The average person sees more than 18 providers in their lifetime
And each provider has their own EHR(s) and other clinical data sources
Patient 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

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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.

- EMPI
- RLS
- Linking
- Data Broker
Expanded across the continuum into post-acute and patient-driven exchange.

- EMPI
- RLS
- Linking
- Data Broker
- FHIR Broker
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

13,000+ provider sites  |  59M+ enrolled people
29M+ health records retrieved

*As of April 2019
And the connection to Carequality extends CommonWell reach to more than 1,250 hospitals and 35,000 clinics nationwide.
Looking Forward: TEFCA
The Trusted Exchange Framework and Common Agreement (TEFCA) is an 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.

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

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.
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**CommonWell fits into the TEFCA vision**

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Each QHIN connects to a number of different Participants who serve their End Users.
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)
So what did CommonWell say?

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