



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

CHCANYS NYS-HCCN presents

The Road to Interoperability: Connecting Data, Patients, and Policies

Day 1 - National Perspective on Interoperability
January 17, 2023

For more information, please email Anita Li at ali@CHCANYS.org



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Zoom Guidelines

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- The webinar is being recorded.
- Slides and recording links will be sent following the event.



Agenda

- Introductions
- National Perspective on Interoperability

New York State HCCN Objectives



Project Period 2022–2025

2022-2025 Project Period

1

Clinical Quality

2

Patient-Centered Care

3

Provider and Staff Wellbeing

- ✓ Patient Engagement
- ✓ Patient Privacy & Cybersecurity
- ✓ Social Risk Factor Intervention
- ✓ Disaggregated Patient-level Data (UDS+)
- ✓ Interoperable Data Exchange & Integration
- ✓ Data Utilization
- ✓ Leveraging Digital Health Tools
- ✓ Health IT Usability & Adoption
- ✓ Health Equity and REaL Data Collection*
- ✓ Improving Digital Health Tools- Closed Loop Referrals*



Schedule of Events

Day 1 (1/17)

- National Perspective on Interoperability

Day 3 (1/19)

- Patient Data
 - RPM
- Patient Matching

Day 5 (1/21)

- National Data Modernization Initiative
- Open Forum: RPM

Day 2 (1/18)

- State Perspective on Interoperability

Day 4 (1/20)

- Health Equity & Interoperability
- Open Forum: SDOH



National Perspective on Interoperability

Paul L Wilder

Executive Director

CommonWell Health Alliance



CommonWell Health Alliance

a National Perspective on interoperability

CHCANYS NYS HCCN Virtual Workshop

The Road to Interoperability: Connecting Data, Patients and Policies

January 17, 2023



Our Vision

We are an independent, not-for-profit trade association **open to all organizations** devoted to the simple notion:

- + That **health data should be available** to individuals and providers **regardless of where care occurs** and;
- + That provider **access to this data must be built-in** to HIT at a reasonable cost for use by a broad range of health care providers and the people they serve



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

Service Adopters

Service Adopters with live CommonWell Connected™ Products



Future Service Adopters



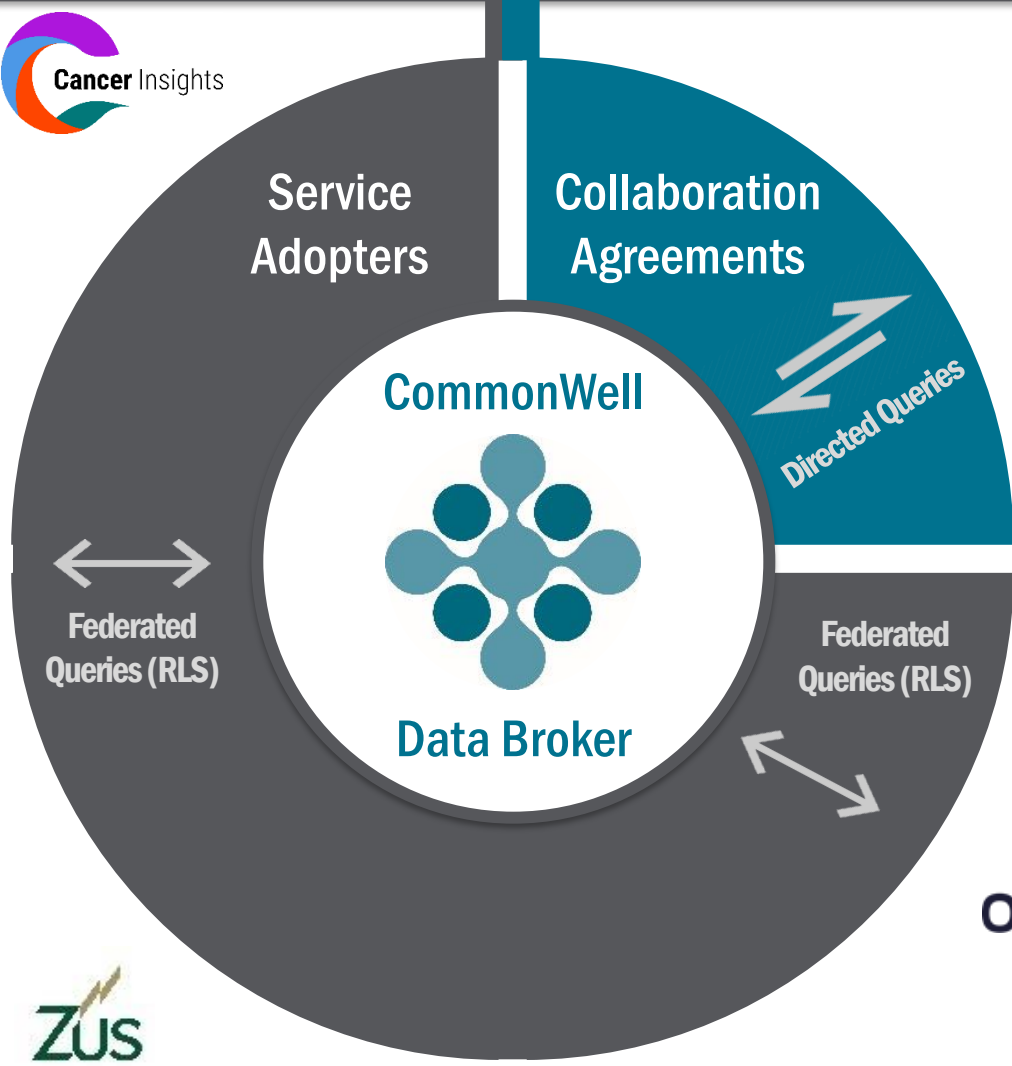
Members



CommonWell Connected™

~ 50k Collective Provider sites | 40+ Products across 30+ Vendors | 171M+ Individuals

Service Adopters



carequality

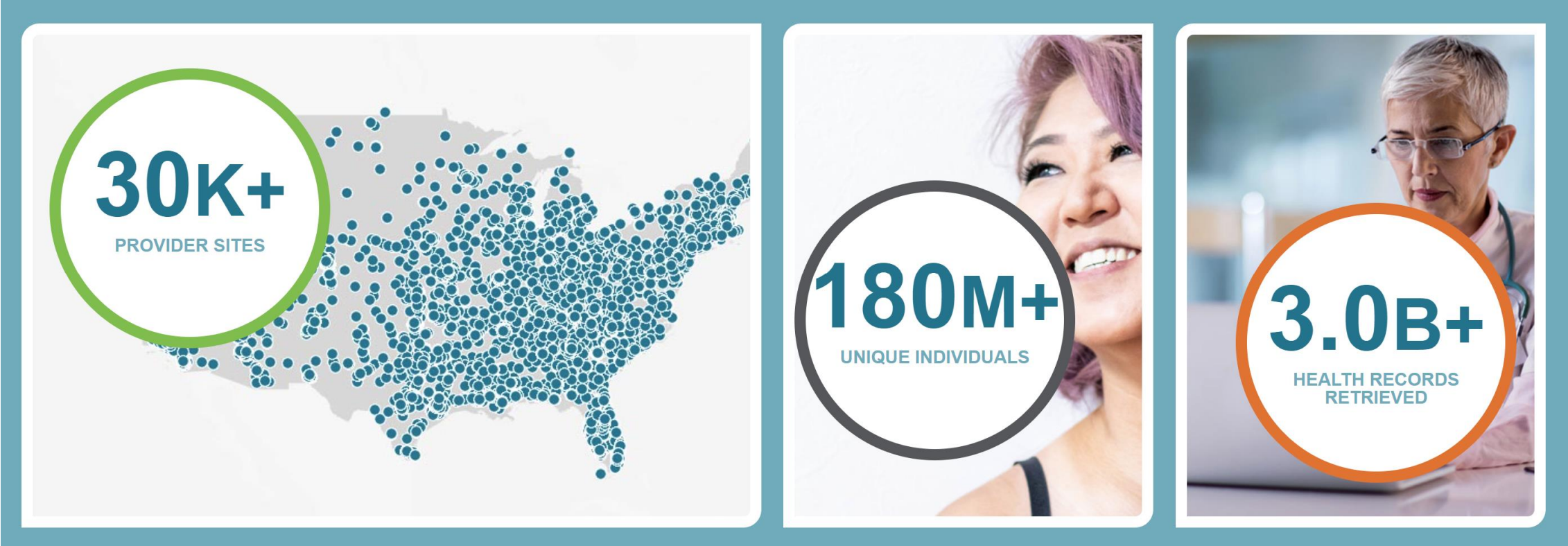
Allscripts
CVS Health
eHealthExchange
Epic
Episource
GE Healthcare
iPatientCare
Medent
Netsmart
NextGen
PointClickCare
Physician Computer Co.
SAFE Health System
Santa Cruz HIE

Kno2:
Collective Medical
Experian Health
MatrixCare
J2 Global

SureScripts:
AdvanceMD
Experity Health
Homecase Homebase
NextGen
Redox

CommonWell Connectors™

CommonWell Nationwide Connections Continue to Grow



Acute



Ambulatory



Home Health



Rehab/LTC



Patient Access



Connectors



Payment & Operations

Why CommonWell is All In?

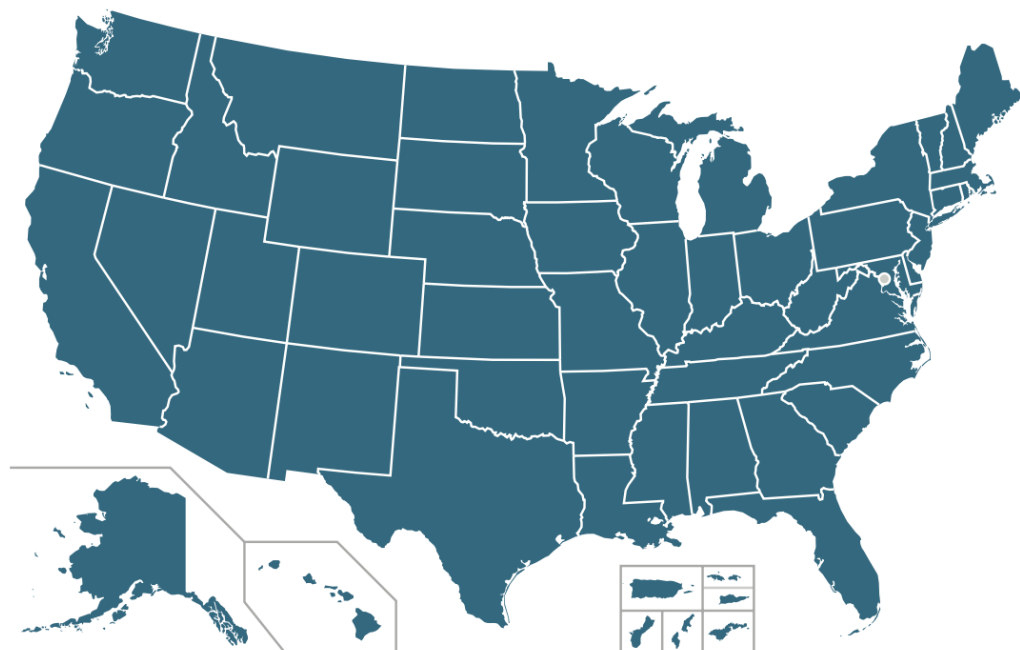
Record Location (RLS)

- **The Record Location Capabilities envisioned in TEFCA align with our vision for nationwide interoperability**

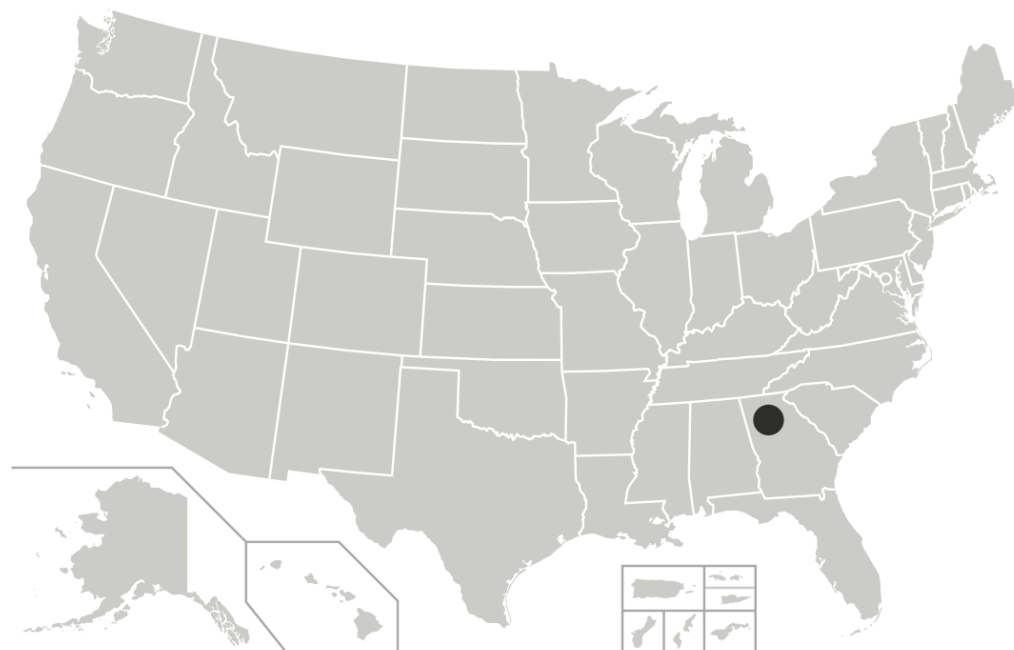
The QTF itself says it well:

“RECORD LOCATION The exchange functions enabled by QHIN-to-QHIN exchange depend on accurately determining which entities maintain relevant information. Query functions, in particular, rely on accurate and comprehensive record location. This QTF does not specify a particular technology or standard for QHINs to use to locate patient records.”

Why an RLS Matters for Patient Data



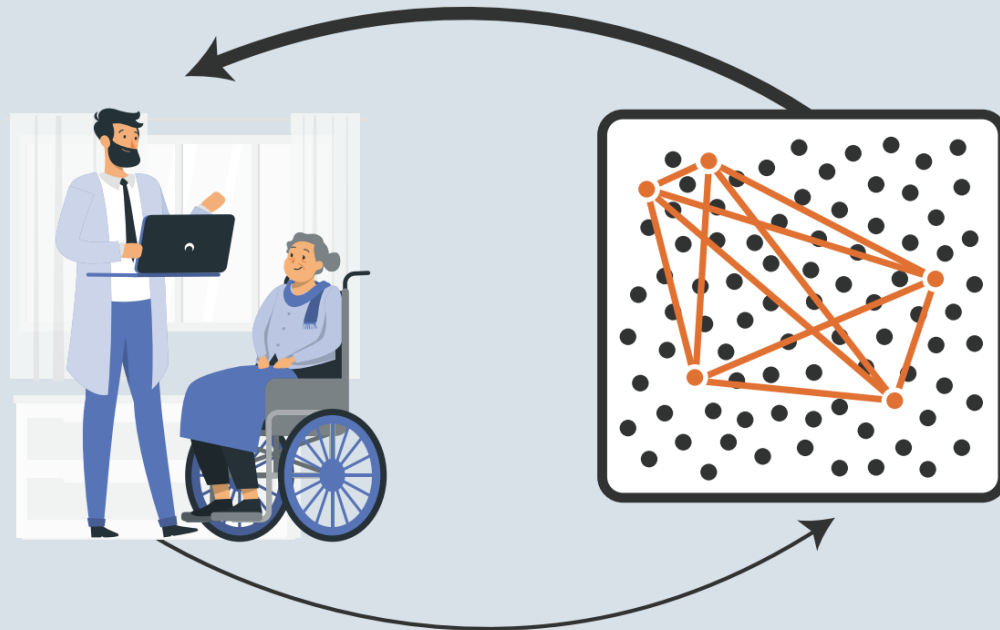
CommonWell comprehensive search



Limited “geofenced” search

CommonWell Network Patient Record Search

with Record Locator Service (RLS) Technology



One patient, one request to the entire network =
Efficient search with **COMPREHENSIVE** results

Non-RLS Network Patient Record Search

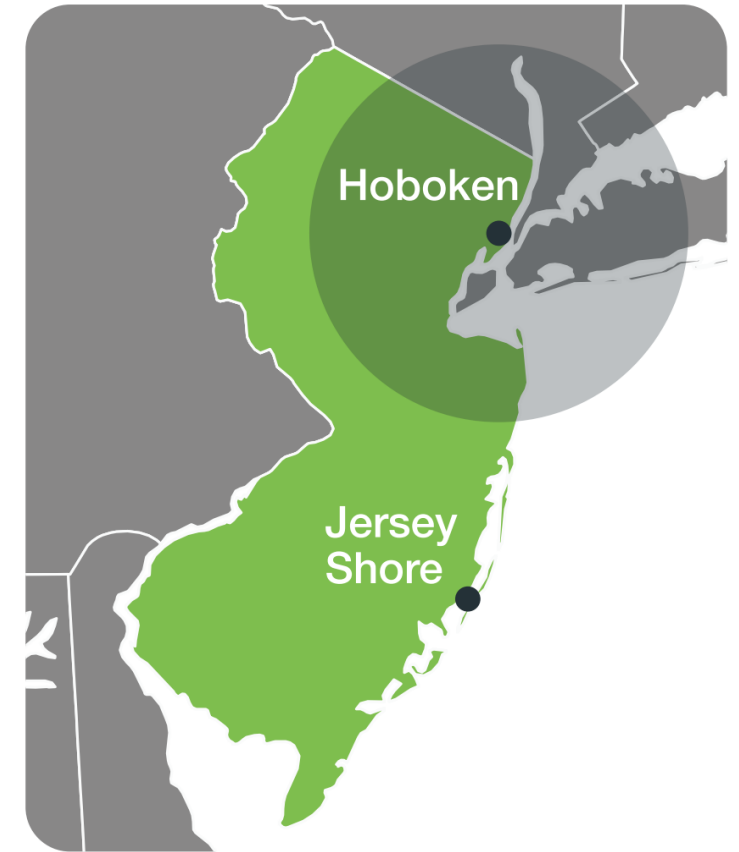
in Other Networks/Frameworks



One patient, many requests to care points
within a “geofenced” area (ex: 50 miles around
the patient’s presumed home address) =
Decreased efficiency and **INCOMPLETE** results

The Exceptions are the Rule

Sam lives in Hoboken, NJ. While visiting his father 73 miles south on the Jersey Shore, he suffered an asthma attack that required an ambulance trip to the ED. Struggling to speak clearly, not only did his ED providers urgently need his data, they needed to then be able to share his ED data with his pulmonologist back in Hoboken to review once Sam was back home. With a limited “geofenced” search, his full records would not be available.



72 miles: Distance from Sam’s home to the hospital near his father’s house, who he was visiting when he needed emergency care.

50 miles: A standard “geofenced” zone used by non-RLS network patient data searches

#QHINBound:

What Sets CommonWell Apart



UNIQUELY QUALIFIED

DIVERSE MEMBERSHIP

RLS + SCALE

INNOVATIVE

COMMUNITY BUILDER

VENDOR-NEUTRAL

#QHINBOUND

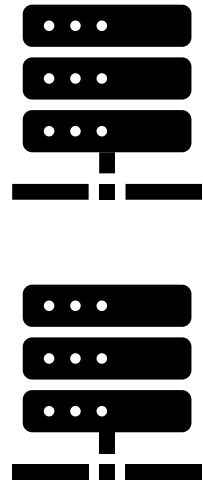
You and CommonWell Today

You



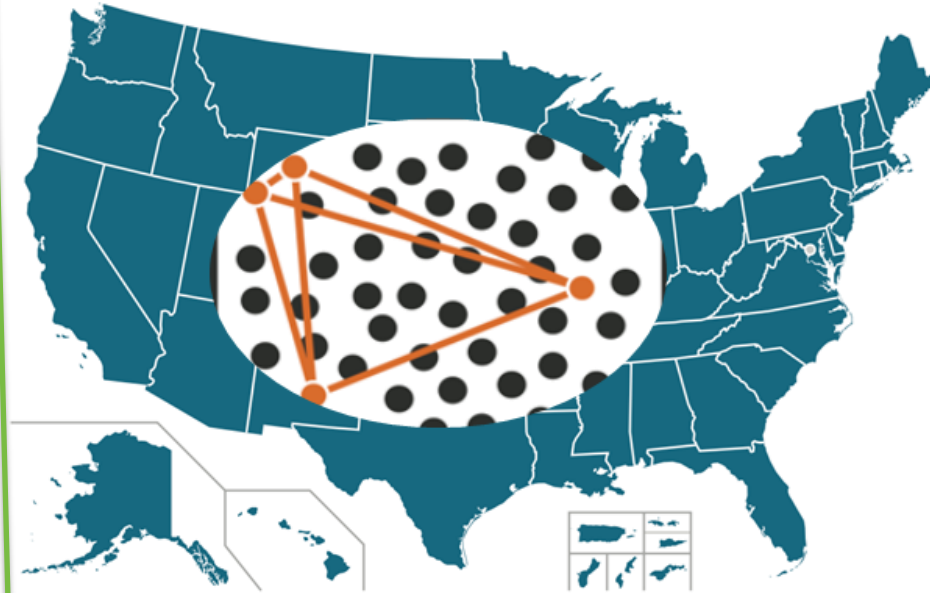
Facilities and Clinicians

Data Layer



EHR(s)

Interop Layer



CommonWell+

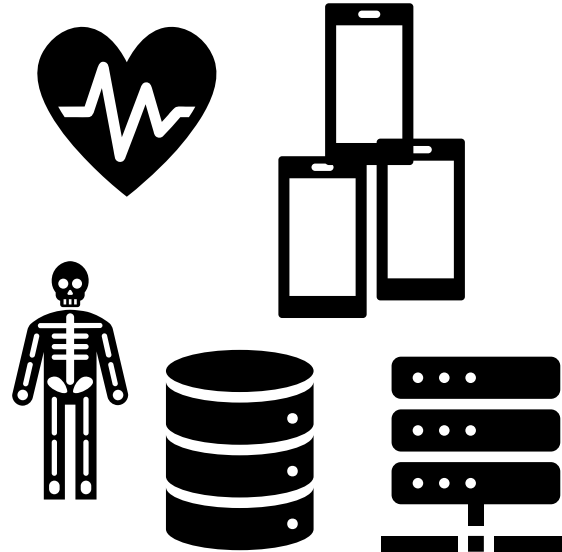
You and CommonWell Future

You



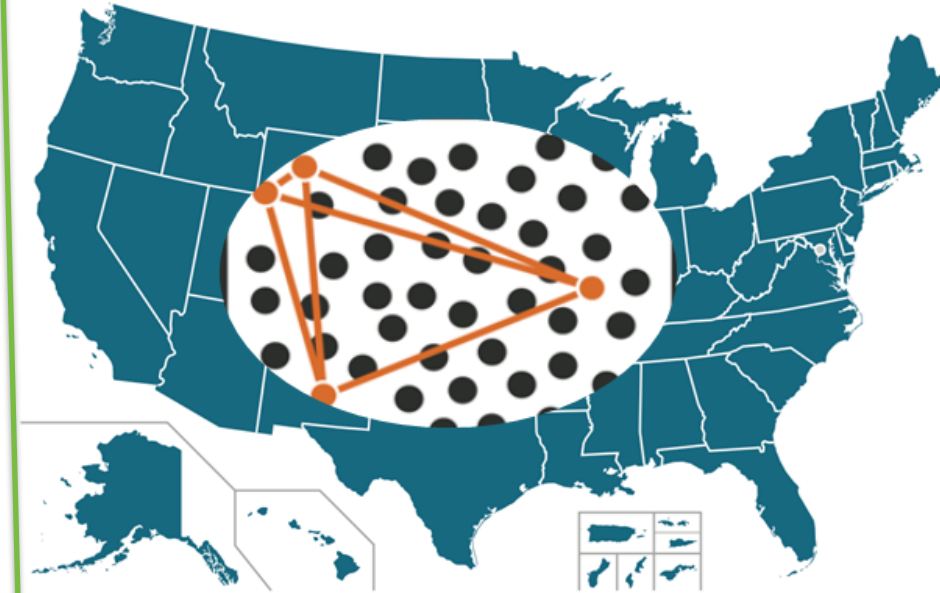
Facilities and Clinicians

Data Layer



EHR(s), Media (e.g. radiology),
Clinical Decision Support Apps
Analytics Tools, Devices

Interop Layer



CommonWell+

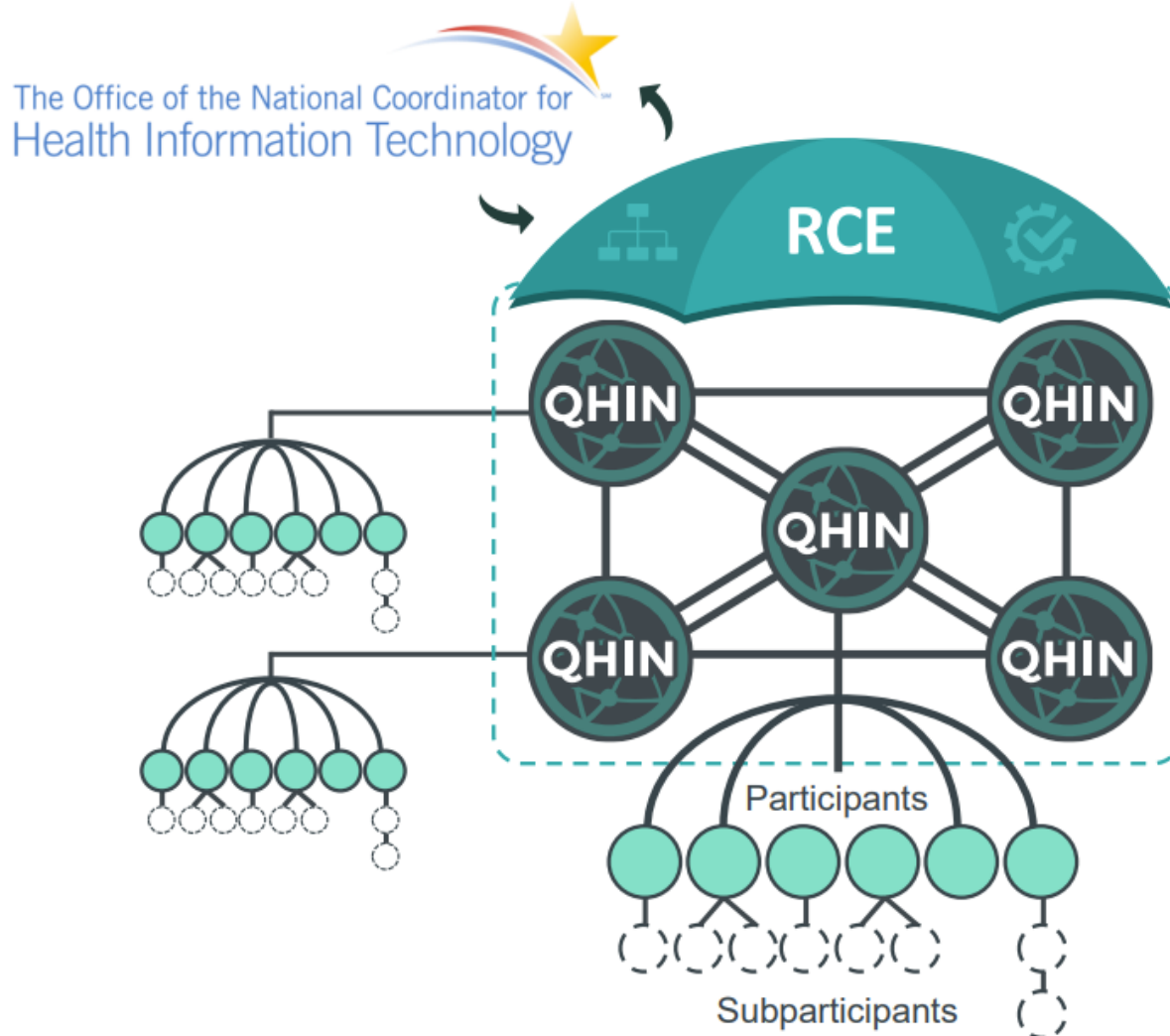
Trusted Exchange Framework and Common Agreement (TEFCA)

What is TEFCA?

- In December 2016, Congress passed the [21st Century Cures Act](#), which mandated that:
 - *The ONC must:*
 - (1) convene stakeholders to develop or support a framework and agreement for the secure exchange of health information between networks,
 - (2) provide for testing of the framework and agreement, and
 - (3) publish a list of networks that adopt the agreement.
- The ONC created the **Trusted Exchange Framework and Common Agreement (TEFCA)** and published the first draft version for comment January 2018 and the second draft for comment April 2019.
- In October 2019, **The Sequoia Project** was awarded a cooperative agreement by the ONC to serve as the **Recognized Coordinating Entity (RCE)**.

How will exchange work under TEFCA?

Who are the key players?



← ONC defines overall policy and certain governance requirements.

← RCE provides oversight and governing approach for QHINs.

← Qualified Health Information Networks (QHINs) connect directly to each other to facilitate nationwide interoperability.

← Each QHIN connects Participants, which connect Subparticipants.

What types of exchange are **permitted**?

Permitted Exchange Purposes

	Treatment
	Payment
	Health Care Operations
	Public Health
	Government Benefits Determination
	Individual Access Services

- “Support” means the technical capability to:
 - (i) transmit all Requests for any Exchange Purpose that a QHIN, Participant, or Subparticipant makes;
 - (ii) transmit all information that a QHIN, Participant, or Subparticipant may send pursuant to a Framework Agreement related to any Exchange Purpose (e.g., the content of the packet itself, if any); and
- QHIN are required to support all the Exchange Purpose

What types of exchange are **required**?

Permitted Exchange Purposes

	 Treatment
	Payment
	Health Care Operations
	Public Health
	Government Benefits Determination
	 Individual Access Services

QHINs are required to Respond to Requests transmitted via QHIN-to-QHIN exchange in accordance with Section 9.4 of the Common Agreement for each of the following Exchange Purposes, except to the extent that one or more of the exceptions applies as set forth in Section 9.4.1 of the Common Agreement:

- i. **Treatment** – Required as of the publication date of this SOP.
- ii. **Individual Access Services** – Required six (6) months following the publication date of the Individual Access Services Exchange Purpose Implementation SOP.

Participants and Subparticipants are required to Respond to Requests transmitted via QHIN-to-QHIN exchange in accordance with the section of the Framework Agreement that flows down Section 9.4 of the Common Agreement for each of the following Exchange Purposes, except to the extent that one or more of the exceptions applies that are set forth in the section of the Framework Agreement that flows down Section 9.4.1 of the Common Agreement:

- i. **Treatment** – Required as of the publication date of this SOP.
- ii. **Individual Access Services** – Required six (6) months following the publication date of the Individual Access Services Exchange Purpose Implementation SOP.

Working to put the puzzle together

Common Agreement Resources	Standard Operating Procedures (SOPs)	QHIN Application	SOPs coming soon
<ul style="list-style-type: none"> • Common Agreement for Nationwide Health Information Interoperability Version 1 • Common Agreement QHIN Fee Schedule 1, Version 1 • Credential Service Provider (CSP) Approval Organizations • FHIR Roadmap for TEFCA Exchange • QHIN Conformance Testing Process • QHIN Cybersecurity Certifications • Qualified Health Information Network (QHIN) Technical Framework (QTF) Version 1 • Summary of Required Flow-Down Provisions • Technical Trust Requirements • TEFCA Facilitated FHIR Implementation Guide Draft 2 • User's Guide to the Trusted Exchange Framework and Common Agreement 	<ul style="list-style-type: none"> • Advisory Groups • Conflicts of Interest • Dispute Resolution • Exchange Purposes • IAS Exchange Purpose Implementation • Means To Demonstrate U.S. Ownership and Control of a QHIN • QHIN Cybersecurity Coverage • QHIN Security Requirements for the Protection of TEFCA Information (Rev.1) • TEFCA Governing Council • Transitional Council • Types of Entities That Can Be a Participant or Subparticipant in TEFCA 	<ul style="list-style-type: none"> • QHIN Application (PDF) • QHIN Application (Online Submission Form) • QHIN Application, Onboarding, and Designation Process Diagram • RCE Communications Protocols (updated December 2022) • Means To Demonstrate U.S. Ownership and Control of a QHIN SOP Questionnaire <div data-bbox="1274 843 1872 1001" data-label="Section-Header"> <h2>Draft Documents for Feedback</h2> </div> <ul style="list-style-type: none"> • Draft QHIN Onboarding & Designation SOP and QHIN Application Feedback • Draft QHIN, Participant, and Subparticipant Additional Security Requirements SOP 	<ul style="list-style-type: none"> • SOP: Individual Access Service (IAS) Provider Privacy and Security Notice • SOP: Other Security Incidents and Reportable Events • SOP: Payment and Health Care Operations Exchange Purpose Implementation • SOP: Public Health Exchange Purpose Implementation • SOP: Government Benefits Determination Exchange Purpose Implementation • SOP: Suspensions Process • SOP: Successor RCE & Transition

What does this mean for CommonWell?



We have the nation's largest Record Locator Service (RLS)

- 30,000+ connected provider sites within the RLS
- Capability to find another 3,500*+ through external partners

**based on records from Carequality directory that we see in Management Portal*



We are uniquely positioned to be the industry's go-to QHIN within the Trusted Exchange Framework

- Operating trusted exchange at scale for more than 8 years
- Proven security, technical, and policy requirements that are exchange enablers

So, what's next?

Current Position – Where is CommonWell today?

Where is CommonWell today?

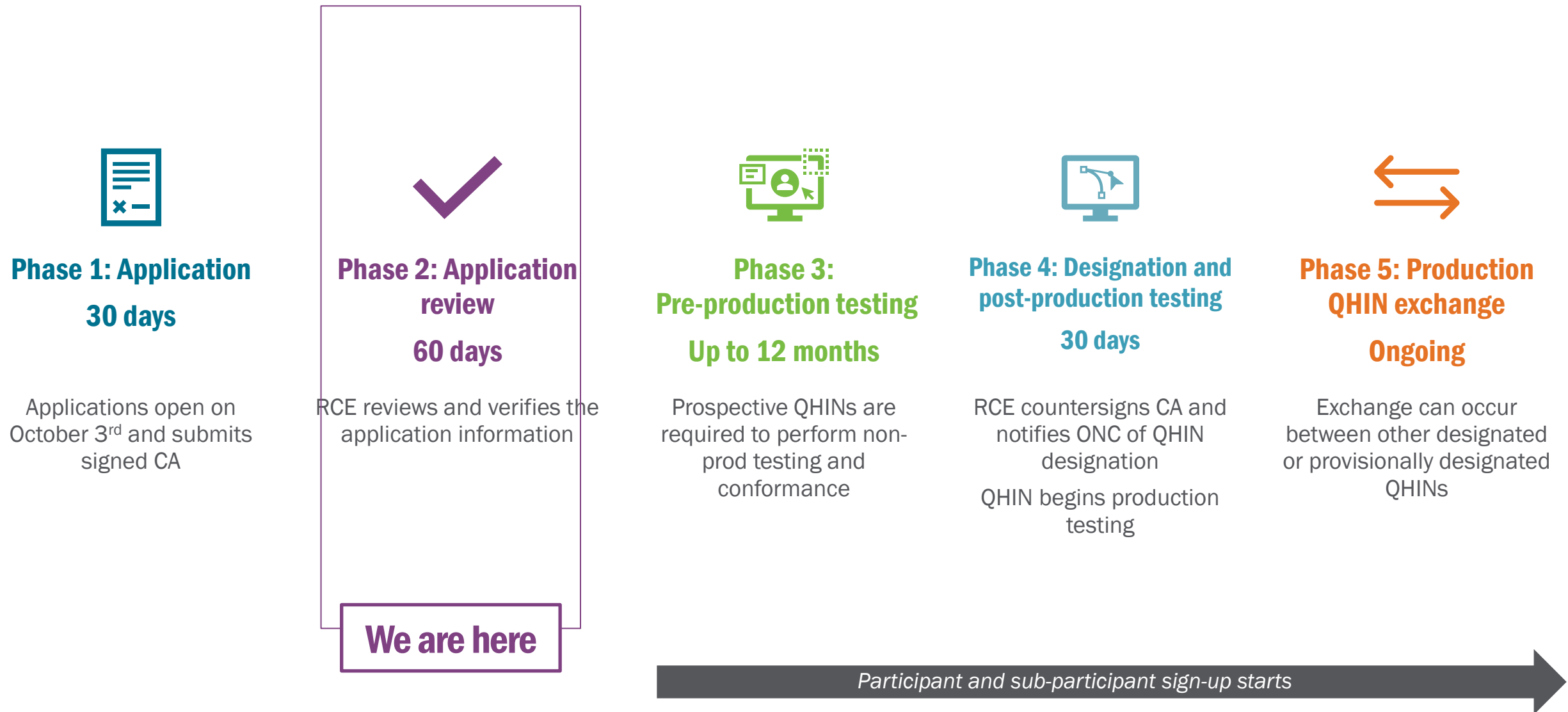
Q3 2022 - Intent to Apply

- Publicly announced intent to apply August 31
- Submitted formal intent to apply to the RCE to begin application process

Q4 2022 - Application Submitted

- Application submitted December 2
- First phase (check for completeness) accepted January 3
- Now in more detailed review of application phase

Phased Application and Onboarding Process



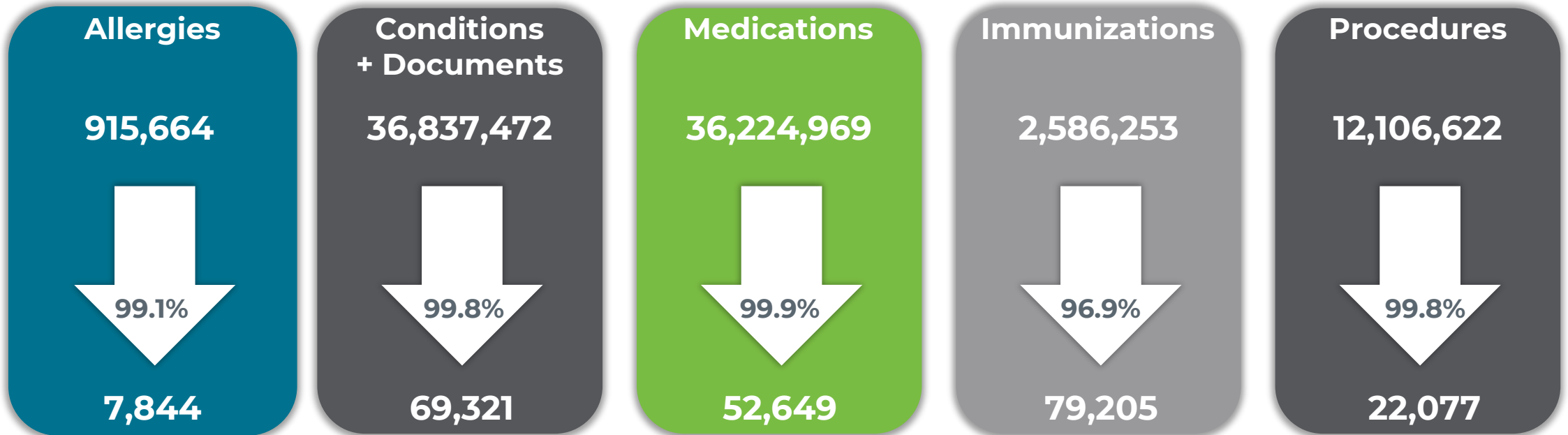
What is on the Horizon

Work to do...

- FHIR
- Moving to discrete data



- Improving Data Quality
- In one real world example, 98.7% of data could be deduplicated or filtered when sent through a cleanup engine



Questions?

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Liz Buckle

Director of Product

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Continue the Conversation

Day 2 of this virtual event is taking place tomorrow **Wednesday, January 18th from 1:00 – 2:00 pm**

We hope to see you then!

Thank you for joining us today. Please share your feedback using the survey link in the chat, the QR code below, or the link in the follow up email!

