

CommonWell Health Alliance

Overview

Last Updated: March 24, 2022



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



CommonWell Health Alliance Vision

CommonWell is 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™

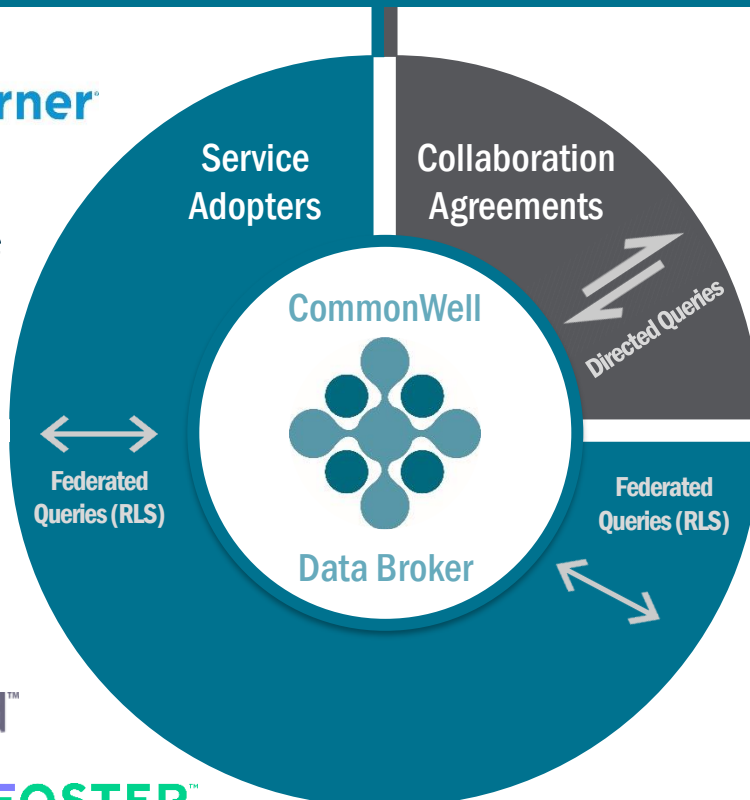
~ 50k Collective Provider sites

| 40+ Products across 30+ Vendors

| 159M+ Individuals



Allscripts	Kno2	Collective Medical
eHealthExchange		Experian Health
Epic		MatrixCare
Episource^		J2Global
GE Healthcare	Surescripts	AdvancedMD
iPatientCare^		Experity Health
Medent		Homecare Homebase
Netsmart^		NextGen
NextGen	Redox^	
PointClickCare^		
Physician Computer Co.^		
SAFE Health System^		
Santa Cruz HIE^		



CommonWell Connectors™



* Currently not participating in Carequality data exchange

^ Participating CommonWell Connected providers are able to pull data; bidirectional sharing coming soon
Data as of Feb 2022

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

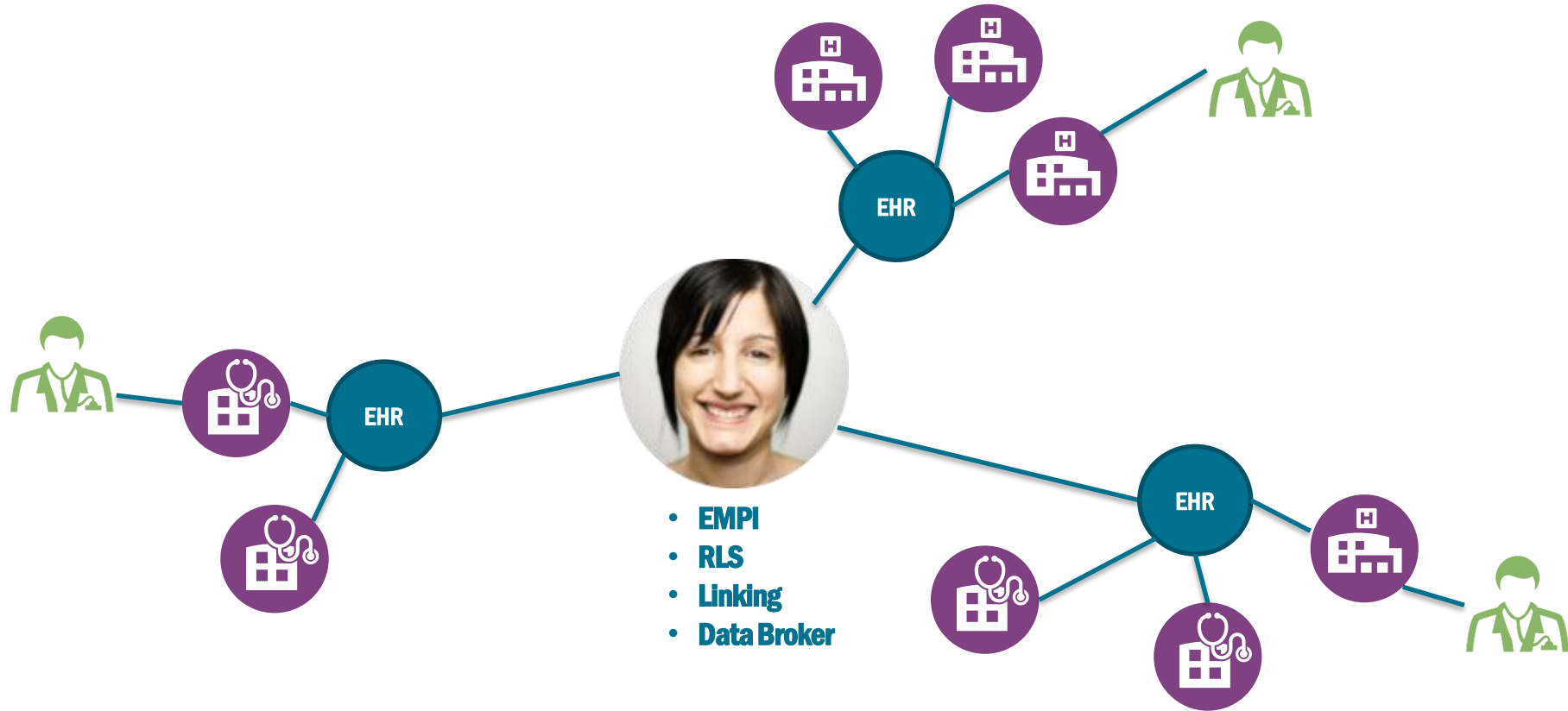
CommonWell built a person-centric network and national interoperability infrastructure



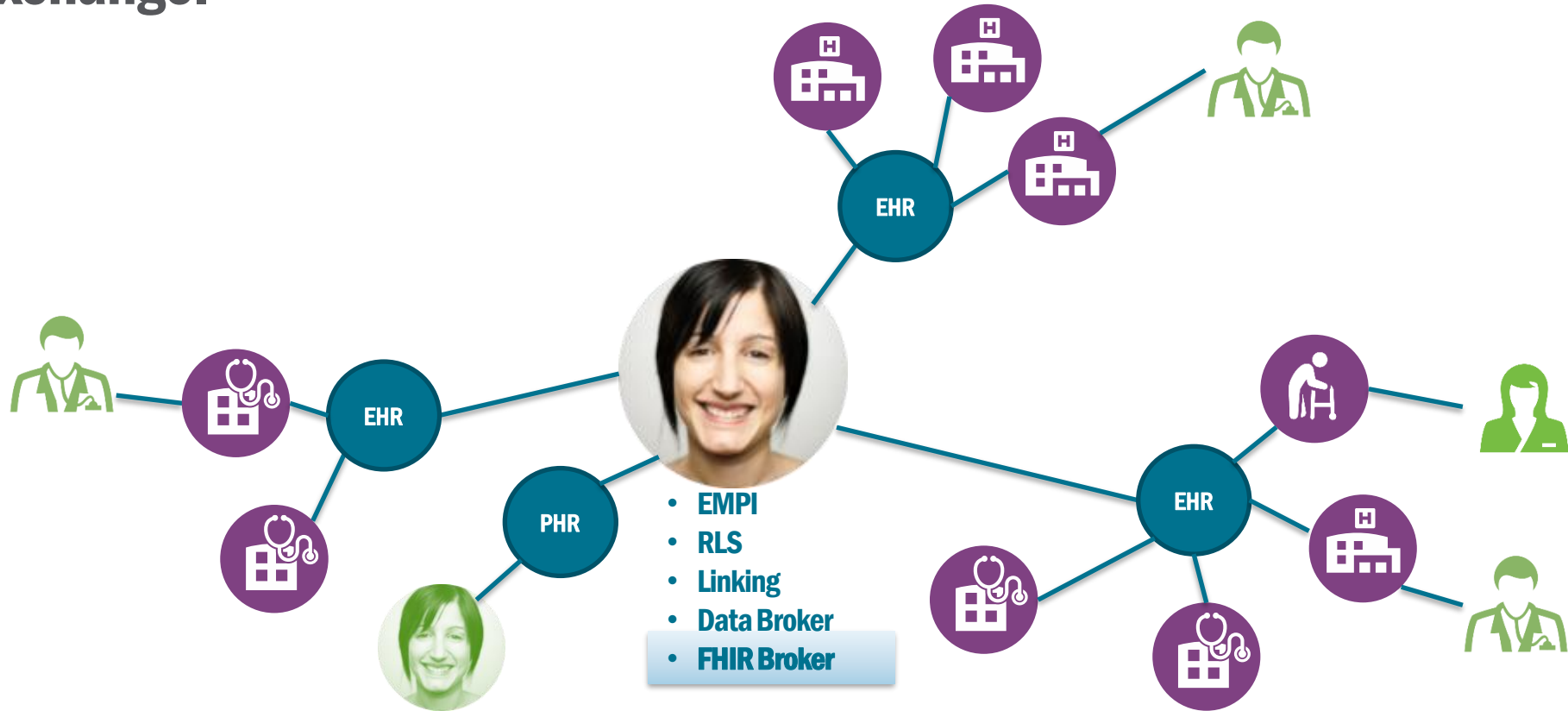
CommonWell Services

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.

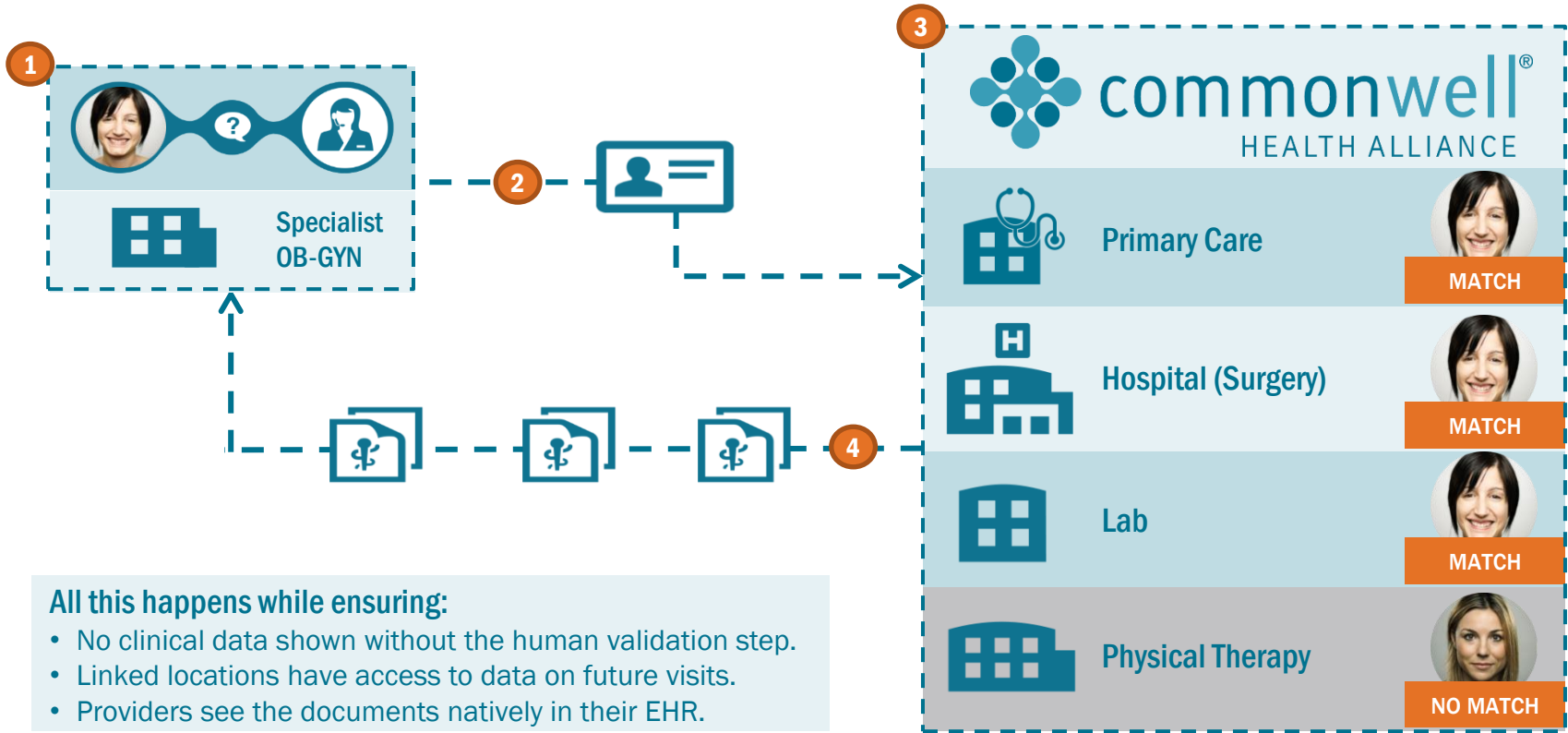


Now is expanding its reach by connecting to other Health Information Networks (HINs).

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



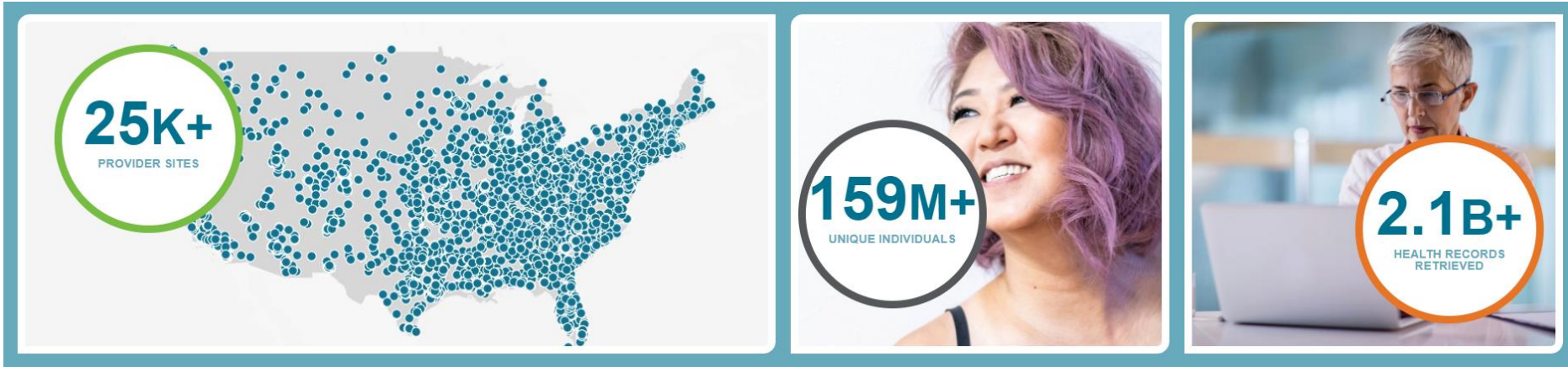
Built into the provider workflow



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 Nationwide Connections Continue to Grow



Acute



Ambulatory



Home Health



Rehab/LTC



Patient Access

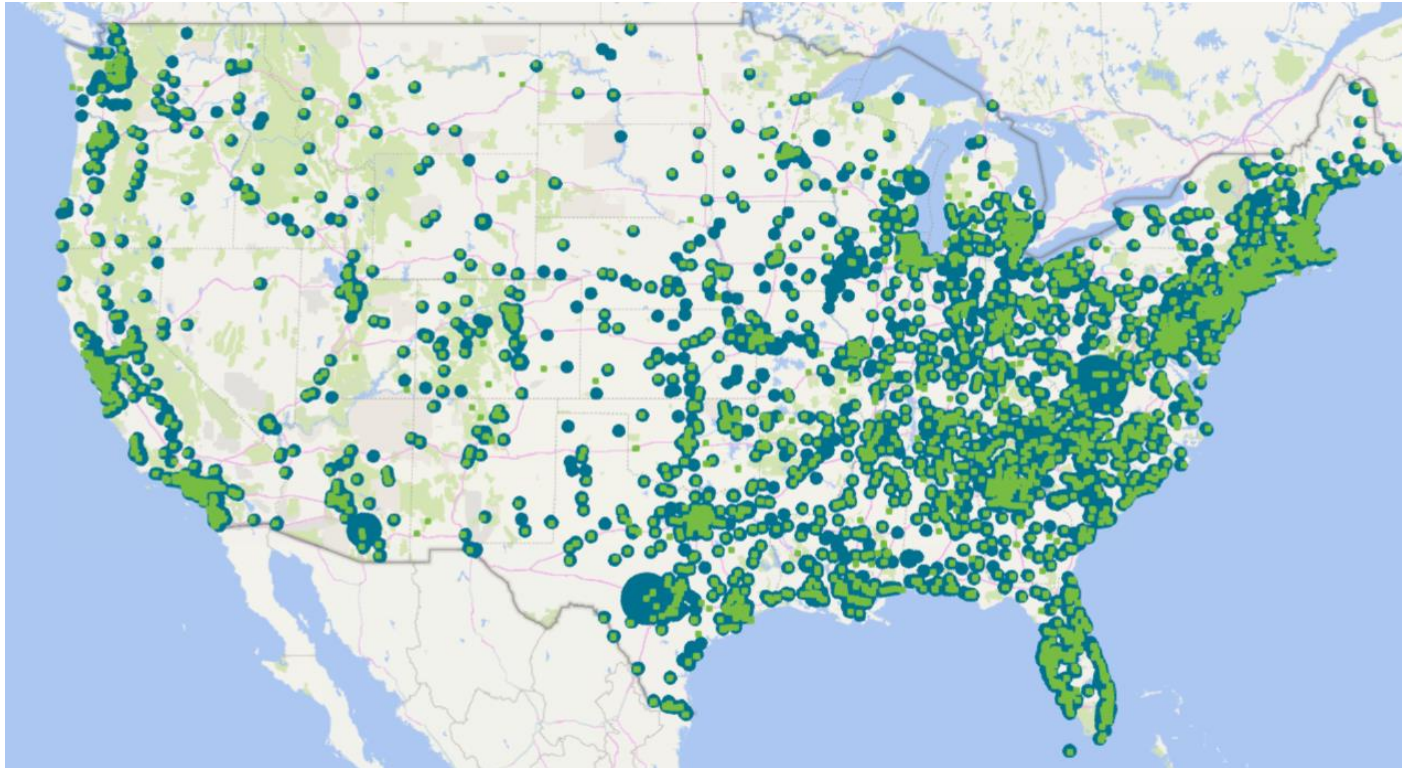


Connectors



Payment & Operations

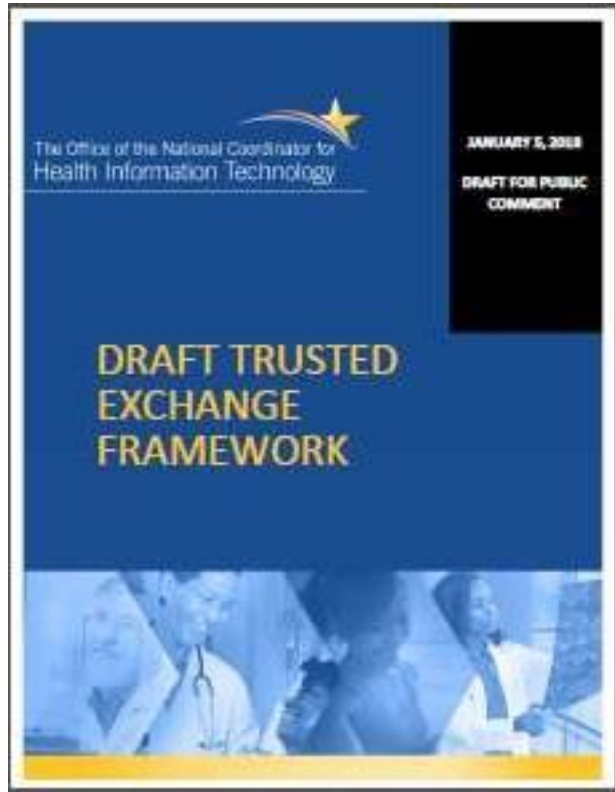
And the connection to Carequality extends CommonWell reach to more than 4,200 hospitals and 50,000 clinics nationwide.





Looking Forward: TEFCA

The Trusted Exchange Framework and Common Agreement (TEFCA) is a repercussion of the 21st Century Cures Act



21st 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?

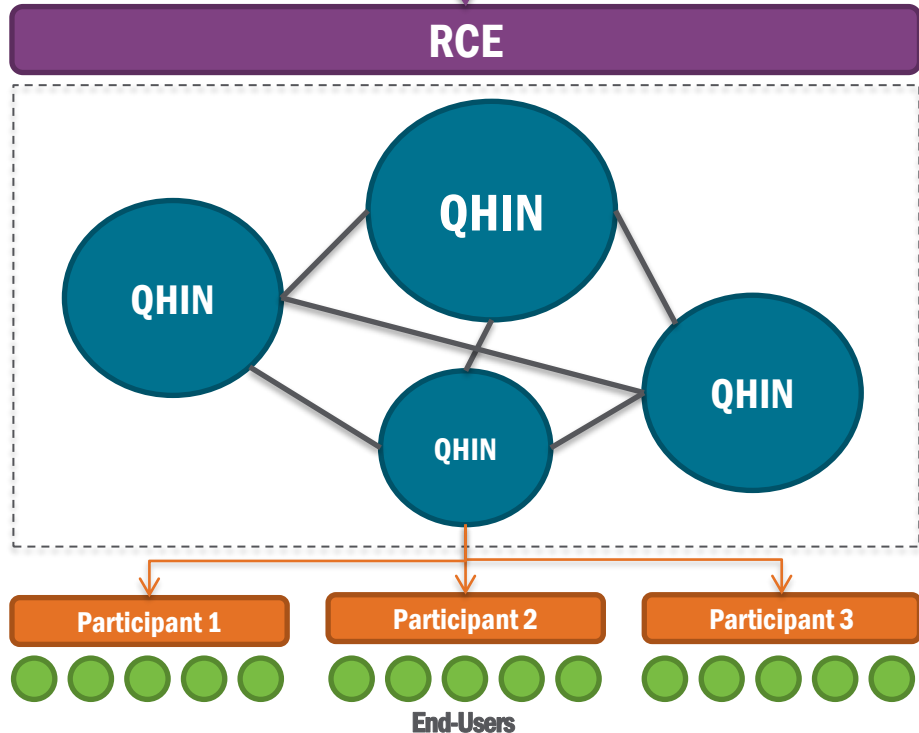
- 1. Build on and extend existing work done by industry.**
- 2. Provide a single on-ramp to interoperability for all.**
- 3. Be scalable to support the nation.**
- 4. Build a competitive market allowing all to compete on data services.**
- 5. Achieve long-term sustainability.**

One goal seems to stand out...

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.

In order to interoperate, organizations have to join multiple Health Information Networks which do not share data with each other.

TEFCA introduces the notion of the RCE & QHIN



Recognized Coordinating Entity (RCE) provides oversight and governance.

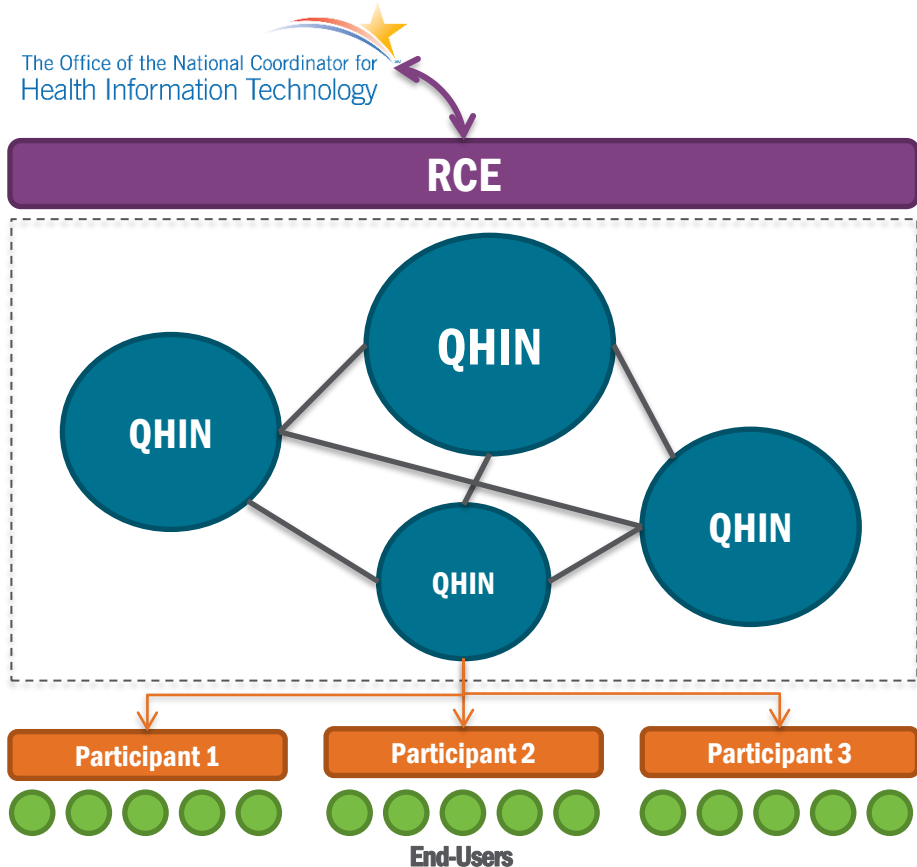
Qualified Health Information Networks (QHINs) serve as the core for nationwide interoperability.

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”

The Office of the National Coordinator for Health Information Technology



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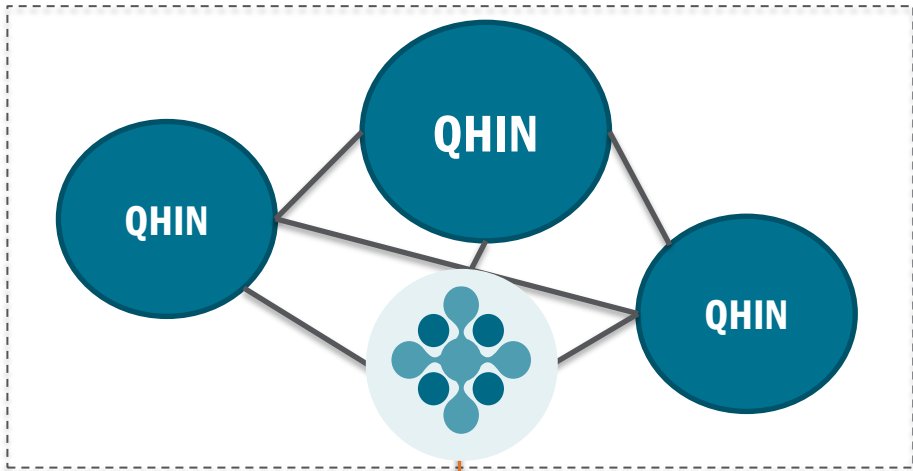
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CommonWell fits into the TEFCA vision



RCE



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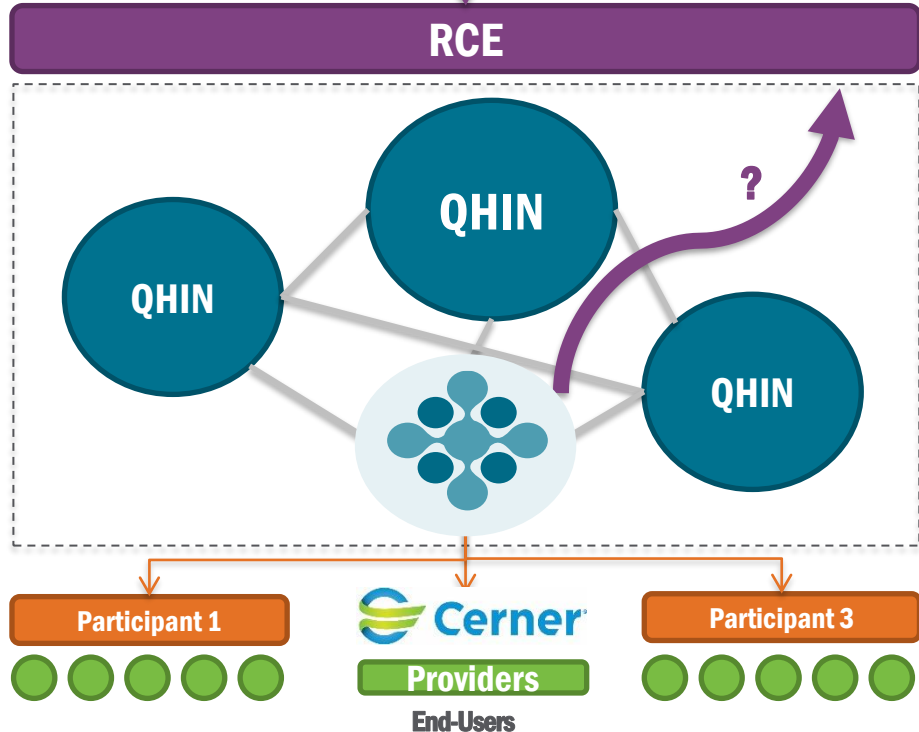
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So what did CommonWell say?

1. About the TEFCA Vision:

- **CommonWell Health Alliance is supportive, as it can ensure that the data follows the patient – as per our own Vision.**
- It raises the minimum bar on interoperability from point-to-point connectivity to person-centered data exchange nationwide, eliminating data “blind spots”.
- TEFCA’s federated query model builds on the approach that CommonWell is delivering nationwide.
- **We hope that this regulation becomes “less voluntary”.**

So what did CommonWell say?

2. About Qualified Health Information Networks (QHINs):

- **CommonWell Health Alliance intends to become a QHIN.**
- **Operational feedback:**
 - **Starting with permitted purposes and patterns of exchange that we are more familiar with (e.g., reciprocal treatment), and working towards the less-understood uses (federated population health queries)**
 - **Consumer-facing experiences that can be fulfilled by partners/Members instead of by the network itself**
 - **A less restrictive approach to business sustainability models**
 - **Feedback on references to standards, including content (USCDI)**

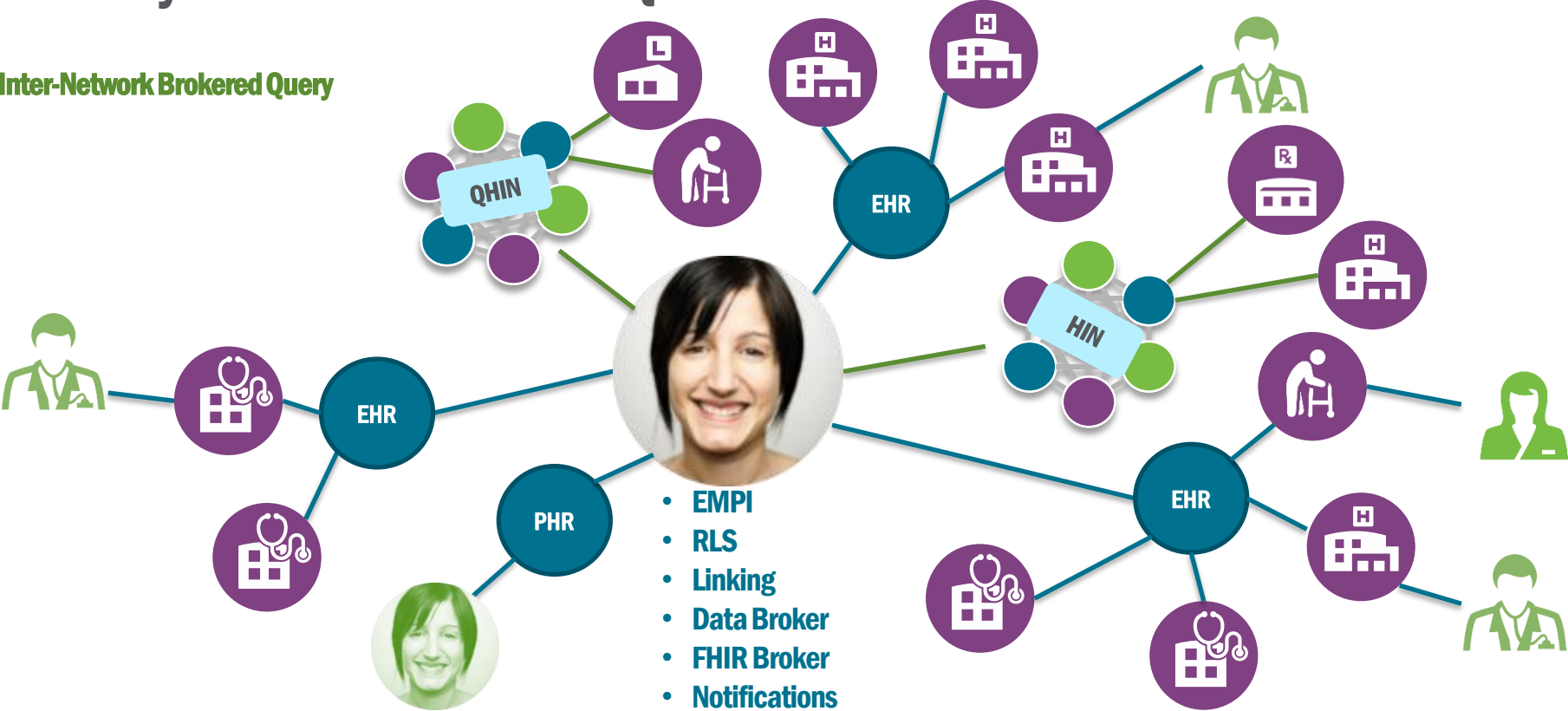
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3. About the Recognized Coordinating Entity (RCE):

- **RCE should have balanced stakeholder representation**, including a representative cross-section of QHINs, Participants and End-Users.
- RCE should have assiduous neutrality.
- No appropriate body exists today to play the role of RCE.
- **CommonWell intends to play an active role in the finalization of the RCE.**

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**



Q&A

CommonWell Health Alliance
www.commonwellalliance.org
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