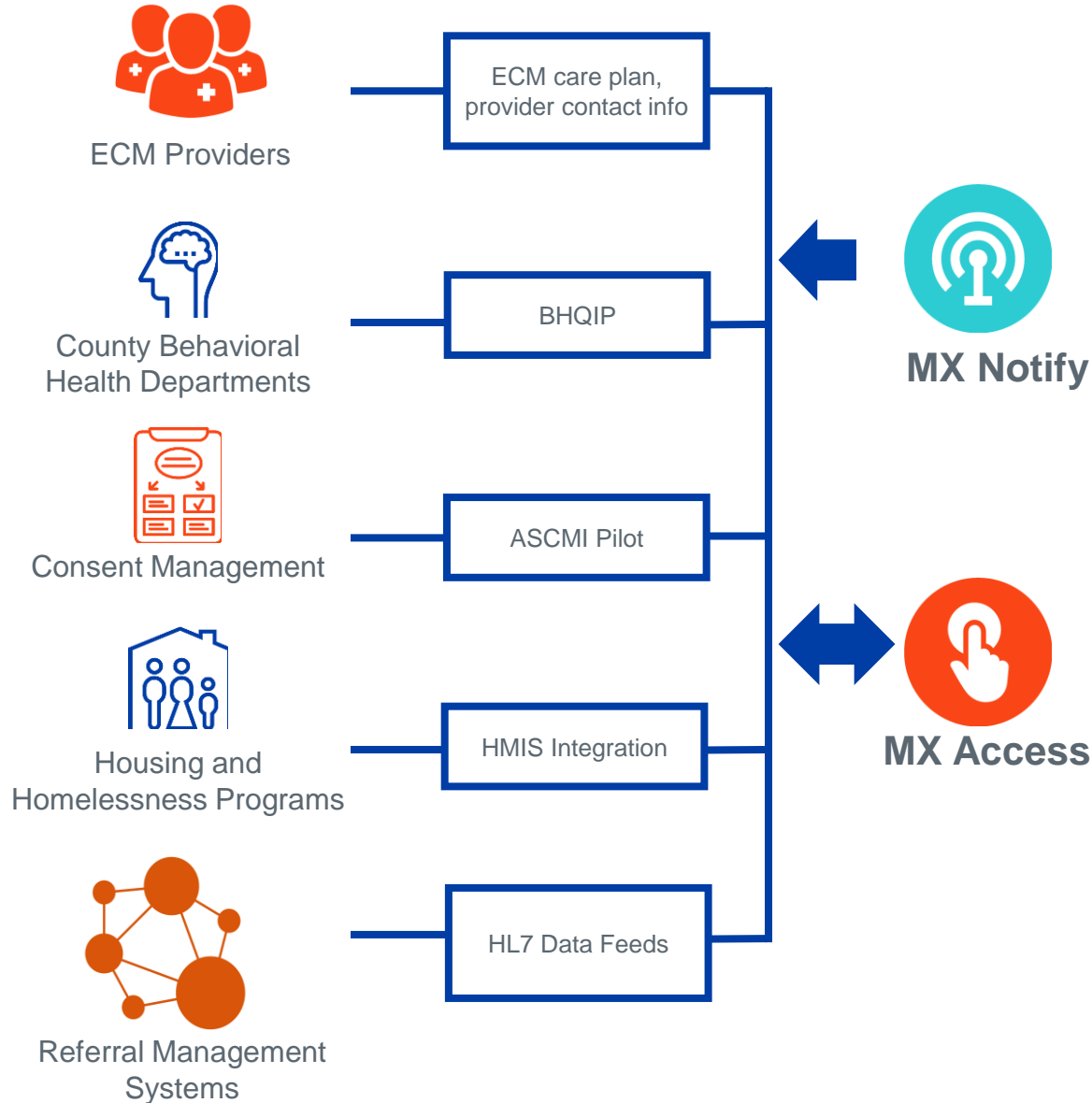
To support a healthier California, MX delivers health information and insights through a number of easily accessible and scalable tools that include a web portal, data feeds, and reports

Longitudinal Patient Records	Notifications	Population Health Insights	Data Services
<ul style="list-style-type: none">MX Access (web portal)CCDA Push or QueryFHIR Query	<ul style="list-style-type: none">MX Notify (web portal)ADT ForwardingCSV Custom Notifications	<ul style="list-style-type: none">Chronic Conditions and Risk reportContact ReportsCovid-19 Vaccination TargetsHealth Equity and Social Drivers of Health (SDOH)Custom Reports	<ul style="list-style-type: none">CCDA ForwardingMessage Forwarding*Clinical Data Extracts for HEDIS®NCQA Data Aggregator Validation ServiceClinical Notes for Risk Adjustment

*ADT, ORU, VXU, MDM, RDE



INTEGRATING OUR FUTURE WITH CALAIM



- Exploring plans to integrate ECM care plans and provider info into MX Access longitudinal record so they are broadly accessible across community
- Helping counties access BQHIP funding for behavioral health data integration into MX record
- ASCMI—selected by DHCS to develop and pilot web portal for providers and members to document consent for sharing PHI with social care organizations
- Discussions with counties to bring HMIS data into MX record and/or through a data feed to inform ECM eligibility and care planning
- Currently sending HL7 data feeds to referral management system for whole person care
- *And more...* (FHIR APIs, integration of Z codes into data feeds to support SDOH identification, etc.)



TACKLING INEQUITIES: PUBLIC HEALTH EMERGENCY RESPONSE

Reaching People at Highest Risk

- Riverside County Public Health Department asked MX for help identifying high-risk COVID patients in their region and providing contact information
- By zip code, we identified 850,000 of the county's 2.4 million residents in our nonprofit network.
- Filtering for high-risk conditions (like diabetes, respiratory conditions), we brought the list down to 175,000 residents.
- We identified the subset of patients with 10% or greater chance of being hospitalized in the next 12 months, trimming the list to 73,000 at highest-risk





TACKLING INEQUITIES: COMMUNICABLE DISEASE MANAGEMENT

Congenital Syphilis

- MX Notify – real-time hospital admission, discharge, and transfer (ADT) notifications
- ADTs for panel of pregnant women diagnosed with or exposed to syphilis presenting to ED or admitted for L&D
- Notifications ensured completion of testing and treatment in patients with high levels of social vulnerability more likely to seek medical care in the ED
- RN case managers also received notifications when patients were admitted for labor and delivery, which allowed the CDS team to coordinate testing and treatment with hospital care teams for the mother and newborn prior to the discharge



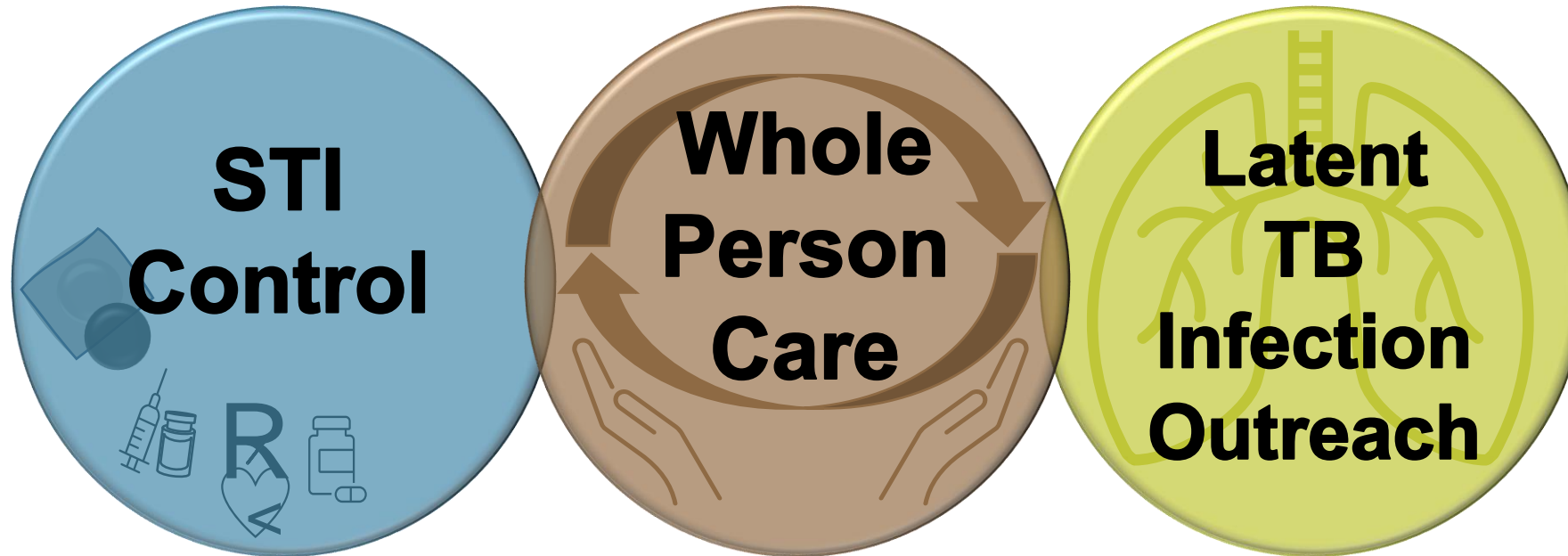
Improving Public Health and Communicable Disease Control with Health Information Exchange

Leveraging HIE to Improve Public Health Practice

San Joaquin County Public Health Services
CHEAC Annual Conference
2024



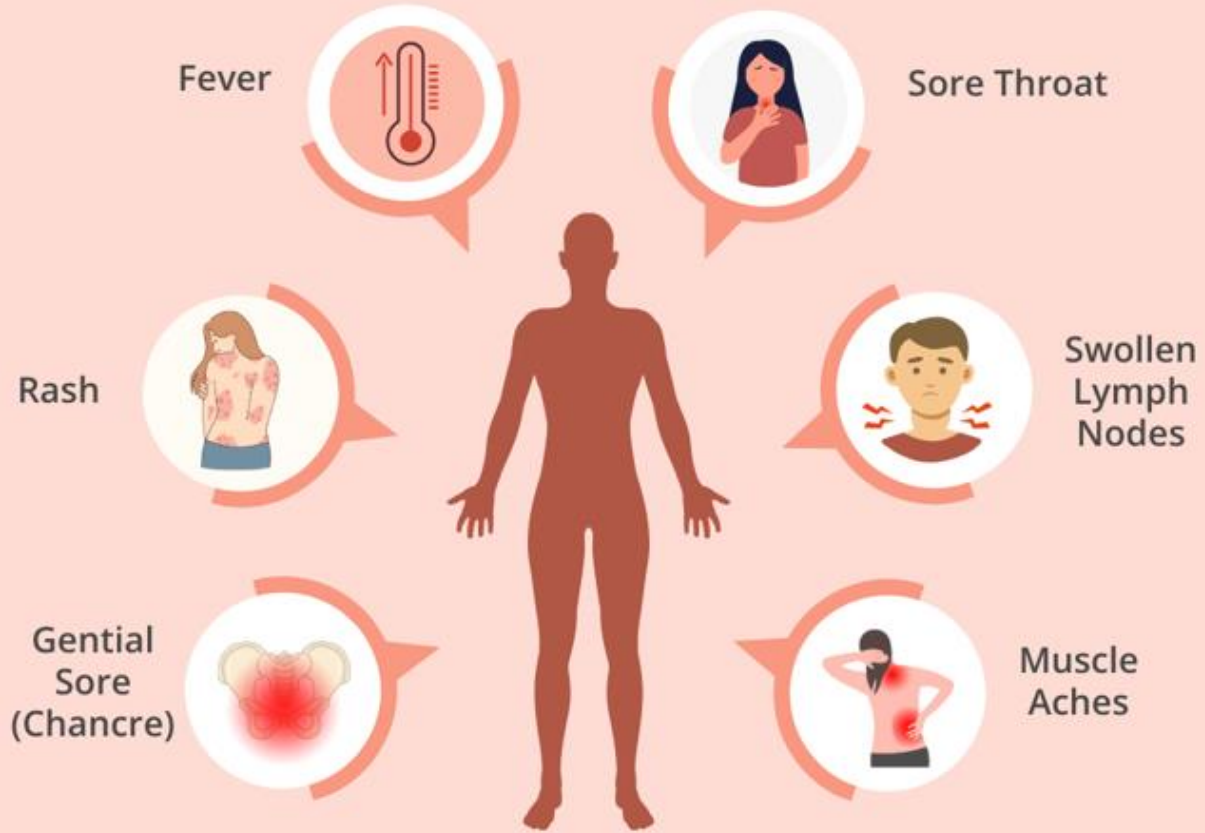
Public Health Use Cases



About San Joaquin County



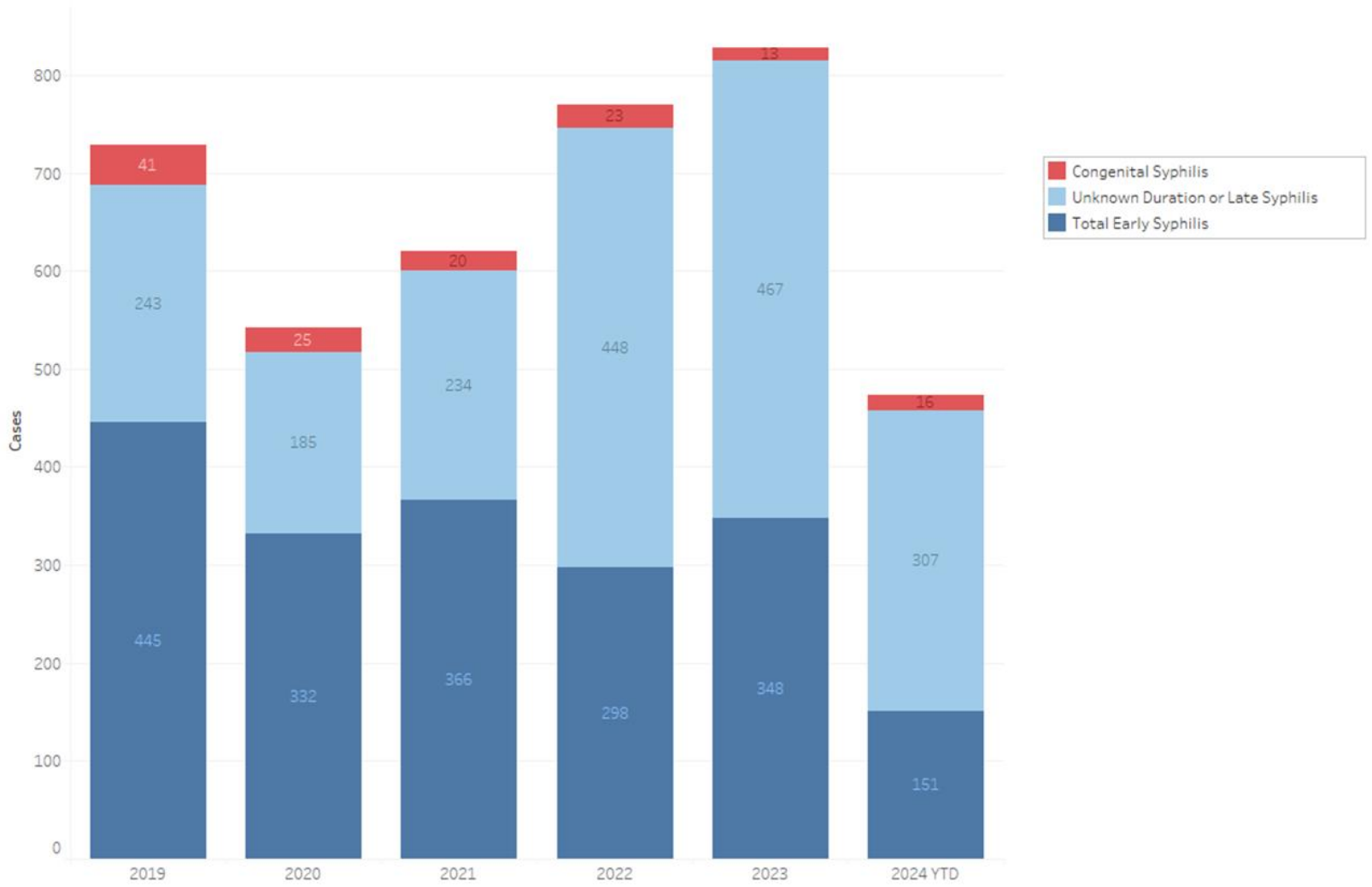
San Joaquin County
Public Health Services
health grows here



STI Control

Syphilis

Syphilis Cases San Joaquin County 2019 - Present



Data as of 9/9/2024

FOR INFECTION CONTROL USE ONLY
DATA ARE PROVISIONAL

Summer 2022

- Implementation of MX (workflow, SOP, meetings with ED Directors)

October 2022

- Start of MX pilot
- Staff Training

December 2023

- Start of Bamboo Health pilot
- Staff training



What is it?

- Manifest Medex (MX)
 - **MX Notify**
 - ❖ Real-time Admit, Discharge, and Transfer (ADT) notifications
 - **MX Access**
 - ❖ Longitudinal health records
- **Bamboo Health (BH)**
 - **Ping Notification System**
 - ❖ ED Presentations
 - ❖ Hospital Admits/Discharges
 - ❖ SNF Admits/Discharges

How does SJCPHS use it?

- MX Notify/**Bamboo Health**
 - Patient presents to ED → Ping received
 - PHS recommends treatment to the ED
- MX Access
 - Review patient's medical history
 - Determine if patient has been previously treated
- 4 Participating EDs
 - San Joaquin General Hospital
 - Dameron Hospital
 - Adventist Health Lodi Memorial
 - **St. Joseph's Medical Center**



Panel List of LTFUs

- Panel submitted monthly by epidemiology team
- All syphilis cases ≥ 2022 marked as LTFU in CalREDIE

Patient Presents to ED

- Ping received via email
- Information provided includes:
 - Facility, patient demographics, locating information, chief complaint, date of presentation/discharge

Outreach by Public Health

- CDI during office hours
- Afterhours Stand by PHN:
 - Weekdays 5-9pm
 - Weekends/Holidays 8am-9pm



Syphilis Treatment Recommendations

Patient Name: [redacted] DOB: [redacted]

ED Physician: This patient has been lost to care and needs syphilis treatment. Please strongly consider treating patient during their current ED visit.

Recommendations:

- Treat with Bicillin L-A (penicillin G benzathine) 2.4 million units administered intramuscularly once a week x 3 weeks OR Doxycycline 100mg BID PO for 28 days
- Collect RPR/TPPA
- Collect a pregnancy test (women of reproductive age)
- Instruct patient to contact PHS for coordination of treatment

Penicillin Allergy

The only acceptable alternatives for treating late latent syphilis or syphilis of unknown duration are doxycycline (100 mg orally 2 times/day) or tetracycline (500 mg orally 4 times/day), each for 28 days.

Pregnant Woman

Penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis. Pregnant women should be treated with the recommended penicillin regimen for their stage of infection.

For more information, call San Joaquin County Public Health Services Disease Control and Prevention Program at (209)468-3822. During afterhours, call (209)468-6000 and ask to speak to the Public Health On-call Nurse.

Manifest Medex/Bamboo Health Outcomes

10/2022 - 8/2024

Total Notifications	319 (136 patients)
Manifest MedEx	157 notifications
Bamboo Health	141 notifications
Presented to facility outside of SJC	21 notifications
Outreach done and treatment given, or prescription sent and picked up	46 patients
Found to be previously adequately treated	30 patients
Outreach unsuccessful or not done*	60 patients

*LHJ Capacity

*Unable to locate patient

*System glitches

*Shared decision making between patient and provider

*OOJ Facility



Whole Person Care

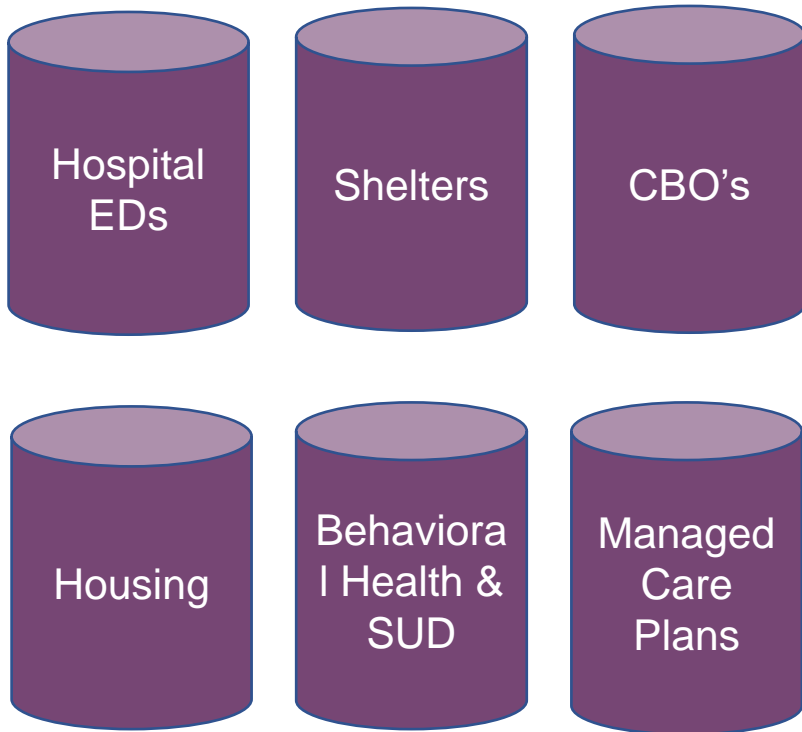
Enhanced Care Management (CaAIM)



Service Delivery Models

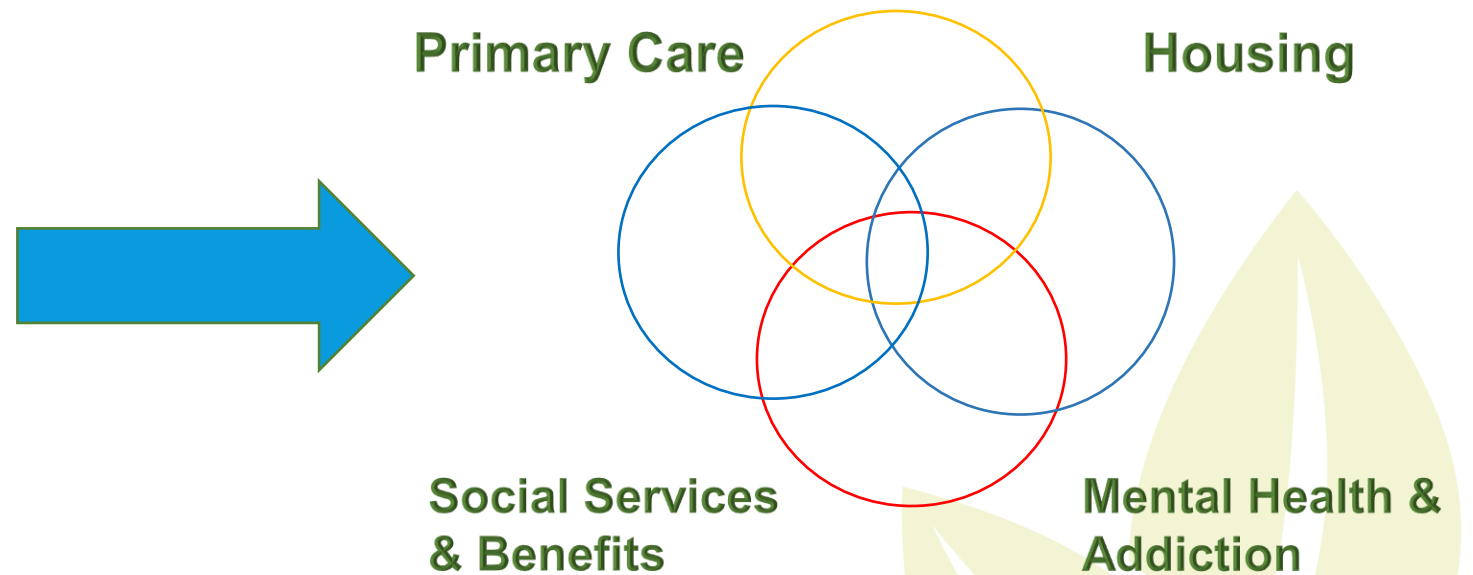
Traditional Model

Working in Silos



Whole Person Care Model

One Integrated Team



Comprehensive Assessments:

Thorough assessments to identify client's unique needs and barriers: physical and mental health conditions, substance use, and social determinants of health.

Feasible Care Planning:

Based on the assessment, staff develop an individualized care plan that addresses both immediate needs and long-term goals. The plan includes strategies to overcome identified barriers and achieve stability.

Barrier Mitigation:

Identifying and addressing barriers to accessing care and services, such as transportation issues, lack of documentation, or gaps in knowledge about available resources.

Appointment Assistance:

Accompanying clients to medical and social service appointments to ensure they receive the necessary care and support.

System Navigation:

Assisting clients in navigating health care systems, social services, and other support networks to access the resources they need.

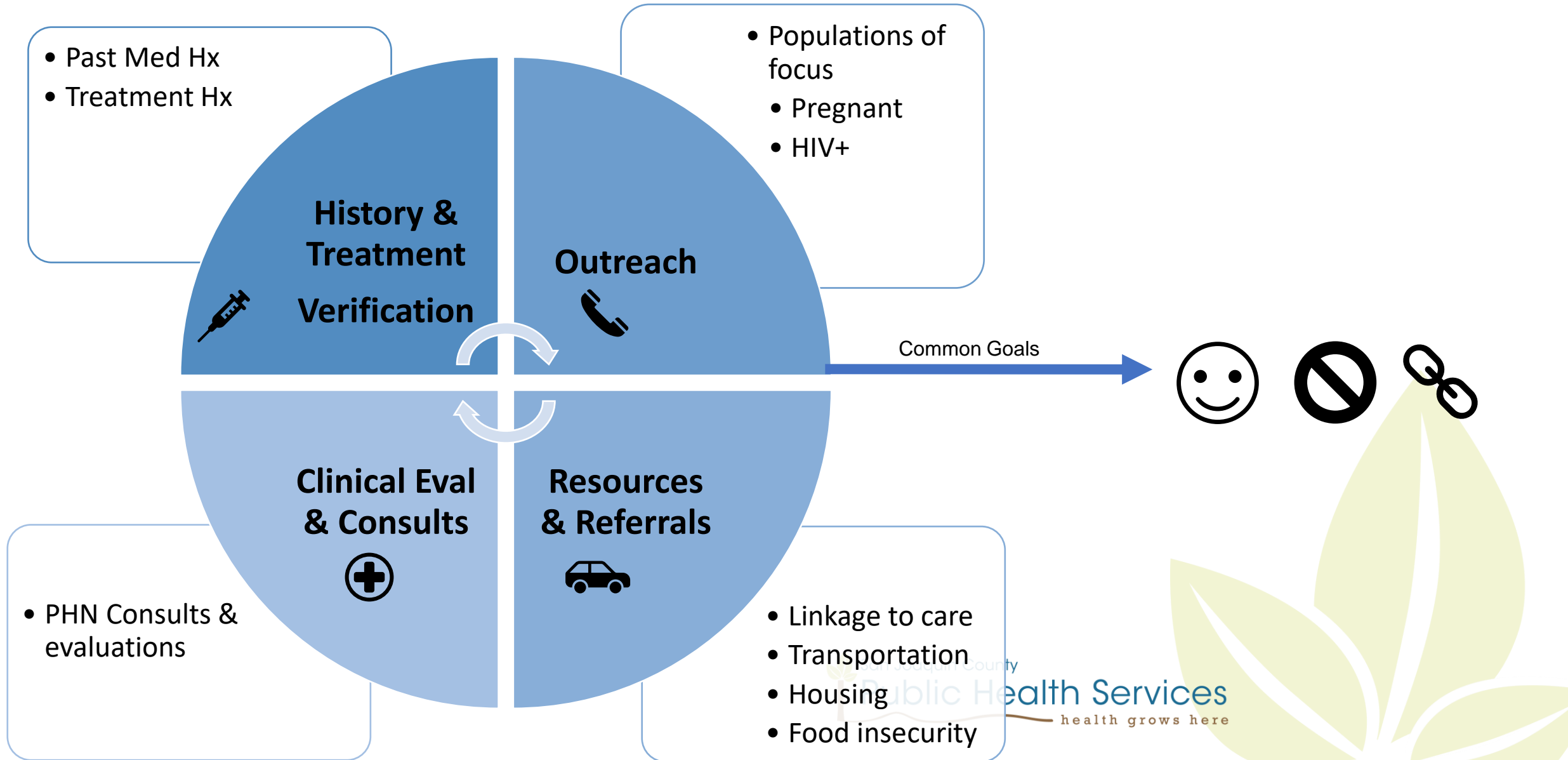
Health Literacy Enhancement:

Providing education to clients about their health conditions, treatment options, and how to manage their health effectively.

Social Service Connections:

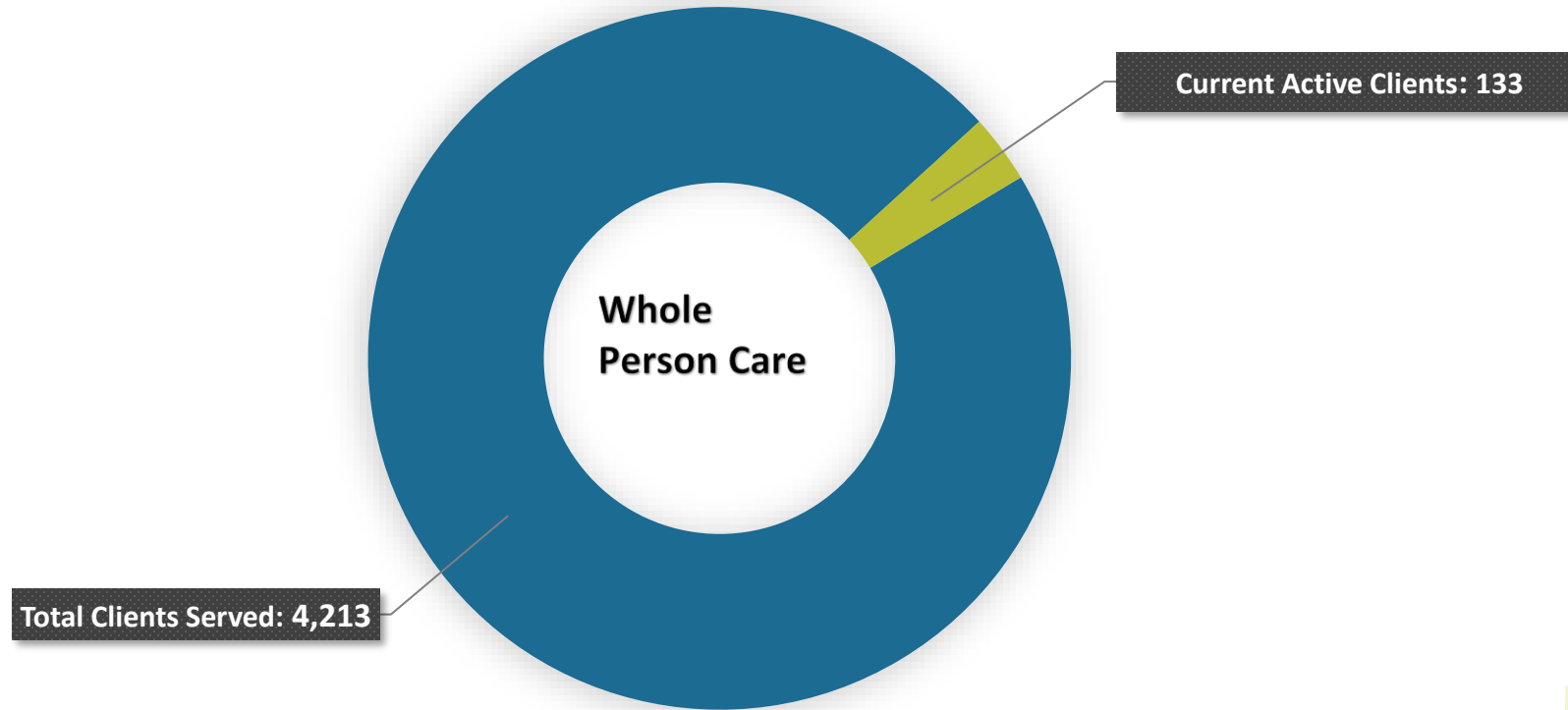
Facilitating connections to essential social services, including Medi-Cal coverage, housing assistance, food programs, and other support services.

HIE Applications in Whole Person Care Model



Whole Person Care

As of August 31, 2024





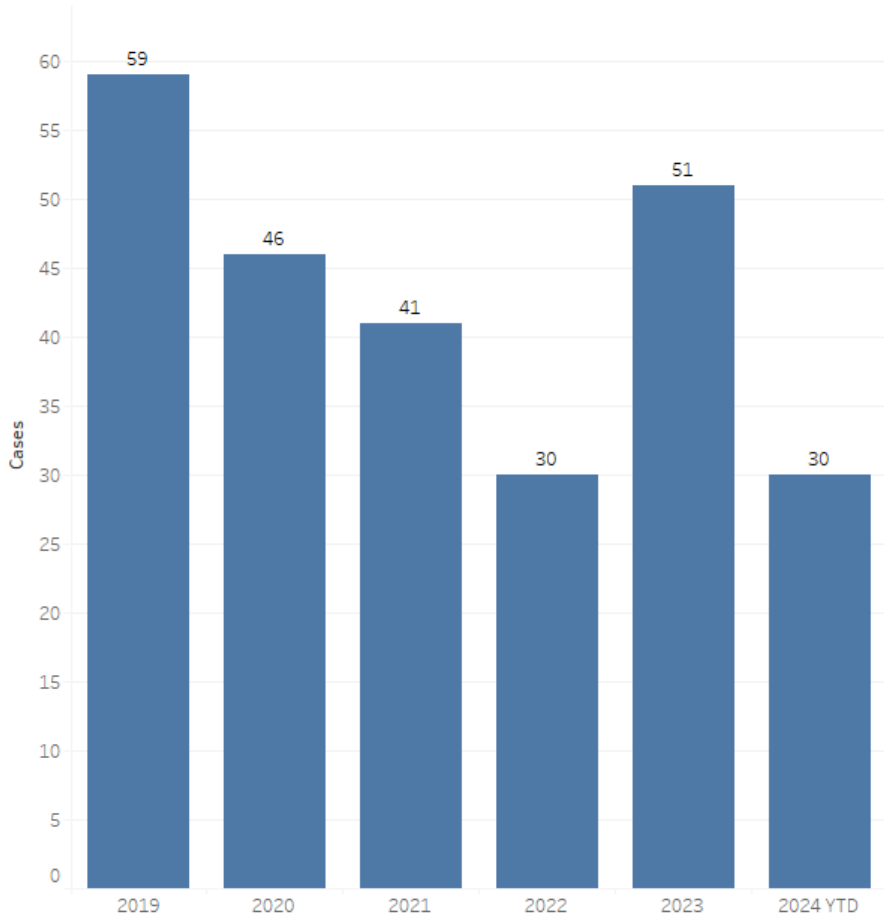
TB Control

LTBI Outreach and Linkage to Treatment



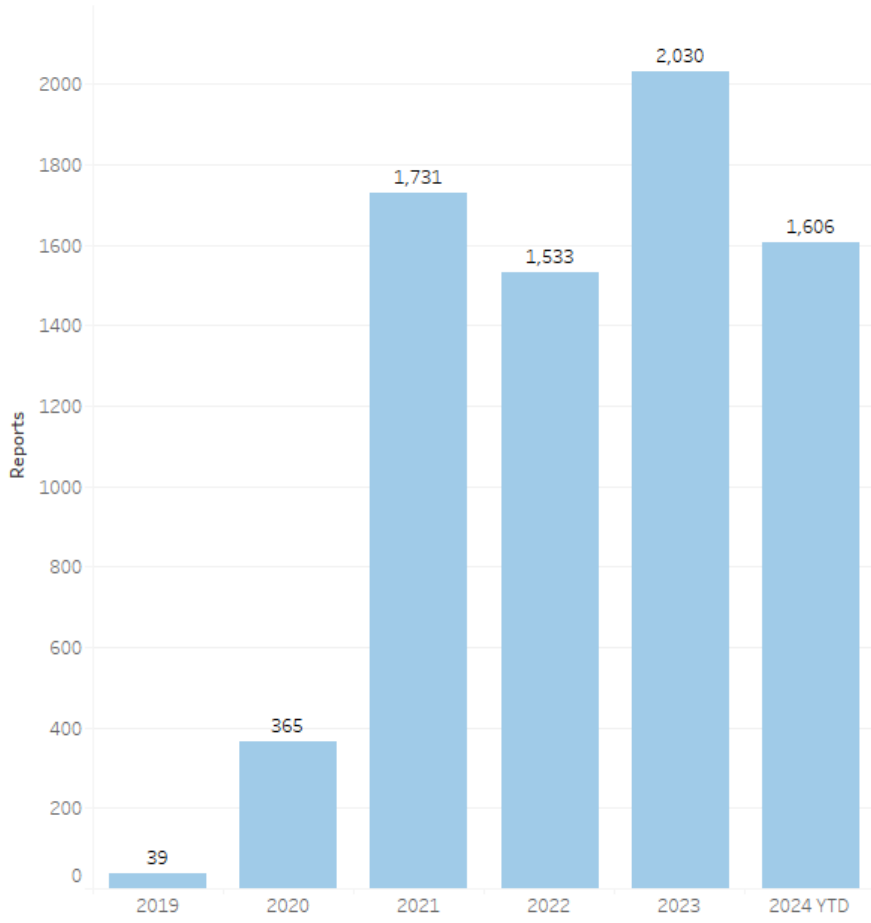
Tuberculosis San Joaquin County 2019 - Present

TB Cases



Data as of 9/10/2024

TB (IGRA) - Positive Electronic Lab Reports



Data as of 9/9/2024

Note: Duplicate reports for the same individual during the time period are excluded.

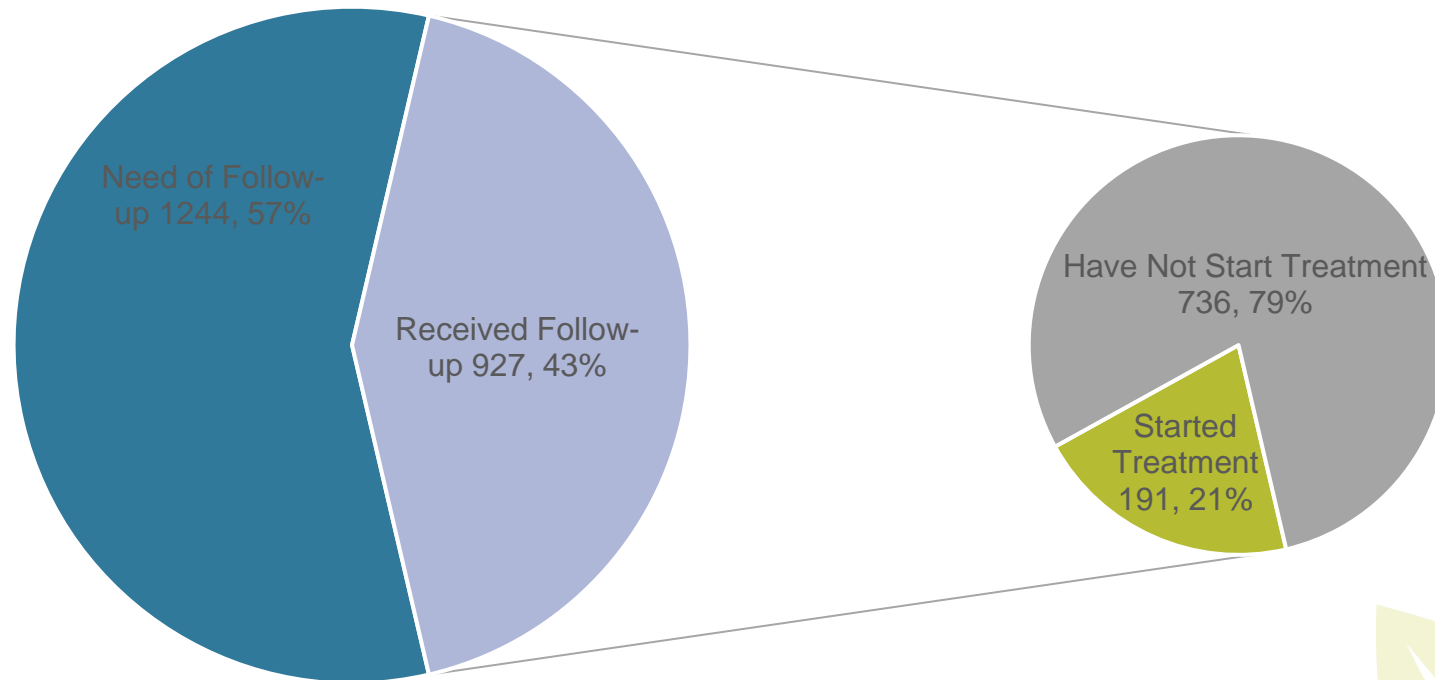
Outreach for LTBI Treatment

- 2,033 calls placed by PHS staff.
- 557 individuals (27.4%) reported starting treatment.

(Data from 8/29/2022 to 9/10/2024)

FOR INFECTION CONTROL USE ONLY
DATA ARE PROVISIONAL

LTBI Outreach and Linkage to Care
2171 New positive IGRA EIr patients
Fiscal Year 2023-2024



Application of HIE in LTBI Outreach

Improving Efficiency in Resource Allocation

**Monthly
Panels -PT
w/positive
IGRA to
HPSJ/MX**

**Filter for LTBI
Rx
Identify Risk
Factors for TB
Progression**

**Prioritize
Outreach Calls
based on High,
Medium & Low
Risk**

Risk Based Approach

Low Risk

- DM II – poor glycemic control
- Corticosteroid
- Smoking

Moderate Risk

- Congregate Settings
- SUD
- Chronic Liver Disease

High Risk

- HIV
- CRF + Hemodialysis
- Immunosuppressants - TNF

Acknowledgement

Special thanks to SJCPHS Health Informatics and Disease Control teams:

- JaNae Felix, Office Supervisor
- Adriana Reynolds, Senior Communicable Diseases Investigator
- Rowena Durago, Communicable Diseases Investigator
- Kelly Rose, Public Health Informatics Manager
- Theresa Fournier, Supervising Epidemiologist
- Julia Lauper, Epidemiologist

Health Plan 
of San Joaquin

 Mountain Valley
Health Plan

MOU & Data Sharing

Victoria Worthy
Chief Information Officer



34 Community • Partnership • Wellness

MOU & Data Sharing

Objective

California is transforming health care through data sharing interoperability across communities through California's Health and Human Services (CalHHS) Data Exchange Framework (DxF) and California Advancing and Innovating Medi-Cal (CalAIM). The DxF and Memorandum Of Understanding (MOU) regulatory requirements create an opportunity to exchange health and human services data to improve individual and community health while improving the robustness and availability of data for public health purposes. Various components of CalAIM seek to transform Medi-Cal and improve health outcomes by ensuring coordinated services and access to care across the care continuum.

There are new opportunities for counties to advance health and social services data sharing by partnering with health information organizations to address significant gaps that have historically required manual resources to piece together. Bringing together county health agencies, Medi-Cal managed care plans, and community supports as interoperable data partners to ensure improved care coordination and outcomes while addressing populations disproportionately experiencing health disparities.

Challenges

- Clear understanding of the Legal Implications of sharing specific data types
- Funding for technical infrastructure and county agency resources to manage the new data sharing processes and oversight of care coordination

Data Sharing Types

Standard Data Sharing Templates: Excel via Manifest

- Establish a standardized data sharing program for all entities sharing bi-directional data with MCPs to meet DHCS requirements outlined in MOUs via standard excel spreadsheets with centralized data delivery through Manifest. Manifest will perform Member Matching logic and route data bi-directionally to ensure data is accessed by appropriate parties.

Standard Data Sharing – HIE Connection with Manifest

- Establish a standardized data sharing program for all entities sharing bi-directional data with HPSJ through Manifest Medex to meet regulatory requirements leveraging CCDA files.



Grant Funding Opportunities

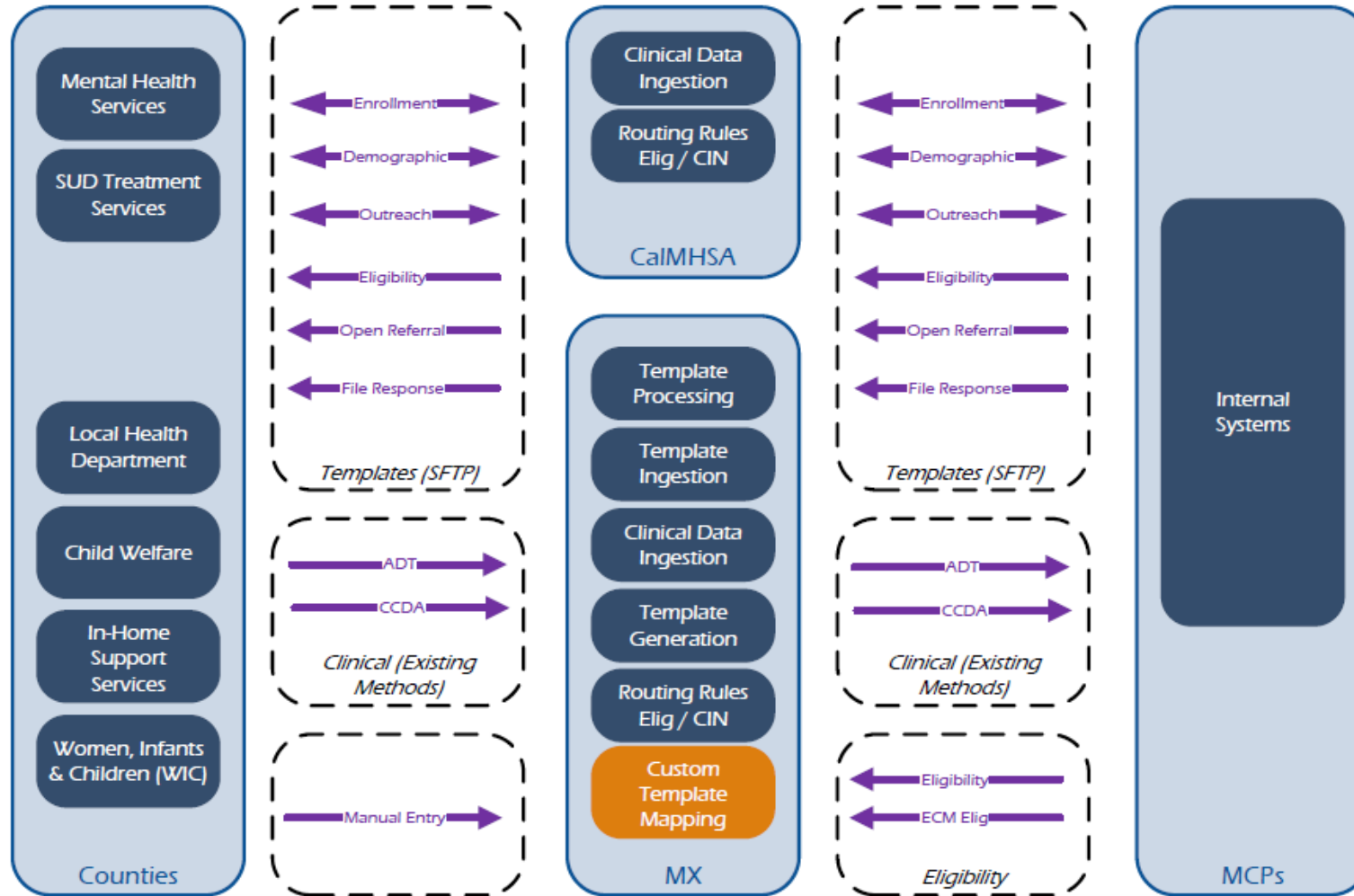
Health Plan of San Joaquin/Mountain Valley Health Plan (“Health Plan”) has earmarked \$8.775 million in Community Reinvestment funds to bolster data sharing initiatives aimed at strengthening the connection between healthcare providers and the Health Plan-supported Health Information Exchange (HIE). These funds are designed to streamline the integration of healthcare providers into the Health Plan-supported HIE or Standard Data Sharing Templates for treatment, payment and operations.

MOU Data Sharing with HIE:

- Funding three (3) years of HIE costs for county agencies associated with data sharing for the MOU, CalAim, Quality initiatives.
 - Estimated Count of Agencies/Departments: 30 per county
 - Types of Agencies:
 - Behavioral Health
 - Local Health Department, WIC, Welfare, IHSS, Regional Centers, and more
 - LEAs/Schools
 - Justice Involved/Jail Systems
 - Community Based Organizations
 - ECM Providers



MOU Data Sharing Technical Solution



Use Cases | Multi-Agency Data Sharing Approach

2-Year-old Member in the Foster Care System

1. Member is in foster care system with multiple PCPs
2. Parents are not aware of vaccine status
3. Care coordination with incorrect custodial parent
4. Parent/foster parent(s) lacking education on services

Without HIE	With HIE
Unknown number of PCPs and visits. Member may have multiple PCPs with different examination results	Information flows to the correct provider enabling faster care and accurate treatment
Vaccine status unknown and delay series or immune system	Known vaccine status for across all care organizations and agencies (PCP, WIC, LHD, LEAs)
Sensitive information related to parent/child safety may not be flagged for CW cases	Sensitive information that could jeopardize the safety of a member is flagged. Information can only be released based on court order to protect member and member's family
Unknown if parent(s) have completed critical educational services	Patient and parent training will reduce redundancy and ensure member is up to date on current information
<p>Having a single source of truth for the services that the child has received and might still be due would allow the care teams and caregivers more transparency to the care provided and identify community touchpoints</p>	



Use Cases | Multi-Agency Data Sharing Approach

60-year-old homeless individual with diabetes and hypertension and comorbid substance use

1. The member does not have an address or phone number or has had many phone numbers
2. The member has enrolled in Enhanced Case Management through Community Medical Centers and has had many visits to the emergency room at San Joaquin County Medical Center for foot related gangrene and alcohol use
3. The member has been transferred to respite center for foot healing and alcohol withdrawal

Without HIE	With HIE
Providers will have a hard time contacting member and providing services.	Contact information will be readily available for providers
Multiple numbers that are not aligned may impact how data is collected and stored	Data cleaning and data entry will be minimized when sharing data from multiple agencies and health plans
Unknown encounters with different agencies and health plans on related issue creating silos.	Eliminating silos by sharing the history of member will provide better treatment
Care coordination is unsuccessful because member is getting different instructions from multiple providers	Improved care coordination with a common message to member keep instructions clear and concise
<p>Having access to each of the visits and contacts with ECM and respite would allow the care teams to unify their message and care for the homeless individual</p>	



Use Cases | Multi-agency Data Sharing Approach

Birth parent/member moves from San Joaquin County to Stanislaus County

1. She did not forward her address from SJ to ST when she went to live with her mother.
2. Unknown to Stanislaus
 1. She has received prenatal care at San Joaquin Health Centers
 2. Received care at Golden Valley Health Centers
 3. She had a complicated delivery at St. Joseph's and required Home Health to support her infants transition home
 4. She was registered with one of the WIC agencies
 5. She received outreach from the SJ clinic for postpartum follow up but is now at GVHC

Without HIE	With HIE
Address not shared with other plans and leading to delays in service and critical care for infants and parents	A track record of the addresses will allow the providers to deliver services with precision and accuracy
Services delivered are re-accomplished or assumed needed which could impact the care of the member(s)	Providers can confirm if services are needed or completed based off historical records by other organizations or agencies
At home care delivered to the wrong location or cannot be delivered due to incomplete information	At home care streamlined to eliminate delays in care for member(s)
Eligibility for services expired or not realized due to lack of information	Data can be pulled from database fueled by external agencies

Having a unified source of truth would allow each team the transparency to not duplicate outreach and engagement



Use Case | Additional Benefits for HIE

Without HIE	With HIE
<p>Members qualify for multiple programs and are transitioning between care settings</p> <ol style="list-style-type: none"> 1. GAPS in care during transition 2. Time wasted validating information 3. Duplication of services 4. Lost of relevant/critical information 	<p>Once at their new care setting more efficient or real time data between our partners allows us to ensure that duplication of services is minimized while patient care is optimized as we communicate more efficiently across internal and external teams</p>
<p>Birthing People and Newly Enrolled Children</p> <ol style="list-style-type: none"> 1. Some babies are still not enrolled after 4 months 2. Delays in critical preventative care within 15 months of life 	<p>More adequate data sharing across our networks provides an opportunity for us to ensure that babies are enrolled timely and get the care they need. The implementation will result in keeping members health with a focus on wellness visits for kids and postpartum care. Additionally, this will aid with HEDIS Measures for the first 30 months of life (W30), Child and Adolescent Well Care Visits (WCV).</p>
<p>Limit Duplication of Services</p> <ol style="list-style-type: none"> 1. As we navigate the services available under CalAIM and what is available across different counties data sharing between entities will help us to ensure that members are receive the care they need as a benefit and care is not being coordinated through a community partner or another entity. 	<p>Implementing HIE will eliminate wasted time and resources to streamline needed services. Additionally, this will meet or exceed the requirements from the Population Health Management Requirements (PHM) Directly from DHCS that note MCP's are REQUIRED to share data with stakeholders as part of the population health assessment.</p>





CONTACT INFORMATION



Mimi Hall, MPH

Vice President, Public
Policy and Partnerships,
Manifest MedEx

www.manifestmedex.org



Shadi Barfjani, MD, MS

Senior Deputy Director,
San Joaquin County
Public Health Services

sbarfjani@sjcphs.org



Victoria Worthy

Chief Information Officer,
Health Plan of San
Joaquin

www.hpsj.com

APPENDIX



MANIFEST MEDEX: KEY TO CALIFORNIA'S HEALTH DATA INFRASTRUCTURE

As the largest nonprofit health data network in California, Manifest MedEx (MX) is an integral part of the state's health data infrastructure, combining and delivering crucial health information for more than 38 million Californians across every county throughout the state.



38M

integrated patient records

81%

of records with both claims and clinical data

1.6M+

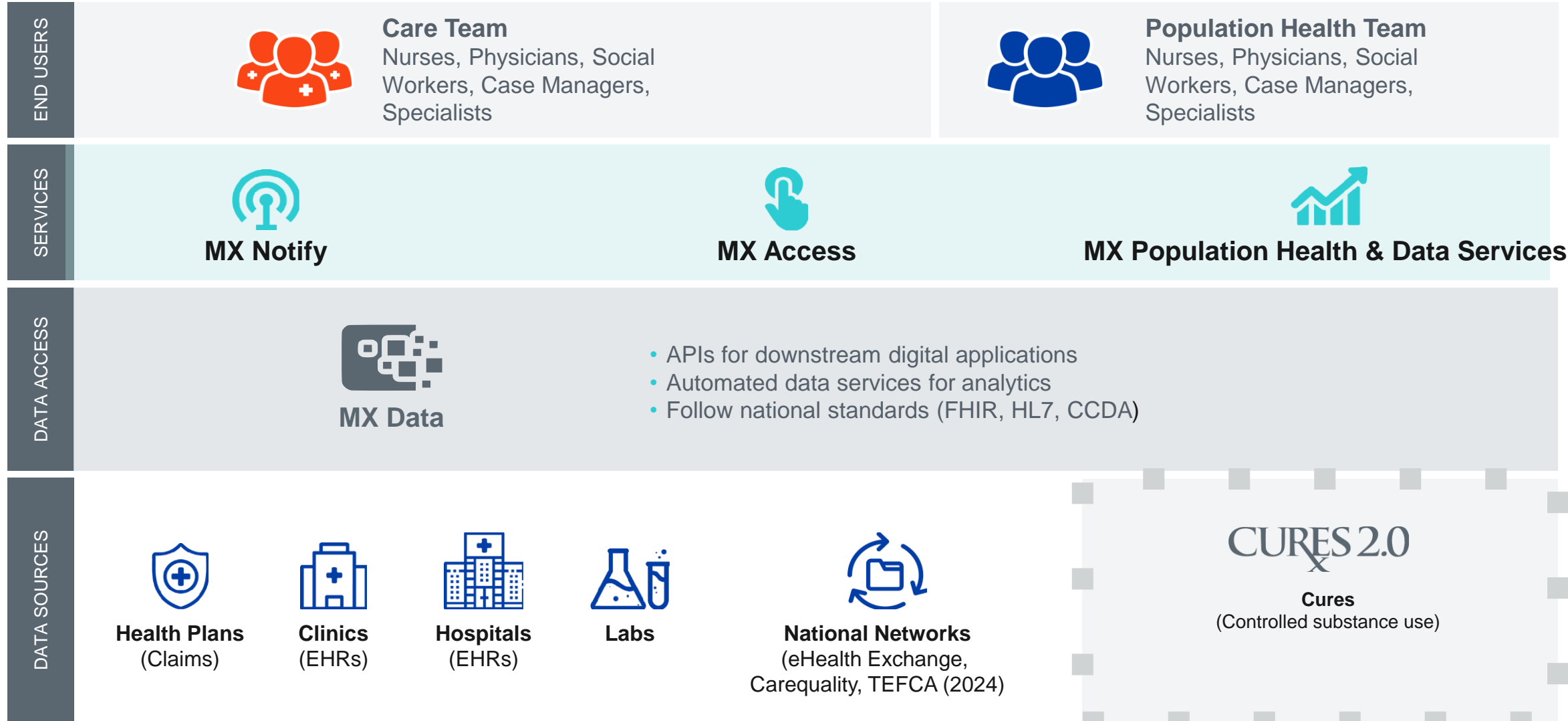
ADT notifications delivered monthly

580%

growth in participants since 2019



MX UNIFIES INDIVIDUAL AND POPULATION LEVEL DATA SERVICES AND APPLICATIONS





A TRUSTED PARTNER WITH PREMIER QUALIFICATIONS

- HITRUST certified
- CalHHS DxF QHIO
- FHIR capabilities
- Support USCDI v1 & v2
- NCQA DAV certified
- Founding member of the Consortium for State and Regional Interoperability (CSRI)



HITRUST[®]



**Consortium for State and
Regional Interoperability**



PARTNERING WITH MANIFEST MEDEX AS A QHIO

➤ **Non-profit mission serving Californians**

- Do not charge primary care providers to join our network
- Strict governance and policies on the use and sharing of data
- California ADT Network: A no-cost, electronic ADT notification exchange for Dx/F hospitals, health systems, SNFs, and QHIOS

➤ **Ensure data is secure and reliable**

- HITRUST certified since 2019
- NCQA Validated data streams since 2020

➤ **Proven record operating essential infrastructure for State**

- Process statewide electronic lab results and case reporting for California Department of Public Health (SaPHIRE)
- Piloted CalAIM consent form and management for Department of Health Care Services
- CDPH CDC Health Equity Pilot Project





MX IS THE LEADING QHIO IN CALIFORNIA

> MX is an approved QHIO meeting all exchange requirements:

- ADT
- Respond to requests for: treatment, payment, operations, public health and individual access
- Support for any organization generating HSSI

> MX differentiation from other QHIOs

- MX is the only not for profit QHIO actively querying all other QHIOs for data. We have collected over 800k CCDAs from Jan-Jun 2024.
- MX is the only QHIO offering hospitals a free ADT service to meet DxF requirements: CADTN <https://www.manifestmedex.org/solutions/ca-adt-network/>
- MX has the largest DxF panel of patients compared to any other QHIO. 23 million of the 40 million lives in our system are attributed to DSA signatories.

CCDAs received from DxF (non-participants): Jan-Jun 2024

	QHIO	DxF DSA Signatory	CCDAs
Lanes	Y	Y	223,515
Dignity		Y	200,247
Kaiser South		Y	105,113
San Diego Health Connect	Y	Y	43,186
Sac Valley MedShare	Y	Y	41,574
UCSD Health		Y	40,279
Sutter Health		Y	36,395
UCLA Health		Y	32,576
Cedars-Sinai Health		Y	30,510
Kaiser North		Y	22,290
UCSF Health		Y	17,454
Health Gorilla	Y	Y	12,173
UC Davis Health		Y	11,671
Santa Cruz HIO	Y	Y	1,860
Sansum Clinic		Y	697
Long Health	Y	Y	30
Cozeva	Y	Y	7
TOTAL			819,577



METHOD OF EXCHANGE SELECTION - CDII DXF PARTICIPANT DIRECTORY

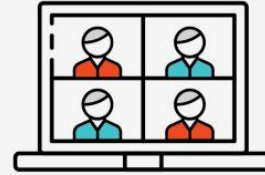
- Of 4,083 DSA Signatories, about a quarter or less have chosen a method of exchange
- Of DSA signatories that have selected an exchange method, MX selected by
 - 37% of DSA signatories for CCDA
 - 39% of DSA Signatories for Push
 - 48% of DSA Signatories for ADTs

Selection	CCDA	Push	ADT
Carequality	216	169	0
CommonWell Health Alliance	49	44	0
Cozeva	16	14	13
DirectTrust	0	41	0
eHealth Exchange	25	24	0
Health Gorilla	8	7	4
Long Health	23	23	10
Los Angeles Network for Enhanced Services (LANES)	67	67	41
Manifest MedEx	381	377	349
NONE SELECTED	2922	2923	2935
NOT APPLICABLE	111	169	379
ONBOARDING TO QHIO	23	23	49
Orange County Partners in Health HIE	3	3	3
OTHER	16	14	24
SacValley MedShare	30	29	25
San Diego Health Connect	36	38	37
SELF	141	102	193
Serving Communities Health Information Organization	16	16	21
Total	4083	4083	4083
Excluding Not Applicable	3972	3914	3704
Total Signed to Someone	1027	968	720
National Networks	290	237	0
All other QHIOs	199	197	154

5 EASY STEPS TO ONBOARDING WITH MANIFEST MEDEX!

Providers can complete these steps in just 4-6 weeks.

1



KICK-OFF ONBOARDING WITH A MX DEMO

Our Customer Success Specialist will review how MX tools can help your organization.

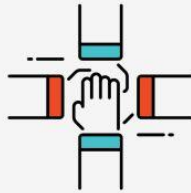
2



LEARN HOW TO BEST INCORPORATE MX TOOLS AND SERVICES INTO YOUR WORKFLOWS

Our team will help you finalize your selection of MX tools and connect you to our implementation team to set up your data feeds.

3



INTEGRATE DATA STREAMS WITH MX

We will collaborate with you and your team to integrate data streams all while we credential your organization and staff to access data from MX. (1-2 weeks)

4



GET TRAINING AND CONFIGURE YOUR MX TOOLS

Now we'll provide training and assistance to help you configure and test the tools. (2-4 weeks)

5



GO-LIVE!

Save time and improve patient outcomes and experience with your new MX tools.



We Are Building a Health Data Utility for Scale and Impact

- To strengthen essential public health services
- To create a health data safety net
- To accelerate public health innovations
- To solve public health problems with data driven public health approaches
- To create better health everyday for everyone

The Work Has Never Been More Important

- Public Health Emergency Preparedness and Response
- Surveillance, detection and monitoring of diseases and conditions
- Improving health equity and addressing health disparities
- Targeting prevention and early intervention
- Sharing real time data across public health, health care and social service systems
- Modernizing public health data access and utilization