

CommonWell Health Alliance Overview Fact Sheet

What: Vendor-led, independent, not-for-profit trade association

Who: All organizations that share the association's vision for interoperability, including:

- Health Information Technology suppliers
- Healthcare providers, such as physician offices, clinics, hospitals, pharmacies, laboratories, etc.
- Other health-focused organizations, including non-profit and for-profit institutes, innovators, etc.

Vision: Health data should be available to individuals and providers regardless of where care occurs. Provider access to this data must be built-in health IT at a reasonable cost for use by a broad range of health care providers and the people they serve.

Goal/Mission:

- To create a vendor-neutral platform that breaks down the technological and process barriers that currently inhibit effective health data exchange
- To define and promote a national infrastructure with common standards and policies

Services Available: CommonWell's four initial services are essential to the exchange of health data along the care continuum. Members are committed to ensuring provider access to data is built into their technology. These services include:

- <u>Identity Management- Assist</u> health IT suppliers to more quickly and accurately identify patients as they transition through care facilities
- <u>Record Locator -</u> Help providers locate and access their patient records, regardless of where the encounter occurred, by providing a "virtual table of contents" that documents available data from each encounter location
- <u>Consent Management Anticipated capabilities include</u> a patient-authorized means to simplify management of data sharing consents and authorizations
- <u>Trusted Data Access -</u> Provide authentication and auditing services that facilitate secure data sharing among member systems

Interoperability Criteria:

- Data access that is built into the health IT system
- Reasonable cost
- Useable by a broad range of health care providers and the people they serve



Membership:

- Membership is open to all organizations that share the association's vision for interoperability
- In July 2014, CommonWell opened up the Alliance to include both Contributor & General membership

Founding Members

- Allscripts
- athenahealth
- Cerner
- CPSI

Contributing Members

- Brightree
- CVS Caremark

Initial Service Provider: RelayHealth

Board of Director Representation

- Rich Elmore, Allscripts
- Jeremy Delinsky, athenahealth
- Bob Robke, Cerner
- Scott Schneider, CPSI

- Greenway
- McKesson
- Sunquest
- MacPractice
- MEDHOST
- Scott Tierney, CVS CareMark
- Nick Knowlton, Greenway
- Rod O'Reilly, McKesson
- Keith Laughman, Sunquest

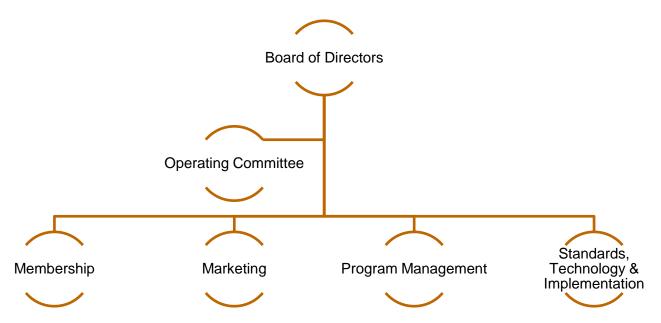
Structure: CommonWell is governed by a board of directors which rely on input from four workgroups including:

- Marketing
- Membership
- Program Management
- Standards & Technology Implementation (STIG)

Each of these four workgroups has representatives from each of the founding member organizations, and is open to participation to all CommonWell members. In addition, the board receives input from the Operating Committee, whose charge is to coordinate the leadership of the other workgroups.

CommonWell expects to name an executive director along with a small number of salaried associates to staff key functional areas.





Work Group Charters:

- **Board of Directors**: Responsible for oversight and direction for CommonWell;
- **Operating Committee**: Coordinates and operates the CommonWell objectives and initiatives
- **Membership Working Group**: Define objectives for new member recruitment and current member engagement; outreach to potential members, including prospective member cultivation, stratification and follow-up; onboard new members
- Marketing Working Group: Establish the CommonWell brand; influence awareness and impressions of CommonWell; support the creation, review and distribution of marketing-related materials
- **Program Management Working Group**: Facilitate objectives as it relates to the successful and scalable launch; maintain oversight of the services expansion
- Standards, Technology and Implementation (STIG) Working Group: Define, develop and test pilot use cases; ensure delivery of deployable, secure and supportable solutions

Governance: As a not-for-profit trade association, we are governed by a set of <u>Bylaws</u>. These Bylaws, last updated in February 2014, provide the structure and rules for governance and operation of CommonWell.

Funding: CommonWell is a not-for profit trade association financially sustained primarily through the dues and fees of its members.

• Fees for Providers: The intent of the CommonWell Health Alliance is to reduce the cost of data liquidity by building in the basic abilities for data exchange. CommonWell expects its member companies to be charged under an affordable, commodity-like fee structure. Any charges to providers will be at the discretion of their health IT supplier.



History:

The concept for CommonWell Health Alliance was born during a Bipartisan Policy Center meeting in May 2012. Around the table sat some of our industry's great minds, including Dr. Farzad Mostashari, then ONC National Coordinator for Health IT; Arien Malec, VP of Strategy at RelayHealth; and Dr. David McCallie, Senior VP for Medical Informatics at Cerner. During the meeting, Dr. Mostashari challenged the health IT leaders in the room to help solve one of the main challenges our U.S. health care system faces — building connections across patient health records.

Timeline:

- Formation
 - March 4, 2013 Launched at HIMSS New Orleans on
 - Oct. 4, 2013 Formally incorporated as not-for-profit (status pending)
 - Oct. 30, 2013 Board of Directors elected
- Membership:
 - Founding members joined
 - March 4, 2013 Allscripts, athenahealth, Cerner, Greenway and McKesson
 - July 24, 2013 Founding members CPSI & Sunquest join CommonWell
 - Contributing member additions
 - Feb. 24, 2014 MEDHOST and CVS Caremark
 - July 1, 2014 Brightree and MacPractice
 - General membership opened: July 1, 2014

• Member Summits:

- May 8-9, 2013
 First Member Summit in Kansas City (Cerner campus)
- July 16, 2013
 Member Summit in Chicago
- o Oct. 29-31, 2013 Member Summit and first Connect-a-thon in Denver
- May 20, 2014 Member Summit in Kansas City (Cerner campus)
- Provider Launch Key Dates
 - Dec. 11, 2013
 First 4 geographies announced for initial service launch (Elkin, NC; Henderson, NC; Columbia, SC; Chicago, IL)
 - Jan. 24, 2014
 First providers live on CommonWell Services
 - Feb. 22, 2014 Pilot specs publically released
 - Feb. 23, 2014 12 provider sites live (announced at HIMSS14 in Orlando)
 - Feb. 23, 2014 Tenet signs as provider (announced at HIMSS14 in Orlando)

Industry Relationship:

Relation to Health Information Exchanges (HIEs):

- HIEs provide deeper connectivity in support of a health system or region's needs to achieve population health, improved transitions of care, better care management and/or increased health care efficiency
- CommonWell complements HIEs by creating a common platform for broader, scalable interoperability for identity, consent and secure data access



Relation to Meaningful Use:

- CommonWell is focused on enabling services for criteria that are expected to be included in "stage 3" of meaningful use, such as "targeted query" and "non-targeted query"
- The intent is that CommonWell's services will fulfill any query-based interoperability requirements needed to for certification under anticipated "stage 3" rules

Relation to ONC:

- CommonWell leverages ONC-endorsed standards, many of which have already been implemented in founding members' health IT technologies
- CommonWell will work with the ONC and other providers of interoperability services to ensure standards are implemented consistently

Relation to Providers:

- Providers contract directly with health IT suppliers for the EHRs and other health technology services to ensure accurate patient data collection and improved patient outcomes due to access to data within their site.
- CommonWell is a collaboration between health IT suppliers to allow for opportunities for more secure sharing of patient data across disparate health systems and EHR suppliers.

Benefits to the Provider and their Patients

Provider Benefits:

- <u>Improved access</u>— Interoperability between electronic health record (EHR) systems provides scalable, nationwide access to relevant patient data between systems from different vendors
- <u>Coordinated patient care</u>—As people move between hospitals, clinics, and other care settings, their secure, consolidated care histories should follow them, allowing for coordinated, improved care
- <u>Better decision making</u>—Providers can view a more complete picture of a person's current and historical care, empowering them to make more comprehensive, informed care decisions
- <u>Reduced overall costs</u>—Centralized patient records retrieved through a single, universal interface may provide opportunities to lower costs of EHR access and implementation

Patient Benefits:

- <u>Improved access</u>—Access to their health records regardless of where care occurs
- <u>Enhanced control</u>—Ability to specify who, what, and where regarding access to their data
- Better care—Quicker, more effective care due to enhanced provider access of patient data