

**commonwell**<sup>®</sup>  
HEALTH ALLIANCE

**National Perspectives on Health Care Interoperability**

**Paul L Wilder**

**Executive Director**

# The average person sees more than 18 providers in their lifetime



# And each provider has their own EHR(s) and other clinical data sources



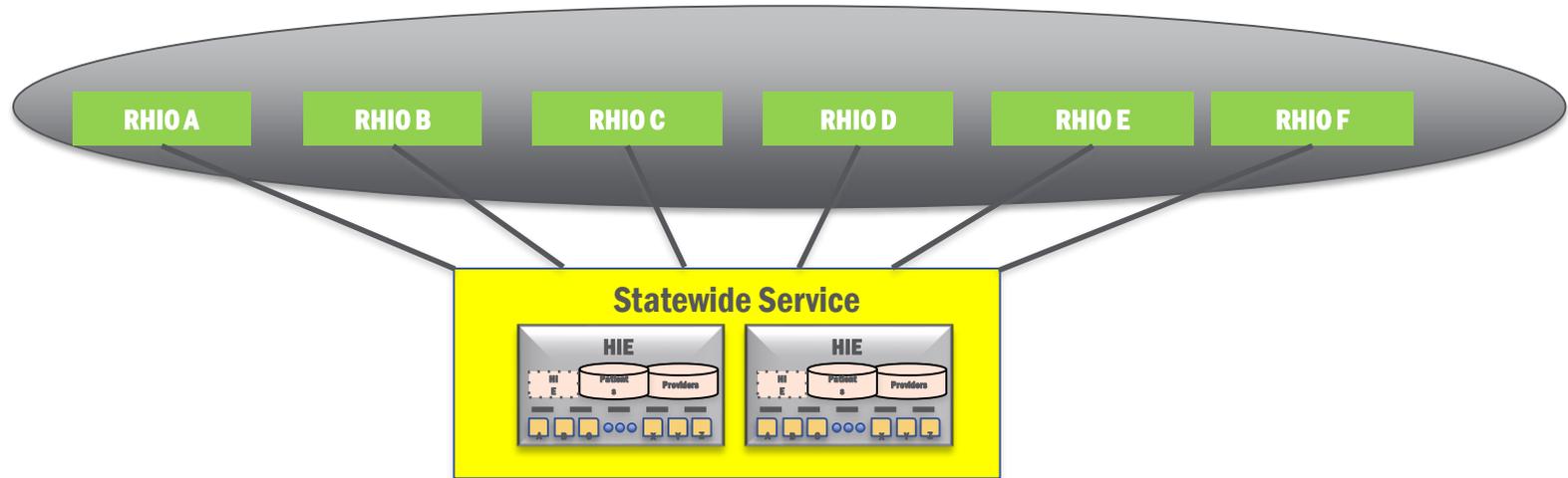
# Patients believe that their physicians have access to all their health data



# But we all know the reality: Health data information is still very siloed



# SHIN-NY Information Flow and “Dial Tone” Services

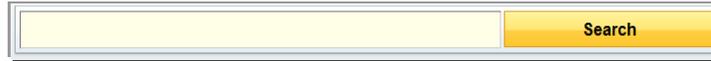


**All QEs (Qualified Entities) must provide the following services:**

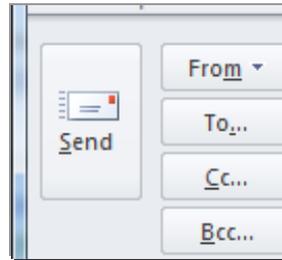
- 1. Patient Record Lookup**
- 2. Consent Management**
- 3. Identity Management and Security**
- 4. Public Health Integration**
- 5. Secure Messaging (DIRECT)**
- 6. Notifications (Alerts)**
- 7. Provider & Public Health Clinical Viewer**
- 8. Results Delivery**

# Key SHIN-NY Services Simplified

**S**earch: Patient Record Lookup (Statewide)



**S**end: Direct Exchange (Statewide)



**Regional RHIOs (Regional Health Information Organizations) or QEs (qualified entities) provide these services**

**NYeC (New York eHealth Collaborative) provides hub technology between the QEs to enable statewide exchange**

**S**ubscribe: Event Notifications (Statewide)

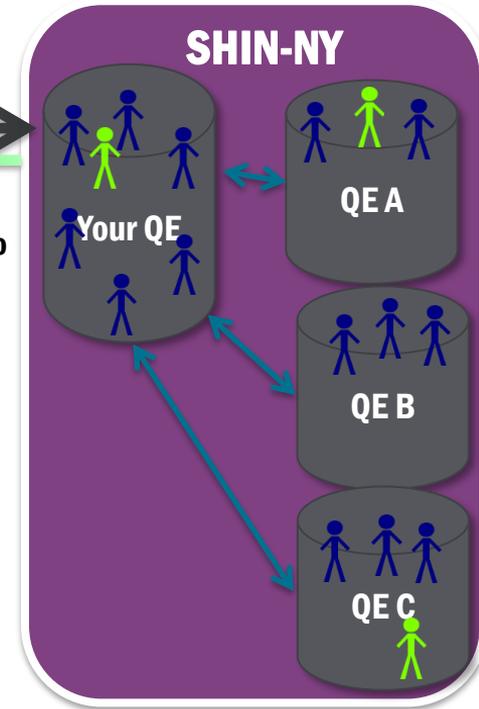


# Search: Statewide Patient Record Lookup



Step 1 - Search for Patient

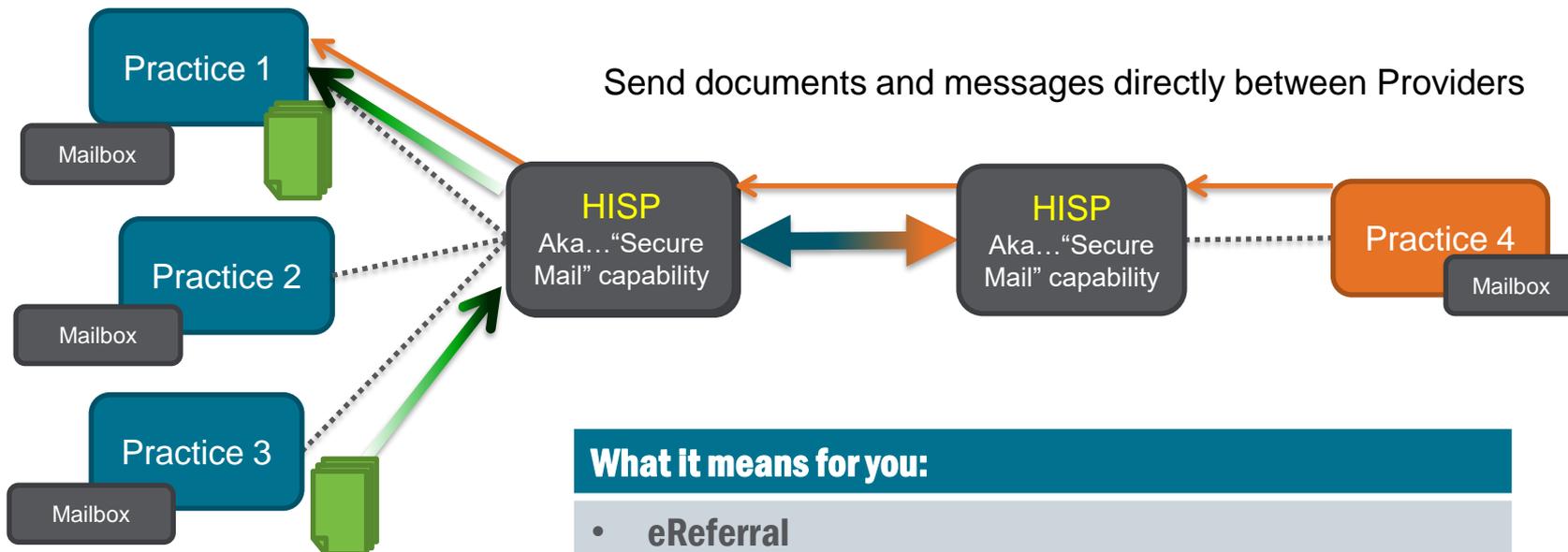
Step 2 - If Patient exists in another QE, you will be able to retrieve that information



## What it means for you:

- Search for patients beyond your referral region
- Develop a more comprehensive data set for patients
- Reduce costs through access to tests/results that may have been done outside the current referral region

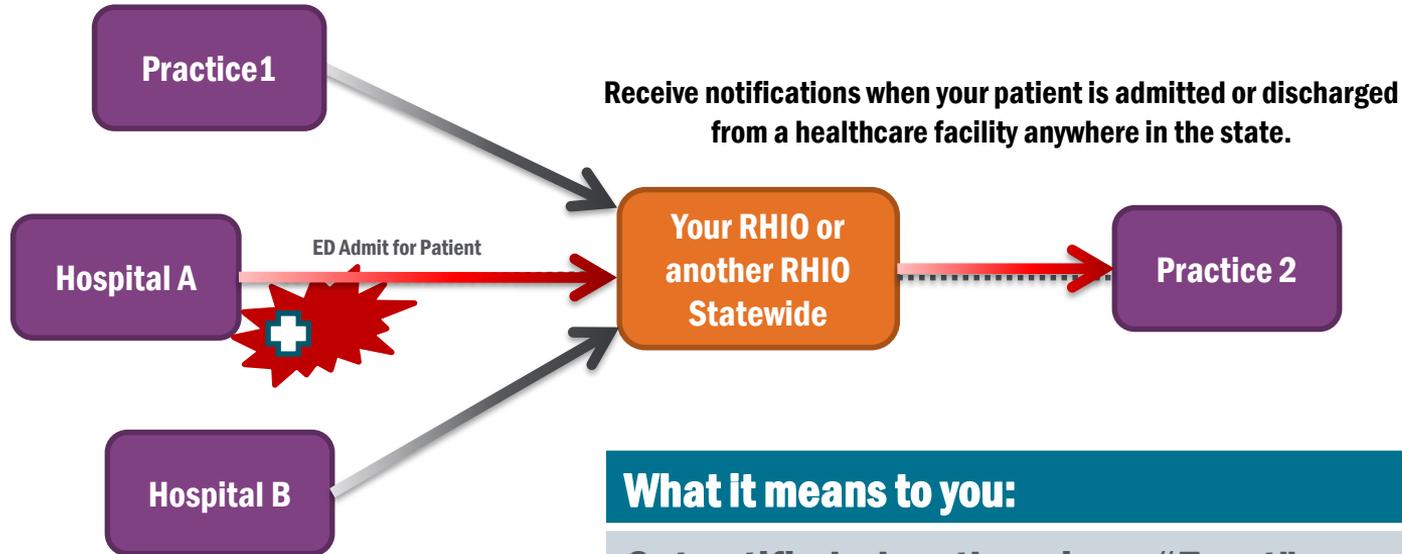
# Send: Direct Exchange



## What it means for you:

- eReferral
- Care Coordination
- Results Delivery
- General Messaging
- Secure transmission of PHI between Covered Entities

# Subscribe: Events Notification



## What it means to you:

Get notified when there is an “Event”

- ED Admit
- Inpatient Admit
- Discharge

# National Networks

- **Two vendor lead efforts**
  - **Commonwell and Carequality**
- **One federally sponsored exchange**
  - **eHealth Exchange**
- **Based on IHE standards – Cross Community Gateways at edge of EHR networks**
- **Query based workflow**
- **Clinical document exchange**
  - **Two are looking to add image exchange**
- **The networks are connecting to each other**



# The Big Three National Networks

			
Formation	2013	2014	2006
Structure	501c(6) Trade Alliance of Vendors	501c(3) Formerly under Sequoia Project, Vendors are Described as “Implementers”	501c(3) Under Sequoia Project, diverse participant including government agencies, HIEs and providers
Query Type	Broadcast query	Directed exchange	Directed exchange
Representative Participants	Cerner, Athena, eClinicalWorks, Brightree, Greenway, Meditech	Epic, Athena, NextGen eClinicalWorks	VA, DoD, AdventHealth
Patient Matching	Record locator driven (RLS) – has an MPI service	No RLS, matching on the fly between endpoints  <i>RLS available via 3<sup>rd</sup> parties in the network (Surescripts and Commonwell)</i>	No RLS, matching on the fly between endpoints

**CommonWell Health Alliance is an independent,  
not-for-profit trade association open to all organizations  
aligned with our Vision and Mission.**



## Our Vision

“**Health data is available** to individuals and providers **regardless of where care occurs.**

**Access to this data is built-in** to HIT at a reasonable cost for use by a broad range of health care providers and the people they serve.

”

## Our Mission

“**To define and promote a national infrastructure with common standards and policies.**

**To build a vendor-neutral platform** that breaks down the technological and process barriers that currently inhibit effective health data exchange.

”

# CommonWell has a diverse membership, working across 20+ care settings

## Contributor

American HealthTech

athenahealth

brightree

CareCloud

Cerner

CHANGE HEALTHCARE

eClinicalWorks

eMDs

Evident

Greenway Health

kareo  
Go Practice

LifeImage

MEDHOST

MEDITECH

onerecord

VYNCA

## General

Aledade

AMBRA

ASCENSION

Ai

Availity

BridgeHead

care continuity

CEDARBRIDGE GROUP

CRISP

ClearCare  
making you care for others

Clinical Architecture

CollectiveMedical

CGM  
CogniGroup

CORAL HEALTH

DataFile TECHNOLOGIES

DHIN  
Data Health Information Network

Diameter Health

DirectTrust

DocuTAP

eHI  
eHealth Initiative

eHealth TECHNOLOGIES

ELLKAY  
Healthcare Data Pioneers

EZPERM

forward advantage

HCA

HEALTH GORILLA

HealthInfoNet

HIMSS

HNI healthcare

IMAGETREND

imprivata

inovalon

InterSystems  
Health | Business | Government

Kno2

MEDICOMP SYSTEMS

MITB  
Risk Revealed

MIHIN  
Shared Services

MITRE

NATE  
NATIONAL ASSOCIATION FOR HEALTH INFORMATION TECHNOLOGY

One Health Record

particle HEALTH

PATIENTPING

Pharmacy Health Information Technology Collaboration

PHILIPS

PointClickCare

PulseCheck

REDOX

REPLETE

RSNA

SOCIAL SECURITY ADMINISTRATION  
USA

The Commons Project

TIGER INSTITUTE  
FOR HEALTH INNOVATION  
University of Illinois

THE SYSTEM

updox

varian

VITL  
VIRAL INFORMATION TECHNOLOGY LABORATORY

WellHive

WellSky

ZOLL

# CommonWell is solving a hard problem



**Ask patients to remember their clinical + history**      **Request a fax**

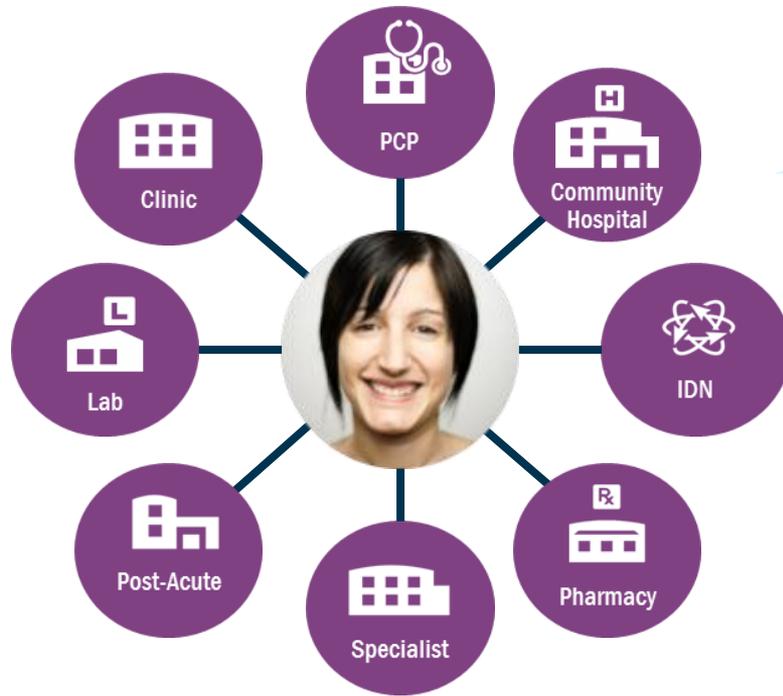


**Know where patient has been**      **Get the data within the workflow**

# Evolution of CommonWell Services

The background is a solid teal color. In the bottom right corner, there is a decorative graphic consisting of several overlapping circles of varying shades of teal, creating a modern, abstract design.

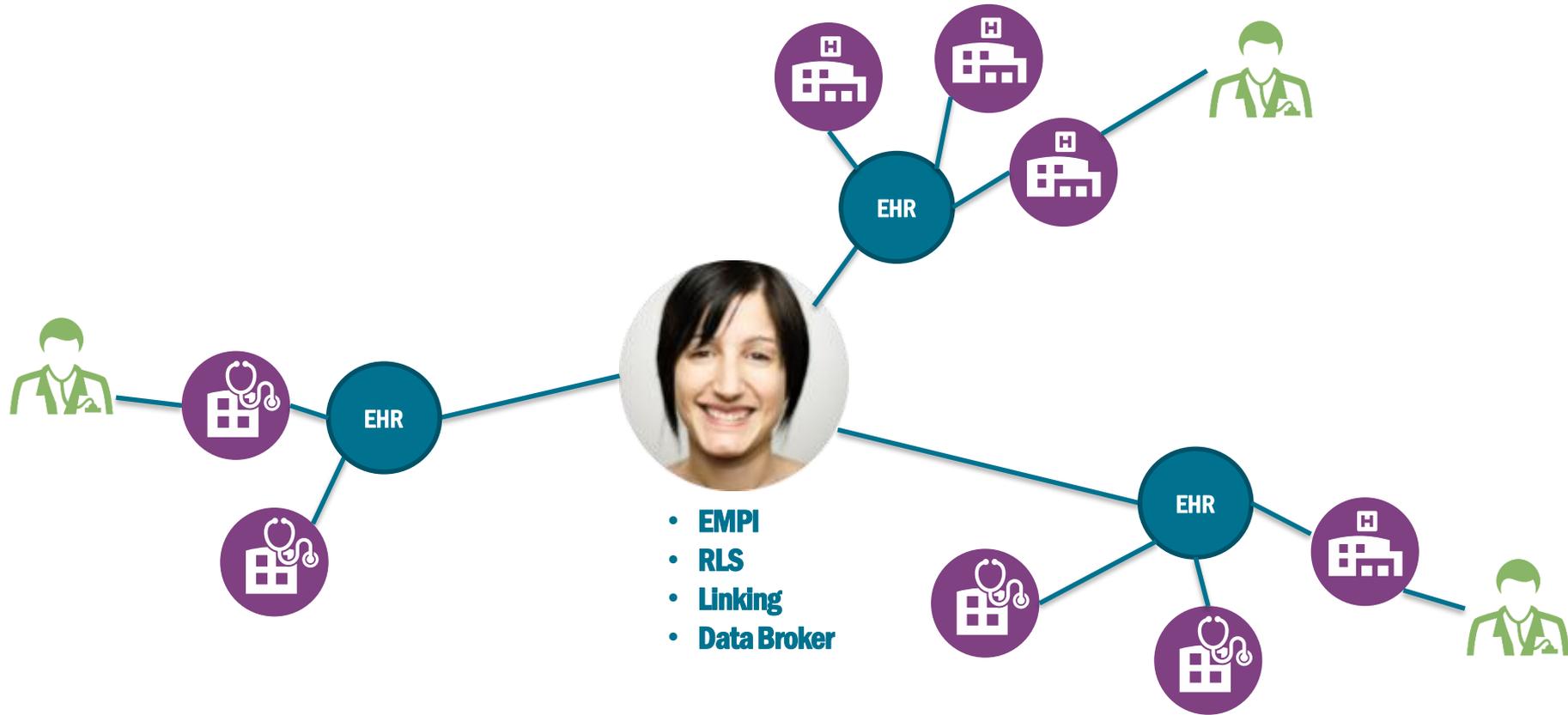
# CommonWell built a person-centric network and national interoperability infrastructure



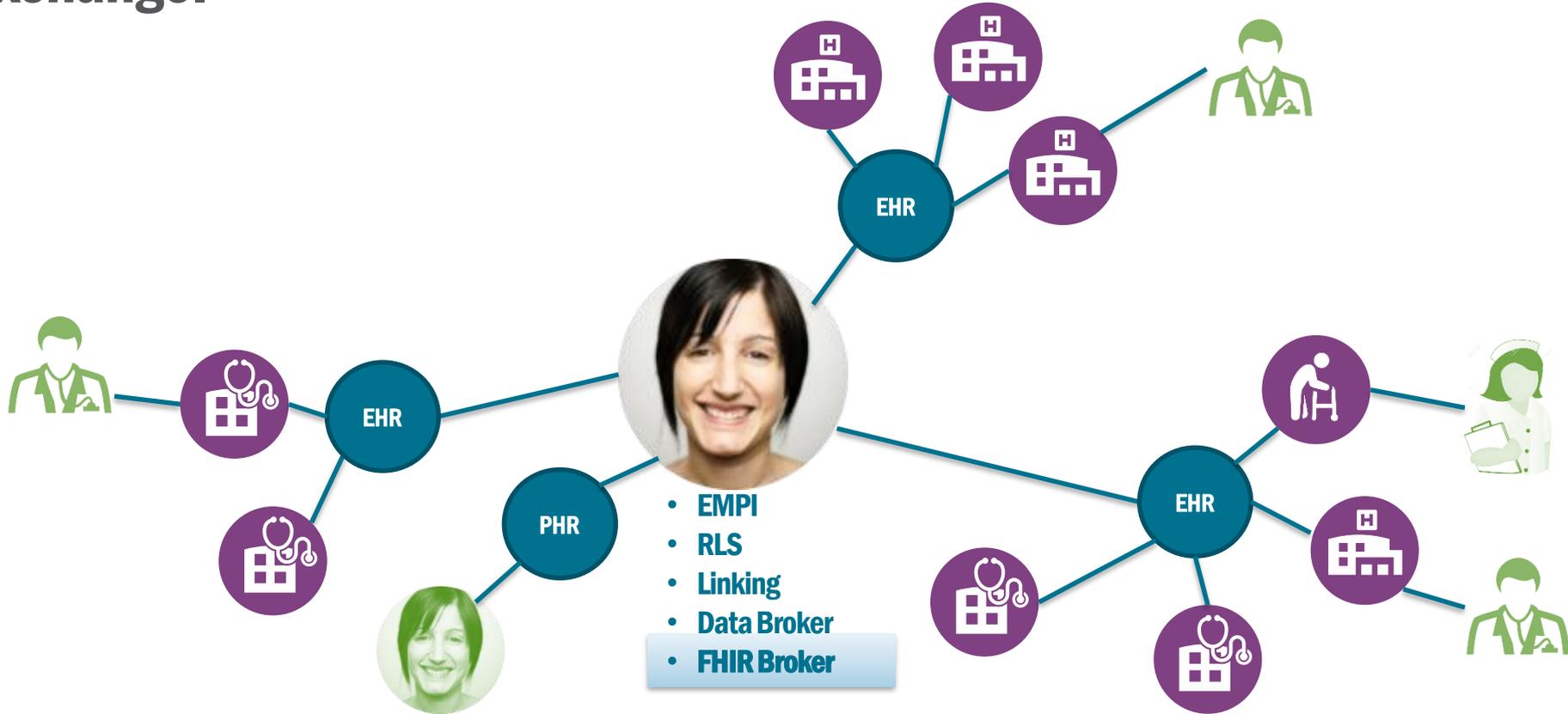
## CommonWell Services

1. **Enroll individuals in the network**
2. **Find their records**
3. **Match and Link their records**
4. **Broker queries and responses**
5. **Notify when patients have encounters**
6. **Serve other interoperability purposes in support of caregivers**
  - **No Clinical Data Repository**
  - **Trust Data Access**

# Built a person-centered network, starting with EHRs.



# Expanded across the continuum into post-acute and patient-driven exchange.

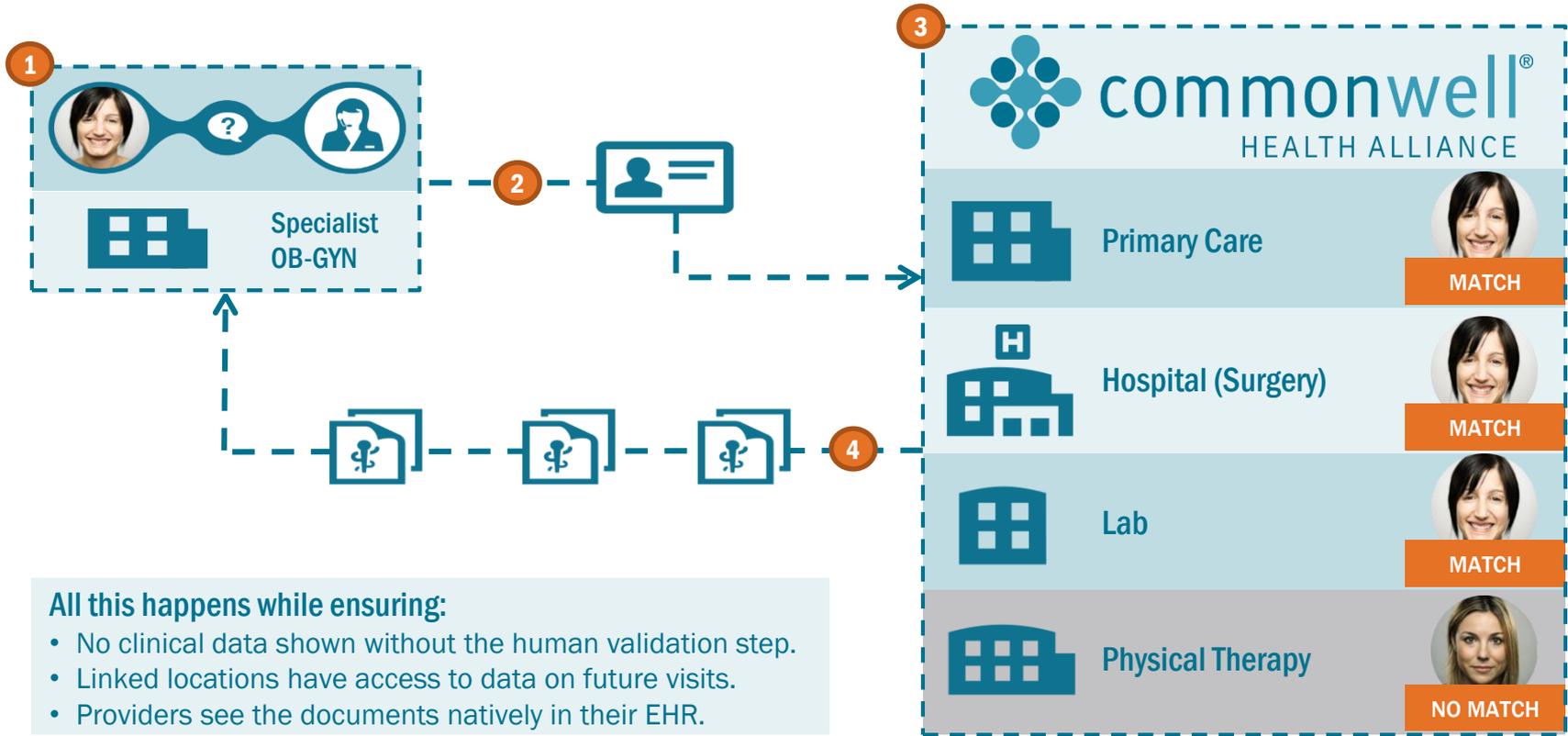


# Now is expanding its reach by connecting to other Health Information Networks (HINs).

- HIEs, Interface Engines, Proprietary Clinical Networks, Carequality
- First steps to connectivity – initially more limited.



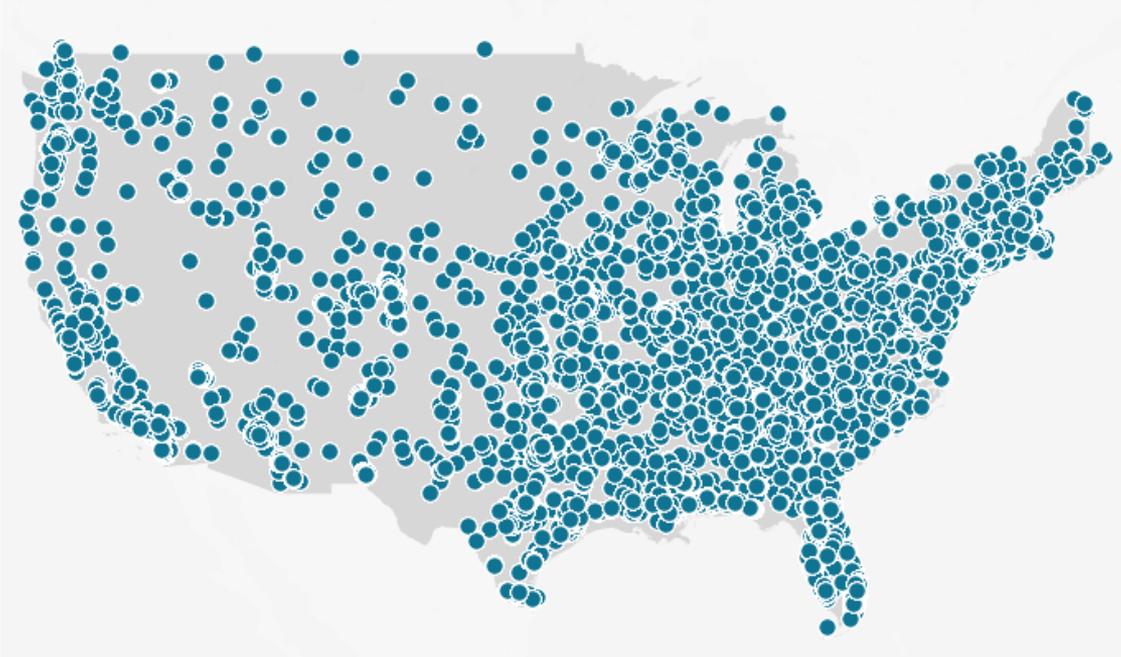
# Built into the provider workflow



## All this happens while ensuring:

- No clinical data shown without the human validation step.
- Linked locations have access to data on future visits.
- Providers see the documents natively in their EHR.

# CommonWell reach is growing nationwide every day



Acute



Ambulatory



Critical Access



Rehab/LTC



Home Health

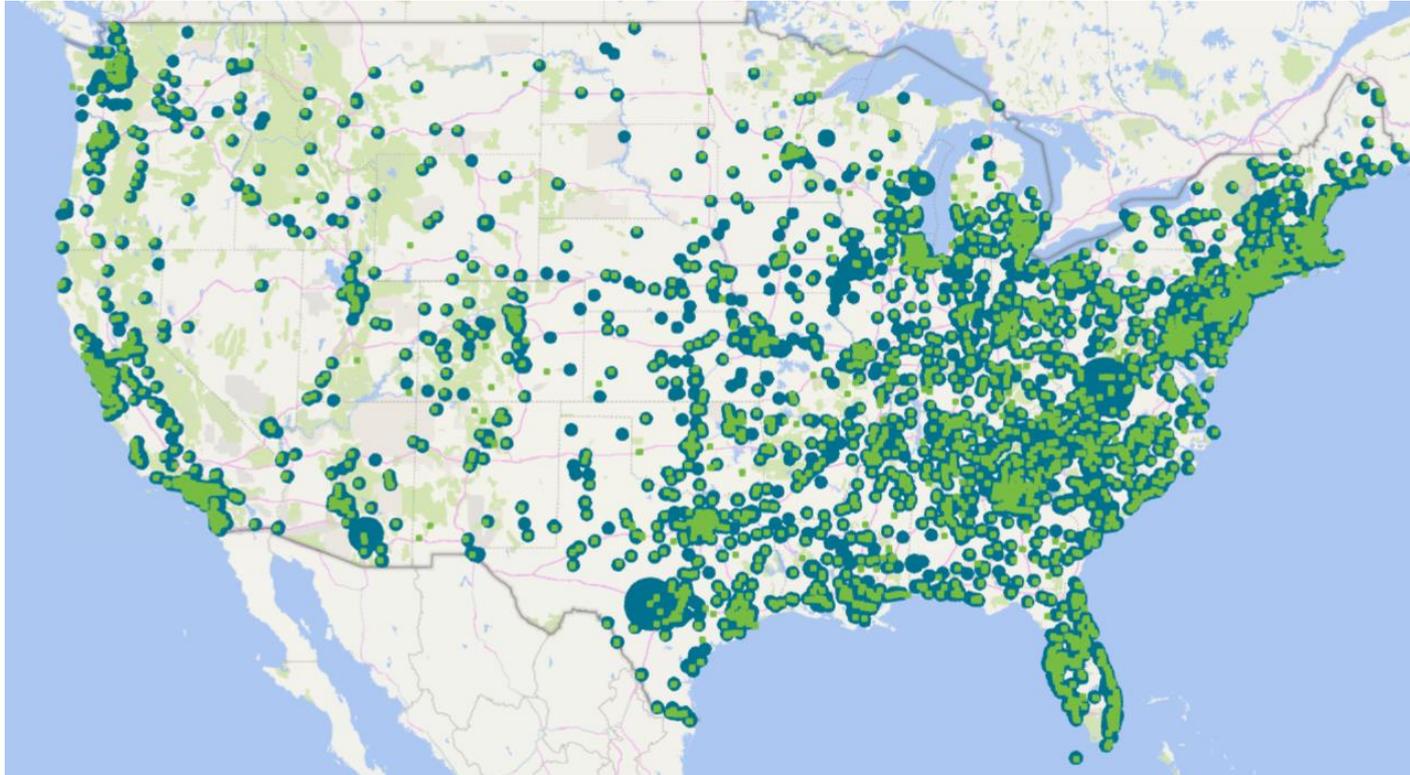


Patient Access

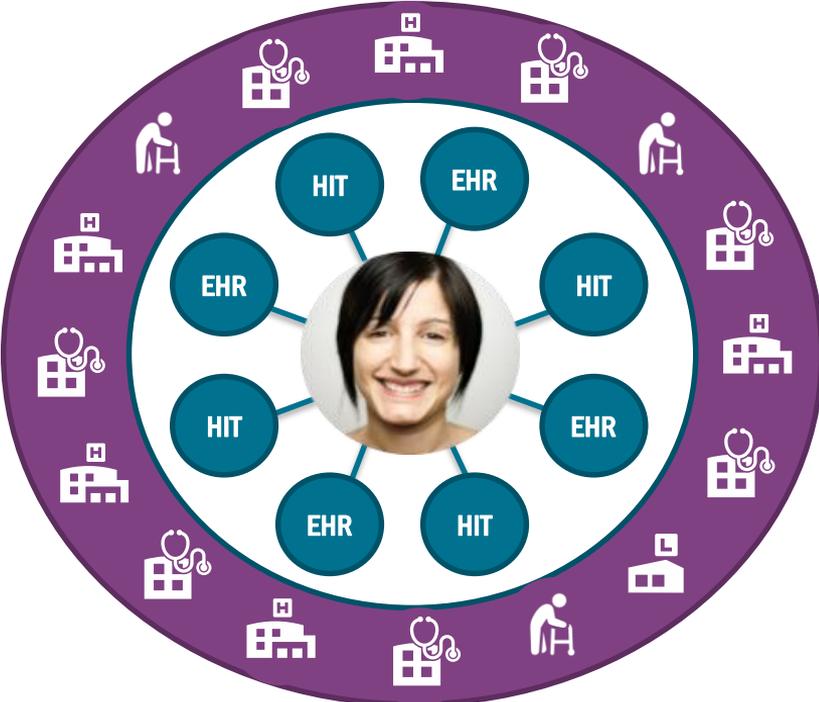
**15,000+ provider sites | 76M+ enrolled people**  
**219M+ health records retrieved**

*\* As of December 2019*

**And the connection to Carequality extends CommonWell reach to more than 1,400 hospitals and 40,000 clinics nationwide.**



# We built a person-centered network to which end-users connect via their health IT systems

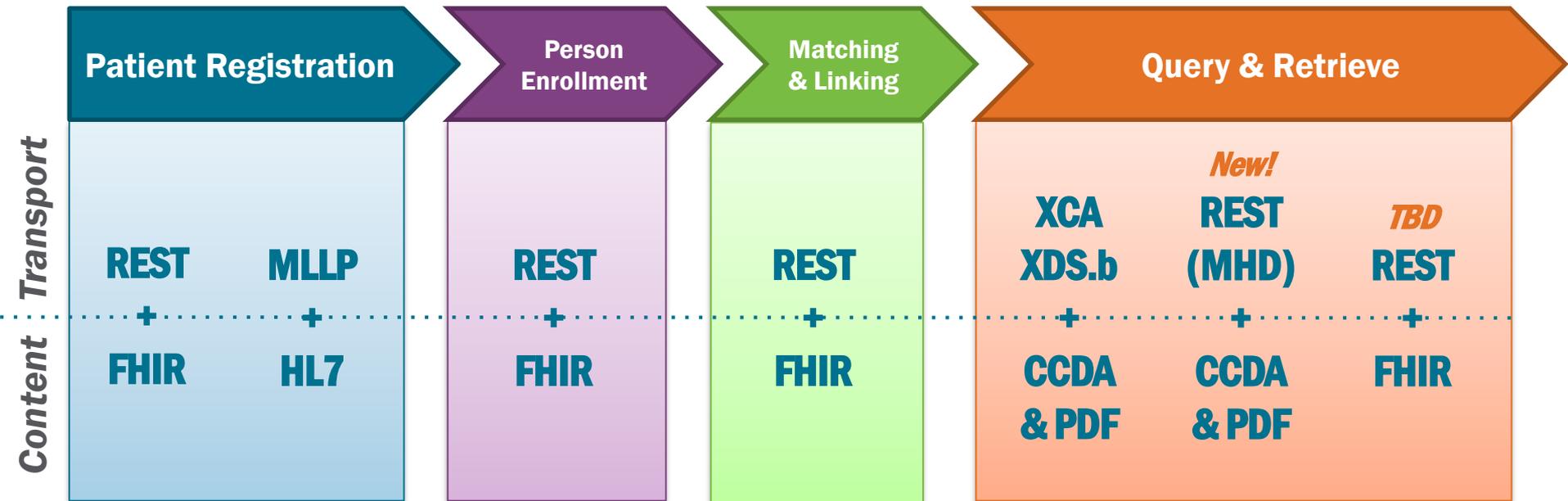


## CommonWell Services

1. Patient Index / EMPI
2. Record Locator Service
3. Matching & Linking Service
4. Data Broker (query and retrieve)
5. Event Notifications (coming soon)
6. Data Monitoring (coming soon)

***NB: No Clinical Data Repository***

# We started using FHIR before the advent of The Argonaut Project, but have recently expanded its use, and continue to do so



# In addition, we are collaborating with Carequality. Together CommonWell and Carequality form a valuable nationwide exchange fabric



## Collective Success

*Together, members and participants from both organizations represent:*



**90%**  
of acute EHR market



**60%**  
of ambulatory EHR market



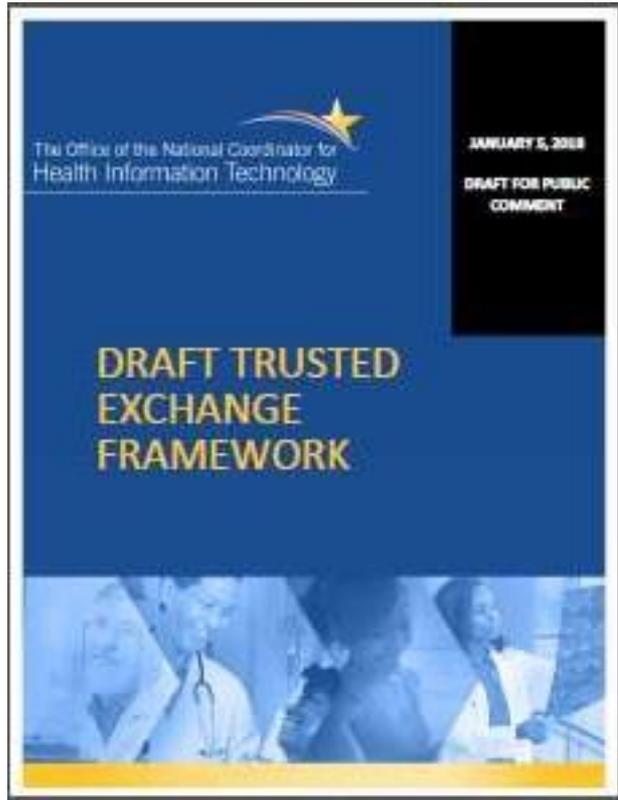
## Collaboration

- 1 CommonWell to implement Carequality Directed Query specs (today)
- 2 Basic version of CommonWell RLS to be available to Carequality endpoints (soon)
- 3 Sequoia Project and CommonWell to explore future collaboration (today)



Policies Standard  
Looking Forward to TEFCA

# The Trusted Exchange Framework and Common Agreement (TEFCA) is an repercussion of the 21<sup>st</sup> Century Cures Act



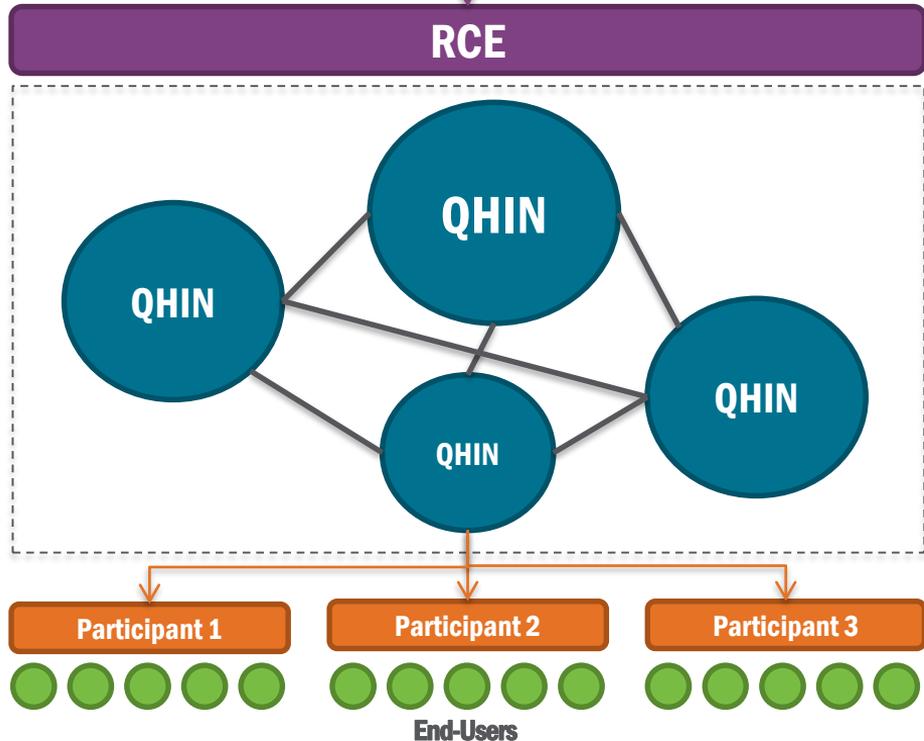
## 21<sup>st</sup> Century Cures Act – Section 4003(b): “The common agreement may include:

- (I) a common method for authenticating trusted health information network participants;
- (II) a common set of rules for trusted exchange;
- (III) organizational and operational policies to enable the exchange of health information among networks, including minimum conditions for such exchange to occur; and
- (IV) a process for filing and adjudicating noncompliance with the terms of the common agreement.”

# What are the goals of TEFCA?

- 1. Build on and extend existing work done by industry.**
- 2. Provide a single on-ramp to interoperability for all.**
- 3. Be scalable to support the nation.**
- 4. Build a competitive market allowing all to compete on data services.**
- 5. Achieve long-term sustainability.**

# TEFCA introduces the notion of the RCE & QHIN



**Recognized Coordinating Entity (RCE)** provides oversight and governance.

**Qualified Health Information Networks (QHINs)** serve as the core for nationwide interoperability.

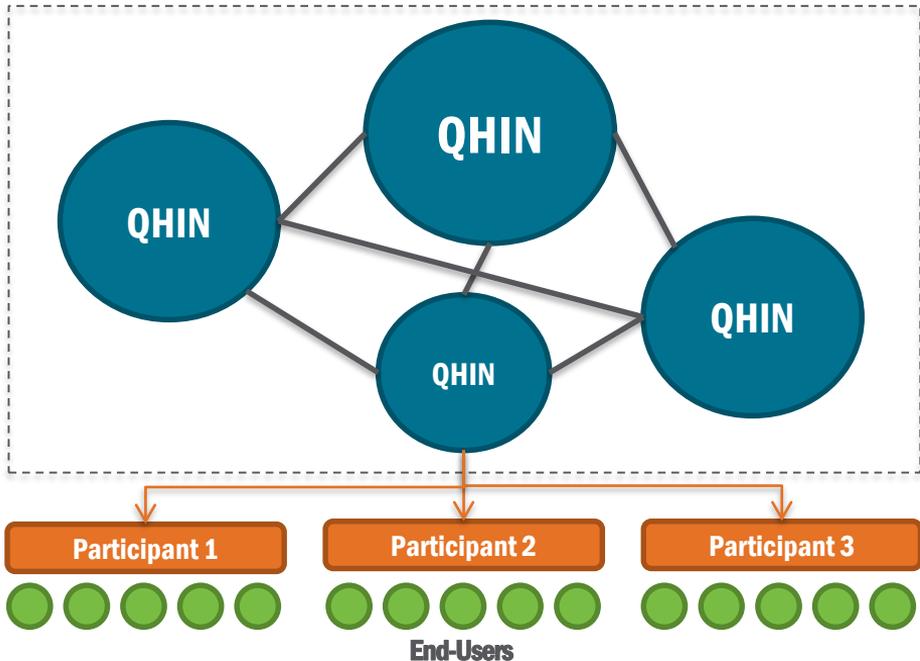
Each QHIN connects to all other QHINs via its **Connectivity Broker ("Broker")**, which includes an MPI, RLS & Query/Result Aggregation.

Each QHIN connects to a number of different **Participants** who serve their **End Users**.

# TEFCA flows down “minimum required terms”



RCE



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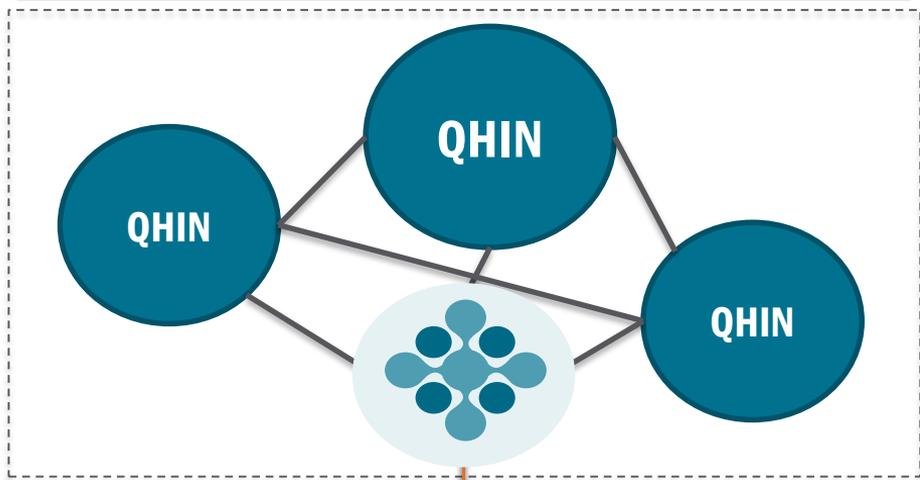
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FLOW DOWNS

# CommonWell fits into the TEFCA vision



**RCE**



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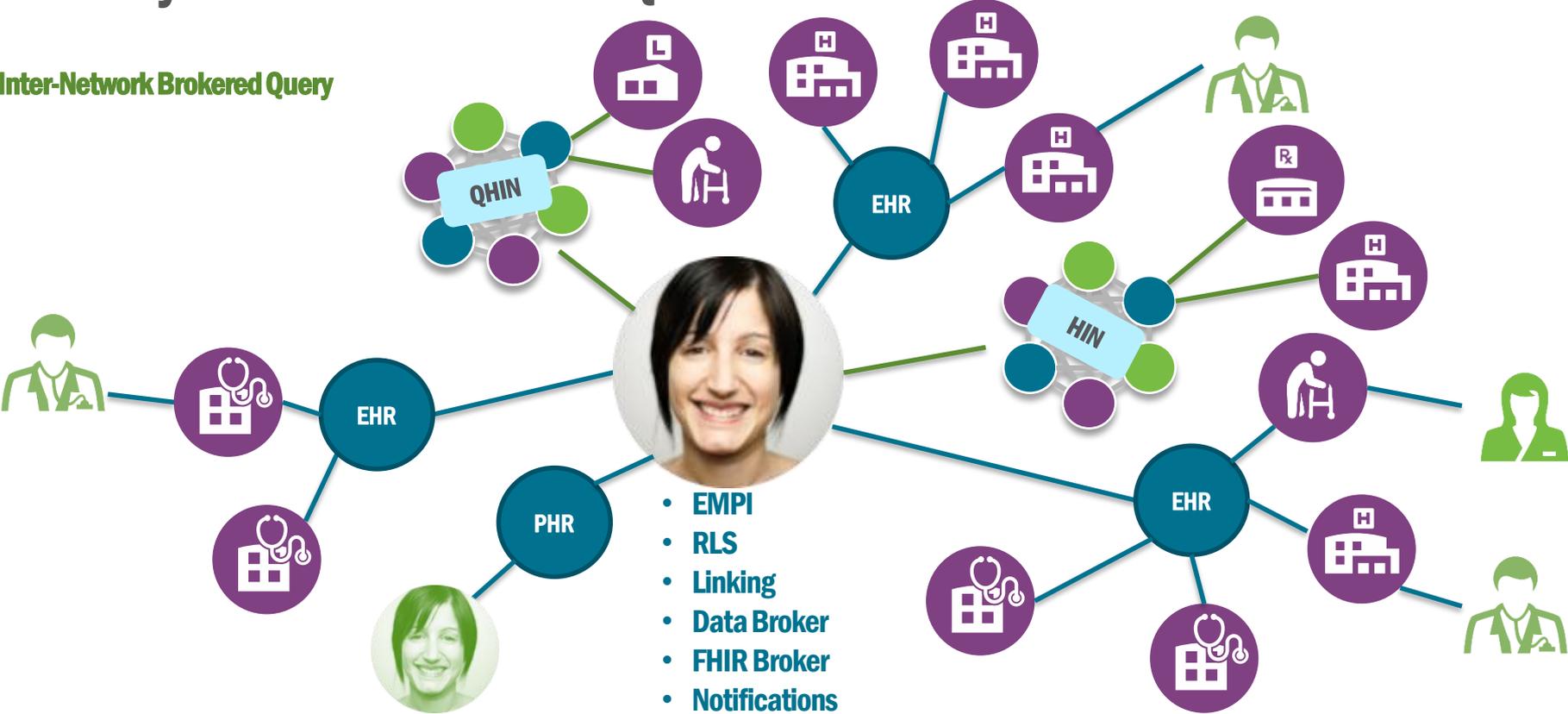
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# TEFCA will facilitate connectivity at a richer level both to HINs internally as well as to other QHINs.

- **Inter-Network Brokered Query**



- **EMPI**
- **RLS**
- **Linking**
- **Data Broker**
- **FHIR Broker**
- **Notifications**



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