



Frequently Asked Questions (FAQs) for IT Professionals

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Q: How do I get started with the connectivity process?

A: Please start by reviewing the Interoperability Services Guide that is available at www.wvhin.org. The process of onboarding involves technical testing of the interfaces and testing for specific content requirements. The details of these are available in the 'Getting Connected' section of the Interoperability Services Guide.

Q: What is the timeline for the on-ramping process?

A: The actual time it takes the provider to technically prepare for connectivity is highly variable and depends on many factors such as whether there is already support for IHE profiles within the provider EMR; whether it requires an upgrade; whether there is just one system or multiple systems that have to be integrated before connecting, etc. Once the 'Technical Connectivity Testing' of 'Getting Connected' is complete, we should be able to move through the rest of the testing process quickly. While there will be variables such as the number of providers seeking on ramping within a given time period, we will process applications on a first come-first serve basis. We anticipate the technical process taking about 5 elapsed weeks after the "Technical Connectivity Testing" is completed. The time taken to execute legal agreements and other policy requirements will vary depending on the organization.

Q: Is VPN required to access the WVHIN?

A: No. The WVHIN is built using open technology standards that fully comply with the specifications established by the NwHIN and IHE. WVHIN implements standards like the IHE Audit Trail and Node Authentication Integration (ATNA) profile that enable secure health information exchange over the Internet. The exchange uses bi-directional certificate-based node authentication for connections to and from each participant. TLS is used to secure communication between WVHIN and the participant.

Q: Will physicians be required to log into another system/separate application?

A: It depends on the system that is connecting to the WVHIN and what it plans to do with the information it receives from the exchange. In general, it is expected that the connecting system will seamlessly integrate the additional patient information obtained from the exchange into a report viewer or other clinical data viewer already available as part of their existing portfolio. Please discuss with your EMR vendors what this workflow and integration will look like in the application.

Q: What happens if I send a patient identity feed and the patient is not known to the WVHIN Master Patient Index? Is my record rejected?

A: All valid PIX Patient Identity Feeds are accepted by the WVHIN. If the patient is already known to the WVHIN from another source, the record you send is linked to existing records. Otherwise, the record you send is accepted and is not yet linked to any other patient records.



Q: What is the process for communicating patient opt status (patient level, exchange wide opt-out/opt-in) to the WVHIN?

A: The patient opt status can be sent to the WVHIN by implementing the IHE BPPC profile (details of this are available in the Interoperability Services Guide) or by having an administrator change the patient opt status flag via the web portal. If the patient status is set to "opted-out", no document links will be returned by the WVHIN XDS.b registry on a "Query for Documents" on that patient.

Q: Is there an audit log created when a patient's information is provided through the Exchange to a Participant?

A: Yes. An audit log tracks all PHI transmissions. The log tracks that a document was transmitted but has no record of the specific PHI contained in the document. The receiving system is then responsible to maintain a more granular record of the end user that had access to that document and the PHI. The analogy is that of a fax transmission. WVHIN can track that a fax was sent from point A to point B but once the fax arrives at point B, access to the document becomes the responsibility of point B, the receiving party.

Q: How does the patient matching work and what fields/parameters is it based upon?

A: Patients from various sources are linked based on demographic attributes like first and last name, date of birth, gender, social security number, etc. The WVHIN record locator service protects an individual's privacy and security concerns by using "blindfolded" record linking. Under this blindfolded approach, the likeness or similarity of patient demographics are used to match a patient's medical records from different providers, not the patient's actual demographic information.

Q: My organization does not have an EHR or isn't ready to do full exchange, do we have any other options by which we can see exchange information?

A: Yes, there is a clinical viewer application, a web portal, which clinicians can utilize to view the information available to the exchange on a given patient. Your clinicians will need to apply for an account in order to gain access to the web portal. This would allow them the benefit of access to patient information available to the exchange.

Q: I've heard of communicating patient information using secure email transmission. How does that work?

A: The WVHIN is also offering Direct, a secure email system that will allow for 'directed' transfer of health information from one provider to another utilizing email. As a part of this model, providers can request Direct email addresses from the WVHIN who will serve as the Health Information Service Provider (HISP). If the sending and receiving providers both have Direct email addresses, they can then exchange clinical information by utilizing the Direct infrastructure from the WVHIN. For more information on Direct or HISP, see: <http://wiki.directproject.org/>

Q: What if we discover issues or questions related to the connectivity process? What are our options?

A: We encourage you to reach out to the WVHIN by sending an email to info@wvhin.org describing your issue or just requesting a technical call. The WVHIN team will work with you to understand your specific issue and will be able to advise you regarding next steps.



Q: Our current clinical data repository (CDR) resides on servers behind a firewall. Does the requirement for the XDS.b Repository to be available via open internet standards, secured using TLS, and not be behind a firewall conflict with this in any way?

A: No, the requirement for the XDS.b Repository being available via open internet standards does not mean that you have to change where you maintain your CDR. The XDS.b Repository Service needs to respond to requests for clinical documents from other WVHIN participants. How it communicates with other systems within your network in order to access relevant patient data and build the clinical content document in order to serve up the response is up to you.